CASE SCENARIO – FACILITATOR INFORMATION

The purpose of this activity is for the participant to demonstrate their knowledge of COMPASS principles in a simulated patient case scenario.

LEARNING OUTCOMES:
- Recognise the deteriorating Gynaecological patient
- Initiate appropriate and timely interventions
- Demonstrate effective communication (ISBAR)

EXPLANATION OF HOW TO RUN CASE SCENARIO:

Prior to beginning the scenario explain to the participants that this is a low fidelity simulation/role play. The participants should try as much as possible to simulate (verbally) what they would really do on the ward.

Allocation of roles.
- There is one “Actor” card. This participant will interact with the “players” as directed on the “Actor” card
- There are several “player” cards
- Start by allocating the Actor card and RM 1 player card

You can allocate further roles and hand out appropriate player cards as the scenario progresses:
- Team Leader/CMC
- Registrar

Try to include all participants in the role play.

The “player” and “actor” cards have information that the participant should read out to the group at the beginning of the scenario. When each new “player” joins the role play they should read out their “player card”.

The facilitator may prompt and direct the participants as required. Note that all participant contributions are valuable and should be heard within the group.

Other useful materials that can help to guide participants:
- Oxygen delivery chain (recognise deteriorating patient and understand why observations have changed)
- ISBAR chart/forms (for communication during role play)
- Maternity MEWS escalation process (appropriate and timely interventions)

Materials required for this scenario:
- Observation chart
- Blood test results
- Medication chart
- ECG

The facilitator can hand these materials out to participants as the role play progresses.
SCENARIO: Case study 3 (Maternity)

Gladys Jones
UR 123458

Scenario overview: facilitator reads out the following (in bold) to the group

Gladys Jones is a 64-year-old woman, admitted to hospital yesterday for an abdominal hysterectomy.

It is day 1 post operatively; IDC was removed earlier this morning

Gladys is sitting in her chair with an untouched lunch tray in front of her.

PMHx
Ischaemic heart disease
COPD
Atrial Fibrillation
Hypertension
Recent falls

NKA

Invite the Actor and Player One to read out their cards to start the scenario.
Explain to the participants that they may ask the “patient” or the facilitator questions to try and work out what is going on

During the Scenario:

If the RM needs prompting:

1. What are your first actions?
   - Talk to your patient/ what questions could you ask your patient?
   - Move patient back to bed
   - Perform vital signs – what do vital signs indicate?
   - Manual BP (91/60)
   - Check accuracy of the pulse oximetry by checking a manual pulse (132bpm)
   - (Get assistance)
   - Oxygen
   - Consider MET
2. **Who** would you notify? Why

- Team Leader or CMC
- Registrar & RMO, notify Consultant (MEWS 7)

The RM should simulate a face-to-face discussion with Team Leader (CMC). Communication should be clear expressing concerns and what he/she would like the Team Leader to do (use ISBAR)

Team Leader/CMC (player 2) enters the role play (read from your card first):

If the team leader needs prompting:

3. **What are your first actions? & Why?**

   - Patient history
   - Listen to concerns of RM
   - More information - Medication chart/progress notes etc
   - ECG

4. **Who** would you notify?

   - RMO
   - Registrar
   - Consider MET

The RM should simulate a phone call discussion with Registrar Communication should be clear expressing concerns and what he/she would like the Registrar to do (use ISBAR)

Registrar (player 3) enters the role play (read from your card first):

Case 3 – Maternity – Gladys
If the Registrar needs prompting:

5. What further information do you require & what assessment would you do?
   - Start with A B C
   - Full examination
     - Peripheries cool and clammy
     - Auscultation of heart and lungs – suggestive of pulmonary oedema
     - ECG – AF with rapid ventricular response
     - Increased respiratory rate and work of breathing
     - Swollen ankles up to mid calf
   - Patient history?

6. What tests would you order?
   - Arterial Blood Gas (respiratory acidosis with CO₂ retention)
   - Electrolytes
   - Digoxin Level (sub therapeutic)
   - Chest X-ray

7. What is your management plan for this patient?
   - Oxygen
   - IV Access
   - Treatment plan – loading dose of Digoxin to reduce heart rate and improve contractility, frusemide to reduce preload
   - Ongoing vital sign orders and review

During the role play the facilitator may ask the participants –

How often should observations be done?

- Every 15-30 minutes until stable
- If MET activated observations recorded every 5 minutes until medical management plan established
Group discussion/reflection at the end of the scenario

Explain the observations using the oxygen delivery chain?
What they thought went well?
What suggestions would they make to improve their roles?

The important things to get across in this case are:

- Sick patients must always go back to bed
- Hypoxia should be treated with oxygen even if patient has COPD— in short term patients will die from hypoxia so high flow oxygen appropriate and then needs review.
- Always check an unrecordable BP with a manual machine

Physiological changes reflected in the vital sign readings:
Why the BP has fallen? (Remember BP= CO x PVR)

- Rapid ventricular heart rate does not allow for adequate cardiac filling, this reduces Stroke Volume, which causes a drop in Cardiac Output = ↓BP (BP = CO x PVR).
- Pre load increases due to decreased contractility of myocardium (from ischaemic heart disease) which means that once ventricular walls are over stretched they are unable to contract properly (Starlings Law). This also results in reduced cardiac output.

Why is patient short of breath?

- Decreased in stroke volume means that blood accumulates in the left ventricle (increased preload), as blood builds up it backs up into the left atrium and pulmonary veins. This causes pulmonary congestion and the development of pulmonary oedema (hence the ↓SpO2, SOB and dyspnoea)
- An ↑Resp Rate can be seen if there is inadequate Oxygen Delivery , as inadequate oxygen delivery at the cellular level increases the production of Lactate, which stimulates the respiratory drive (metabolic acidosis)
Why is patient cool and clammy?
- After load (the resisting force to ventricular ejection) increases, despite drop in blood pressure, as the sympathetic nervous system response to decreased cardiac output includes vasoconstriction and an increase in systemic vascular resistance. This also will make the skin appear cool, clammy and mottled.

**Treatment goal:**
- Slow heart rate.
- Requires a loading dose of Digoxin to return Digoxin level to therapeutic level
- Requires frusemide to reduce end diastolic volume (preload) and get the heart back onto the right part of the Starling curve

**Information noted from patient charts and results:**

**MEWS chart**
- Increasing MEWS
- BP not recording, try a manual
- RR and work of breathing increasing & SaO2 decreasing

**ECG shows AF with rapid ventricular response**

**Med chart**
- Digoxin given
- Frusemide given
- Inhalers given

**Bloods**
- Digoxin level sub therapeutic
Please read out the wording in **bold** when scenario commences.

**Player Card 1 - RM**

I am an RM on an afternoon shift on the antenatal ward. I have come to do regular 2pm observations on my patient Gladys.

What I know about Gladys:

- Gladys is 64 years old
- Gladys had an abdominal hysterectomy yesterday
- Gladys has some significant medical history, including IHD, COPD and AF.

What do you do next?

- Talk to patient
- Perform observations
- Assessment (look at vital signs, do you need any other information? Ask patient)
- Do you need to refer this patient for review?

**ROLE-PLAY YOUR NEXT ACTIONS.**
Actor Card – Gladys

Please read out the wording in **bold** when scenario commences.

I am Gladys Jones.

You are very short of breath, and only able to speak in short (1-2 word) sentences

If asked:

- **How are you feeling?**
  - My heart feels like it is racing
  - I feel very short of breath
  - I have swollen and tight feeling ankles

- **How long have you been feeling short of breath?**
  - I was a bit short of breath when I first woke up but it became a lot worse after I walked to the bathroom for a shower

- **Do you have any chest pain?**
  - Not really, I just don’t feel like I can get any air in my chest

- **What do you look like?**
  - I am pale and sweaty, my hands are cool to touch
  - I am sitting forward in the chair and working hard to breath

- **Do you have an IV cannula?**
  - No
Player Card 3 - Obstetric Registrar

You are the Obstetric and Gynaecological Registrar. You are answering a page from the antenatal ward.

The RM will try to discuss the case with you using ISBAR. Allow the RM to finish before responding.

THEN

How do you respond?

What do you do next?

ROLE-PLAY YOUR NEXT ACTIONS.

Player Card 2 - Team Leader/CMC

You are the Team Leader on Afternoon shift. You are taking a phone call regarding a new admission to the ward when the RM approaches you.

The RM will try to discuss the case with you using ISBAR. Allow the RM to finish before responding.

THEN

How do you respond?

What do you do next?

ROLE-PLAY YOUR NEXT ACTIONS.
### Normal Range

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