

<b>Name:</b>	B Williams	<b>Observations at start</b>		<b>CRT:</b>	2s
<b>D.O.B.</b>	18/10 (73 years)	<b>RR:</b>	16	<b>Temp:</b>	37.9
<b>Address:</b>	(Insert local address)	<b>ETCO2:</b>	4.6	<b>BM:</b>	5.5
		<b>Sats:</b>	98%	<b>Weight:</b>	79Kg
<b>Hospital ID:</b>	416 921 6275	<b>Heart rate:</b>	98	<b>Allergy</b>	NKDA
<b>Ward:</b>	ED	<b>BP:</b>	115/76		
<b>Background to scenario</b>		<b>Specific set up</b>			
<p>A patient had a mechanical fall in their home sustaining an intra-cranial haemorrhage and 2 rib fractures. They have been intubated for neuroprotection and transfer. On route the patient has signs of increased ICP</p> <p>This can take place in an ambulance on route or as the ambulance is arriving at receiving (unfamiliar) hospital depending on resources available to simulate an ambulance</p>		<p>Mannequin on transfer trolley with monitoring Intubated and ventilated Cannulated, arterial line in situ, catheterised Sedation running Anaesthetic and emergency drugs, transfer equipment as per local policy available Notes/CT results available Space to simulate ambulance +/- ED</p>			
<b>Required embedded faculty/actors</b>		<b>Required participants</b>			
<p>ODP/ICU nurse Ambulance driver/ambulance personnel</p>		<p>Anaesthetist ODP/ICU nurse n MDT sim</p>			
<b>Past Medical History</b>					
<p>PMH: HTN, hypercholesterolaemia, otherwise independent and active Mechanical fall in their home earlier today, presented with new onset confusion and chest pain. On CT scan found to have 2 left sided rib fractures (uncomplicated, no pneumothorax) and an extradural haemorrhage. Neurosurgery have accepted the patient for surgical drainage. The patient had a fluctuating GCS and was intubated for neuroprotection/airway protection. Pupils pre intubation were reactive bilaterally. They are being transferred to the regional neurosurgical centre for surgical treatment.</p>					
<b>Drugs Home</b>			<b>Drugs Hospital</b>		
<p>Amlodipine Aspirin Atorvastatin</p>			<p>Anaesthetic induction drugs of choice Sedation with propofol infusion Vasopressor (metaraminol) infusion</p>		
<b>Brief to participants</b>					
<p>You are part of the on call anaesthetic team in a DGH (without neurosurgical facilities) Patient history as above. The theatre/neurosurgical/anaesthetic teams are aware of the patient at the receiving hospital. You are in an ambulance with an ICU nurse/ODP transferring the patient to the neurosurgical centre (directly to theatre) X distance away. You are 5 minutes from the receiving hospital. You may need to orientate participants to any additional transfer equipment that is set up.</p>					
<b>Scenario Direction</b>					
<b>Assessment and decision making</b>					
<b>A</b>	Intubated and ventilated				
<b>B</b>	Set up As per ventilator settings (RR 18) ETCO2 4.6 FiO2 0.5 sats 98%				
<b>C</b>	Set up HR 98 BP 115/76 On metaraminol inf 2mg/h Gradually HR ↓ 35 BP ↑ 185/110				
<b>DE</b>	Sedated on propofol 1% 20ml/h (follow local protocols) Pupils one side larger and sluggish to respond				
<b>Rx</b>	<p>Recognition of a critical incident and communication with the ambulance team Awaiting safe navigation and stopping of ambulance (staying seated until this time, ideally must not attempt resuscitation in moving ambulance) OR decision to continue to receiving hospital Assessment/recognition of signs of increased ICP Discussion with relevant seniors/receiving team if appropriate Treatment with mannitol (or following local protocols) (+ discussion of availability) Transfer to receiving unit and handover, including details of change in patient condition</p> <p>Scenario can end when appropriate handover and decision making is complete</p>				
<b>Guidelines</b>					
<p>Association of Anaesthetists Guideline for Safe transfer of the brain-injured patient: trauma and stroke, 2019 <a href="https://anaesthetists.org/Home/Resources-publications/Guidelines/Safe-transfer-of-the-brain-injured-patient-trauma-and-stroke-2019">https://anaesthetists.org/Home/Resources-publications/Guidelines/Safe-transfer-of-the-brain-injured-patient-trauma-and-stroke-2019</a> FICM Guidance on the Transfer of the Critically Ill Adult <a href="https://ics.ac.uk/resource/transfer-critically-adult.html">https://ics.ac.uk/resource/transfer-critically-adult.html</a></p>					

<b>Guidance for Patient Role</b>	
Opening lines/questions/cues/key responses Intubated	Relevant HPC / PMH
Concerns	Actions
<b>Guidance for ODP/ICU nurse role</b>	
<p>Actions Experience level dependent on level of participant If junior anaesthetist, experienced ODP/ICU nurse and vice versa Support with provision of drugs and equipment</p>	<b>Guidance for ambulance driver</b>
<p>Opening lines/questions/cues/responses/Concerns If inexperienced – have been transfer trained but first solo transfer, ask for guidance on what is needed</p>	When incident declared, advice not to get up and 'stop' at first available area/continue to transfer to receiving unit depending on anaesthetist decision
<b>Guidance for Role e.g. ITU/Anaesthetic Senior</b>	
<p>Expectations/actions Level of supervision dependent on level of participant, support in person/by phone as appropriate</p>	<b>Additional challenges</b>
<b>Session Objectives</b>	
<b>Clinical</b>	Inter-hospital transfer of brain injured patient Managing emergency during transfer
<b>Non-technical skills</b>	
<b>Teamworking</b>	Coordinating response during a critical incident, communicating with the MDT including senior support, exchanging information with ambulance team, ODP and senior, assessing capabilities in managing situation at roadside and supporting team members
<b>Task management</b>	Prioritisation of tasks in treating patient, planning and preparing for next steps including decision making, following guidelines in transfer
<b>Situational awareness</b>	Gathering information on patient deterioration, recognising situation and understanding implications, anticipating next steps
<b>Decision making</b>	Identifying options, balancing risks and benefits at all stages, continuous re-evaluation