

CP&A: Assess, Manage, Escalate Curriculum

FACILITATOR SUMMARY ASTHMA SCENARIO

CURRICULUM GOALS

The educational goal for this simulation is for teams to apply a structured approach to assess and manage deteriorating patients and use existing algorithms to escalate care.

The systems goals for this simulation are to assess and improve policies, procedures and guidelines related to office preparedness for emergent situations.

LEARNING OBJECTIVES

Please use the orientation, scenario, debriefing, and follow up to focus on the four learning objectives below.

After this session, the participants will be able to:

- (1) Recognize a deteriorating patient using a structured approach (ABCDE, SAMPLE History)
- (2) Implement initial management of respiratory distress (to include use of office equipment, resources, and policies and procedures)
- (3) Escalate management of worsening status asthmaticus (to include accessing Emergency Medical Services (EMS))
- (4) Apply communication strategies to ensure safety in a high risk situation (SBAR, closed loop communication)

SCENARIO OVERVIEW

A 3 year old boy presents to your clinic for a visit today. Upon routine nursing assessment, the nurse discovers the patient is in respiratory distress. The nurse is expected to assess the patient, call the provider and provide a situational briefing. The provider is expected to apply a structured method for initial data gathering (eg: SAMPLE History and ABCDE Physical).

The nurse and provider are expected to deliver initial care for general respiratory distress (oxygen via facemask/nasal cannula, check emergency equipment) and worsening status asthmaticus (back to back albuterol).

When escalating to second line therapies, the team is expected to call 911. Upon arrival of EMS, the provider or nurse will provide them with a situational briefing in SBAR format.

SCENARIO LOGISTICS

Initial information to provide:

- ✓ The nurse and nurse observers will begin the scenario outside the patient room.
- ✓ The provider/provider observers will begin the scenario outside of the patient room.
- ✓ **In person variant:** The simulation team will be in the patient room with the manikin sitting on/laying on the exam table. One member of the simulation team is to serve as an embedded participant (EP) and play the part of the parent.
- ✓ **Virtual variant:** The clinic champion/designated representative will be in the patient room with the manikin sitting on/laying on the exam table. They will serve as the EP and play the part of the parent. A laptop/tablet/smartphone will be set up to view the simulation room and the simulation team will facilitate the simulation virtually.

CP&A: Assess, Manage, Escalate Curriculum

Start/End of scenario:

The scenario begins in the exam room with the nurse assessing the patient. The scenario ends when the team calls EMS and they arrive at bedside.

Timing:

5 min Orientation
10 min Asthma Scenario
15 min Debriefing
10 min Seizure Scenario
15 min Debriefing
5 min Evaluations

Please Note: During the 7-10 minute scenario, EMS will **NOT** arrive if/when called until the end of scenario.

ESSENTIAL ORIENTATION COMPONENTS

The following are essential elements of orientation:

1. Learning climate

- a. **Safe environment** – this is the place to make mistakes and try out ways of doing things
- b. **“Mistakes” expected**
- c. **Confidentiality**
- d. **No judgement**, no grading, no notes, no scores. This is for you to practice.
- e. **Basic Assumptions** – We are all well trained with good intentions. We are all good clinicians.

2. Learning Goals/ Expectations

Please share **educational and system goals** noted above. Do not share objectives until the debriefing.

3. Immersion and participation

- a. **Fiction contract/ suspend disbelief** - Particularly important to remind participants that the only thing simulated in this scenario is the manikin. They are in their home environment so nothing else is “pretend”.
- b. **Identify resources** – staff portray their everyday role and follow protocol to call whomever would normally be called.
- c. **Receive information** (including physical exam) only by doing what you normally would to obtain that information.
- d. **Clarify roles** – no one should “play” any role. They all are their own role. Additional participants can be provided observer roles (i.e. What did you observe about the initial assessment? Communication– closed loop, SBAR, repeat back? Etc.)
- e. **Link to real life.** Why is this scenario/ curriculum important? Link to real life. These scenarios were taken from events that routinely occur in primary care outpatient clinics. Providers, medical assistants, nurses and frontline clinical staff are expected to lead the initial assessments and implement initial management while using their resources.

CP&A: Assess, Manage, Escalate Curriculum

SCENARIO PROGRESSION

All information provided by facilitator only if participants perform the actions required to obtain it in real life

SEGMENT/ TIMING	MANIKIN	PARTICIPANT ACTIONS
<p>INITIAL ASSESSMENT 4 MINUTES</p>	<p><u>VITAL SIGNS</u> T 37.2 HR 140 RR 30 BP 96/60 SpO2 90% RA</p> <p><u>PHYSICAL EXAM</u> “It’s hard to breathe” Speaking in 1-2 word sentences Poor air entry bilaterally Biphasic wheezing diffusely Prolonged expiratory phase Subcostal, intercostal retractions Capillary refill 2 seconds Nasal congestion</p>	<p><u>ASSESSMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Check consciousness/ breathing/ color (PALS) or pediatric assessment triangle <input type="checkbox"/> Patient weight: 16kg or 35lbs <input type="checkbox"/> Primary assessment (ABCDE): See PE <input type="checkbox"/> Obtain SAMPLE History: <ul style="list-style-type: none"> -SIGNS/SX: increasing work of breathing, last Albuterol 2 puffs with spacer 1 hour ago -ALLERGIES: NKDA -Flovent 110 mcg -PMH: Mild persistent asthma poorly controlled -LAST MEAL: Ate breakfast -EVENTS: Increasingly more difficult to breathe <input type="checkbox"/> Secondary assessment/ head-to-toe exam <input type="checkbox"/> Respiratory exam after each intervention <p><u>INTERVENTIONS:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain Vital Signs <input type="checkbox"/> Oxygen applied and administered <input type="checkbox"/> RN or MA calls MD and conveys concerns <input type="checkbox"/> Escalation: Calls second provider & MA or RN <input type="checkbox"/> Back to back Albuterol 5 2.5 mg then 2.5 mg <input type="checkbox"/> NPO <input type="checkbox"/> Recognizes worsening clinical status despite interventions and calls 911 <p><u>CLINICAL REASONING</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Differential diagnosis of worsening hypoxia in status asthmaticus <input type="checkbox"/> Escalate treatment by calling EMS <p><u>COMMUNICATION STRATEGIES</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> SBAR handoff concerning patient’s condition between Office staff and EMS
<p>WORSENING RESPIRATORY DISTRESS 6 MINUTES</p>	<p><u>VITAL SIGNS:</u> T 37.5 HR 160 RR 44 BP 90/56 O2 Sat 85% RA (with 20% cyanosis)if no intervention, 90% on nebulizer, 96% if nebulizer with oxygen</p> <p><u>PHYSICAL EXAM:</u> Poor air entry Minimal wheeze (due to poor air entry) Intercostal and subcostal retractions noted Prolonged expiratory phase</p> <p><u>EMS ARRIVAL:</u> (if available)</p>	<p><u>CLINICAL REASONING</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Differential diagnosis of worsening hypoxia in status asthmaticus <input type="checkbox"/> Escalate treatment by calling EMS <p><u>COMMUNICATION STRATEGIES</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> SBAR handoff concerning patient’s condition between Office staff and EMS

CP&A: Assess, Manage, Escalate Curriculum

FACILITATOR DEBRIEFING GUIDE

DEBRIEFING ORIENTATION

1. Learning Climate

- Confidential
- We're seeking opportunities to learn. Things that went well and things we wish went differently- those are opportunities.
- Basic Assumptions – We are all well trained with good intentions. We are all good clinicians.
- Safety – Must voice concerns and praise. Must voice them respectfully. Brings forth systems improvement.

2. Expectations

- Everyone's contributions are what make this a useful experience
- My role is to facilitate, not lecture.

3. Learning Objectives - Share the specific objectives for this scenario.

ICE BREAKER

How do you feel?

Engage participants to share their feelings about the scenario

DIRECT DISCUSSION TO LEARNING OBJECTIVES

LEARNING OBJECTIVE#1: Assess a deteriorating patient using a structured approach (ABCDE, SAMPLE History)

What was your initial impression of the patient?

Airway:	Phonating, maintainable
Breathing:	Poor air entry bilaterally, retractions, speaking in 1-2 word sentences
Circulation:	Tachycardia for age, initial wide pulse pressure then hypotensive
Disability:	Normal mental status, normal dextrose
Exposure:	Febrile, No rash

Describe how you would obtain a focused history on a decompensating patient if you had none: (SAMPLE)

- Signs and symptoms
- Allergies
- Medication
- Past medical history
- Last meal
- Events leading up to deterioration (ED events/ previous treatments given)

CP&A: Assess, Manage, Escalate Curriculum

LEARNING OBJECTIVE #2: Implement initial management of respiratory distress (to include use of office equipment, resources, and policies and procedures)

When you discovered that this patient had respiratory distress, what were your initial interventions? What were your goals of therapy for this patient? How did you accomplish them?

Common management strategies:

Airway: Comfortable position to open airway, nasal/ oral airway, look for foreign body (no blind finger sweep. Suction.

Breathing: Oxygen face mask, airway meds

Circulation: Capillary refill and blood pressure

What do you think helps implement your plan?

What interventions would you want to deliver based on your initial assessment?

What challenges did you feel you faced?

What barriers did you have to accomplishing your goal?/What prevented you from doing XX?

What were the most difficult parts of implementing your plan?

What else may impact implementing your plan? (ie staffing on different days)

LEARNING OBJECTIVE# 3: Management of continuing respiratory distress

We know that his respiratory distress was worsening due to status asthmaticus. What alternate etiologies did you consider?

- Refractory asthma
- Pneumothorax
- Pneumonia
- Foreign body
- Anaphylaxis

What other ways can you think of to manage a patient in continuing or worsening respiratory distress? Engage observer by asking to review their impression of interventions undertaken.

IMPROVE VENTILATION

Short acting beta agonist

Consider EpiPen administration (if available).

Transport patient to a higher level of care

LEARNING OBJECTIVE #4: Use communication strategies to ensure safety in high risk situations (SBAR, closed loop communication, validate and verify)

What would you tell the EMS/ED provider about this patient?/How would you handoff this patient?

In general, what information do you feel is important to relay during handoff?

Situational Briefing for Escalation to EMS

- € Situation – Including any abnormality in Airway, Breathing, Circulation, Disability (Neuro exam)
- € Background – Includes key elements of “SAMPLE” history
- € Assessment – Includes stability, differential diagnosis for problem, and leading diagnosis for current problem
- € Recommendation – Includes disposition to stabilize in the office or call 911

CP&A: Assess, Manage, Escalate Curriculum

<p>Setting/Environment</p> <p><input type="checkbox"/> ED</p> <p><input type="checkbox"/> Inpatient floor</p> <p><input type="checkbox"/> PICU</p> <p><input type="checkbox"/> NICU</p> <p><input type="checkbox"/> OR/ PACU</p> <p><input checked="" type="checkbox"/> Outpatient clinic</p> <p><input type="checkbox"/> Atrium/ lobby</p> <p><input type="checkbox"/> Other:</p> <p>Simulator Manikin/s Needed:</p> <p><input checked="" type="checkbox"/> Low fidelity 3 year old manikin</p> <p><input type="checkbox"/> Tracheostomy</p> <p><input type="checkbox"/> Other:</p> <p>Props:</p> <p>Equipment attached to manikin:</p> <p><input type="checkbox"/> IV fluids</p> <p><input type="checkbox"/> IV medications</p> <p><input type="checkbox"/> Oxygen. Route: NC/FM</p> <p><input type="checkbox"/> Monitor</p> <p><input type="checkbox"/> ID band</p> <p><input type="checkbox"/> Tube feeding</p> <p>Central line</p> <p><input type="checkbox"/> PIV attached with collection bag</p> <p>Peripheral IV</p> <p>Equipment available in room</p> <p><input type="checkbox"/> Fluids – Normal Saline</p> <p><input type="checkbox"/> IV start kit</p> <p><input type="checkbox"/> IV tubing, 20cc syringe, single stop cock</p>	<p><input type="checkbox"/> Monitor available</p> <p><input type="checkbox"/> IV pump</p> <p><input checked="" type="checkbox"/> Oxygen delivery device (nasal cannula, face mask)</p> <p><input checked="" type="checkbox"/> suction (yankauer available but tubing not connected)</p> <p><input type="checkbox"/> bulb suction</p> <p><input checked="" type="checkbox"/> other: Neb set up</p> <p>Medications and Fluids</p> <p><input type="checkbox"/> IV fluids @</p> <p><input checked="" type="checkbox"/> Oral meds: Oral steroid if clinic has available</p> <p><input checked="" type="checkbox"/> IV meds: Magnesium sulfate, NS bolus, methylprednisolone</p> <p><input checked="" type="checkbox"/> IM/ SC meds: IM Epinephrine, SC Terbutaine</p> <p>Diagnostics Available</p> <p>Labs</p> <p><input type="checkbox"/> x-rays (images) CXR from this morning - normal</p> <p>12 lead EKG</p> <p><input type="checkbox"/> Other:</p> <p>Documentation</p> <p><input checked="" type="checkbox"/> Sign Out – nursing and physician</p> <p>H&P</p> <p>Orders</p> <p>VS flow sheet</p> <p>I/O flow sheet</p> <p><input type="checkbox"/> Other:</p> <p>Recommended Mode for Simulation (i.e. manual, programmed, etc.)</p>
---	---