

CP&A: Assess, Manage, Escalate Curriculum

FACILITATOR SUMMARY SEIZURE 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

After this session, the participants will be able to:

- (1) Assess a deteriorating patient using a structured approach (ABCDE, SAMPLE History)
- (2) Implement initial management of a pediatric patient experiencing a seizure (to include use of office equipment, resources, and policies and procedures)
- (3) Implement escalation measures for a pediatric patient experiencing a prolonged seizure (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 3yo boy presents with his caregiver to the clinic for a sick visit. While waiting in the exam room the child begins to seize and the caregiver calls out for assistance. Office staff calls for help, and it is determined that the patient is having a generalized tonic/clonic seizure. The role of the nurse includes: assessing the patient, to call for the provider, give a situational briefing, and ensure the patient's safety. The provider will then apply a structured method for initial data gathering (eg: SAMPLE History and ABCDE Physical) and initiate treatment.

After delivering initial care to the seizing patient, to include positioning, oxygen via NC, facemask or NRB, pulse ox, and suction, the team will escalate to second line therapies (medications if available), and call 911. Upon arrival of EMS a situational briefing in SBAR format by the provider or nurse will ensue.

SCENARIO LOGISTICS

Initial information to provide:

- ✓ The nurse and nurse observers will begin the scenario outside the exam room.
- ✓ The provider/provider observers will begin the scenario outside of the exam room.
- ✓ **In person variant:** The simulation team will be in the exam room with the manikin sitting in a chair. 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 exam room with the manikin sitting in a chair. 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.

Start/End of scenario:

The scenario begins with the child and caregiver in the exam room when the caregiver asks for assistance and ends with the arrival of EMS transport.

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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 end of scenario.

ESSENTIAL ORIENTATION COMPONENTS

The following are always essential elements of orientations:

1. Learning climate

- a. **Safe environment** – this is the place to make mistakes and try out ways of doing things
- b. **“Mistakes” expected**
- c. **Confidential**
- 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** – Participants to 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 their 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.

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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 5 MINUTES</p>	<p><u>VITAL SIGNS</u> T 37.2 HR 120 RR 16 BP 98/62 SpO2 97% RA</p> <p><u>PHYSICAL EXAM</u> Patient unresponsive, pupils reactive Tonic/clonic movement of all extremities noted Clear and equal breath sounds Capillary refill 2 seconds Mucus membranes pink, warm and dry</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"/> Provide safe environment <input type="checkbox"/> Obtain SAMPLE History: <ul style="list-style-type: none"> -SIGNS/SX: c/o not feeling well, tired, no appetite -ALLERGIES: NKDA -Meds: none -PMH: Not feeling well last night and this am, not acting himself -LAST MEAL: Ate very little breakfast -EVENTS: Patient not feeling well last night, and again this am, general malaise, kept home from daycare. <input type="checkbox"/> Secondary assessment/ head-to-toe exam <p><u>INTERVENTIONS:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> RN or MA calls MD and conveys concerns <input type="checkbox"/> Provide safe environment for patient <input type="checkbox"/> Oxygen adjunct applied <input type="checkbox"/> Suction brought to bedside <input type="checkbox"/> NPO <input type="checkbox"/> Escalation: Calls second provider or RN <input type="checkbox"/> Obtains Vital Signs (pulse ox, HR, RR) <input type="checkbox"/> Administer medication interventions if available and calls 911 <p><u>CLINICAL REASONING</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Seizure with unknown etiology <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>SEIZURE CONTINUES 5 MINUTES</p>	<p><u>VITAL SIGNS:</u> T 37.5 HR 140 RR 18 BP 88/50 O2 Sat 88% RA (with 30% cyanosis), 96% on oxygen</p> <p><u>PHYSICAL EXAM:</u> Patient unresponsive Tonic/clonic movement of all extremities continues Skin and mucus membranes pale Cap refill 2 seconds RR shallow</p> <p><u>EMS ARRIVAL:</u> (if available)</p>	<p><u>INTERVENTIONS:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> RN or MA calls MD and conveys concerns <input type="checkbox"/> Provide safe environment for patient <input type="checkbox"/> Oxygen adjunct applied <input type="checkbox"/> Suction brought to bedside <input type="checkbox"/> NPO <input type="checkbox"/> Escalation: Calls second provider or RN <input type="checkbox"/> Obtains Vital Signs (pulse ox, HR, RR) <input type="checkbox"/> Administer medication interventions if available and calls 911 <p><u>CLINICAL REASONING</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Seizure with unknown etiology <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

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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.
2. Safety – Must voice concerns and praise in a respectful manner.
3. Expectations
 - Everyone's contributions are what make this a useful experience
 - My role is to facilitate, not lecture.
4. 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:	open with potential for compromise
Breathing:	Slow
Circulation:	Tachycardia for age
Disability:	unresponsive
Exposure:	afebrile

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)

LEARNING OBJECTIVE #2: Implement initial management of a pediatric patient experiencing a seizure (to include use of office equipment, resources, and policies and procedures)

When you discovered that this patient was having a seizure, what were your initial interventions? What were your goals of therapy for this patient? How did you accomplish them?

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Common management strategies:

Airway: Suction at the bedside
Breathing: Oxygen (NC, Mask, NRB)
Circulation: Capillary refill
Position patient to ensure patient safety

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: Implement escalation measures for a pediatric patient experiencing a prolonged seizure (to include accessing Emergency management systems (EMS))

When you realized he was continuing to seize, what were your goals for the patient? *Engage observer by asking to review their impression of the interventions undertaken*

Monitor length of seizure

Provide safe environment

Administer oxygen to ensure adequate oxygenation

Consider medication interventions

Transport patient to a higher level of care

LEARNING OBJECTIVE #4: Apply communication strategies to ensure safety in a high risk situation (SBAR, closed-loop communication)

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 – Include 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