

# COMMON STRUCTURE FOR HIGH FIDELITY SIMULATION SCENARIO

## SCENARIO TITLE

**Communication with the patient and the team – Care refusal**

## SCENARIO OVERVIEW

DUMMY TYPE:

HEALTHCARE SERVICE: inpatient surgery unit

TARGET GROUP<sup>1</sup>: 4<sup>th</sup> year students, 1<sup>st</sup> cycle of nursing care studies

ESTIMATED SCENARIO DURATION: 15 minutes

SCENARIO SUMMARY<sup>2</sup>:

The students are asked to solve, in team, the clinical emergency situation of a patient in gradual deterioration due to haemorrhagic shock, **with, following the doctor's indication to transfuse, a competent refusal of transfusion by the patient.**

## EDUCATIONAL OBJECTIVES

GENERAL OBJECTIVES: to establish structured and efficient communication; to take decision based on available information, deontology and other legal documents.

SCENARIO-SPECIFIC OBJECTIVES:

- to identify the patient as critical and receive **colleagues' help and specialised help**
- to be proactive, to assign functions and guarantee their implementation
- to establish efficient communication within the team
- to contact internal emergencies or the surgeon
- to take appropriate decisions, taking priorities, ethical principles and the law into account

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<sup>1</sup> Skill level and number of participants

<sup>2</sup> Scenario key words

## PARTICIPANTS' ROLE

STUDENT	1 –leader	3 -respond to the request for help	
PROFESSIONAL	1 –doctor who answers the phone		
TRAINERS <sup>3</sup>	1 –management of the case	1 -debriefing	

## EQUIPMENT LIST<sup>4</sup>

Medical supplies:

- Circulation<sup>5</sup>: vein catheter in position; needles; syringes; drip systems
- Ventilation<sup>6</sup>: vacuum; suction tubes; catheter and O2 masks; bag valve mask; stethoscope
- Miscellaneous<sup>7</sup>: pupil lamp; glucometer

Medicines and solutes: SF and Ringer's solution; glucose 20%, adrenalin, amiodarone

Documents<sup>8</sup>: patient's file

Accessories<sup>9</sup>: phone, protection equipment

Environment<sup>10</sup>: general surgery infirmary; patient with surgical plaster on the abdomen, with bloodstains, abdominal drain with 500 cc hematic liquid and upholding of drainage.

## SCENARIO PREPARATION

SIMULATION TYPE:

DUMMY TYPE:

SIMULATOR PREPARATION:

- Setting: corresponding to initial state (cf. table)
- Positioning<sup>11</sup>: patient lying, pale, sweating with 5% glucose level in H2O
- Accessories<sup>12</sup>: raised bed bars

ENVIRONMENT PREPARATION<sup>13</sup>:

<sup>3</sup> Control of dummy setting / Debriefing/ Dummy voice/ Facilitator/ Disruptive element/ external stakeholder (phone speaker)

<sup>4</sup> Prefer Check-list for quick check-up

<sup>5</sup> Catheters, infusion lines, needles (IV, intraosseous, subcutaneous), blood collection tubes, tourniquet...

<sup>6</sup> Nasal cannulas, non-rebreather masks, intubation supplies...

<sup>7</sup> Capillary glycaemia, urinary catheter, thermometer, stethoscope, gloves, hand sanitizer....

<sup>8</sup> Patient medical file, transmission sheet, ECG, recommendation summary sheet

<sup>9</sup> Pen, phone, diagnostic penlight for pupils, work outfits (white coats...)

<sup>10</sup> Wig, basin, tissues with blood, patient's suitcase...

<sup>11</sup> Half sit-up, lying down

<sup>12</sup> Presence of oxygen, of a drip tube, already scoped...

<sup>13</sup> Raised bed rails, presence of patients belongings, tissues, needed information received (Displayed thermometer, glycaemia...)

- infirmary environment;
- put a plaster on the abdomen with bloodstains;
- put an abdominal drainage bag with 500 CC blood and keep drainage;
- put a gastrostomy tube with remains.

#### PREPARATION OF ADDITIONAL EXAMINATIONS<sup>14</sup>:

- if needed, radiograph of the thorax and one of the abdomen available – normal
- if needed, results of blood tests collected in the morning – normal

#### PREPARATION OF STUDENTS/LEARNERS<sup>15</sup>:

- protection equipment
- if specialised help is requested, the surgeon who operated the patient answers the phone and, after collecting information, advises the nurses to:
  - o keep the patient in horizontal position;
  - o administer jonosteril Lact in fast drip;
  - o start the transfusion (the patient's blood is kept in the refrigerator)
  - o **wait for the BO's call (the surgeon will communicate with the BO to prepare the the room and the team);**
  - o if needed, contact again.

## BRIEFING

TIME: 16:30

#### SITUATION<sup>16</sup>:

The patient has undergone abdominal surgery (exploration laparotomy) one day earlier. He has a plaster with bloodstains and drain that drains large quantity of blood. His abdomen is distended with dull sound after percussion and guarding after palpation. When the nurse arrives near the patient with material to perform the drip, the patient, consciously and repeatedly, repeats that he refuses transfusion and has a specific **document for this purpose (the document, anticipated guidelines of the patient's wills, is on the bedside table, with one copy in the patient's clinical file).** The patient says the doctor is aware of this decision.

Following the situation deterioration, the patient becomes unconscious.

If the nurses decide to recall the surgeon, he says to just maintain previous indications.

DOCUMENTS<sup>17</sup>: read notes from nursing care

## PATIENT DATA<sup>18</sup>

Surname: Silva	Age: 60
Name: João Manuel	Weight: 75 kg
Date of birth: 4 <sup>th</sup> of January	Height: 1.70
Allergies: no known allergies	Gender: M

<sup>14</sup> If foreseen in the scenario, prepare additional examinations to display (chest radiograph, blood test...)

<sup>15</sup> Preliminary analysis of documents if needed

<sup>16</sup> Location where the scenario takes place, information before entering the simulation room

<sup>17</sup> Document handed during the briefing/ care record, biological results, written transmissions ...

<sup>18</sup> Care record layout or if not necessary to the scenario, voice memo for the trainer

History: no relevant history until current disease  
 Stomach cancer diagnosed two months ago  
 Medical history: no regular treatment  
 Surgeries: no prior surgery  
 Ob/gyn:  
 Personal treatment: João Silva

**FRAMES OF REFERENCE / EXPERTS RECOMMENDATIONS<sup>19</sup>**

- Communicate efficiently within the team and with the doctor on the phone
- Follow the “communication and leadership in emergency situations” protocol

**DEBRIEFING IDEAS**

- How communication is established
- How leadership goes  
 How the leader handles the situation
- Patient’s autonomy – prerequisites

**SCENARIO PROGRESS**

Summary: the patient’s situation gradually deteriorates until he loses consciousness.

Monitor setting	Patient dummy	Students’ interventions (what we would like to see...)	Messages
Beginning time of scenario: 16:30			

<sup>19</sup> Quoted sources, bibliography

<p><b>Initial state:</b></p> <p>In PCR</p> <p>AP: 110/65, gradual decrease HR: 120, gradual increase RR: 22, gradual increase SpO<sub>2</sub>: 94, decrease, even with O<sub>2</sub></p> <p>ECG curve <sup>20</sup>: SVT</p> <p>Clinical signs: - eyes<sup>21</sup>: follow with the eyes while he is conscious - pupils<sup>22</sup>: symmetrical - pulmonary auscultation: clear, bilateral</p> <p>Glycaemia – 110 mg/dl</p>		<ul style="list-style-type: none"> <li>- Evaluate ABCD</li> <li>- Evaluate 4H and 4T</li> <li>- Remove dextrose 5% and replace it with Jonosteril Lact in fast drip.</li> <li>- If second access, start fast SF</li> <li>- if possible, start with Haemaccel solution at a moderate pace.</li> </ul>	<p>The patient complains about abdominal pains that have not improved with analgesics.</p>
<p><b>State 2:</b> After correcting hypoglycaemia</p> <p>AP: 80/40 HR: 160 RR: 30 SpO<sub>2</sub>: 86</p> <p>ECG curve: maintain SVT (160)</p> <p>Clinical signs: - eyes<sup>23</sup>: closed - pupils<sup>24</sup>: symmetrical, reactive - pulmonary auscultation: clear, bilateral</p> <p>Glycaemia – 110 mg/dl</p>			<p>The patient is conscious</p>

<sup>20</sup> Sinus, Fibrillation....

<sup>21</sup> Open, half-closed, closed

<sup>22</sup> Miosis, mydriasis, anisocoria, normal-reactive

<sup>23</sup> Open, half-closed, closed

<sup>24</sup> Miosis, mydriasis, anisocoria, normal-reactive

<p>State 3:</p> <p>AP: 70/30 HR: 170 RR: 34 SpO<sub>2</sub>: 84</p> <p>ECG curve: SVT (170)</p> <p>Clinical signs: - eyes<sup>25</sup> - pupils<sup>26</sup> - pulmonary auscultation</p>			<p>He remains conscious The BO calls to bring the patient</p>
<p>End time of scenario:</p>			

## SCENARIO EVALUATION

POSITIVE ASPECTS:

TO IMPROVE:

REALISM:

USED PROTOCOLS:

PROTOCOLS TO IMPLEMENT:

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<sup>25</sup> Open, half-closed, closed

<sup>26</sup> Miosis, mydriasis, anisocoria, normal-reactive