Scenario C6 Scenario 1 Richie Rich		
Scenario: **C6**	**Patient:** Richie Rich	**Simulator** SIMMAN 3G preferred
Case Summary: Richie Rich 70-year-old man with a history of AMI, CCF, and CABGx3 presents with mild SOB and palpitations. He is in AF, rate 130bpm. He then complains of chest pain and develops conscious VT. Post cardioversionx2, he reverts to sinus rhythm with some ST depression (NSTEMI).		**Participant Briefing:** 70-year-old man presents with SOB and palpitations after a session of lawn bowls this evening. He has a significant cardiac history. He has been triaged and placed into the resuscitation bay.
Clinical Issues		**Human factors / Non technical issues**
AF Conscious VT with chest pain Prompt assessment and treatment of a patient with a deteriorating arrhythmia Syncronised cardioversion Procedural Sedation		Communication with patient - history and reassurance Communication with team – role allocation and plan Aware of the urgent need to treat a haemodynamically unstable arrhythmia
Learning Objectives assessment and initial treatment of a patient with arrhythmia. **Communicate** with patient and within the team, **Conduct** a rapid assessment and initiate treatment of a patient with arrhythmia **Demonstrate** knowledge of the different types of arrhythmias and potential deteriorations. Knowledge of initial management and assessment of a patient with arrhythmia. **Interpret** clinical findings to identify deterioration		
Faculty Actors: Staff nurse in ED resus. Helpful when asked to do something. May need to prompt if team misses some clues If there are enough faculty members one could be a radiographer for when the CXR is ordered. Junior team may require staff senior back up – pre-brief when this will arrive if anticipated.		
Patient Moulage: No specific moulage needed. Mannequin should be sat up on a trolley. Cannula will already be in situ.		

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Equipment & Props: Projector screen & computer Video conference unit SIMMAN 3G mannequin Oxygen – piped or cylinder Oxygen masks – Nasal prongs, Hudson mask and Non re-breath masks should be available Stethoscope x 2 ECG machine and leads Stickers for 12 lead ECG Defibrillator and pads specific for mannequin NIBP cuff Saturation probe Gloves and appropriate PPE		Monitor to display observations White board if needed IV cannulae – 16+18G Blood test tubes and ABG syringe Pretend or actual X-Ray plate Syringes with drugs pre-drawn (the faculty nurse can give these to the participants once they have been asked for and "drawn up". Morphine 1mg in 10ml. 10ml saline flush. Aspirin in a tablet cup Clopidogrel in a tablet cup GTN spray for below the tongue Crystalloid (0.9% NaCl or Hartmanns 1000ml) Giving set for the above fluid Syringe pump
Monitor: ED setting – 3 wave forms 3-lead ECG Saturations NIBP	**Investigations:** 3xLaminated ECGs showing AF, VT and ST depression (NSTEMI) CXR plate but X-ray not available during scenario ABG Other lab tests will not be back in time	
Patient presentation	**Expected response by participants**	**Faculty /Actors Notes**

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Initial Presentation Mildly anxious. Talking in sentences. RR – 20/min Sats – 95% on air NIBP – 140/80 HR – 130 irregularly irregular No added sounds in chest	Rapid assessment of a patient with arrhythmia Assign roles to team Place monitoring and (oxygen) IV access Take concise history – Characterise arrhythmia, risk factors from PMHx, FHx. A-E assessment	**Faculty nurse** – supportive to the participants Patient has AF – on monitor and ECG. You can prompt the participants if they are struggling at times.
Progression Patient remains with similar observations. Patient becomes more comfortable if oxygen and other treatment given – metoprolol/ Digoxin/ Amiodarone. Patient still in AF but heart rate improves to 105	Continuation of assessment and treatment of arrhythmia ECG CXR Blood tests (including troponin) Ask for old notes Communication with patient and team about thoughts and plans. Reassessment of patient after any intervention	Patient improves if appropriate management is instituted. Nurse faculty can prompt any missing investigations/therapy. When ECG ordered ask the participants to put the ECG stickers on the appropriate places and once this has been done give them the laminated ECG print out
Deterioration Richie complaints of a heaviness in his chest and monitor shows VT RR – 30/min Sats – 93% on air BP – 90/50 HR – 180 regular	Participants should realise that the patient has become unstable and in conscious VT. They should reassess and institute appropriate therapy – cardioversion with low dose sedation and analgesia Successful cardioversion after 1x attempts to sinus rhythm with mild ST depression.	Faculty nurse to prompt the deterioration and to prompt any missing therapy/assessment/investigation points that have been missed. Prompt if they have not considered cardioversion. Set up cardioversion when participants ask for it. Guide to appropriate doses of sedation and analgesia if required. May need senior assistance for sedation if team not able.

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Recovery Richie stabilises but remains unwell, with appropriate therapy. RR – 24/min Sats – 98% on oxygen Breath sounds clear NIBP – 120/75 HR – 100 regular	Call for help, if not already, or refer to cardiology for further management of his condition – NSTEMI.	The Nurse faculty can suggest a review or referral to a senior or to cardiology if this has not been asked for already. Nurse can prompt for a repeat ECG.

Debrief Guide	
Key clinical issues Rapid assessment and management of a patient with arrhythmia Recognition of deterioration from stable to unstable arrhythmia Reassessment Management differences in stable vs unstable arrhythmias	**Key non technical issues** Communication with patient and staff/team Situational awareness – deteriorating patient – need for cardiology/senior review Management of their team, role allocation

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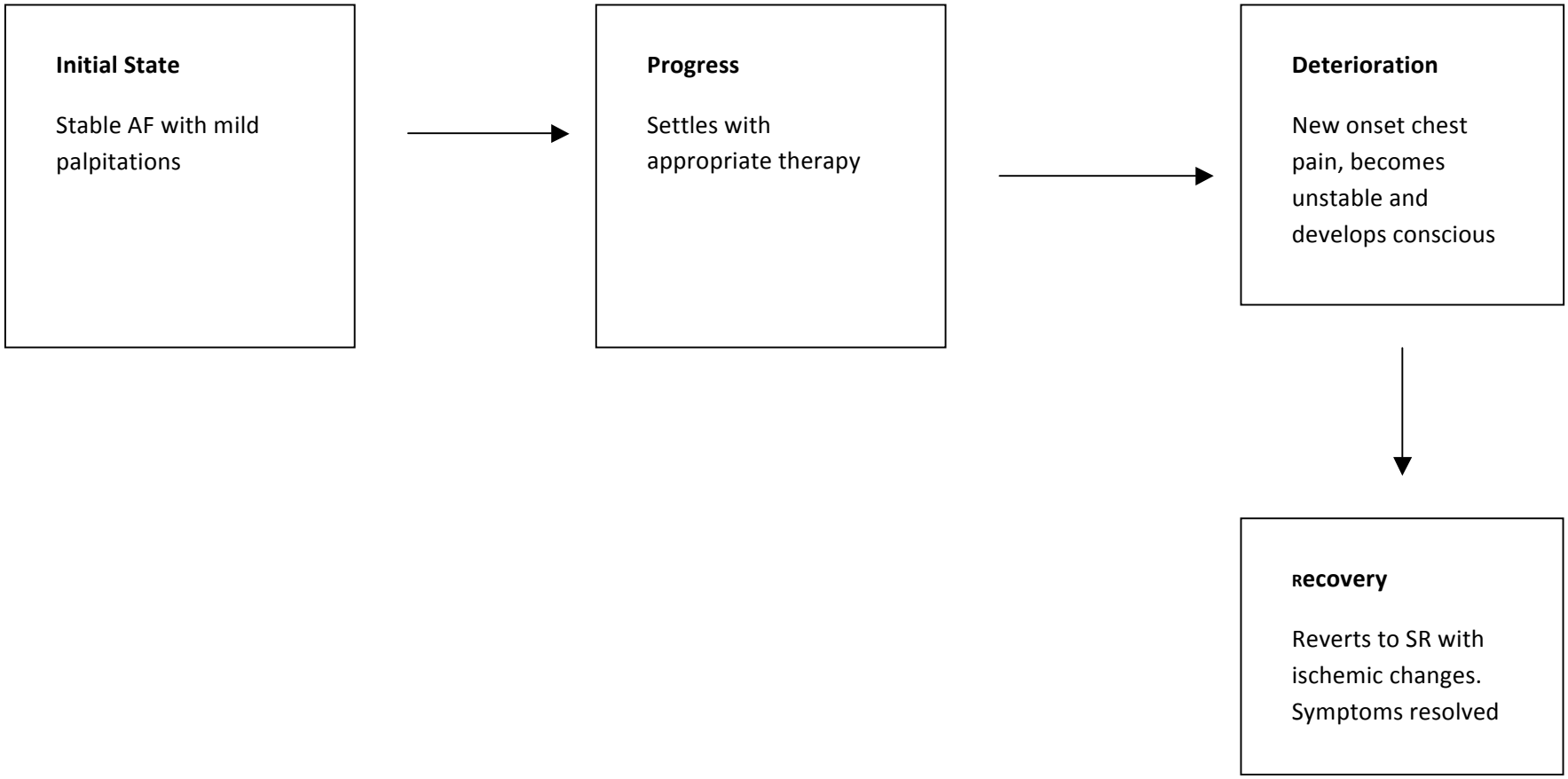

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