

Scenario 2: Basic Airway management		
Scenario: Airway management in a man with seizure activity	Patient: David Beckham 38 year old man	Simulator SIMMAN Essentials
<p>Case Summary: David Beckham is a 38 year old man with a history of alcohol withdrawal seizures. He normally drinks 7 schooners a day but has been unwell with an URTI and has been at home for the past few days. He presents to the ED with symptoms of a cough and runny nose and is waiting to be seen.</p> <p>One of the nurses finds that he begins to fit on his bed as she is taking his observations and calls for assistance. He is having a tonic-clonic seizure and going blue with frothy secretions in the mouth.</p> <p>Basic Airway Manoeuvres will be effective in management of the airway.</p>		<p>Participant Briefing: David, 38 year old, known alcoholic who is waiting to be seen by the doctor for symptoms of an URTI. He was off loaded from the ambulance 2 hours ago and is still waiting to be seen. He has just started to have a seizure whilst I was taking his observations.</p>
Clinical Issues		Human factors / Non technical issues
<p>Recognising and managing an obstructive airway with airway manoeuvres and adjuncts Managing a patient with a tonic clonic seizure</p>		<p>Working in a team Communication in a team</p>
<p>Learning Objectives: To recognise an obstructed airway Demonstrate basic airway manoeuvres and use of airway adjuncts</p>		
<p>Faculty Actors: Faculty Nurse helpful and proactive, David Beckham groans in post-ictal phase</p>		

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Equipment & Props: EdWISE Airway box and extras list		
Monitor: ECG SPO2 CO2 ready NIBP	Investigations: BSL 5.6	

Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation Rhythm sinus HR 120 BP 160/85 RR 32 SPO2 90% Temp 37 Seizure during handover, then becomes post ictal with obstruction.	Accept handover Call for further help Structured ABCDE approach to the patient Recognise obstruction and begin management. Apply monitoring.	Faculty Nurse – shaking at the patient to make the manikin fit until the end of the handover. Gives the handover “David, 38 year old, known alcoholic who is waiting to be seen by the doctor for URTI symptoms. He was off loaded from the ambulance 2 hours ago and is still waiting to be seen. He has just started to have a seizure whilst I was taking his observations.” – patient is currently fitting as handover is complete point out that seizure has now stopped and obstructive noises heard. Should create a sense of urgency for the team. Point out the obstructive noises. Manikin - Sounds to demonstrate obstruction.

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<p>Progression</p> <p>HR 90 BP 120/80 Sats to 95% with effective airway management Begins groaning and then talking</p>	<p>Effective basic airway manoeuvres and use of adjuncts (NP, doesn't tolerate OP) Commence ongoing care.</p>	<p>Manikin – begins to waken with incomprehensible sounds</p>
<p>Debrief Guide</p>		
<p>Key clinical issues</p> <p>Airway management in a fitting / post-ictal patient – use of airway adjuncts Options for managing the airway and difficulties in a fitting patient</p>	<p>Key non technical issues</p> <p>Communicate effectively within a team</p>	

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