Scenario 2:		
Scenario: De-saturation in the intubated patient	**Patient:** Vinnie Jones 50 year old man	**Simulator** SIMMAN Essentials
Case Summary: THIS IS A CONTINUATION OF A3 scenario 1 Vinnie Jones is a 50 year old man who was intubated an hour ago after he presented as a BAT call to the ED with a GCS of 7 and suspected head injury. Whilst waiting to be called by CT, Vinnie has de-saturated down to 85%, his other vitals have remained stable. The team must recognise the deterioration of the intubated patient and take appropriate steps to correct the hypoxia and find the cause for the deterioration. The cause for the deterioration will be tube dislodgement due to a poorly secured tube. The team will systematically work from the ventilator to the patient and will have to re-intubate using a systematic approach.		**Participant Briefing:** The faculty nurse will ask the team to have a look at Vinnie (the patient from scenario 1) as his saturations have started to drop. Pointing out that this is the same patient they have just been managing.
Clinical Issues		**Human factors / Non technical issues**
De-saturation in an intubated patient Prevention of secondary brain injury in head trauma		Communication in a team Leadership
Learning Objective: Systematic approach to de-saturation in the intubated patient Recognition of a dislodged tube Management of head injury, prevention of secondary brain injury		
Faculty Actors: Faculty nurse who is helpful and proactive		

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Equipment & Props: EdWISE Airway Box and Extras		
Monitor: ED setup ECG SPO2 CO2 ready NIBP	**Investigations:**	

Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation Rhythm sinus HR 90 BP 140/70 RR 0 SPO2 85% Temp 36.5 GCS3 ETCO2 monitoring poor reading	Takes handover from nurse Arranges team Systematically assesses the airway (suggested method DOPES)	Faculty nurse – calls team to help Points out Desaturation and states they is not sure why the patient has desaturated.
Progression Whilst BVM occurring sats can improve if effective (to 92%) Desaturation to 70s if not recognised dislodgement or effective BVM	Recognises dislodged tube, prepares team for re-intubation, whilst BVM applied to the patient. Team co-ordinated approach	Suggests removing tube and BVM

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Deterioration Intubation should be uneventful	Follows the 7 P approach After checking for successful intubation, secures the tube well.	
Recovery HR 70 BP 120/70 Sats 96% ETCO2 35	Post intubation care	

Debrief Guide	
Key clinical issues	**Key non technical issues**
Structured approach to de-saturation in an intubated patient	Communication
If in doubt, take the tube out and re-intubate	Teamwork
Time critical intubation in patient with head injury	Prioritising in time critical situations
Avoiding secondary brain injury	

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