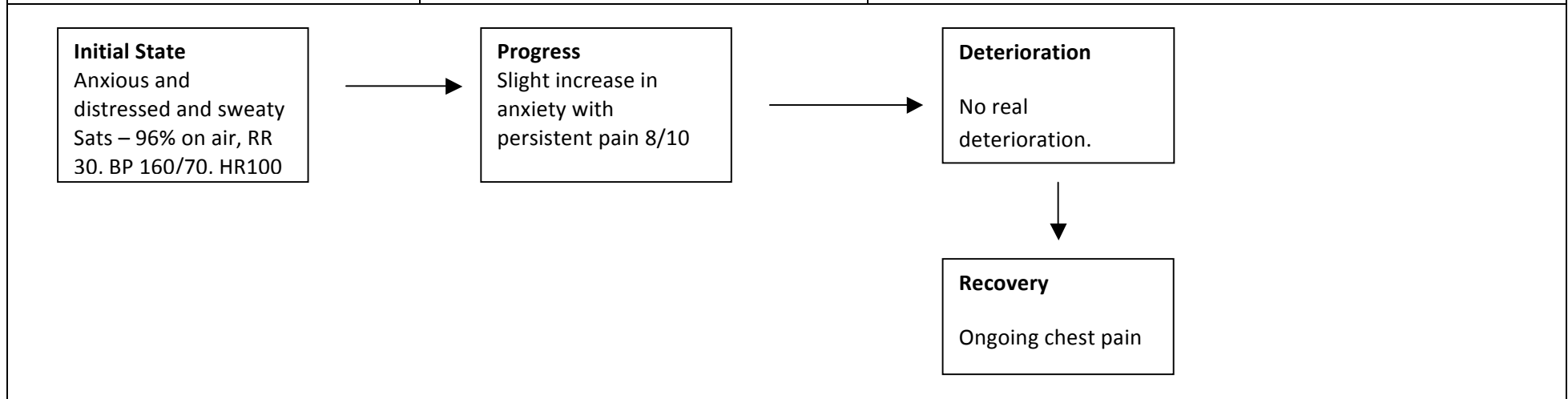


Scenario – Cassius Clay		
Scenario: C1 - 1	Patient: Cassius Clay	Simulator Actor preferred or SIMMAN 3G
Case Summary: 45 year old man with a history of angina and heavy smoking presents with central crushing chest pain, like his angina pain but worse. Pain was brought on by trying to push start a stalled car and was not relieved by his GTN spray.		Participant Briefing: 45 year old man presents with chest pain after trying to push start his friend's car.
Clinical Issues		Human factors / Non technical issues
Triage of cardiac chest pain		Communication with colleague about patient Communication with patient
Learning Objectives: Demonstrate the ability to take a concise history for a patient with chest pain Apply knowledge about triage of chest pain patients Interpret a patient's history and initiate a plan for placing patient Conduct a concise and structured chest pain history Communicate with the patient and other staff about triage results		
Faculty Actors: A faculty member to play the patient		
Patient Moulage: No moulage needed. Actor can be a little short of breath and acting distressed.		

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Equipment & Props:		
Based upon the host site's normal triage resources – Observation machine, oxygen, paperwork used in triage		
Monitor:	Investigations:	
Host site's normal triage monitoring equipment	Nil needed	
Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation Sweaty Distressed Talking in sentences Sats – 96% on air RR 30 BP 160/70 HR – 100 regular	Take short history AMPLE Description of pain/radiation/exacerbations/relieving factors/ similar pain in past/ onset time/etc. Take observations – RR/HR/BP/Sats	Wet cloth to actor's face and hands prior to simulation as clammy and sweaty. 8/10 Pain is heavy/crushing with some pain going to right arm. Exacerbated by activity (came on when pushing a car). Not relieved by GTN spray. Nauseous, talking in sentences, short of breath

<p>Progression</p> <p>Actor becomes more worried as time goes by, pain remains 8/10</p> <p>No deterioration in observations</p>	<p>Try to calm patient verbally</p> <p>Perform structure approach to triage.</p> <p>Oxygen application if there is some</p> <p>Disposition of patient to resus for further assessment and management, especially for a prompt ECG</p> <p>Handover to Senior Staff to take patient to the resuscitation bay (either in person or on the phone)</p>	<p>Actor becomes slightly more distressed as time goes by. Everything is pretty stable but pain is still there.</p> <p>Helped slightly if oxygen is applied but still very bad (8/10)</p>
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Debrief Guide	
Key clinical issues Short history in a distressed patient with shortness of breath – AMPLE Assessment of Pain and to characterise the pain Use of the triage tool	Key non technical issues Communication with the patient Communication with senior about chest pain patient Situational awareness that this patient is unwell and potentially is having a myocardial infarction

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