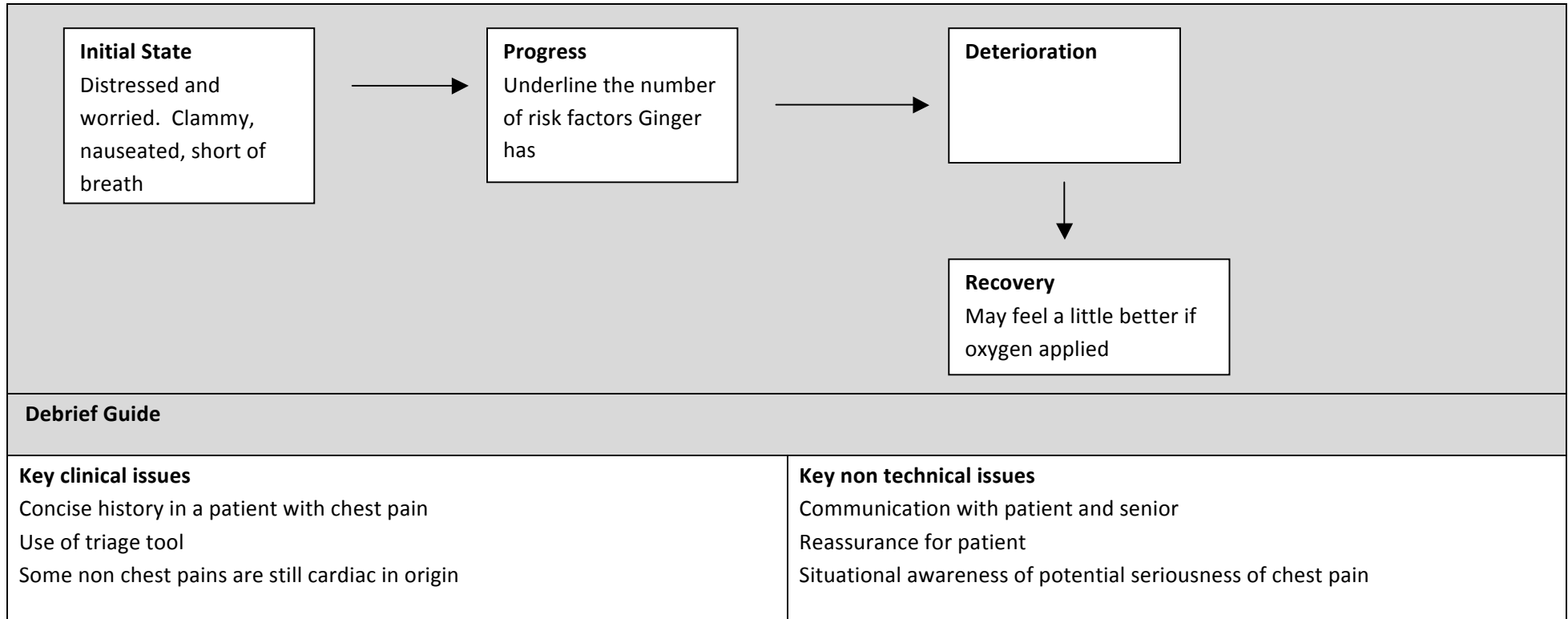


Scenario: Ginger Rogers		
Scenario: Atypical Cardiac Chest pain	Patient: 77-year-old diabetic lady. Ginger Rogers. Heavy smoker, previous CABG	Simulator Actor preferred/SIMMAN 3G
Case Summary: Mrs Rogers is having a myocardial infarction, she presents with abdominal pain. It is an atypical presentation due to her diabetes and age. Presenting with epigastric pain, which was relieved a little by her GTN puffer and gaviscon.		Participant Briefing: 77 year old woman presents with abdominal pain.
Clinical Issues		Human factors / Non technical issues
Triage of patient with atypical cardiac pain		Communication with the patient and with colleagues Situational awareness that this could be an atypical presentation of cardiac ischaemia/infarction.
<p>Learning Objectives: Cardiac pain does not have to be in the chest</p> <p>Communicate with the patient and the staff about triage results and reassurance to patient</p> <p>Conduct a concise and structured chest pain history</p> <p>Demonstrate use of triage tool and ability to communicate with the patient</p> <p>Interpret the patient’s history and risk for myocardial ischaemia</p>		
Faculty Actors: A faculty member can play the patient		
Patient Moulage: No moulage needed – actor/mannequin could have a wet towel wiped over their face and hands to simulate clammy/sweaty appearance		

<p>Equipment & Props: Depending upon the host site's normal triage resources – may have oxygen (piped or cylinder), NIBP, Sats monitoring, gloves, table, chairs</p>		
<p>Monitor: Can have the host site's normal triage monitoring equipment</p>	<p>Investigations: Nil needed</p>	
<p>Patient presentation</p>	<p>Expected response by participants</p>	<p>Faculty /Actors Notes</p>
<p>Initial Presentation Patient distressed and in discomfort Feels unwell and a bit lightheaded RR – 28/min Sats – 95% on air BP – 110/50 HR – 105/min (irregular if on mannequin) regular if an actor</p>	<p>Take a concise history Character of pain/onset/radiation/exacerbating or relieving factors/similar pains in the past/etc. Take observations if normally available in triage area RR and pulse should be taken anyway.</p>	<p>Patient is in discomfort and feels sick and light headed. Pain is pretty severe -7/10 in your epigastrium. Feels tight and dull and achy Similar pain when she has indigestion but a lot worse today She took her gaviscon and her GTN spray, as it was so bad. It seemed to help a little but then returned again. Sudden onset whilst watching Master Chef. Relieved a little with the above meds. No exacerbating factors. No radiation. Associated with slight shortness of breath but main complaint is feeling light headed and nauseated and clammy. She is worried.</p>
<p>Progression No change in observations or demeanour</p>	<p>Use the triage tool and to make the decision to move the patient to resus</p>	<p>If the participant is struggling then explain how terrible you feel and that this is going to make you give up smoking and take better care of your diabetes and to do more exercise</p>



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