Scenario: Cassius Clay		
Scenario: **C2-1**	**Patient:** Cassius Clay	**Simulator** SIMMAN 3G preferred/actor could also be used
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 Not relieved by his GTN spray. He is having a STEMI		**Participant Briefing:** 45-year-old man presents with chest pain after trying to push start his friend's car. He has a history of angina. He has been triaged at the desk as he was driven by a friend to hospital. The triage person has rushed them into Resus to be assessed within 10 minutes as a category 2 patient
Clinical Issues		**Human factors / Non technical issues**
STEMI Presenting complaint and PMHx – high risk to MI Prompt assessment and treatment of a patient with STEMI		Communication with patient - history and reassurance Communication with team – role allocation and plan Situational awareness of need to be assessed and treatment initiated within 10 minutes. Aware that patient is high risk – help may be required!
Learning Objectives: Assessment and initial treatment of a patient with cardiac chest pain **Communicate**: High-risk nature of patient, communicate well with patient – history taking and management plan. Communication with team **Conduct**: Rapid assessment and initiate treatment of a patient with cardiac chest pain **Demonstrate**: Knowledge of differentiation of types and severity of chest pain. Knowledge of initial management and assessment of a patient with chest pain. Knowledge of appropriate tests to order in a patient with cardiac sounding chest pain (bloods inc. troponin, ECG, CXR) **Interpret**: Patient's history to evaluate their risk		
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. Should be familiar with local network chest pain pathway		
Patient Moulage: No specific moulage needed. Mannequin should be sat up on a trolley. Cannula will already be in situ. The team can still go through the motions to get IV access and bloods but just use the access that is already there rather than stabbing the mannequin again.		

This project was possible due to funding made available by Health Workforce Australia
HealthWorkforce AUSTRALIA An Australian Government Initiative
Sydney Clinical Skills and Simulation Centre

Equipment & Props: 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 leads Stickers for 12 lead ECG 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	Laminated 12 lead ECG – SR with ST elevation laterally/inferiorly (obvious) 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 Hartmann's 1000ml) Giving set for the above fluid Syringe pump 50ml syringe (participants may decide to give IV GTN) Labelled with GTN and filled with Saline. Chest pain pathway for the local network Thrombolysis protocol if used locally
Monitor: ED setting – 3 wave forms 3-lead ECG Saturations NIBP	**Investigations:** Laminated ECG with ST elevation (lateral?) CXR plate but X-ray not available during scenario

This project was possible due to funding made available by Health Workforce Australia
HealthWorkforce AUSTRALIA An Australian Government Initiative
Sydney Clinical Skills and Simulation Centre

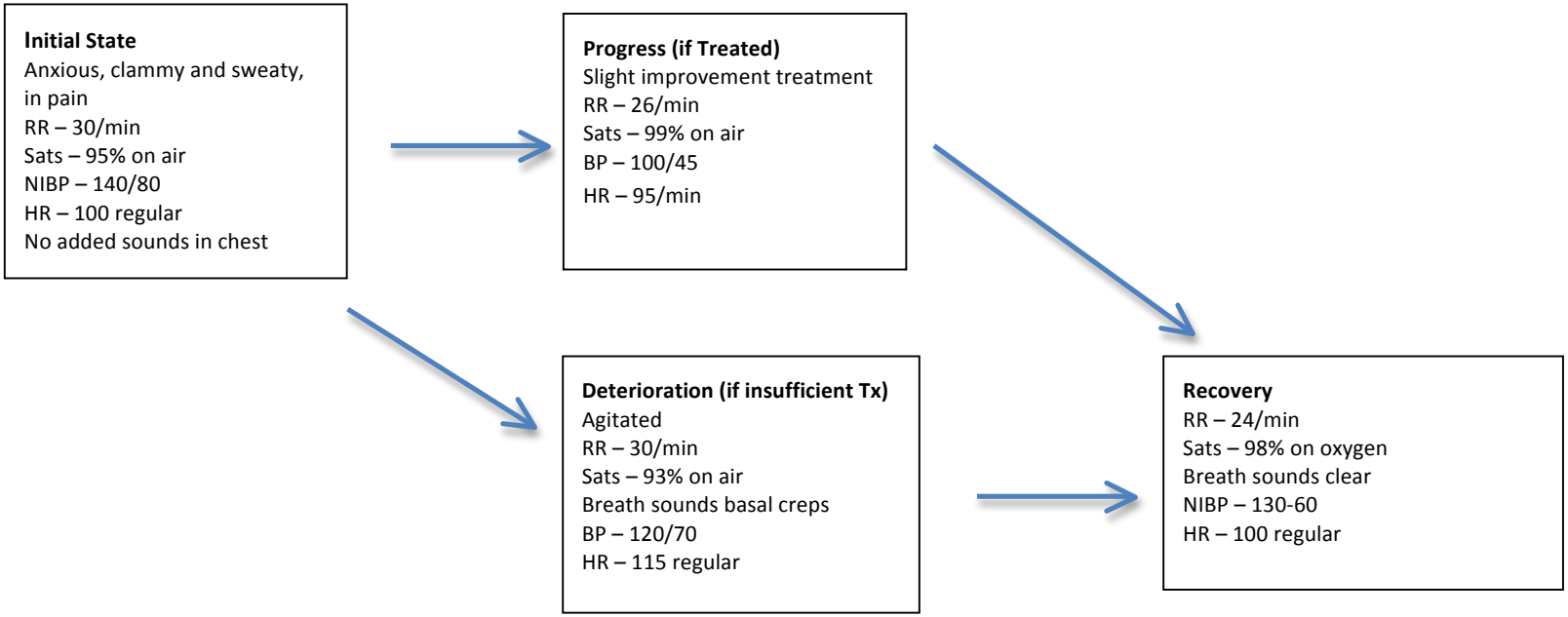
Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation Anxious, clammy and sweaty, in pain RR – 30/min Sats – 95% on air NIBP – 140/80 HR – 100 regular No added sounds in chest	Rapid assessment of a patient with chest pain. Assign roles to team Place monitoring and (oxygen) IV access Take concise chest pain history – Characterise pain, risk factors from PMHx, FHx. A-E assessment, use the local chest pain pathway.	Wipe mannequin/actor with a wet cloth prior to scenario so that they feel a little clammy/sweaty. **Faculty nurse** – supportive to the participants Patient is having a STEMI. They are anxious and clammy and in pain. They have a strong family and previous medical history. You can prompt the participants if they are struggling at times. Cassius' pain came on whilst he was pushing his friends car to try to push start it. The pain has not gone away despite using his GTN spray twice. The pain is similar to his angina pain but more severe (9-10/10). He is a heavy smoker and a history of angina.
Progression Patient remains with similar observations. Patient becomes more comfortable if oxygen, nitrates, aspirin and morphine.	Continuation of assessment and treatment of cardiac pain. 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

This project was possible due to funding made available by Health Workforce Australia
HealthWorkforce AUSTRALIA An Australian Government Initiative
Sydney Clinical Skills and Simulation Centre

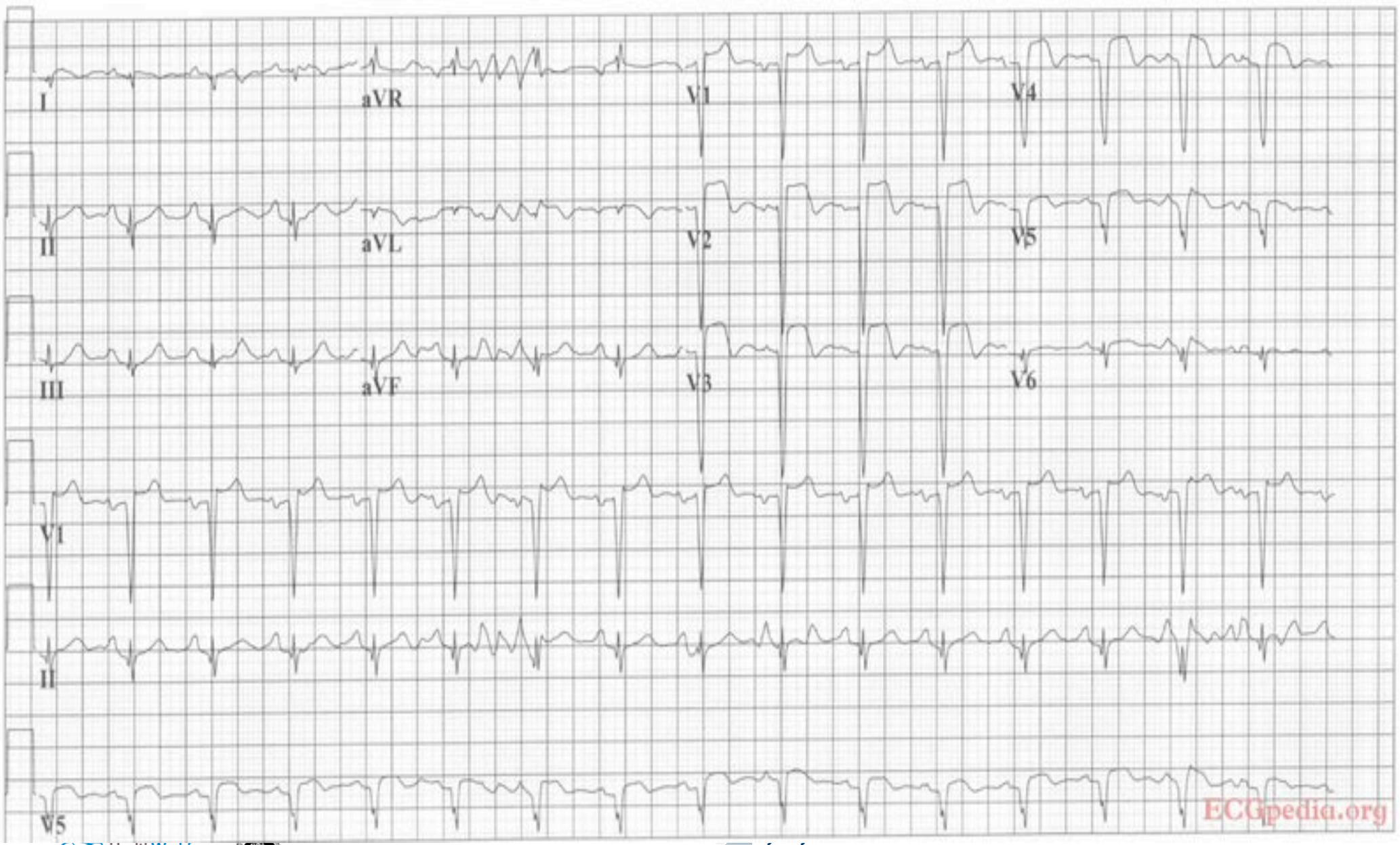
Deterioration Cassius becomes more agitated without aspirin/nitrates/morphine/oxygen. RR – 30/min Sats – 93% on air Breath sounds basal creps BP – 120/70 HR – 115 regular	Participants should realise that the patient's pain has increased and that Cassius has deteriorated somewhat. They should reassess and institute appropriate therapy and investigations Team should recognise the STEMI and activate appropriate protocols and pathways for their hospital	Faculty nurse to prompt the deterioration and to prompt any missing therapy/assessment/investigation points that have been missed
Recovery Cassius stabilises but remains unwell, with appropriate therapy. RR – 24/min Sats – 98% on oxygen Breath sounds clear NIBP – 130-60 HR – 100 regular	Call for help, if not already, or refer to cardiology for PCI/throbolysis/transfer. This will depend upon the level of experience of the participants	The Nurse faculty can suggest a review or referral to a senior or to cardiology if this has not been asked for already

Debrief Guide	
Key clinical issues Rapid assessment and initiation of therapy for a patient with cardiac chest pain. Aspirin/nitrates/oxygen/morphine Reassessment Investigations required for a patient with cardiac chest pain	**Key non technical issues** Communication with patient and staff/team Situational awareness – sick patient – need for cardiology/senior Management of their team, role allocation

This project was possible due to funding made available by Health Workforce Australia
HealthWorkforce AUSTRALIA An Australian Government Initiative
Sydney Clinical Skills and Simulation Centre



This project was possible due to funding made available by Health Workforce Australia
HealthWorkforce AUSTRALIA
An Australian Government Initiative
Sydney Clinical Skills and Simulation Centre


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
V1
II
V5
ECGpedia.org

This project was possible due to funding made available by Health Workforce Australia