Scenario template		
Scenario: C2-2 Atypical cardiac chest pain	**Patient:** 77-year-old diabetic lady. Ginger Rogers. Heavy smoker, previous CABG	**Simulator** SIMMAN 3G preferred – could be actor though
Case Summary: Mrs Rogers is having a myocardial infarction. 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. She has been triaged as category 2 chest pain patient, to be seen within 10 minutes		**Participant Briefing:** Ginger has been triaged as a category 2 patient after presenting to the front desk at ED with epigastric pain. She is now in resus awaiting your assessment
Clinical Issues		**Human factors / Non technical issues**
Initial assessment of atypical cardiac chest pain. Initial management and investigation of atypical cardiac chest pain		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.		
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.		

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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 lateral ST depression (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 GTN spray for below the tongue Crystalloid (0.9% NaCl or Hartmann's 1000ml) Giving sets for the above fluid Syringe pump 50ml syringe (participants may decide to give IV GTN) Labelled with GTN and filled with Saline. Local chest pain pathway forms should be available

Monitor: ED setting – 3 wave forms 3-lead ECG Saturations NIBP	**Investigations:** Laminated ECG with ST depression CXR plate but X-ray not available during scenario

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Patient presentation	Expected response by participants	Faculty /Actors Notes
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 Sinus rhythm with ST depression	Rapid assessment of a patient with chest pain. Assign roles to team Place monitoring and (oxygen) IV access Early ECG – lateral ST depression Take concise chest pain history – Characterise pain, risk factors from PMHx, FHx. A-E assessment	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 TV. 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. **Faculty nurse –** Supportive to the participants
Progression Patient has slight improvement with oxygen/aspirin/morphine/nitrate RR – 26/min Sats – 99% on air BP – 100/45 HR – 95/min	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 commenced. Nurse faculty can prompt for any missing investigations or management.

Deterioration Ginger's pain moves into her chest, jaw and arm if appropriate measures are not taken RR – 30/min Sats – 93% on air. 99% on Oxygen Breath sounds basal creps BP – 90/70 HR – 115	Participants should realise that the patient's pain has changed and that Ginger has deteriorated somewhat. They should reassess and institute appropriate therapy and investigations	Faculty nurse to prompt the deterioration and to prompt any missing therapy/assessment/investigation points. When ECG ordered provide the laminated ECG print out
Recovery Ginger stabilises and her pain resolves RR – 24/min Sats – 98% on oxygen Breath sounds clear NIBP – 130-60 HR – 85	Call for help, if not already, or refer to cardiology for further investigation/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

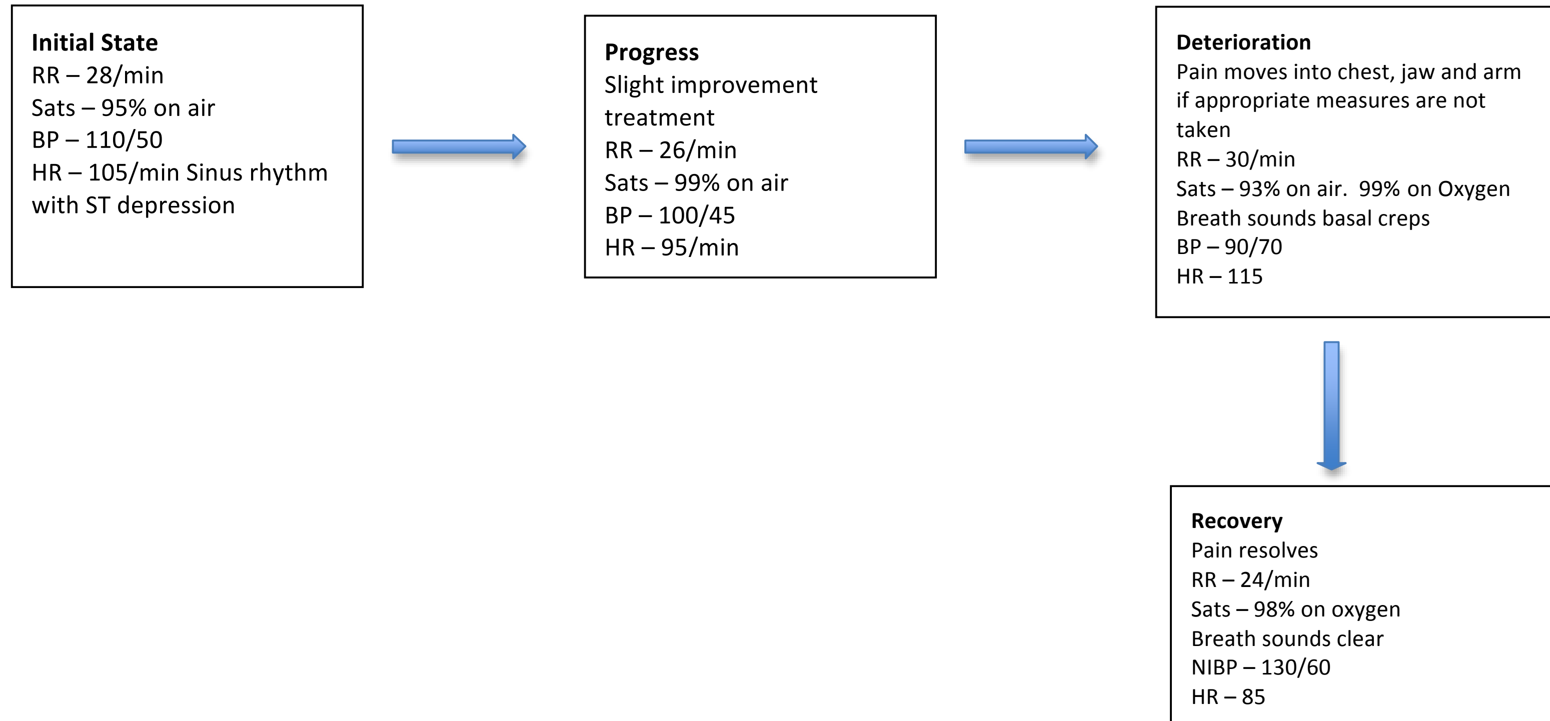
Debrief Guide	
Key clinical issues Initial assessment and management of atypical cardiac chest pain Aspirin/nitrates/oxygen/morphine Reassessment Investigations required for a patient with cardiac pain	**Key non technical issues** Communication with patient and staff/team Situational awareness – sick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

EdWISE

EdWISE Scenario C2-2

Cardiac Module – C2 Submodule Assessment of Chest Pain - Scenario 2

[Last updated Juy 2012]



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