

Scenario template: C3-Scenario 2 Susan Sarandon		
Scenario: C3-2 Brief descriptor for recognition: Chest Pain	Patient: Susan Sarandon 65 year old woman	Simulator Manikin type / actor
Case Summary: Susan Sarandon, 65 year old woman. Presents to the emergency department with 3/10 chest pain for the past hour. She has a history of high cholesterol, hypertension, diabetes and left sided mastectomy. She has had aspirin and GTN with the ambulance. She needs early investigation and handover to the medical staff.		Participant Briefing: Susan Sarandon 65 year old woman, presents with 3/10 chest pain for the past hour. She has a history of high cholesterol, hypertension, diabetes and left sided mastectomy. She has had aspirin and GTN with the ambulance She has been triaged category 2.
Clinical Issues		Human factors / Non technical issues
Investigation of simple chest pain – observations and ECG Investigations to consider in early chest pain Early management principles of chest pain Handover of chest pain patients		Communicating with patients whilst performing tasks.
Learning Objectives: Demonstrate taking a blood pressure Demonstrate performing a 12 lead ECG Consideration of other investigations in the chest pain patient Communicate findings to other clinical staff Communicating with patients whilst performing tasks		
Faculty Actors: Triage Nurse – to handover the above briefing then leave scenario for participants to perform		

Patient Moulage: Nil: left mastectomy Moulage Street Clothing		
Equipment & Props:		
Monitor: ED setup ECG SPO2 CO2 ready NIBP – automatic and manual	Investigations: Nil	
Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation Rhythm SR HR 85 BP 142/78 RR 14 SPO2 98% Temp 37.2 Conscious level Alert	Initial assessment Perform A-G assessment of patient Apply monitoring to patient Take automatic NIBP Participants should continue with their assessment including taking a 12 lead ECG	Pause and discuss the initial set up of a patient onto monitoring, review the taking of a 12 lead ECG. Point out the left sided mastectomy as contraindication for BP (Junior group - Discuss worrying findings on a 12 lead ECG) Suggest medical review as patient has ongoing chest pain – discuss when to escalate.

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<p>Progression</p> <p>Observations unchanged</p> <p>12 lead ECG shows minor ST depression in lateral leads.</p>	<p>ECG should be shown to medical staff, and handover given</p> <p>Medical staff to continue assessment, commence investigations, ensure aspirin and analgesia given</p>	<p>Pause and discuss the worrying findings on an ECG, if not already done.</p> <p>Further investigation of chest pain patients – blood tests and radiology</p>
<p>Debrief Guide</p>		
<p>Key clinical issues</p> <p>Early monitoring and bedside investigation of the chest pain patient</p> <p>Worrying features on a 12 lead ECG</p> <p>Further investigations of the chest pain patient</p> <p>Clinical Handover – ISBAR format</p>	<p>Key non technical issues</p> <p>Communication with patient whilst performing procedures</p>	

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