

<b>Scenario template: C3-Scenario 3 Boy George</b>		
<b>Scenario:</b> C3-3 Brief descriptor for recognition: Myocardial Infarction	<b>Patient:</b> Boy George	<b>Simulator</b> Manikin type / actor
<b>Case Summary:</b> Boy George, 57 year old man, presents with central chest pain, radiating down left arm with nausea and shortness of breath. He has a significant cardiac history with previous AMI and is overweight. He looks unwell. He has an inferior STEMI and needs urgent hand over to senior staff.		<b>Participant Briefing:</b> Boy George 57 year old man presents with chest pain on a background of previous AMI and obesity. Aspirin and GTN have been given. He has been triaged category 2.
<b>Clinical Issues</b>		<b>Human factors / Non technical issues</b>
Early recognition of serious chest pain Investigation of serious chest pain – observations and ECG Early management principles of serious chest pain Early escalation of chest pain to senior staff		Communicating with patients whilst performing tasks.
<b>Learning Objectives:</b> Demonstrate taking a blood pressure – when to consider bilateral BPs Demonstrate performing a 12 lead ECG – recognition of worrying features, (senior group - when to perform alternate ECGs) Consideration of other investigations in the chest pain patient Communicate findings to other clinical staff – recognition of urgency Communicating with patients whilst performing tasks		
<b>Faculty Actors:</b> Triage Nurse – to handover the above briefing then leave scenario for participants to perform. The triage nurse is worried.		
<b>Patient Moulage:</b> <b>Moulage</b> Street Clothing – pillow under shirt to simulate obesity, face sprayed with water to make appear diaphoretic		

<b>Equipment &amp; Props:</b>		
<b>Monitor:</b> ED setup ECG SPO2 CO2 ready NIBP – automatic and manual	<b>Investigations:</b> Nil	
<b>Patient presentation</b>	<b>Expected response by participants</b>	<b>Faculty /Actors Notes</b>
<b>Initial Presentation</b> Rhythm SR HR 90 BP 152/78 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	(Junior group - Pause and discuss the initial set up of a patient onto monitoring, review the taking of a 12 lead ECG. Discuss the worrying features of presentation and ECG)  Suggest medical review as patient has ongoing chest pain – discuss when to escalate.

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<p><b>Progression</b></p> <p>Observations unchanged</p> <p>12 lead ECG shows inferior ST elevation 2mm.</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>Early escalation should be performed with senior contacted on their way and to arrive in 5 minutes.</p>	<p>Pause and discuss the worrying findings on an ECG, if not already done.</p> <p>Further investigation of chest pain patients – bedside including bilateral BPs, blood tests and radiology</p> <p>When escalation performed response should be “be there in 5 minutes, please finish taking investigations and I’ll start the treatment when I’m there”.</p> <p>(Discuss/demonstrate alternate ECG positions – right sided, posterior and when to use.)</p>
<p><b>Debrief Guide</b></p>		
<p><b>Key clinical issues</b></p> <p>Early monitoring and bedside investigation of the chest pain patient</p> <p>Bilateral blood pressures</p> <p>Worrying features on a 12 lead ECG</p> <p>Further investigations of the chest pain patient (Alternate ECG lead placement)</p> <p>Clinical Handover – ISBAR format</p>	<p><b>Key non technical issues</b></p> <p>Communication with patient whilst performing procedures</p>	