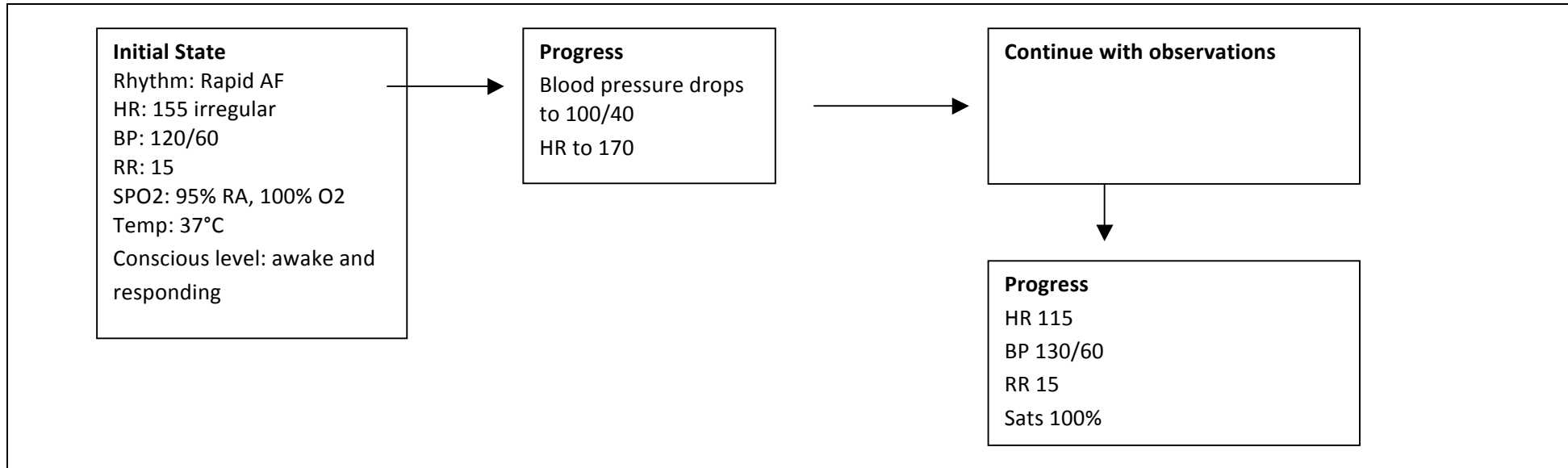


Scenario C5 Scenario 1: Fred Flintstone		
Scenario: C5 -1 Structured Approach to arrhythmias	Patient: 54 year old man	Simulator Manikin (any)
Case Summary: Fred Flintstone is a 54 year old man who had an episode of chest pain at the office, which resolved by arrival at the emergency department. He complains of recurrence of chest pain and dizziness and is noted to be in rapid atrial fibrillation by the staff. He is Haemodynamically stable and has had this previously after a night with multiple beers.		Participant Briefing: 54 year old man is sitting upright in the ambulance trolley waiting to offload. He complained of chest pain in the office and his colleagues called an ambulance. On arrival, his pain had resolved. He begins to complain of pain and dizziness.
Clinical Issues		Human factors / Non technical issues
Management of tachydysrhythmia		Communication in a team Task delegation when more 'help' arrives Leadership
Learning Objectives: Recognise tachydysrthmias Determine haemodynamic stability Demonstrate a structured approach to tachycardias		
Faculty Actors: Faculty nurse, ED registrar (if faculty available)		
Patient Moulage: Street clothing, Simman on the floor		

<p>Equipment & Props: SIMMAN mannequin and monitoring Oxygen – piped or cylinder Oxygen masks – Nasal prongs, Hudson mask and Non re-breath masks should be available Stethoscope x 2 ECG machine and leads Stickers for 12 lead ECG Defibrillator and pads specific for mannequin 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 Pretend or actual X-Ray plate Normal saline bags labelled with Amiodarone and Digoxin Crystalloid (0.9% NaCl or Hartmann’s 1000ml) Giving sets Local chest pain protocols</p>		
<p>Monitor: ECG SPO2 CO2 ready NIBP</p>	<p>Investigations: Nil</p>	

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Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation Rhythm: Rapid AF HR: 155 irregular BP: 120/60 RR: 15 SPO2: 95% RA, 100% O2 Temp: 37°C Conscious level: awake and responding	Initial assessment: DRSABCD Ask History and Examination as appropriate – clearly demonstrate a structured approach Consider haemodynamic stability for urgency of treatment	Triage nurse (confederate): Hands over initial triage of chest pain, initially resolved, now returned.
Progression Blood pressure drops to 100/40 HR to 170	Requests 12 lead ECG Takes investigations as appropriate Commence IVF	Triage nurse (confederate): - Assist with drug administration / localisation of equipment. Note patient is not fasted
Recovery Ongoing management of patient Observations HR 115 BP 130/60 RR 15 Sats 100%	<ul style="list-style-type: none"> Consider underlying cause of arrhythmia (ETOH, medications, electrolytes) Discuss rate vs rhythm control Consider anti-coagulation Involve cardiology team 	ED registrar to arrive (if required for guidance of participants; and faculty member available), and: <ul style="list-style-type: none"> receive handover of scenario thus far prompt participants (by his/her presence) to consider causes and management of this Prompt handover to cardiology using ISBAR format



Debrief Guide

Key clinical issues

1. Use of the structured approach to manage the chest pain patient/arrhythmias
2. Consideration of haemodynamic stability
3. Rate vs rhythm control options in Atrial Fibrillation
4. The role of anti-coagulation
5. Team approach and consultation with cardiology

Key non technical issues

1. Role allocation to existing team members
2. Communication
3. Decision-making under stress (? availability and utilisation of written resources i.e. ALS algorithm)