Scenario: C7-3	Patient: Minnie Mouse	Simulator SIMMAN 3G preferred

Case Summary:	Participant Briefing:
50 year old woman mother of 2 on holiday from Brisbane with metastatic breast cancer on chemotherapy complaining of sharp pleuritic left sided chest pain with SOB for the last 2 days. Initial ECG – sinus tachycardia with TWI in V1-V2. She arrests in the department in PEA. Friend who was out in the waiting room comes into the department and informs the team that Minnie has an advance care directive whilst CPR is being performed. A decision needs to be made regarding cessation of CPR or to continue until the advanced care directive has been confirmed. Friend becomes intrusive, as Minnie has told her that in no circumstances should she be resuscitated if she arrested. Her specialist contacted and confirms that there is an advanced care directive. Decision to cease CPR.	50 year old woman presents with left sided chest pain and SOB for the last 2 days. She is on holiday from Brisbane. She has a history of metastatic breast cancer and has recently finished a course of chemotherapy. She has been triaged into an acute bed and her friend is out in the waiting room. You have been asked to review her.

Clinical Issues	Human factors / Non technical issues
PEA Prompt assessment and treatment of a patient with chest pain Resuscitation of a patient whilst confirming the existence of an advanced care directive	Communication with patient - history and reassurance Dealing with difficult NOK and clarifying advanced care directive Communication with team – role allocation and plan

Learning Objectives: Assessment and initial treatment of a patient with 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 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 chest pain (bloods, 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 Friend – Daisy.

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: Projector screen & computer Video conference unit SIMMAN 3G mannequin Oxygen – piped or cylinder Oxygen masks – Nasal prongs, Hudson mask and Non re-breath masks should be available Stethoscope x 2Stickers for 12 lead ECG Laminated ECG showing sinus tachycardia with TWI 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 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. GTN spray for below the tongue Crystalloid (0.9% NaCl or Hartmanns 1000ml) Giving set for the above fluid Syringe pump Adrenaline Minijets
Monitor: ED setting – 3 wave forms 3-lead ECG Saturations NIBP	**Investigations:** Laminated ECG showing sinus tachycardia with TWI CXR plate but X-ray not available during scenario ABG Other lab tests will not be back in time	
Patient presentation	**Expected response by participants**	**Faculty /Actors Notes**
Initial Presentation Mildly anxious. Talking in sentences. RR – 25/min Sats – 92% on air NIBP – 130/75 HR – 110 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 history – Characterise pain, risk factors from PMHx, FHx. A-E assessment	**Faculty nurse** – supportive to the participants Patient complaining of chest pain and SOB for the last 2 days worse with exertion. Arrived from Brisbane 2 days ago for a short holiday with her friend. Her 2 children will be meeting her here in Sydney this coming week. She has recently finished a course of chemotherapy. Her friend is out in the waiting room.

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Progression Patient remains with similar observations. Patient becomes more comfortable if oxygen and other treatment given – analgesia/morphine	Continuation of assessment and treatment of chest 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	Pain 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
Deterioration Minnie complaints of a sudden intense pain in her chest and then arrests - PEA CPR commenced and patient's friend arrives to inform team about advanced care directive.	Participants should realise that the patient has arrested. They should start immediate CPR. Team leader to delegate participant to deal with patient's friend and to investigate the existence of the advanced care directive. Team to contact Minnie's doctor who confirms the presence of an advanced care directive and instructs the team to cease CPR. Meanwhile decisions to be made regarding continuation of CPR until the advanced care directive is confirmed.	Faculty nurse to prompt the deterioration and to prompt any missing therapy/assessment/investigation points that have been missed it. Patient's friend, Daisy arrives during CPR and informs the team that Minnie has an advanced care directive and has recently told her that under no circumstances should she be resuscitated if she arrests. Daisy becomes pushy and intrusive with participants. If not prompted, Daisy informs the team that someone should contact her specialist, Dr Smith regarding the advanced care directive. Gives participants the telephone number.
Recovery Minnie does not develop ROSC and team to decide to cease CPR upon confirmation of Advanced Care Directive.	Call for help, if not already, or refer to oncology/respiratory for further management of her condition - PE.	The Nurse faculty can suggest a review or referral to a senior or to oncology/respiratory if this has not been asked for already.
Debrief Guide		

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Key clinical issues	Key non technical issues
Rapid assessment and management of a patient with chest pain ALS PE – issues with thrombolysis in this patient Cessation of CPR	Communication with patient and staff/team Situational awareness – deteriorating patient – need for respiratory/oncology/senior review Dealing with difficult NOK and clarifying advanced care directive Management of their team, role allocation

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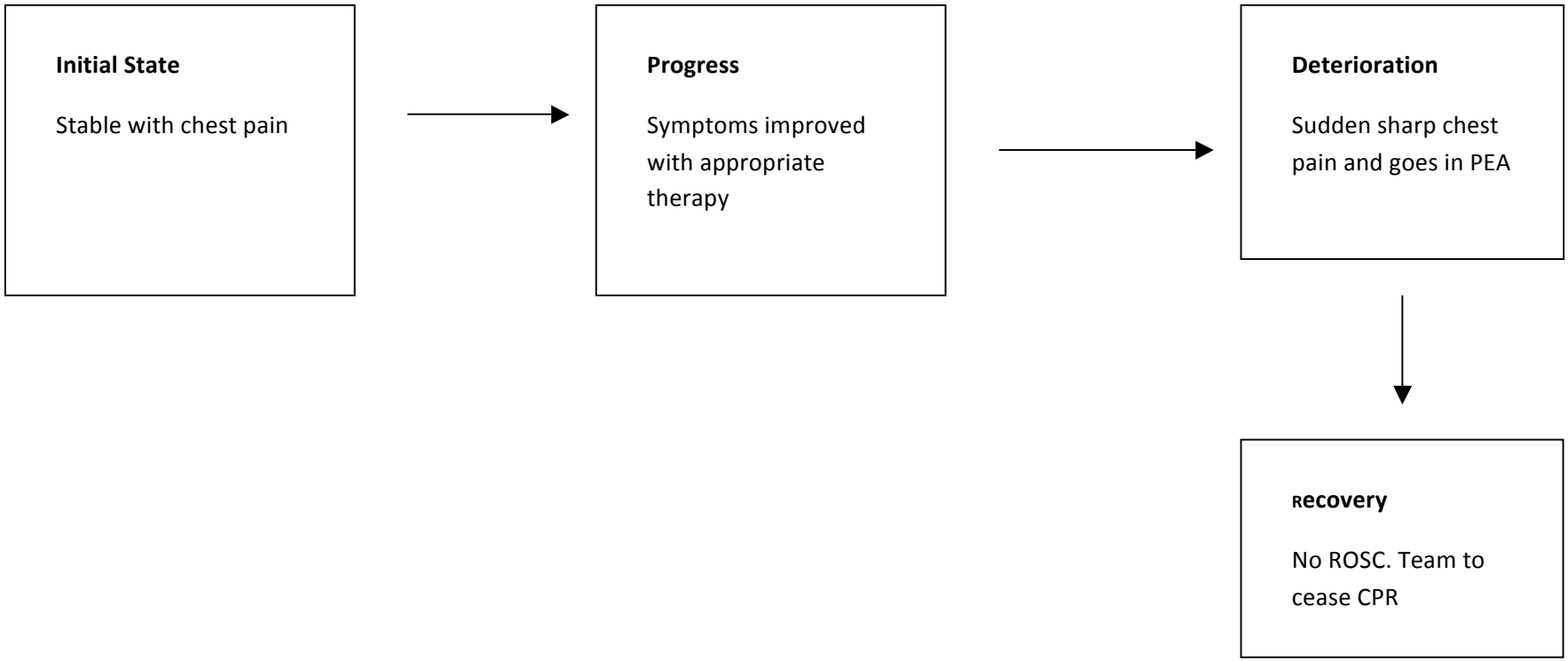

ABG and ECGs

ABG-
pH 7.30
pO2 75
pCO2 50
HCO3 28
BE-2

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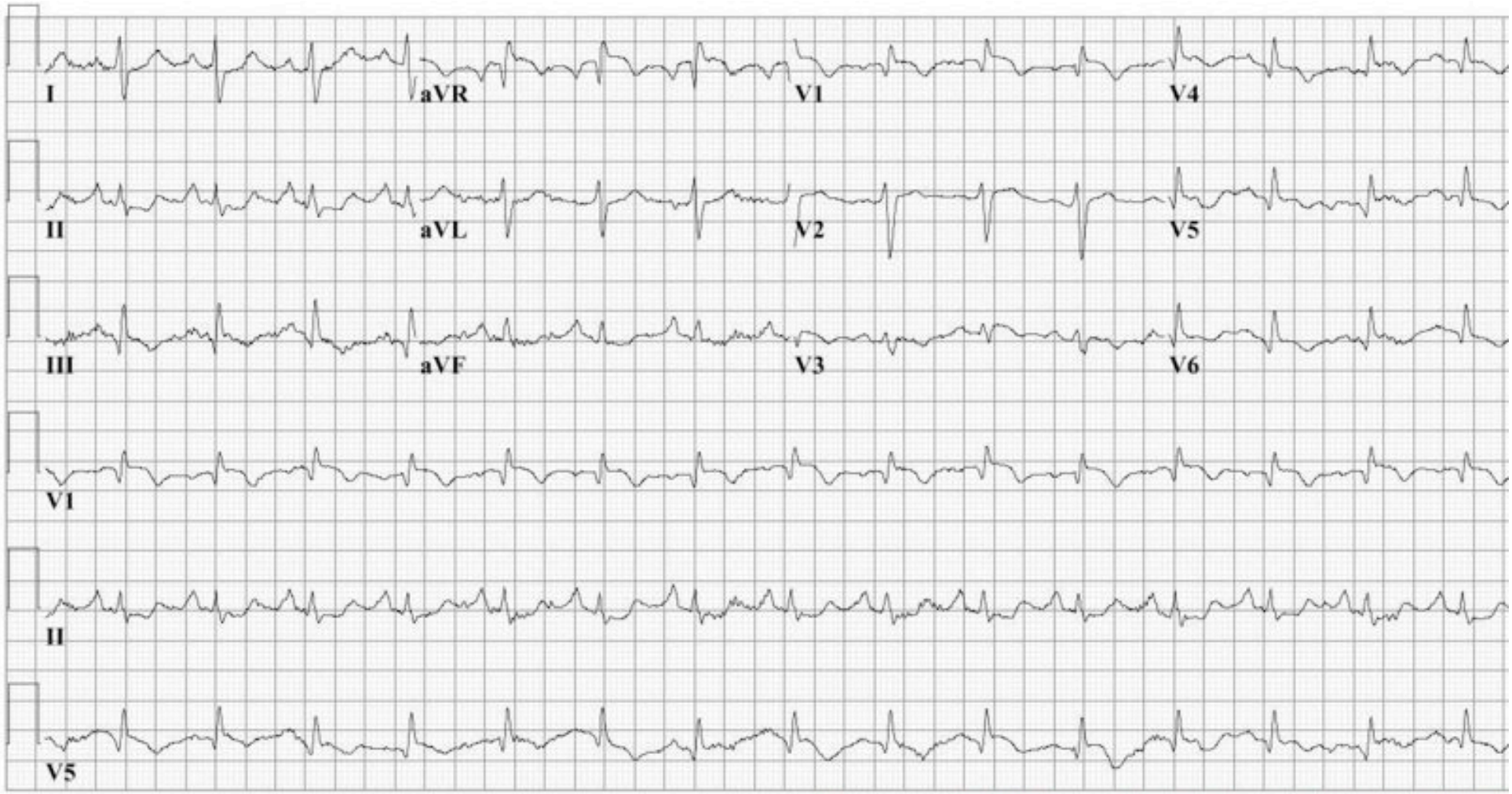

Courtesy of R.W. Koster, MD, PhD
AMC, The Netherlands

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