**Scenario 1** – ETT Dislodgment

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| **Initial Candidate (e.g. roles)** | **Equipment in Room** | | **Simulator Control** |
| SpR  SHO  Band 5  Band 6  + Band 5 or Student Nurse | * COW and paper work – Obs chart & drug chart * Ventilator – (*BiPAP mode*) * Feed pump * Baxter pump x1 * Syringe drivers x3 * Infusions- Propofol and Fentanyl * Facemask and Aqua Pack * *Glideslope and airway trolley outside room* | | **Mannequin setup:**  Red name band  ETT (pulled half out)  Anchorfast - white tape still on  CVC RIJ  Art line  NG tube – feed  Catheter |
| **Candidate Briefing:**  65 year old man, 60kg. Allergic to Aspirin  Day 5, admitted with urosepsis. Remains sedated on propofol and fentanyl, off any inotropes or vasopressors since this morning, moderate urine output  **Nurse/Plant:** hands-over to go for a break, then goes to quickly checks urine catheter but trips over ventilator tubing which pulls the ETT out (but remain in the mouth), nurse doesn’t noticed pulled tube – patient initially stable – nurse leaves. | | | **Initial Parameters**  A – ETT  B – BiPAP – Peep 5, Pinsp 18, TV 450, FiO2 0.35, RR 14. SaO2 98%  C – HR 80 sinus  BP 130/68 (MAP 75mmHg)  D – GCS 3/15  E – Temp 36.5  Patient sat up 30 degrees |
| **Scenario Progression:**  As soon as nurse leaves the room – patient starts to desaturate and flat line EtCO2  Recognition of dislodged/extubated ETT  Call for help early  Remove ETT and bag patient  Prepare equipment for intubation  Explain procedure to patient  Prepare drugs  Assign roles  Communicate plan of intubation  **End Point** – ETT inserted and EtCO2 trace observed – Connect to Ventilator | | | **Deteriorating Parameters**  A – ETT (dislodged/extubated)  B – BiPAP  EtCO2 flat line, SaO2 start to drop to 80%  C – HR increases 110/min  BP – drops during induction  99/60 (MAP 59mmHg)  D – Sedated  E – Temp 36.5 |
| **Key confounders**  Anchorfast white sticker still on | | | **Investigation available**  **Deteriorating:**  ABG - pH 7.31 pCO2 7.5 pO2 6.9 HCO3 25.3 BE -1.0 |
| **Key Expected Actions** | | | **Information**  DAS Intubation algorithm  Intubation checklist and RSI drugs |
| **Technical Skills** | | |
| * ABCDE assessment * Stop feed pump * Checking name band ?what are they allergic to * Checked grade of intubation * Patient position & correct Cricoid pressure * Equipment check by Doctors * Drug prepared * Connect to ventilator | | |
| **Non-Technical Skills** | | |
| * Team working- Communication between team members and between staff and patient * Tasks management and decision making * Situational awareness | | |
| **Debriefing Topics** | | | |
| Technical Skills | | | |
| * ABCDE assessment * Checked grade of intubation – might have changed from the trauma of the pulled ETT * Recognition of ETT pulled out and balloon in the mouth * Remove ETT and apply O2 * Intubation algorithm -DAS guideline * Checking of equipment * Induction drugs * Calling for help * Plan? | | | |
| Non-Technical Skills | | | |
| * Delegation of roles * Closed loop communication * Resource for help – anesthetic SpR/SpR from other unit/Consultant * How to fast bleep– talk to operator or 2222. * SBAR structure while communicating with others | | | |
| **Faculty roles** | | | |
| Nurse | | | |
| Briefing: | | Key tasks: | |
| ICU Nurse | | Hands-over to go for a break, then goes to quickly check urinary catheter  Trips over ventilator tubing which pulls the ETT out (but remain in the mouth), nurse doesn’t noticed pulled tube – patient initially stable – nurse leaves. | |
| Medical | | | |
| Briefing: | | Key tasks: | |
| Not required | |  | |

ABG

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|  | Normal values |  |
| pH | (7.35 – 7.45) | 7.31 |
| pCO2 | (4.7 - 6.0 kPa) | 7.5 |
| pO2 | (>10.00 kPa) | 6.9 |
| HCO3 | 22 -26 mmol/l | 25.3 |
| BE | +/- 2 mmol/l | -1.0 |
| Lactate | 0.5-1 | 1 |
| Hb | >90 g/L | 102 |