**Synopsis:**

**Patient Demographics:**

Patient ID: W1234567 Gender: Female

DOB: 10.03.1954 Age 64

**Patient History:**

COPD

Osteoarthritis

Life-long smoker

**Medications:**

Regular salbutamol nebulisers

Tazocin 4.5gms TDS

Mrs Smith is a 64 y/o lady who was recently repatriated from CXH ICU back to WMUH following

a subarachnoid haemorrhage which she received endovascular coiling. Remarkably aside from

mild memory loss her neurological status has returned to normal. Her recovery has been

prolonged due to exacerbation of her COPD and development of ventilator associated

pneumonia. She underwent a percutaneous tracheostomy at CXH and has a portex size 7.5 mm

trachy tube in situ. She has now be weaned from the ventilator for 24 hours.

Currently she is receiving humidified oxygen via the aqua-pack system. She is producing copious

thick creamy secretions requiring regular suctioning. She is reluctant to cough or participate in

physio. She is awaiting a SALT assessment and is currently NBM.

**Clinical Setting & Progression:**

She is scheduled for a CT scan of her chest imminently. The bedside nurse will to take her down

with a student nurse and the floating bedside nurse. All transfer equipment is prepared but staff

**Debriefing Points:**

* ABCDE approach to patient assessment and management
* Early diagnosis of problem with the trachy tube
* Early call for help and airway assessment
* Use of national emergency tracheostomy algorithm
* Discussion points on awareness of different trachy tubes, inner cannulas etc

need to ensure all appropriate equipment is available. Patient is stable on leaving the unit. In the

lift down to scan, the patient develops breathing difficulties caused by a blocked tracheostomy

tube.

The patient will be prevented from developing respiratory arrest if the emergency tracheostomy

management algorithm is followed.

The scenario will end when the candidate has managed the blocked tube appropriately.

**Learning Objectives:**

1. Utilise structured ABCDE approach to patient assessment and management

2. Call for help early and manage blocked tracheostomy according to the National Tracheostomy

Safety Project's algorithm

**Patient voice Cues/script for faculty:**

1. Initially you are fully cooperative and obey commands but no voice due to trachy tube

2. You start to feel breathless on transfer, gesticulating you can't breathe making some audible

sounds on inspiration/expiration. You quickly lose consciousness becoming unresponsive

**Medicines/Drugs/Fluids Required:**

**Console set-up:**

HR 78

Rhythm Sinus

BP 120/60

SpO2 98% on FiO2 0.35

RR 18

Value changes deteriorate during episode of blocked trachy- these will depend on how quickly this situation is managed. The patient will stabilise with appropriate management

* Oxygen
* Emergency drugs for cardiac arrest

**Room set-up:**

In the lift to CT scan

Manikin with tracheostomy

Humidified O2 in situ on 35%

NG in situ

Blue transfer bag available

Portable Suction available

Blue trachy box available with equipment and algorithm

Transfer observation chart

**Investigations:**

ABG during acute deterioration

pH 7.31

PaCO2 8.8

PaO2 6.5

HCO3 24

BE -2

Lactate 4

O2 cylinders

Mapelson C circuit and ambu bag

Peripheral line

Arterial line and transducer

**Role Players:**

Not required