Airway Scenario

Points to hit on (COPD directive, Call RT, Titrate O2, respiratory assessment, administration of bronchodilators)

Presenting patient with clothes on

No history volunteered, but if nurse asks

SOB for 2 days; had fever last night (T 39)

Had bad cold which may have triggered it

Used his blue puffers today more than he usually does

History of asthma and environmental allergies

NKDA

Been hospitalized twice before for this --- once intubated

Patient wants to sit up in high fowlers, pursed lip breathing

Assessment:

2-3 word sentences only

expiratory wheezes throughout

RR 28 T 36.8 Pulse 112 BP 128/86 SpO2 94% RA

After treatment: condition worsens

RR 30 Pulse 122 BP 120/92 SpO2 89% RA

Nurse to notify RT, MD apply O2

**Observer 1 Checklist: Airway/SOB**

Learning Objectives:

1. Complete respiratory assessment in patient with respiratory complaint
2. Recognize criteria and initiate asthma/COPD medical directive when appropriate
3. Demonstrate understanding of bronchodilators and oxygen including indications, side effects and its role in medical directive
4. Utilize resources for patient with SOB appropriately

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| Hand hygiene |  |  |  |
| Introduced self; undressed patient |  |  |  |
| Completed full set of vital signs  Attached pulse oximetry |  |  |  |
| Identified need for PPE and applied (Contact/droplet) |  |  |  |
| Respiratory assessment including listening to lung sounds |  |  |  |
| Took patient history |  |  |  |
| Identified need to initiate medical directive (COPD/Asthma) |  |  |  |
| Discussed option for RT |  |  |  |
| Administered ventolin/atrovent puffers using correct dose and method |  |  |  |
| Reassessed after med delivery: respiratory assessment and vital signs |  |  |  |
| Notified MD and administered O2 |  |  |  |
| Other observations |  |  |  |

**Observer 2: Team Communication Checklist**

Objectives:

1. Demonstrates clear communication with team members including closed loop communication
2. Demonstrates understanding and use of team resources

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Members** | **Y** | **N** | **Comments** |
| Communication is concise, clear and specific |  |  |  |
| Seeks information from all resources, including patient/family and RT |  |  |  |
| Verifies that information is correct |  |  |  |
| Notified MD and was able to give report of patient using SBAR tool: |  |  |  |
| Situation |  |  |  |
| Background |  |  |  |
| Assessment |  |  |  |
| Recommendations |  |  |  |
| Additional observations |  |  |  |

**Observer 3: Team dynamics**

1. List examples of effective communication you observed during this scenario (including closed loop communication).
2. Have you observed times in which communication was unclear and you did not observe closed-loop communication? If so, provide examples and explained how the closed loop communication would have improved the scenario.
3. Were appropriate resources utilized well and in a timely fashion?

Give examples.

**Observer 4: Assessment Observations of RN 1**

1. Were key assessment and interventions organized and prioritized appropriately?
2. Describe collaboration efforts of RN 1 with RN 2
3. Describe the interactions with family member/significant other
4. Describe the interactions with RT and physician