**Breathing Scenario – Fall with Chest trauma**

Presenting patient with clothes on. He is alone.

**History: 76 year old Male. Triage “Fall” CTAS = Urgent**

“I was trying to get into the bath and I slipped on the mat and fell onto the edge of the bathtub.”

**Across the room observation:**

**Airway.** Patient is speaking is clipped sentences, **B.** Spontaneously breathing but shallow at a rate of 24, **C.** Pale, splinting his right chest, lying on his back in bed but is alert.

**Focused Assessment:**

Look, listen & feel: Redness on right chest (around 5th intercostal space, mid-clavicular line), decreased air entry to the base of right chest. Severe pain on palpation and movement.

Onset: Upon falling, Provoking factors: Moving, coughing, laughing makes it worse, Quality: Sharp stabbing with movement and dull ache at rest, Radiation: None, Severity: 10/10 with movement, Timing: constant.

**Patient Med History:**

Otherwise well elderly male. Lives at home with wife.

Medical history: HTN, Hyperlipidemia, BPH

Medication: Lipitor, Ramipril, Flomax

Vitals Signs:

Initial – BP 176/92, HR 96, O2 sats 94 % on room air, RR 24

Once on Oxygen – vitals unchanged except O2 sats 96%

Ongoing – BP and HR stay elevated due to pain

**Observer 1 Checklist: Breathing - Fall**

Learning Objectives:

1. Complete respiratory & musculoskeletal assessment in patient
2. Recognize patient may need more immediate physician assessment
3. Demonstrate understanding of chest assessment and pneumothorax
4. Utilize resources for patient.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| Hand hygiene |  |  |  |
| Introduced self; undressed patient |  |  |  |
| Completed full set of vital signs  Attached pulse oximetry |  |  |  |
| Identified need for oxygen therapy |  |  |  |
| Performs an across the room assessment looking at ABCD. |  |  |  |
| Took patient history |  |  |  |
| Look, listen & feel assessment |  |  |  |
| OPQRST pain assessment |  |  |  |
| Recognizes the need for chest x-ray |  |  |  |
| Notifies MD of potential pneumothorax. SBAR |  |  |  |
| Gathers appropriate equipment |  |  |  |
| Considers medications that may be needed. |  |  |  |
| Demonstrates basic knowledge of chest tube drainage system. |  |  |  |
| Other observations/Comments |  |  |  |

**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. |  |  |  |
| 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?

1. Describe collaboration efforts of RN 1 with RN 2
2. Describe the interactions with family member/significant other
3. Describe the interactions with RT and physician