**Circulation Scenario – ACS with Anaphylaxis**

Presenting patient with clothes on. He is alone.

**History: 68 year old male. Triage “Chest pain” CTAS = Emergent**

“It started while I was at work. I was just sitting at my desk. It’s really bad!” “I just had a physical at my GP’s and they said I was in great health!

**Across the room observation:**

**Airway.** Patient is speaking **B.** Spontaneously breathing, appears anxious **C.** Pale and a bit diaphoretic D. Alert.

**Focused Assessment:**

Onset: At rest at his desk, Provoking factors:Nothing makes it change, Quality: Tight, pressure, Radiation: Maybe into right shoulder, Severity: 10/10 with movement, Timing: constant.

Look, listen & feel: Chest intact, good air entry bilaterally, no pain on palpation

**Patient Med History:**

Otherwise well male. Lives at home with wife. Last ate 2 hours ago. Regular BM’s

Medical history: Bunionectomy 2001,

Medication: Advil prn

Allergies: No known allergies

**Vitals Signs:**

Initial – BP 158/78, HR 96, O2 sats 99 % on room air, RR 24

Ongoing - vitals unchanged except O2 sats 96%

Once Nitro given – BP 122/67 HR 84 O2 sats 98% then staying there

Once Morphine given – BP 168/98, HR 102, O2 sats 92%, RR 32

Once Epi given – BP 143/87, HR 122, O2 98%, RR 22

**Observer 1 Checklist: ACS with Anaphylaxis**

Learning Objectives:

1. Complete 3 systems approach assessment in patient
2. Recognize patient may need more immediate physician assessment
3. Demonstrate understanding of chest assessment & ACS med directive
4. Demonstrates knowledge of monitoring post medication delivery.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 |  |  |  |
| Demonstrates critical thinking regarding 3 systems approach |  |  |  |
| Recognizes need to activate med directive. |  |  |  |
| Gathers appropriate equipment and medication. |  |  |  |
| Reassess vitals as per departmental standards. |  |  |  |
| Recognized need to get physician to bedside. |  |  |  |
| Report given to MD using SBAR |  |  |  |
| 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