**Scenario: Leg burn with airway compromise**

22 year old male presents dressed, pulled from burning building

Driven in by ‘friend’ who has since taken off

Patient c/o pain on Leg – notice large burned area on burned clothing/skin

Notice soot around lips; when he’s asked questions patient speaks in hoarse voice.

Complaining of sore throat when asked.

Reticent with details of fire

Nurses to undress patient, apply monitor

BP 124/76, HR 96 RR 24 SpO2 94% RA

O2 NRB 100% to be applied……if staff get sidetracked by leg, trigger them “My throat is really sore” “What’s that around my lips” – “Why am I coughing up black stuff”

2 IVs – nurses to insert

Labs including carboxyhemoglobin

“My throat feels swollen” etc…..trigger consideration of intubation

BP 118/68 HR 106 RR 28 SpO2 96% 100 NRB

Consider analgesia for leg burn, saline to leg

**Observer 1 Checklist: Burn: leg burn with airway compromise**

Learning Objectives:

1. Complete head-to-toe assessment in burn patient
2. Prioritizing A..B…C…D in patient with multiple injuries
3. Utilize appropriate resources to provide prompt holistic care

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| Hand hygiene |  |  |  |
| Introduced self; undressed patient |  |  |  |
| Attached monitor |  |  |  |
| Applied 100% NRB Oxygen |  |  |  |
| ABCD assessment |  |  |  |
| Prioritized airway management |  |  |  |
| Was able to identify % of total body surface area burned |  |  |  |
| Managed fluid resuscitation appropriately |  |  |  |
| Discussed and initiated management of definitive airway: ET tube |  |  |  |
| Consulted RT |  |  |  |
| Reassessed patient regularly |  |  |  |
| Managed pain control |  |  |  |
| Assessed and provided initial treatment for leg burn |  |  |  |
| Considered carboxyhemoglobin issue |  |  |  |
| Other 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/history from all resources |  |  |  |
| Verifies that information is correct |  |  |  |
| Considered significant others/family members |  |  |  |
| Consulted RT |  |  |  |
| Managed team in calm manner |  |  |  |
| 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 care providers notified in a timely fashion and was the nurse able to provide a history of patient presentation and events occurring in the ED?

Was the SBAR tool implemented?

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

1. Were key assessment and interventions organized and prioritized appropriately?
2. Describe collaboration efforts between team leader and RNs; between team leader and RT?
3. Describe reassessment completed after patient was intubated
4. Describe response to patient’s comments: did the team listen to patient’s concerns?