**Circulation Scenario – Megacode Sepsis**

Presenting patient naked by EMS.

**History: 40 year old female. “Decreased LOC” CTAS = Resuscitative**

Patient non-verbal. EMS reports, “Patient found by father. Has been unable to reach her for 2 days so went to her house and found her naked in bed with limited communication. Father reported past history of IVDU but states she has been “clean” for 5 years. Father states she has had something like this in the past. She almost died. Not sure what it was. This was when they lived in Vancouver but they moved 5 years ago to save her.

**Across the room observation:**

**Airway.** Patient is not speaking. Snoring respirations heard **B.** Minimal respiratory effort **C.** Pale and diaphoretic D. Rouses to pain with inappropriate speech.

**Focused Assessment:**

Will manage the airway until MD gets to bedside. (OPA & BVM) Gets meds for RSI, Ensure placement of ET tube. Head to toe assessment. (No obvious infectious wounds on body.) Two large bore IV’s started, sepsis bloods drawn. Boluses started with warming measures. Antibiotics hung. Gets norepi. Mixes it up and hangs it. Gets vasopressin. Mixes it up and hangs it.

**Patient Med History:**

No med history on file. New patient to LHSC. Only history from father.

**Vitals Signs:**

Initial – BP 98/64, HR 122, O2 sats 92 % on NRB, RR 8 Temp 34.5 Celcius

Ongoing –

BP will trend down slowly until vasopressin is started

HR will trend up until vasopressin is started

Once intubated, O2 sats sit at 94%

Temp stays low but can climb a bit.

**Observer 1 Checklist: Megacode Sepsis**

Learning Objectives:

1. Recognize need to stabilize airway immediately
2. Recognized need for MD assessment
3. Demonstrate understanding of sepsis care.
4. Demonstrates knowledge of monitoring post medication delivery.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Y** | **N** | **Comments** |
| Hand hygiene |  |  |  |
| PPE |  |  |  |
| Completed full set of vital signs  Attached pulse oximetry |  |  |  |
| Identifies need to manage airway |  |  |  |
| Uses OPA & BVM |  |  |  |
| Calls for MD |  |  |  |
| Collects meds for RSI |  |  |  |
| Confirms ET placement |  |  |  |
| Identifies need for IV’s & Sepsis blood work. |  |  |  |
| Recognizes need for antibiotic infusion within the golden hour. |  |  |  |
| Uses baxter pump for medication admin. |  |  |  |
| Recognizes need for head to toe secondary assessment. |  |  |  |
| Recognizes need for frequent vital signs. |  |  |  |
| 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