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|---|--|------------------------------|--|----------------|------|
| Name: | D Quinn | Observations at start | | CRT: | 2s |
| D.O.B. | 14/06 (65Y) | RR: | Ventilated | Temp: | 37.0 |
| Address: | (Insert local address) | ETCO2: | 4.3 | BM: | 8.2 |
| | | Sats: | 97% | Weight: | 80Kg |
| Hospital ID: | 495 286 3347 | Heart rate: | 110 | Allergy | NKDA |
| Ward: | Admissions unit | BP: | 130/74 | | |
| Background to scenario | | | Specific set up | | |
| Patient is undergoing resection of airway tumour under laser surgery and has airway fire Or surgical drape catches fire during any general surgical procedure | | | Mannequin on theatre table Intubated with laser safe ETT Cannulated with fluid running Anaesthetic chart and drugs Patient draped for surgery of your choice | | |
| Required embedded faculty/actors | | | Required participants | | |
| Junior anaesthetist Surgeon | | | Anaesthetist ODP/theatre staff as part of MDT sim | | |
| Past Medical History | | | | | |
| HTN, hypercholesterolaemia. Smoker 10/day. Alcohol socially | | | | | |
| Drugs Home | | | Drugs Hospital | | |
| Ramipril Atorvastatin | | | Induction drugs | | |
| Brief to participants | | | | | |
| You are the on call anaesthetic team and have been called to theatre X Junior anaesthetist handover – The consultant has just stepped out for coffee. Patient is having airway tumour resection with laser surgery. Induction was uneventful, laser ETT has been inserted, anaesthetised with TIVA/inhalational anaesthetic, the surgeon has just said there was an airway fire | | | | | |
| Scenario Direction | | | | | |
| Stage 1, 0– 5 minutes Airway fire | | | | | |
| A | Intubated and ventilated | | | | |
| B | Sats 97%, FiO2 0.35 | | | | |
| C | HR 110 BP 130/74 | | | | |
| DE | Anaesthetised as per normal practice – TIVA or inhalational anaesthetic Surgeons communicated to anaesthetic team – airway fire, instruments just removed | | | | |
| Rx | MDT approach, call for help appropriately, declare critical incident Follow QRH handbook/guidelines for intra-operative fire Extinguish fire, stop laser/diathermy, remove burning material, flood area with 0.9% NaCl Consideration of ventilatory mechanism, anaesthetic technique Check/manage airway for damage Discuss ongoing management, follow up | | | | |
| Stage 2, 5–10 minutes Communication | | | | | |
| | The patient’s family needs to be updated about events in theatre | | | | |
| Rx | Principles of communication, breaking bad news and Duty of Candour | | | | |

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| Guidelines | |
| AoA QRH Handbook Patient Fire | |
| Guidance for Family Role | |
| Opening lines/questions/cues/key responses Where is my relative? What has happened! How did this happen? | Relevant HPC / PMH |
| Concerns What will happen now? Will they die? What are the long term complications? | Actions Very concerned (understandably) Escalated to angry if concerns not addressed |
| Guidance for ODP role | Guidance for other roles |
| Opening lines/questions/cues/responses/Concerns What is that burning smell! | |
| Actions Offer support depending on level of participants | |
| Guidance for Role e.g. ITU/Anaesthetic Senior | Guidance for other role |
| Expectations/actions Support participants based on level | |
| Session Objectives | |
| Clinical | Management of patient fire |
| Non-technical skills | |
| Teamworking | Coordinating activities of the team, exchanging information with MDT, assessing capabilities and utilising team members appropriately |
| Task management | Planning and preparing for next steps, prioritising management tasks, following guidelines and protocols for airway fires |
| Situational awareness | Gathering information at handovers, recognising issues, anticipating next steps |
| Decision making | Identifying and balancing options for management, continuous re-evaluation |