

## Laryngospasm

D.O.B.       31/12 (28%)       Rt:       struggling       Temp:       36.5         Address:       (Insert local address)       ETCO2:       dropping       BM:       6.2         Hospital ID:       441 364 9942       Heart rate:       110       Allergy       NKDA         Ward:       Surgical admissions unit       BP:       140/45       NKDA         Background to scenario       Specific set up       Specific set up       NKDA         Background to scenario       Mannequin on trolley       Ether in theatic or recovery area       (Theatro - supraglottic alrway and ventilator, used anaesthetic induction drugs, draped for surgery)         Post-operative laryngospasm in recovery       Cannutated       Anaesthetic chart       Required participants         Required embedded faculty/actors       Required participants       Anaesthetist       ODP         Depression, otherwise well, Presented with pilonidal abscess       Naesthetist       ODP       Depression, otherwise well, Presented with pilonidal abscess         Nor every nurse (If in recovery)       Past Medical History       Past Medical History         Depression, otherwise well, Presented with pilonidal abscess       Anaesthetic induction drugs       Eifer for participants         Intra-op - you have been called to support a junior anaesthetist in emergency theatre.       Handover, 28 yearold having an I&D of		Name:	T Brown	Observe	tions at a	start	CRT:	2s	
Address:       (Insert local address)       ETCO2:       dropping       BM:       6.2         Hospital ID:       441 364 9942       Heart rate:       110       Allergy       NKDA         Ward:       Surgical admissions unit       BP:       140/85       Weight:       110Kg         Background to scenario       Specific set up       NKDA       NKDA         In Intra-operative laryngospasm       Either in heatre or recovery area       (Ineatro – supragiotitic airway and ventilator, used anaesthetist and surgeon (If in heatre)       Mannequin on trolley         2. Post operative laryngospasm in recovery       Required embedded faculty/actors       Required participants         Unior anaesthetist and surgeon (If in theatre)       Anaesthetist chart       Anaesthetist         Vecovery nurse (If in recovery)       Past Medical History       DP         Depression, otherwise well. Presented with pilonidal abscess       Opp       Pugs Hospital         Madover - 28 year old having an R&D of a pilonidal abscess.       Induction was uneventful, a sze 5 igel was restrict. Brought to theatre and surgery has just begun when patient started making odd airway noises, I aave only just finished my novice period.       Scenario Direction         Brief to participants       Induction naesthetist in emergency theatre.       Induction was uneventful, a sze 5 igel was restrict. Induction was uneventful, a sze 5 igel was restrict. Brought to theatre and surgery					tions at s				
Sats:         9%         Weight: 110(Allergy         110Kg           Ward:         Surgical admissions unit         BP:         1140/85         NKDA           Biscenario can be simulated with an adult or aacdiatic mannequin as either         Mannequin on trolley aberliatic mannequin as either         Mannequin on trolley there in theatre or recovery area (Theatre - supraglottic aliway and venillator, used anaesthetic induction drugs, draped for surgery) Recovery - oxygen mask) Cannulated Anaesthetic chart         Mannequin of the surgery (Theatre - supraglottic aliway and venillator, used anaesthetic induction drugs, draped for surgery) Recovery - oxygen mask) Cannulated Anaesthetic chart           Required embedded faculty/actors         Required participants           Required embedded faculty/actors         Required participants           Backsteric induction drugs         DDP           Depression, otherwise well. Presented with plonidal abscess to previous anaesthetic, no aliway concerns         Drugs Hospital           Manoey - 28 year old having an I&D of a plonidal abscess. Induction was uneventful, a size 5 igel was serted. Brought to theatre and surgery has just begun when patient started making odd aliway nokes, I ave only just finished my novice period.           Vate or - 28 year old having an I&D of a plonidal abscess. Induction was uneventful, a size 5 igel was serted. Brought to theatre and surgery has just begun when patient started making odd aliway nokes, I ave only just finished my novice period.           Vate or - 28 year old having an I&B of a plonidal abscess.         Stref (to participants in theastere									
Hospital ID:         441 364 9942         Heart rate:         110         Allergy         NKDA           Background to scenario         Specific set up         Specific set up         Specific set up         Mannequin on trolley           Intra-opcrative laryngospasm         Mannequin on trolley         Either in theatre or recovery area         (Theatre - supraglottic aliway and venillator, used anesthetic induction drugs, draped for surgery)           Required embedded faculty/actors         Required participants         Anaesthetic chart           Required embedded faculty/actors         Required participants         Anaesthetist           ODP         Data sthetist         ODP         Cannuiated           Person otherwise well. Presented with plionIdal abscess         Anaesthetic induction was uneventful. a sze 5 igel was sterted. Brought on ynokice period.         Steroevery.           Soft op - you have been called to support a pulior anaesthetist in during odd airway noises. I tave only just finished my no kloce preiod.         Steroevery.         Steroevery.           Soft op - you have been called to support a patient that has just been transferred to recovery.         Steroevery.         Steroevery.           Soft op - you have been called to support a patient that has just been transferred to recovery.         Steroevery.         Steroevery.           Soft op - you have been called to support a patient that has just been transferred to recovery.         Steroevery.		Address:	(insert local address)						
Ward:       Surgical admissions unit       BP:       140/85       Specific set up         Background to scenario       Specific set up       Specific set up         his scenario can be simulated with an adult or paediatric mannequin as either       Mannequin on trolley       Either in theatre or recovery area         1.       Intra-operative laryngospasm       Mannequin on trolley       Either in theatre or recovery area         2.       Post-operative laryngospasm in recovery       Cannulated       Anaesthetic induction drugs, draped for surgery)         Required embedded faculty/actors       Required participants         unior anaesthetist and surgeon (If in theatre)       Anaesthetic induction drugs         bepression, otherwise well. Presented with plionidal abscess to previous anaesthetics, no airway concerns       Drugs Home       Drugs Hospital         Drugs Home       Drugs Home       Drugs Hospital       Anaesthetic induction drugs         Ita-op - you have been called to support a junior anaesthetis in emergency theatre.       Itandover - 28 year old having an 1kD of a plonidal abscess. Induction was uneventful, a size 5 igel was specific.         steride.       Brugh to theatre and surgery has just begun when patient started making odd airway noises, I have on you have been called to support a patient that has just been transfered to recovery.         Ney have and is been transfered to recovery.       Hey had an islo of a plionidal abscess. Induction was uneventful. The igel h			441 274 0042		-				
Background to scenario         Specific set up           his scenario can be simulated with an adult or pacidatic mannequin as either         Mannequin on trolley           1. Intra-operative laryngospasm         Either in theatre or recovery area           2. Post-operative laryngospasm in recovery         Either in theatre or recovery and ventilator, used anaesthetic induction drugs, draped for surgery) Recovery – oxygen mask)           2. Post-operative laryngospasm in recovery         Past heat the in theatre or recovery and ventilator, used anaesthetic induction drugs, draped for surgery)           Required embedded faculty/actors         Required participants           Anaesthetic chart         Required participants           Nation anaesthetist and surgeon (If in theatre)         Anaesthetic           Recovery nurse (If in recovery)         Past Medical abscess           top previous anaesthetist, no alway concerns         Drugs Home           Drugs Home         Drugs Hospital           Anaesthetic induction drugs         Anaesthetic induction drugs           Brief to participants         Anaesthetic adving an i&D of a pilonidal abscess.           Notrop - you have been called to support a patient that has just been transferred to recovery.         Iwe as stered.           Nare of you have been called to support a patient that has just been transferred to recovery.         Iwe to you have been called to support a patient that has just been transferred to recovery.	F				e:		Allergy	NKDA	
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aediatric mannequin as either       Either in theatre or recovery area         1. Intra-operative laryngospasm       (Theatre - supragiotic alrway and ventilator, used anaesthetic induction drugs, draped for surgery)         2. Post-operative laryngospasm in recovery       Recovery – oxygen mask)         Cannulated       Anaesthetic induction drugs, draped for surgery)         Recovery nurse (If in recovery)       Past Medical History         Depression, otherwise well. Presented with plonidal abscess to previous anaesthetics, no airway concerns       ODP         Depression, otherwise well. Presented with plonidal abscess to previous anaesthetics, no airway concerns       Drugs Hospital         Intra-op – you have been called to support a junior anaesthetist in emergency theatre.       Inaesthetic induction drugs         Inta-op – you have been called to support a pulpoindal abscess. Induction was uneventful, a size 5 igel was setted. Brought to theatre and surgery has just begun when patient started making odd aliway noise, I avo only just finished my novice period.       Steam of the patient is making striduous noises.         Secorer - 28 year old having an I&D of a plonidal abscess under a GA (igel) which was uneventful. The ligel has just been ernoved in recovery and the patient is making striduous noises.       I avo only just finished my novice period.         Stridor, (coughed as initial incision made)       R high, Sats gradually drop to 85% unless treated. EICO2 trace – obstructive, 4 to 2.4         H 110 and rising, BP 140/85 and rising (unless treated)       I recovery <td colspan="7"></td> <td>)</td>								)	
1. Intra-operative laryngospasm       (Theatre - supraglottic airway and ventilator, used anaesthetic induction drugs, draped for surgery) Recovery – oxygen mask). Cannulated Anaesthetic chart         2. Post-operative laryngospasm in recovery       (Theatre - supraglottic airway and ventilator, used anaesthetic induction drugs, draped for surgery) Recovery – oxygen mask). Cannulated Anaesthetic chart         Required embedded faculty/actors       Required participants         Nunior anaesthetis and surgeon (If in theatre)       ODP         Past Medical History       Dops         Depression, otherwise well. Presented with pilonidal abscess to previous anaesthetics, no alrway concerns       Drugs Hospital         Maesthetic induction drugs       Brief to participants         Intra-op – you have been called to support a plonidal abscess. Induction was uneventful, a size 5 igel was never only just finished my novice period.         Post-op – you have been called to support a patient that has just been transferred to recovery. Nevy had an I&D of a plonidal absces. Induction was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.         Scenario Direction       If in theatre         M       Stridor, (coughed as initial incision made)         R R high, Sats gradually drop to 85% unless treated, EICO2 trace – obstructive, ↓ to 2.4         H R 110 and rising, BP 140/85 and rising (unless treated)         M       At point of surgery stride anaesthetised with inhalational agent (MAC 0.9)         S									
2. Post-operative laryngospasm in recovery       anaesthetic induction drugs, draped for surgery)         Recovery – oxygen mask)       Cannulated         Anaesthetic chart       Required enbedded faculty/actors         Unior anaesthetist and surgeon (If in theatre)       Anaesthetic chart         Recovery – urse (If in recovery)       Past Medical History         Depression, otherwise well. Presented with pilonidal abscess       ODP         Depression, otherwise well. Presented with pilonidal abscess       Drugs Hospital         Intra-op – you have been called to support a junior anaesthetist in emergency theatre.       Anaesthetic induction drugs         Intra-op – you have been called to support a ploinidal abscess. Induction was uneventful, a size 5 igel was neserted. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.         Yest-op – you have been called to support a patient that has just been transferred to recovery. hey had an I&D of a plionidal abscess under a G (legel which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.         Scenario Direction       If in theatre         A stridor, (coughed as initial incision made)       R high, Sats gradually drop to 85% unless treated, EICO2 trace – obstructive, 4 to 2.4         C HR 110 and rising P 140/85 and rising (unless treated)       Earyngospasm can be relieved by an appropriate manoeuvre/treatment at any point in the scenario         Identify cause of st									
Recovery – oxygen mask)           Cannulated           Anaesthetic chart           Required embedded faculty/actors         Required participants           Nanaesthetist and surgeon (If in theatre)         Anaesthetist ODP           Depression, otherwise well. Presented with plionidal abscess to previous anaesthetics, no airway concerns         Drugs Hospital           Drugs Home         Drugs Hospital           Marco – you have been called to support a junior anaesthetist in emergency theatre.           taare only just finished my novice period.           vase op – you have been called to support a patient that has just been transferred to recovery.           hey had an I&D of a plionidal abscess under a GA (igel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.           Stridor, (coughed as initial incision made)           3         RR high, Sats gradually drop to 85% unless treated, EICO2 trace – obstructive, ↓ to 2.4           4         Stridor, declare incident, call for appropriate manoeuvre/treatment at any point in the scenario.           12         HR high, chest seesaw movements, sats drop to 85% unless treated           2         Ha tooin of surgery starting				VOTV					
Required embedded faculty/actors         Cannulated Anaesthetic chart           Required embedded faculty/actors         Required participants           Anaesthetic chart         Anaesthetic chart           Recovery nurse (if in recovery)         Drugs Home           Past Medical History         Depression, otherwise well. Presented with pilonidal abscess to previous anaesthetis, no airway concerns           Drugs Home         Drugs Hospital           Anaesthetic induction drugs         Anaesthetic induction drugs           Brief to participants         Anaesthetic induction drugs           Intra-op – you have been called to support a junior anaesthetist in emergency theatre.         Intra-op – you have been called to support a junior anaesthetist in emergency theatre.           Intra-op – you have been called to support a patient that has just been transferred to recovery.         New point of having an I&D of a pilonidal abscess. Induction was uneventful. Is size 5 igel was stered.           Stridor, (cought to theatre and surgery has just begun when patient started making od airway noises.         Stridor. (coughed as initial incision made)           Stridor, (coughed as initial incision made)         Stridor. (coughed as initial incision made)         Stridor. (coughed as initial incision made)           R Righ, Sats gradually drop to 85% unless treated.         ECO2 trace – obstructive. $\psi$ to 2.4         Early point of surgery starting anaesthetised with inhalational agent (MAC 0.9)           Surgeon continues surgery	Z	. FOST-OPE		very	S 1 S 3				
Anaesthetic chart       Required embedded faculty/actors     Required participants       Iurior anaesthetist and surgeon (If in theatre)     Anaesthetist       Recovery nurse (if in recovery)     Past Medical History       Depression, otherwise well. Presented with pilonidal abscess     Drugs Home       Drugs Home     Drugs Hospital       Anaesthetic induction drugs     Brief to participants       Intra-op – you have been called to support a junior anaesthetist in emergency theatre.       Handover – 28 year old having an I&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was nested. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.       Sost-op – you have been called to support a patient that has just been transferred to recovery.       hey had an I&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was neered. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.       Stridor, Cought a patient and surgery has just been transferred to recovery.       hey had an I&D of a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.       Stridor, (coughed as initial incision made)       M Rihgh, Sats gradually drop to 85% unless treated, ETCO2 trace – obstructive, I/ to 2.4       H R 110 and rising, BP 140/85 and rising (unless treated.)       Surgeon continues surgery unless       Laryngospas							Пазку		
Required embedded faculty/actors         Required participants           unior anaesthetist and surgeon (If in theatre)         Anaesthetist           ODP         ODP           Past Medical History         ODP           Depression, otherwise well, Presented with pilonidal abscess         to previous anaesthetist, no airway concerns           Drugs Home         Drugs Hospital           Drugs Home         Drugs Hospital           iertralline         Anaesthetic induction drugs           Brief to participants         Induction drugs           httra-op – you have been called to support a junior anaesthetist in emergency lheatre.         Induction was uneventful, a size 5 igel was serted. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.           vost-op – you have been called to support a patient that has just been transferred to recovery.         Net and boot a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.           Stridor, (coughed as initial incision made)         If in theatre           A stridor of surgery starting anaesthetised with inhalational agent (MAC 0.9)         Surgeon continues surgery unless           Laryngospasm can be relieved by an appropriate manoeuvre/treatment at any point in the scenario         In recovery           A stridor, patient semi awake         RR high, chest seesaw movements, sats dr									
unior anaesthetist and surgeon (If in theatre)       Anaesthetist         DOP       ODP         Depression, otherwise well. Presented with pilonidal abscess       Drugs Home         Drugs Home       Drugs Hospital         Anaesthetic induction drugs       Brief to participants         Intra-op – you have been called to support a junior anaesthetist in emergency theatre.       Anaesthetic induction was uneventful, a size 5 igel was neared. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.         Post-op – you have been called to support a patient that has just been transferred to recovery.       Ney and an I&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was neared by an I&D of a pilonidal abscess under a GA (gel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.         Stridor, (coughed as initial incision made)       If in heatre         A       Stridor, (coughed as initial incision made)         R Rh high, Sats gradually drop to 85% unless treated)       Surgeop continues surgery unless treated of a parpropriate manoeuvre/treatment at any point in the scenario         Identify cause of stridor, declare incident, call for appropriate help       Follow QRH handbook stepwise approach to treating larynogspasm         Discussion regarding continuation of surgery and strategy for extubation       In recovery         A       Stridor, patient semi awake       RR high, chest seesaw movements,		Requi	red embedded faculty/acto	ors	7 (11005		ired particip	ants	
Recovery nurse (if in recovery)         ODP           Past Medical History           Depression, otherwise well. Presented with pilonidal abscess         Drugs Home         Drugs Hospital           Anaesthetics, no airway concerns         Drugs Home         Drugs Hospital           icertralline         Anaesthetic induction drugs         Brief to participants           Intra-op - you have been called to support a junior anaesthetist in emergency theatre.         Handover - 28 year old having an 1&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was serted. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.           Post-op - you have been called to support a patient that has just been transferred to recovery. hey had an 1&D of a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.           Scenario Direction         If in theatre           4         Stridor, (coughed as initial incision made)           8         RR high, Sats gradually drop to 85% unless treated, ETCO2 trace – obstructive, ↓ to 2.4           2         HR 110 and rising, BP 140/85 and rising (unless treated)           2         It apring spasm can be relieved by an appropriate manoeuvre/treatment at any point in the scenario           2         Identify cause of stridor, declare incident, call for appropriate help Follow QRH handbook stepwise approach to treating laryngospasm </td <td>Junic</td> <td></td> <td></td> <td></td> <td colspan="4"></td>	Junic								
Past Medical History         Depression, otherwise well. Presented with pilonidal abscess         No previous anaesthetics, no airway concerns         Drugs Home				-)					
Depression, otherwise well. Presented with pilonidal abscess         Io previous anaesthetics, no airway concerns         Drugs Home       Drugs Hospital         ertralline       Anaesthetic induction drugs         Brief to participants       Anaesthetic induction drugs         Intra-op - you have been called to support a junior anaesthetist in emergency theatre.       Anaesthetic induction was uneventful, a size 5 igel was         Istandover - 28 year old having an I&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was       Instead of a pilonidal abscess. Induction was uneventful, a size 5 igel was         Istaneous only just finished my novice period.       Ost-op - you have been called to support a patient that has just been transferred to recovery.         hey had an I&D of a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.       Scenario Direction         If In theatre       If theatre       A         A       Stridor, (coughed as initial incision made).       RR high, Sats gradually drop to 85% unless treated, ETCO2 trace – obstructive, ↓ to 2.4       to 2.4         C       HI 10 and rising. BP 140/85 and rising (unless treated)       Identify cause of stridor, declare incident, call for appropriate manoeuvre/treatment at any point in the scenario Discussion regarding continuation of surgery and strategy for extubation         Discussion regarding continuation of surgery and strategy for extubation       In recovery				Past Medica	_	/			
No previous anaesthetics, no airway concerns         Drugs Home         Drugs Hospital           iertralline         Anaesthetic induction drugs         Anaesthetic induction drugs           iertralline         Anaesthetic induction drugs         Intra-op - you have been called to support a junior anaesthetist in emergency theatre.           tandover - 28 year old having an 18D of a pilonidal abscess. Induction was uneventful, a size 5 igel was nested. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.         Not-op - you have been called to support a patient that has just been transferred to recovery.           hey had an 1&D of a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.         Scenario Direction           If in theatre         If in theatre         A           A         Stridor, (coughed as initial incision made)         Stridor, (coughed as initial incision made)           IR R high, Sats gradually drop to 85% unless treated, ETCO2 trace – obstructive, ↓ to 2.4         H R 110 and rising, BP 140/85 and rising (unless treated)           Identify cause of stridor, declare incident, call for appropriate manoeuvre/treatment at any point in the scenario         Identify cause of stridor, declare incident, call for appropriate help           Follow QRH handbook stepwise approach to treating laryngospasm         In recovery         Identify cause of stridor, declare incident, call for appropriate help	Denr	ession, othe	erwise well. Presented with n						
Drugs Home         Drugs Hospital           Gertralline         Anaesthetic induction drugs           Brief to participants         Anaesthetic induction drugs           Intra-op – you have been called to support a junior anaesthetist in emergency theatre.         Handover – 28 year old having an I&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was inserted. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.           Post-op – you have been called to support a patient that has just been transferred to recovery.         Net the patient is making stridulous noises.           Post-op – you have been called to support a patient that has just been transferred to recovery.         Net the patient is making stridulous noises.           Post-op – you have been called to support a patient that has just been transferred to recovery.         Net the patient is making stridulous noises.           Post-op – you have been called to support a patient that has just been transferred to recovery.         Net the patient is making stridulous noises.           Post-op – you have been called to support a patient started making odd airway noises.         Issection           Stridor, (coughed as initial incision made)         Stridor, (coughed as initial incision made)           A R high, Sats gradually drop to 85% unless treated.         ICO2 trace – obstructive, ↓ to 2.4           C HR 110 and rising. BP 140/85 and rising (unless treated)         Identify cause of stridor, declare incident, call for appropriate help f									
Brief to participants         Intra-op - you have been called to support a junior anaesthetist in emergency theatre.         Handover - 28 year old having an I&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was asserted. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.         Post-op - you have been called to support a patient that has just been transferred to recovery. hey had an I&D of a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.         Scenario Direction       If in theatre         A       Stridor, (coughed as initial incision made)         R R high, Sats gradually drop to 85% unless treated, ETCO2 trace - obstructive, ↓ to 2.4         C       HR 110 and rising, BP 140/85 and rising (unless treated)         At point of surgery starting anaesthetised with inhalational agent (MAC 0.9)         Surgeon continues surgery unless         Laryngospasm can be relieved by an appropriate manoeuvre/treatment at any point in the scenario         Identify cause of stridor, declare incident, call for appropriate help Follow QRH handbook stepwise approach to treating laryngospasm         Discussion regarding continuation of surgery and strategy for extubation         In recovery         A         Stridor, patient semi awake         3       RR high, chest seesaw movements, sats drop to 85% unless treated         2 <td>- P</td> <td></td> <td></td> <td>-</td> <td></td> <td>D</td> <td>rugs <u>Hospita</u></td> <td></td>	- P			-		D	rugs <u>Hospita</u>		
Brief to participants         Intra-op - you have been called to support a junior anaesthetist in emergency theatre.         Iandover - 28 year old having an I&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was serted. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.         Yest-op - you have been called to support a patient that has just been transferred to recovery.         hey had an I&D of a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been emoved in recovery and the patient is making stridulous noises.         Stridor, (coughed as initial incision made)         A       Stridor, (coughed as initial incision made)         B       RR high, Sats gradually drop to 85% unless treated, ETCO2 trace - obstructive, ↓ to 2.4         C       HR 110 and rising, BP 140/85 and rising (unless treated)         DE       At point of surgery starting anaesthetised with inhalational agent (MAC 0.9) Surgeon continues surgery unless Laryngospasm can be relieved by an appropriate manoeuvre/treatment at any point in the scenario         Identify cause of stridor, declare incident, call for appropriate help Follow QRH handbook stepwise approach to treating laryngospasm         Discussion regarding continuation of surgery and strategy for extubation         In recovery       A         Stridor, patient semi awake       RR high, chest seesaw movements, sats drop to 85% unless treated         In recovery       A	Sertra								
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AoA QRH Handbook laryngospasm and Stridor								
Guidance for								
Opening lines/questions/cues/key responses Semi-awake/not actively involved in scenario								
Guidance for ODP role								
Actions Support as necessary depending on level of participant								
Guidance for Role e.g. ITU/Anaesthetic Senior								
Expectations/actions Support as necessary depending on level of participant								
Session Objectives								
Clinical	Treatment of laryngospasm							
Non-technical skills								
Teamworking	Coordinating activities of team handover, assessing capabilitie drawing drugs up in emergency							
Task management	Planning/preparing and anticip							
Situational awareness	Gathering information on arriva							
Decision making	Identifying treatment options ar evaluation							

# **Critical Incidents**

## ines

## Patient Role

#### Guidance for surgeon

Notices patient is coughing/moving toes as surgery is begun, unaware of anaesthetic issue until alerted

## Additional challenges

Patient's cannula has come out during the struggle, requiring consideration of IM suxamethonium

n (ODP/recovery team), exchanging information at es of team and utilising these appropriately (eg: cy)

ipating next steps, following guidelines

al to aid decision making, recognising critical incident and choosing appropriate options, continuous re-