

<b>Name:</b>	T Brown	<b>Observations at start</b>		<b>CRT:</b>	2s
<b>D.O.B.</b>	31/12 (28Y)	<b>RR:</b>	struggling	<b>Temp:</b>	36.5
<b>Address:</b>	(Insert local address)	<b>ETCO2:</b>	dropping	<b>BM:</b>	6.2
		<b>Sats:</b>	95%	<b>Weight:</b>	110Kg
<b>Hospital ID:</b>	441 364 9942	<b>Heart rate:</b>	110	<b>Allergy</b>	NKDA
<b>Ward:</b>	Surgical admissions unit	<b>BP:</b>	140/85		
<b>Background to scenario</b>			<b>Specific set up</b>		
This scenario can be simulated with an adult or paediatric mannequin as either 1. Intra-operative laryngospasm 2. Post-operative laryngospasm in recovery			Mannequin on trolley Either in theatre or recovery area (Theatre – supraglottic airway and ventilator, used anaesthetic induction drugs, draped for surgery) Recovery – oxygen mask) Cannulated Anaesthetic chart		
<b>Required embedded faculty/actors</b>			<b>Required participants</b>		
Junior anaesthetist and surgeon (If in theatre) Recovery nurse (if in recovery)			Anaesthetist ODP		
<b>Past Medical History</b>					
Depression, otherwise well. Presented with pilonidal abscess No previous anaesthetics, no airway concerns					
<b>Drugs Home</b>			<b>Drugs Hospital</b>		
Sertraline			Anaesthetic induction drugs		
<b>Brief to participants</b>					
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. They had an I&D of a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been removed in recovery and the patient is making stridulous noises.					
<b>Scenario Direction</b>					
<b>If in theatre</b>					
<b>A</b>	Stridor, (coughed as initial incision made)				
<b>B</b>	RR high, Sats gradually drop to 85% unless treated, ETCO2 trace – obstructive, ↓ to 2.4				
<b>C</b>	HR 110 and rising, BP 140/85 and rising (unless treated)				
<b>DE</b>	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				
<b>Rx</b>	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				
<b>In recovery</b>					
<b>A</b>	Stridor, patient semi awake				
<b>B</b>	RR high, chest seesaw movements, sats drop to 85% unless treated				
<b>C</b>	HR 110 and rising, BP 140/85 and rising				
<b>DE</b>	Semi awake Laryngospasm can be relieved by an appropriate manoeuvre/treatment at any point in the scenario				
<b>Rx</b>	Identify larungospasm, call for appropriate help including ODP Follow QRH handbook approach to treating laryngospasm Discussion regarding location and support for waking patient up				

Guidelines	
<a href="#">AoA QRH Handbook laryngospasm and Stridor</a>	
Guidance for Patient Role	
Opening lines/questions/cues/key responses Semi-awake/not actively involved in scenario	
Guidance for ODP role	Guidance for surgeon
Actions Support as necessary depending on level of participant	Notices patient is coughing/moving toes as surgery is begun, unaware of anaesthetic issue until alerted
Guidance for Role e.g. ITU/Anaesthetic Senior	Additional challenges
Expectations/actions Support as necessary depending on level of participant	Patient’s cannula has come out during the struggle, requiring consideration of IM suxamethonium
Session Objectives	
<b>Clinical</b>	Treatment of laryngospasm
Non-technical skills	
<b>Teamworking</b>	Coordinating activities of team (ODP/recovery team), exchanging information at handover, assessing capabilities of team and utilising these appropriately (eg: drawing drugs up in emergency)
<b>Task management</b>	Planning/preparing and anticipating next steps, following guidelines
<b>Situational awareness</b>	Gathering information on arrival to aid decision making, recognising critical incident
<b>Decision making</b>	Identifying treatment options and choosing appropriate options, continuous re-evaluation