

Name:	Cassie/Casper Spenser	Observation at start	CRT:	3s	
D.O.B.	01/06 (28 years)	RR:	18	Temp:	37.2
Address:	(Insert local address)	ETCO2	-	BM:	6.6
		Sats:	98% on Air	Weight:	80Kg
Hospital ID:	431 256 9942	Heart Rate:	105	Allergy	NKDA
Ward:	Surgical Admissions Unit	BP:	103/56		
Background to scenario			Specific set up		
Unanticipated difficult airway in a patient undergoing emergency laparoscopic appendicectomy			Intubatable mannequin Airway equipment and Induction drugs Anaesthetic machine/Mapleson C circuit Anaesthetic chart with pre-op assessment		
Required embedded faculty/actors			Required participants		
ODP			Anaesthetist ODP can also be participant		
Past Medical History					
Childhood asthma, otherwise well. Non-smoker, alcohol socially. Reflux, not treated medically. No previous anaesthetics, Last food >6h ago, last drink >2h ago Airway – MP II, Good mouth opening, normal neck and jaw movement, no loose teeth, thyromental distance >6cm					
Drugs Home			Drugs Hospital		
No regular medications			Antibiotics according to local protocol Paracetamol, ibuprofen		
Brief to participants					
You have been asked to takeover from the anaesthetist in the emergency theatre. Anaesthetist handover: Thank you for taking over this case, I have been called to help in obs. History as above. They are booked for a laparoscopic appendicectomy. I was going to do an RSI, the drugs are all drawn up, the WHO sign in has been carried out, you just need to get the patient off to sleep.					
Scenario Direction					
Stage 1, 0– 5 minutes Induction					
A	Talking, until drugs given				
B	Sats 98% on air, RR 16				
C	HR 105, BP 103/56				
DE	GCS 15 until drugs given				
Rx	Airway plan, role allocation, ensure drugs available, pre-oxygenate, induce				
Stage 2, 5–10 minutes Difficulty airway					
A	Airway attempts – simulated as mannequin allows, may need to tell participants what they can see Grade 3 view throughout				
B	Sats ↓ gradually to 70% depending on ventilation between attempts				
C	HR ↓ to 40 if not responding to hypoxia, BP ↓ 85/35 (but not main focus) HR ↑ 135 if anaesthesia not maintained, BP ↑ corresponding to HR				
DE	Anaesthetised – can simulate/tell participant patient is moving depending on drugs used				
Rx	Attempts to intubate (3+1) (with appropriate devices) → Call for help Optimise position, paralyse, external laryngeal manipulation, bougie, remove cricoid pressure Ensures anaesthesia maintained Move on to plan B, C or D – The simulation can be stopped at any of these points				
Stage 3, 10– 15 minutes Resolution					
A	Airway as managed above				
B	Sats resolve 100%				
C	HR 95, BP 110/55				
DE	GCS - depending on anaesthetised or woken up				
Rx	Stop and think, options for continuing□ wake patient up, intubate via SAD, proceed with surgery Decisions regarding post-op care (involve MDT) and follow up				
Guidelines					

DAS guidelines (Management of unanticipated difficult tracheal intubation in adults) https://das.uk.com/guidelines/das_intubation_guidelines	
Guidance for Patient Role	
Opening lines/questions/cues/key responses	Relevant HPC / PMH Childhood asthma, otherwise well
Concerns	Actions
Guidance for ODP role	Guidance for other roles
Opening lines/questions/cues/responses/Concerns Can anticipate and support difficult airway	
Actions Competent, can be as active as situation requires	
Guidance for Role e.g. ITU/Anaesthetic Senior	Guidance for other role
Expectations/actions Support in person or by phone depending on situation/experience/confidence of participant	
Session Objectives	
Clinical	RSI competency Following DAS guideline for unanticipated difficult airway FONA
Non-technical skills	
Teamworking	Coordinating, exchanging information, assertiveness if necessary
Task management	Planning, using standards
Situational awareness	Recognising and understanding difficult airway, anticipating
Decision making	Identifying options, balancing risks, continuous re-evaluation

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