

Laryngospasm

Name:	T Brown	<u>Observat</u>	ions at start	C	CRT:	2s
D.O.B.	31/12 (28Y)	RR:	strugglir	g	emp:	36.5
Address:	(Insert local address)	ETCO2:	droppin	g B	SM:	6.2
		Sats:	95%	V	Veight:	110Kg
Hospital ID:	441 364 9942	Heart rate	e: 110	Δ	Allergy	NKDA
Ward:	Surgical admissions unit	BP:	140/85			
	Background to scenario			Speci	fic set up)
	n be simulated with an adu	lt or	Mannequin on			
aediatric mannequin as either		Either in theatre or recovery area				
 Intra-operative laryngospasm Post-operative laryngospasm in recovery 		(Theatre – supraglottic airway and ventilator, used				
		overy	anaesthetic induction drugs, draped for surgery)			
			Recovery – oxy Cannulated	gen mask	<)	
			Anaesthetic ch	art		
Poqui	ired embedded faculty/act	010	Andesmenic Cr	an Required	narticin	anto
	red embedded faculty/actors tist and surgeon (If in theatr		Anaesthetist	kequirea	panicipa	anis
ecovery nurse		e)	ODP			
		Past Medica	-			
epression othe	erwise well. Presented with p					
	aesthetics, no airway conce					
	Drugs Home			Druas	Hospital	
ertralline	ertralline			uction dr	-	
					Ja	
		Brief to parti				
	ave been called to avecet		sthatist in amara	anov theor	atro	
	ave been called to support					
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	ngospasm and Stridor <u>https://an</u> idor_v1.pdf?ver=2018-07-25-1127			
	Guidance for P			
Opening lines/questions/ Semi-awake/not actively				
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 capabilities drawing drugs up in emergency			
Task management	Planning/preparing and anticip			
Situational awareness	Gathering information on arrival			
Decision making	Identifying treatment options an evaluation			

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Critical Incidents

Guidelines

aesthetists.org/Portals/0/PDFs/QRH/QRH_3-

714-407

atient 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

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

pating next steps, following guidelines

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