

## Cardiac arrest in prone position

	Name:	Taylor Davies	Observa	tion at st	art	CRT:	4s	
	D.O.B.	05/07 (55Y)	RR:		Ventilated	Temp:	36.8	
	Address:	(Insert local address)	ETCO2:		4.3->1.5	BM:	5.6	
		,	Sats:		Poor trace	Weight:	80	
Но	spital ID:	456 146 1576	Heart Ra	te:	50	Allergy	NKDA	
		Neurosurgery/Spinal	BP:		85/56			
		Background to scenario				pecific set up	)	
v patie		ergoing a tumour debulkir	ng (spinal or	Manne	quin in theatr	e, head in a	ppropriate devic	
		n the prone position. They		In pron	e position, foll	ow local pro	ning procedures	
		vascularly unstable and a		Ventilated, cannulated – IV fluids + arterial line				
				Appropriate mode of anaesthesia & drugs				
					Anaesthetic chart			
				Draped, surgical tray open, surgery ongoing				
	Requi	red embedded faculty/ac	ctors			ired particip		
naes	thetic sen	ior + operating surgeon		Anaest	hetic on call t	eam		
econ	d surgeon	/ODP/Scrub		Surgeo	ns/ODP/Scrub	o can also be	e participants	
			Past Medico					
ITN ar	nd childhc	od asthma but otherwise	well till recently	y. Working	g as school te	acher		
		iin (spinal surgery) or seizu		ery) leadir	ng to diagnos	is of tumour		
		esthetics, no airway conc						
naes	thetised lir	nes inserted according to	local protocol					
		Drugs Home			Di	rugs Hospital		
mlod	lipine			Anaest	netic drugs, a	ntibiotics		
Dexan	nethasone	e (neurosurgery)			-			
			Brief to par	ticipants				
'ou ar	e the on c	call team. You hear the ar		-	ordiac arrest h	uzzer/bleep	ao off in theatre	
00 01						022017 01000	go on in mound	
			Scenario D					
			je 1, 0– 5 minute		n arrival			
	/entilated	Stag , ETCO2 reducing slowly to	je 1, 0– 5 minute		n arrival			
		, ETCO2 reducing slowly to	<b>je 1, 0– 5 minut</b> e o 1.5	es – Tean	n arrival			
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	europrotection following cardic Portals/0/PDFs/QRH/QRH 3-13	N			
	Guidance for Startin	g			
Opening lines/questions/cues/key responses					
I don't know what happened, one second they were					
fine, the next everything is alarming.					
Decent amount of bleed	ing up till now (750ml)				
Concerns		/			
		1			
Guidance for ODP/Scrub/Surgical roles					
Actions					
Competent at their roles					
Support in team management and local protocols					
Session Objectives					
Clinical	Management of cardiac arrest				
	Management of cardiac arre				
Non-technical skills					
Teamworking	Coordinating a team, exchar	١g			
Task management	Planning, anticipating next step Recognising deteriorating patie				
Situational awareness					
Decision making	Identifying/balancing risks and				

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Reviewed: Month, Year

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## **Critical Incidents**

Management of cardiac arrest during neurosurgery in adults https://www.resus.org.uk/sites/default/files/2020-

ic arrest

Neuroprotection cardiac arrest v1.pdf?ver=2018-07-

anaesthetist Role

Relevant HPC / PMH Handover patient history as above

Actions

Shaken by incident, handover leadership to on call team

Additional challenges

Junior team member is upset requiring debrief

at in a neurosurgical/spinal patient st in a prone patient

ging information with MDT

ps, Following guidance

ient, information gathering

Identifying/balancing risks and options, continuous evaluation