

Name:	C Kirk	Observation at start	CRT:	3s	
D.O.B.	13/06 (86Y)	RR	12	Temp:	36.2
Address:	(Insert local address)	ETCO2:	1.2	BM:	5.8
		Sats:	95%	Weight:	65
Hospital ID:	1365466214	Heart Rate:	97	Allergy	Penicillin – rash
Ward:	Orthopaedics	BP:	98/56		
Background to scenario		Specific set up			
An elderly patient is having a hip hemiarthroplasty in the lateral position. After cement application they have a cardiac arrest.		Mannequin – intubated & ventilated Positioned laterally, on theatre trolley IV access, connected to fluid Drugs: vasopressors, used induction drugs Anaesthetic chart			
Required embedded faculty/actors		Required participants			
ODP Surgeon and scrub nurse Anaesthetic senior/consultant (handover and leave)		Anaesthetist ODP/Scrub/surgeon can also be participants in MDT sim			
Past Medical History					
HTN, NSTEMI 10 years ago, treated medically, hypercholesterolaemia, T2DM. Active reflux Had a mechanical fall (tripped over carpet) at home, no other injuries. Lives in ground floor flat, able to potter around flat. Has a cleaner and relative that helps with cooking and shopping Airway – full dentures, MP II, normal jaw movement, limited neck extension					
Drugs Home			Drugs Hospital		
Aspirin 75mg OD Ramipril 2.5mg OD Bisoprolol 1.25mg OD Simvastatin 40mg OD			Induction drugs of choice Antibiotics (as per local protocol) Femoral block – 20ml 0.25% levobupivacaine Occasional vasopressors up to now		
Brief to participants					
You have been asked to take over a case as the consultant needs to attend a meeting Handover clinical information as above, intubated uneventfully, femoral block inserted, positioned in theatre and surgery ongoing					
Scenario Direction					
Stage 1, Cardiac Arrest					
AB	Intubated, ventilated. ETCO2 ↓ 1.2. Sats trace – reduced perfusion ↓ lost				
C	HR – gradual bradycardia to 35, then PEA. BP □ 50/25 then lost, PEA/asystole throughout, No ROSC				
DE	Eyes taped closed, Anaesthetised with vapour/TIVA Surgeons continue to operate (cement inserted a few minutes ago)				
Rx	Recognise deterioration in condition, declare when in cardiac arrest Call for help Stop anaesthesia, FiO2 1.0 Reposition supine Delegation of roles – chest compressions, safe defibrillation, team assessment of cause Treat cardiac arrest – ALS Principles Discussion of chance of survival and planning further treatment (No DNACPR present), MDT discussion, collateral history The scenario can end here, or continue to a debrief				
Stage 2, Debrief					
	The ODP is incredibly upset and theatre team appear shaken				
Rx	If senior anaesthetic candidate – scenario can progress to debrief of theatre team Choosing an appropriate location/time – Follow local protocols/advice Ensures open discussion, preserves psychological safety, avoids conflict plans for further debrief/support/follow up				

Guidelines	
AoA QRH Handbook https://anaesthetists.org/Portals/0/PDFs/QRH/QRH_complete_April_2022.pdf?ver=2022-04-12-124225-493 ANZCA Critical incident debriefing toolkit - https://libguides.anzca.edu.au/criticalincident	
Guidance for Patient Role: N/A	
Opening lines/questions/cues/key responses	Relevant HPC / PMH
Concerns	Actions
Guidance for ODP role	Guidance for Scrub team/surgical team
Opening lines/questions/cues/responses (After incident) Why did this happen? He was doing fine throughout the operation What did we do wrong He was just like my grandfather/mother, we were talking just before he went to sleep	Initially task focussed, engrossed in surgery until told patient is in cardiac arrest Support with resuscitation efforts Support end of life decision making
Concerns New starter – first cardiac arrest they have experienced Competent during the arrest but obviously upset after	
Guidance for Role e.g. ITU/Anaesthetic Senior	Additional challenges
Expectations/actions Support appropriate for seniority of candidate	Seniority of ODP/other staff Requirement of debrief after incident
Session Objectives	
Clinical	Management of critical incident in non-supine position Management of intra-operative cardiac arrest
Non-technical skills	
Teamworking	Coordinating team activities, exchanging information, supporting team
Task management	Planning, following guidance and standards, utilizing available resources
Situational awareness	Information gathering, anticipating future steps
Decision making	Identifying options, MDT decision making

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