

Name:	L May	Observations at start	CRT:	6s	
D.O.B.:	05/12 (55Y)	RR:	0	Temp:	36.5
Address:	(Insert local address)	ETCO2:	0	BM:	8.6
		Sats:	75	Weight:	110Kg
Hospital ID:	874 631 7472	Heart rate:	120	Allergy	NKDA
Ward:	Orthopaedics	BP:	60/34		
Background to scenario		Specific set up			
An unrecognised oesophageal intubation (initially treated as anaphylaxis) causes a PEA arrest.		Mannequin, with ETT in mouth Cannulated, fluids running Anaesthetic drugs and airway trolley Anaesthetic chart			
Required embedded faculty/actors		Required participants			
Senior anaesthetist ODP		Anaesthetists ODP/theatre team can be participants in MDT sim			
Past Medical History					
PMH: HTN. Non smoker. No previous medical history. No airway concerns, MP II, good MO, normal neck and jaw movement, thyromental distance >6cm. No loose teeth Presenting for a diagnostic laparoscopy for abdominal pain					
Drugs Home			Drugs Hospital		
Losartan			Anaesthetic induction drugs of choice Antibiotics as per local protocol		
Brief to participants					
You are the anaesthetic on call team, you hear a call for help from theatre 'X'					
Scenario Direction					
Stage 1, 0- 5 minutes Deterioration					
A	ETT in mouth – (oesophageal). Cons says it's in the correct place, saw the ETT going through the cords				
B	RR 0, ETCO2 0. Sats 75% and rapidly dropping				
C	HR 120, BP 60/34				
DE	Induction drugs just given, vapour switched on, No MAC result on screen ODP can 'see a rash on legs'				
Rx	Arrival, information gathering, initial assessment				
Stage 2, 5-10 minutes PEA arrest					
A	ETT in mouth (oesophageal). Cons and ODP continue to insist intubation was easy and tube is positioned correctly unless candidate checks themselves				
B	RR 0, ETCO2 0. Sats unrecordable.				
C	HR 50 (broad complexes), BP unrecordable. No pulse present (PEA arrest)				
DE	Induction drugs just given, vapour switched on, No MAC result on screen ODP can 'see a rash on legs'				
Rx	Recognise cardiac arrest, manage/lead as per ALS protocols Recognise cause of arrest – oesophageal intubation and correct this Raising concerns within hierarchy				
Stage 3, 10- 15 minutes Resolution – if cause found and treated					
A	Intubated/ventilating with mask – depending on candidate actions				
B	RR as per ventilation, ETCO2 6.2, sats 90% and rising				
C	HR 70 SR, BP 80/60				
DE	Anaesthetised as per candidate actions				
Rx	Post arrest care Discussion regarding urgency of operation and post of destination Debrief of team, escalating concerns				
Guidelines					
Resuscitation Council UK ALS guidelines RCOA https://www.rcoa.ac.uk/safety-standards-quality/patient-safety/prevention-future-deaths					

Guidance for Patient Role	
Opening lines/questions/cues/key responses Anaesthesia induced	Relevant HPC / PMH
Concerns	Actions
Guidance for ODP role	
Opening lines/questions/cues/responses/Concerns Call for help! Agrees with consultant about ease of intubation	Opening lines/questions/cues/responses/Concerns Has called for an extra pair of hands to help with anaphylaxis management Grade 1 intubation, difficult to bag, feels like bronchospasm, just gave antibiotics
Actions Get anaphylaxis box, carry out treatment as advised In cardiac arrest – competent arrest management	Actions Treat as anaphylaxis unless discussed with Doesn't like to be questioned, intubation was grade 1 until trainee is more direct
Guidance for Role e.g. ITU/Anaesthetic Senior	
Expectations/actions	Additional challenges Happens in remote site
Session Objectives	
Clinical	Recognition and management of oesophageal intubation Management of a PEA arrest Raising concerns within a hierarchy
Non-technical skills	
Teamworking	Exchanging information on arrival, coordinating team activities during arrest, authority and assertiveness in raising concerns within a hierarchy
Task management	Planning and preparing next steps, utilising ALS/QRH handbook, identifying and utilising available resources
Situational awareness	Gathering information on arrival and as scenario progresses, recognising deterioration and understanding consequences,
Decision making	Identifying potential causes for deterioration, balancing risks and selecting management options, continuous re-evaluation

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