

<b>Name:</b>	L Thorley	<b>Observations at start</b>		<b>CRT:</b>	2s
<b>D.O.B.:</b>	19/03 (26Y)	<b>RR:</b>	12-14	<b>Temp:</b>	37.2
<b>Address:</b>	(Insert local address)	<b>ETCO2:</b>	4.8	<b>BM:</b>	6.2
		<b>Sats:</b>	98%	<b>Weight:</b>	70Kg
<b>Hospital ID:</b>	463 337 8139	<b>Heart rate:</b>	65	<b>Allergy</b>	NKDA
<b>Ward:</b>	General Surgery	<b>BP:</b>	110/46		
<b>Background to scenario</b>			<b>Specific set up</b>		
A patient is anaesthetised for an emergency laparoscopic appendicectomy when the mains oxygen alarm sounds			Mannequin in anaesthetic room/theatre Intubated, cannulated with fluids attached Anaesthetic chart and drugs Surgical trays around but not yet opened		
<b>Required embedded faculty/actors</b>			<b>Required participants</b>		
Anaesthetist to handover Surgeon			Anaesthetist ODP/surgeon as part of MDT sim (aspects also relevant to theatre coordinator/ anaesthetic lead)		
<b>Past Medical History</b>					
Fit and well 26 year old, presented with acute appendicitis No previous anaesthetics, no airway concerns					
<b>Drugs Home</b>			<b>Drugs Hospital</b>		
Nil reg			Paracetamol, ibuprofen Antibiotics as per local protocol Anaesthetic induction drugs		
<b>Brief to participants</b>					
Handover in theatre: a fit and well 26 year old booked for a laparoscopic appendicectomy on the emergency list. Induction was uneventful, grade 1 intubation. They have just been wheeled in to theatre (Interrupt this handover with the oxygen failure alarm going off)					
<b>Scenario Direction</b>					
<b>A</b>	Intubated and ventilated				
<b>B</b>	RR 12-14, sats 98% on FiO2 0.5 Oxygen failure alarm sounds – mains oxygen supply failure to the whole theatre compound				
<b>C</b>	HR 65, BP 110/46				
<b>DE</b>	Anaesthetised with sevoflurane, MAC 1.0 Surgeon scrubbing to begin surgery				
<b>Rx</b>	Alert surgical team, declare critical incident, call for help (as appropriate) Manage as per QRH handbook – switch to cylinder oxygen supply, reduce oxygen usage Consider discussion regarding oxygen usage/cylinder capacity! Consider transfer to areas with oxygen supply MDT discussion regarding need for surgery Consideration of recovery in theatre  For consideration of anaesthetic lead/theatre coordinator – consider workflow, new/ongoing cases				
<b>Guidelines</b>					
Association of Anaesthetists QRH handbook Mains oxygen failure <a href="https://anaesthetists.org/Portals/0/PDFs/QRH/QRH_4-1_Mains_oxygen_failure_v1.pdf?ver=2018-07-25-112714-800">https://anaesthetists.org/Portals/0/PDFs/QRH/QRH_4-1_Mains_oxygen_failure_v1.pdf?ver=2018-07-25-112714-800</a>					

Guidance for Patient Role	
Opening lines/questions/cues/key responses Under GA	Relevant HPC / PMH
Concerns	Actions
Guidance for ODP role	Guidance for Surgeon
Opening lines/questions/cues/responses/Concerns What's that beeping?	Patient is 26 years and was physiologically well prior to operation US confirmed appendicitis Join in MDT discussion re need for operation
Actions Alert the anaesthetic team to oxygen failure	
Guidance for Role e.g. ITU/Anaesthetic Senior	Additional challenges
Expectations/actions	
Session Objectives	
<b>Clinical</b>	Management of a patient during a critical incident – mains oxygen failure
Non-technical skills	
<b>Teamworking</b>	Coordinating team activity – to find out cause of incident and act accordingly. Exchanging information in MDT decision making, assessing capabilities of team
<b>Task management</b>	Planning and preparing for next steps. Utilising QRH handbook for management
<b>Situational awareness</b>	Gathering available information. Recognising implications for current and ongoing workflow. Anticipating next steps such as reovery
<b>Decision making</b>	Identifying and balancing risks and benefits of each option

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