

<b>Name:</b>	P Knapp	<b>Observations at start</b>	<b>CRT:</b>	S2	
<b>D.O.B.:</b>	07/05 (45Y)	<b>RR:</b>	14 (as per vent)	<b>Temp:</b>	36.5
<b>Address:</b>	(Insert local address)	<b>ETCO2:</b>	5.2	<b>BM:</b>	5.6
		<b>Sats:</b>	98%	<b>Weight:</b>	80Kg
<b>Hospital ID:</b>	774 662 8146	<b>Heart rate:</b>	98	<b>Allergy</b>	NKDA
<b>Ward:</b>	Elective admissions unit	<b>BP:</b>	170/90		
<b>Background to scenario</b>		<b>Specific set up</b>			
An episode of intra-op hypertension during elective surgery The operation can be any type performed at your organisation You may choose a cause for the hypertension to simulate depending on the level of participants (see QRH handbook)		Mannequin on theatre table Intubated and ventilated Cannulated with fluid attached Draped for surgery, surgeons just starting Anaesthetic chart and drugs available Anti-hypertensives as available in your area			
<b>Required embedded faculty/actors</b>		<b>Required participants</b>			
ODP Surgeon		Anaesthetist ODP/surgical team can be participants in MDT sim			
<b>Past Medical History</b>					
HTN – treated. Smoker 15/day. No previous anaesthetics, no airway concerns Admitted for elective ear microsurgery					
<b>Drugs Home</b>			<b>Drugs Hospital</b>		
Ramipril – if checked not taken this am			Induction drugs Anaesthetised on agent of choice		
<b>Brief to participants</b>					
You have just started a case for ear microsurgery. The patient is as above. Intubation was uneventful. Surgeons have just started the case. You have come into the anaesthetic room/stepped away from the patient to take a call when the ODP alerts you to a high blood pressure alarm					
<b>Scenario Direction</b>					
<b>Stage 1, 0– 5 minutes</b>					
<b>A</b>	Intubated and ventilated				
<b>B</b>	RR as per ventilator. Sats 98% FiO2 0.4 ETCO2 5.2				
<b>C</b>	HR 98 BP 170/90				
<b>DE</b>	Temp 36.5, Pupils small, central, equal and reactive. MAC 0.8 BM 5.6 Observations normalise when hypertension treated/cause eliminated Cause: inadequate depth of anaesthesia, paralytic or analgesia, inadequate oxygenation, other underlying causes (se QRH handbook for list)				
<b>Rx</b>	Recognise hypertension, declare incident, call for help as appropriate for stage of training Perform assessment of A-E to rule out life threatening causes and treat any cause found Communicate with surgical team and stop/reduce surgical stimulus when appropriate Differentials for underlying causes and treatment options Treatment options to reduce blood pressure After incident – consideration of debrief and support for members of team				
<b>Guidelines</b>					
Association of Anaesthetist QRH Handbook – Hypertension <a href="https://anaesthetists.org/Portals/0/PDFs/QRH/QRH_2-5_Hypertension_v1.pdf?ver=2018-07-25-112713-283">https://anaesthetists.org/Portals/0/PDFs/QRH/QRH_2-5_Hypertension_v1.pdf?ver=2018-07-25-112713-283</a>					

<b>Guidance for Patient Role</b>	
Opening lines/questions/cues/key responses Under GA	Relevant HPC / PMH
Concerns	Actions
<b>Guidance for ODP role</b>	<b>Guidance for surgeon</b>
Opening lines/questions/cues/responses/Concerns The blood pressure alarm has just gone off, it's quite high!	Unaware of issue till declared After this, can stop/support in diagnosing/treating cause
Actions Support with exclusion of causes Call for help/suggest this if necessary/not been done	
<b>Guidance for Role e.g. ITU/Anaesthetic Senior</b>	<b>Additional challenges</b>
Expectations/actions Available to support in person or by phone depending on level of participant	
<b>Session Objectives</b>	
<b>Clinical</b>	Recognition, forming differentials and treatment of intra-operative hypertension
<b>Non-technical skills</b>	
<b>Teamworking</b>	Coordinating activities of team in emergency, exchanging information with surgical team/supervising anaesthetist, supporting team after incident
<b>Task management</b>	Working through differentials in logical order, prioritising treatment options, using guidelines, identifying resources of knowledge and skill
<b>Situational awareness</b>	Gathering information to form differentials and treat, anticipating next steps
<b>Decision making</b>	Identifying options, balancing risks and selecting treatment options, continuous re-evaluation

**Tell us how you found this simulation scenario resource.**

Give us feedback (5 mins) here: <https://forms.office.com/e/etz7yZf0aa>

Or scan the QR code below:

