

## High/Total spinal

	Name:	C Matthews	Observa	tion at start		CRT:	2s
	D.O.B.	18/09 (63Y)	RR:	18	•	Temp:	36.5
	Address:	(Insert local address)	ETCO2:	-		BM:	7.2
			Sats:	98% or	A N	Weight:	65Kg
H	ospital ID:	971 647 3258	Heart Ra	<b>te:</b> 60		Allergy	NKDA
	Ward:	Urology	BP:		90/45		
		Background to scenario				ific set up	
		spinal anaesthetic for a JJ		Mannequin or		d patient	
		eteric stone causing hydro o a high/total spinal requi	On theatre table Cannulated, IV fluids connected				
	citation/GA	÷	inig	Anaesthetic d			available
0000				Anaesthetic c			
	Requi	red embedded faculty/ac	tors			d participo	ants
'atie	nt			Anaesthetist			
DDP					eam/surg	eon – car	n be participants
urgi	cal/scrub te	eam		in MDT sim			
			Past Medico	al History			
	hypertensi						
		a 3 day history of loin to gr d for a JJ stent insertion. Th					
-		erns, no reflux, fasted	e palleni piele	ineu io nuve m	e procedi		spinal andesmen
		Drugs Home			Drug	s Hospital	
	dipine			Spinal anaesth	-		ice (slightly high
				dose)		93 01 010	
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		aced a spinal anaesthetic ated, fluids are being infus					ureteric stone.
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		Guide				
		ssociation – High Spinal Block ac.uk/ui/content/content.aspx Guidance for				
	Opening lines/questions/ Why do I feel so dizzy					
	Actions Distressed/anxious as scenario progresses and shows increasing signs of high spinal					
	Guidance for ODP role					
	Opening lines/questions/	cues/responses/Concerns te low, do you need to give hands in theatre?				
	Actions Depending on level of participant can suggest next steps, suggest additional staff or equipment that might be needed					
	Guidance for Role e.g. ITU/Anaesthetic Senior Expectations/actions Able to support by phone/in person depending on level of participant Support with decision making					
	Session Objectives					
	Clinical	Management of patient with I				
	Non-technical skills					
	Teamworking	Coordinating activities in eme information with MDT, assertive				
	Task management	Planning and preparing for fur using guidelines, identifying ar call for help, resuscitation				
	Situational awareness	Gathering information as patie				
	Decision making Identifying and balanci					

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# Critical Incidents

#### Guidelines

(\$ID=60

Patient Role

Relevant HPC / PMH

Well controlled hypertension, otherwise active and well

Actions

#### Guidance for surgeon role

Keen to start surgery When directly communicated with/incident declared, support within capacity of surgical team

Guidance for theatre team role

Support in their capacity Call for help - but ensure specific team is specified by participant

Additional challenges

Degree of cardiovascular instability leading to arrest

#### high/total spinal

ergency (assessing and preparing for GA), exchanging eness in emergency, assessing capabilities of team urther deterioration/next steps, maintaining standards – nd utilising resources – using team to do tasks such as

ient deteriorates, anticipating changes Identifying and balancing cause for deteriorating patient, continuous re-evaluation