

## Interhospital Transfer – Tension Pneumothorax

	Name:	B Willams	Observa	tions at start	CRT:	2s
	D.O.B.	18/10 (73 years)	RR:	16	Temp:	37.9
	Address:	(Insert local address)	ETCO2:	4.6	BM:	5.5
		. ,	Sats:	98%	Weight:	79Kg
Hos	spital ID:	416 921 6275	Heart rate		Allergy	NKDA
	Ward:	ED	BP:	115/76		
		Background to scenario			Specific set up	
•		mechanical fall in their ho		Mannequin on tro		h monitoring
	•	ra-cranial haemorrhage a	nd 2 rib	Intubated and ve		
fractures. They have been intubated for neuroprotection and transfer.				Cannulated, arterial line in situ, catheterised		
•			una alle a sa	Sedation running Anaesthetic and emergency drugs, transfer		
Jn rou	te the pa	tient suffers a tension pneu	urnothorax			
his ca	n tako nk	nce in an ambulance on r	oute or as the	equipment as per local policy available Notes/CT results available		
This can take place in an ambulance on route or as the ambulance is arriving at receiving (unfamiliar) hospital				Space to simulate ambulance +/- ED		
		esources available to simu				
ambula						
		red embedded faculty/ac	tors	Re	equired particip	ants
ODP/ICU nurse				Anaesthetist		
-		er/ambulance personnel		ODP/ICU nurse n	MDT sim	
			Past Medico	al History		
		cholesterolaemia, otherw	•			
		in their home earlier today				
		left sided rib fractures (un				
		ive accepted the patient				
		uroprotection/airway prot				ally. They are
peing t		d to the regional neurosurg	gical centre for	surgical treatment		
		Drugs Home		A 11 11 1 1	Drugs Hospital	
mlodi	ipine			Anaesthetic induc	ction drugs of ch	noice
spirin	atatia			Sedation with pro	pofol infusion	
Aspirin Atorva:	statin		Brief to part	Sedation with pro Vasopressor (met	pofol infusion	
<u>torva</u>		the on call angesthetic ter	Brief to part	Sedation with pro Vasopressor (met icipants	pofol infusion araminol) infusio	
torva: ou are	e part of t	he on call anaesthetic teo s above. The theatre/neur	am in a DGH (w	Sedation with pro Vasopressor (met icipants /ithout neurosurgic	pofol infusion araminol) infusic al facilities)	on
torva: ou are atient	e part of t history a	s above. The theatre/neur	am in a DGH (w osurgical/anae	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are o	pofol infusion araminol) infusic al facilities) aware of the pa	n Itient at the
You are atient	e part of t history a: ng hospite		am in a DGH (w osurgical/anae ce with an ICU	Sedation with pro Vasopressor (met- icipants vithout neurosurgic esthetic teams are on nurse/ODP transfer	pofol infusion araminol) infusio al facilities) aware of the pa ring the patient	n tient at the to the
You are You are Patient eceivin	e part of t t history as ng hospite urgical ce	s above. The theatre/neur al. You are in an ambuland	am in a DGH (w osurgical/anae ce with an ICU ( distance awa	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are nurse/ODP transfer y. You left your hos	pofol infusion araminol) infusio al facilities) aware of the pa ring the patient pital about 10 n	n tient at the to the
You are You are Patient eceivin	e part of t t history as ng hospite urgical ce	s above. The theatre/neur al. You are in an ambuland entre (directly to theatre) X o orientate participants to	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D	Sedation with pro Vasopressor (met icipants /ithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection	pofol infusion araminol) infusio al facilities) aware of the pa ring the patient pital about 10 n	n tient at the to the
You are You are Patient eceivin	e part of t t history as ng hospite urgical ce	s above. The theatre/neur al. You are in an ambuland entre (directly to theatre) X o orientate participants to	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D	Sedation with pro Vasopressor (met- icipants vithout neurosurgic esthetic teams are nurse/ODP transfer y. You left your hos I transfer equipment	pofol infusion araminol) infusio al facilities) aware of the pa ring the patient pital about 10 n	n tient at the to the
ion are vatient eceivin eurosi iou mo	e part of t t history a: ng hospit urgical ce ay need t ntubated	s above. The theatre/neuro al. You are in an ambuland entre (directly to theatre) X o orientate participants to Stage and ventilated	am in a DGH (w osurgical/anae ce with an ICU ( distance awa any additiona Scenario D e 1 (Assessmen	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are on nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment)	pofol infusion araminol) infusio al facilities) aware of the pa ring the patient pital about 10 n	n tient at the to the
You are courant actient acceivin you mo you are you are actient acceivin you are you ar	e part of t history as ng hospite urgical ce ay need t htubated et up As p	s above. The theatre/neuro al. You are in an ambuland entre (directly to theatre) X o orientate participants to Stage and ventilated per ventilator settings (RR 1	am in a DGH (w osurgical/anae ce with an ICU ( distance awa any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are on nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98%	pofol infusion araminol) infusion al facilities) aware of the pa ring the patient pital about 10 n nt that is set up.	on Itient at the to the nins ago.
iou are cou are catient aceivir ieurosi cou mo ieurosi cou mo ieurosi cou mo ieurosi cou mo ieurosi cou mo ieurosi cou mo ieurosi cou are catient ieurosi cou are catient ieurosi cou are catient ieurosi cou are catient ieurosi cou are catient ieurosi cou mo ieurosi cou mo ieurosi cou mo ieurosi cou mo ieurosi cou se catient ieurosi cou se catient ieurosi cou se catient ieurosi cou se catient ieurosi cou se catient ieurosi cou se catient ieurosi cou se catient ieurosi cou se catient ieurosi cou se catient cou se catient ieurosi cou se catient cou se catient cou se catient cou se catient cou se cou s	e part of t history as ng hospito urgical ce ay need t htubated et up As p aturations	s above. The theatre/neur al. You are in an ambuland entre (directly to theatre) X o orientate participants to Stage and ventilated per ventilator settings (RR 1 s gradually decrease to 85	am in a DGH (w osurgical/anae ce with an ICU ( distance awa any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal	pofol infusion araminol) infusion al facilities) aware of the pa ring the patient pital about 10 n nt that is set up.	n ntient at the to the nins ago.
iou are cou are catient eceivin eurosu iou mo iou mo iou mo iou mo iou mo iou mo iou mo iou mo iou mo iou are ceivin iou are ceivin a ceivin a ceivin a co ceivin a co ceiv	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations auscultat	s above. The theatre/neur al. You are in an ambuland entre (directly to theatre) X o orientate participants to <u>Stage</u> and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta f rib fractures, fr	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal	pofol infusion araminol) infusion al facilities) aware of the pa ring the patient pital about 10 n nt that is set up.	n ntient at the to the nins ago.
You are patient eceivin you mo You are You are Yo	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations <u>ausculta</u> et up HR S	s above. The theatre/neur al. You are in an ambuland entre (directly to theatre) X o orientate participants to Stage and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta f rib fractures, fr	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal	pofol infusion araminol) infusion al facilities) aware of the pa ring the patient pital about 10 n nt that is set up.	n ntient at the to the nins ago.
You are patient eceivin you mo You are you are y	e part of t thistory as ng hospite urgical ce ay need t ntubated et up As p aturations <u>auscultat</u> et up HR S R $\uparrow$ 135 B	s above. The theatre/neur al. You are in an ambuland entre (directly to theatre) × o orientate participants to Stage and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami SP ↓ 85/32	am in a DGH (w osurgical/anae ce with an ICU ( distance awa any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta inb fractures, tr inol inf 2mg/h	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are on nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a	pofol infusion araminol) infusion al facilities) aware of the pa ring the patient pital about 10 n nt that is set up. volume loss → h way from side o	n nitient at the to the nins ago. high pressure f rib fractures
iou are cou are catient eceivir ieurosi cou mo ieurosi cou mo cou mo ieurosi cou mo ieurosi cou cou mo ieurosi cou mo ieurosi cou cou cou cou cou mo cou cou cou mo cou cou cou cou cou co	e part of t history as ng hospito urgical ce ay need t htubated et up As p aturations auscultat et up HR S R $\uparrow$ 135 B edated o	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) $\times$ o orientate participants to <u>Stage</u> and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami or $\sqrt{85/32}$ n propofol 1% 20ml/h (follow	am in a DGH (w osurgical/anae ce with an ICU ( distance awa o any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sto f rib fractures, tr inol inf 2mg/h	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a	pofol infusion araminol) infusion al facilities) aware of the patient pital about 10 n nt that is set up. volume loss → h way from side o	n nitient at the to the nins ago. high pressure f rib fractures
iou are cou are catient eceivin eurosu iou mo ieurosu iou mo ieurosu i	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations auscultat et up HR 9 R $\uparrow$ 135 B edated o ecognitio	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) $\lambda$ o orientate participants to Stage and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami SP $\Psi$ 85/32 n propofol 1% 20ml/h (follow on of a critical incident and	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta i rib fractures, tr inol inf 2mg/h	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a	pofol infusion araminol) infusion al facilities) aware of the patient pital about 10 m nt that is set up. volume loss → h way from side o nd reactive bilar ance team	n htient at the to the nins ago. high pressure f rib fractures
iou are cou are catient eceivin eurosu iou mo iou m	e part of t history as ng hospito urgical ce ay need t htubated et up As p aturations <u>auscultat</u> et up HR S <u>R <math>\uparrow</math> 135 B</u> edated o ecognitio waiting so	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated ber ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami SP $\downarrow$ 85/32 n propofol 1% 20ml/h (follow on of a critical incident and afe navigation and stopping	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta inol inf 2mg/h cw local protoc d communicati ng of ambulan	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a	pofol infusion araminol) infusion al facilities) aware of the patient pital about 10 m nt that is set up. volume loss → h way from side o nd reactive bilar ance team	n htient at the to the nins ago. high pressure f rib fractures
You are patient eccivin ieurosi You mo You are You are Y	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations <u>auscultat</u> et up HR S R $\uparrow$ 135 B edated o ecognitio waiting so ttempt re	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated ber ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami SP $\downarrow$ 85/32 n propofol 1% 20ml/h (follow on of a critical incident and afe navigation and stopping suscitation in moving amb	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance)	Sedation with pro Vasopressor (met- icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal and on with the ambulo ce, staying seated	pofol infusion araminol) infusion al facilities) aware of the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in	high pressure f rib fractures
You are patient eccivin ieurosi You mo You are You are Y	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations <u>auscultat</u> et up HR S R $\uparrow$ 135 B edated o ecognitio waiting so ttempt re	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated ber ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami SP $\downarrow$ 85/32 n propofol 1% 20ml/h (follow on of a critical incident and afe navigation and stopping	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta f rib fractures, tr inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance) of tension pne	Sedation with pro Vasopressor (met- icipants vithout neurosurgic esthetic teams are on nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal an on with the ambula ce, staying seated umothorax, treatm	pofol infusion araminol) infusion al facilities) aware of the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in	high pressure f rib fractures
You are patient eccivin ieurosi You mo You are You are Y	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations <u>auscultat</u> et up HR S R $\uparrow$ 135 B edated o ecognitio waiting so ttempt re	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami or V 85/32 n propofol 1% 20ml/h (follow on of a critical incident and afe navigation and stopping suscitation in moving amb t of patient and diagnosis	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance) of tension pnet	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal an on with the ambula ce, staying seated umothorax, treatm irection	pofol infusion araminol) infusion al facilities) aware of the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in	high pressure f rib fractures
iou are catient eceivin eurosu iou mo iou mo	e part of t history as ng hospito urgical ce ay need t htubated et up As p aturations <u>auscultat</u> et up HR S <u>R <math>\uparrow</math> 135 B</u> edated o ecognitio waiting so ttempt re	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami SP $\downarrow$ 85/32 n propofol 1% 20ml/h (follow on of a critical incident and afe navigation and stopping suscitation in moving amb t of patient and diagnosis	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta f rib fractures, tr inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance) of tension pne	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal an on with the ambula ce, staying seated umothorax, treatm irection	pofol infusion araminol) infusion al facilities) aware of the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in	high pressure f rib fractures
You are counce atient ecceivin fou ma you ma	e part of t history as ng hospito urgical ce ay need t htubated et up As p aturations <u>auscultat</u> et up HR S <u>R <math>\uparrow</math> 135 B</u> edated o ecognitio waiting so ttempt re ssessmen emains in	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated oer ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami AP $\downarrow$ 85/32 n propofol 1% 20ml/h (follow of a critical incident and afe navigation and stopping suscitation in moving amb t of patient and diagnosis	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi ;%, ventilator sta inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance) of tension pnet Scenario D Stage 1 (Decisi	Sedation with pro Vasopressor (met- icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal and on with the ambula ce, staying seated Umothorax, treatm irection on making)	pofol infusion araminol) infusion al facilities) aware of the par ring the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in ent with needle	n ntient at the to the nins ago. nigh pressure f rib fractures terally deally must not decompression
iou are cou are catient ecceivir ieurosi ieurosi ieurosi cou mo Se Se If Se Se H DE Se K X R A A A A A A	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations auscultat et up HR S $R \uparrow 135$ B edated o ecognitic waiting so ttempt re ssessmen emains in et up as p	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated oer ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami P $\downarrow$ 85/32 n propofol 1% 20ml/h (following the suscitation in moving amb t of patient and diagnosis tubated per ventilator, after needle	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta f rib fractures, tr inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance) of tension pnet Scenario D Stage 1 (Decisi	Sedation with pro Vasopressor (met- icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal and on with the ambula ce, staying seated Umothorax, treatm irection on making)	pofol infusion araminol) infusion al facilities) aware of the par ring the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in ent with needle	n ntient at the to the nins ago. nigh pressure f rib fractures terally deally must not decompression
iou are cou are catient eceivir ieurosi cou mo ieurosi cou mo cou mo ieurosi cou mo ieurosi cou cou mo ieurosi cou mo ieurosi cou cou cou cou cou mo ieurosi cou mo ieurosi cou mo ieurosi	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations auscultan et up HR 9 R $\uparrow$ 135 B edated o ecognitic waiting so ttempt re ssessmen emains in et up as p n ventilat	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami or of a critical incident and afe navigation and stoppin suscitation in moving amb t of patient and diagnosis tubated per ventilator, after needle or, no high pressure (need	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta f rib fractures, tr inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance) of tension pnet Scenario D Stage 1 (Decisi	Sedation with pro Vasopressor (met- icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal and on with the ambula ce, staying seated Umothorax, treatm irection on making)	pofol infusion araminol) infusion al facilities) aware of the par ring the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in ent with needle	n ntient at the to the nins ago. nigh pressure f rib fractures terally deally must not decompression
iou are cou are catient eceivin eurosu iou mo iou m	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations <u>auscultat</u> et up As p aturations <u>auscultat</u> et up HR S R $\uparrow$ 135 B edated o ecognitio waiting so ttempt re ssessmen et up as p n ventilat R 115 BP	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated oer ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of RB BP 115/76 On metarami $P \Psi 85/32$ n propofol 1% 20ml/h (follow of a critical incident and afe navigation and stopping suscitation in moving amb t of patient and diagnosis tubated oer ventilator, after needle or, no high pressure (need 140/85	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta f rib fractures, tr inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance) of tension pnet Scenario D Stage 1 (Decisi	Sedation with pro Vasopressor (met- icipants vithout neurosurgic esthetic teams are of nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal and on with the ambula ce, staying seated Umothorax, treatm irection on making)	pofol infusion araminol) infusion al facilities) aware of the par ring the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in ent with needle	n ntient at the to the nins ago. nigh pressure f rib fractures terally deally must not decompression
iou are courient ecceivir ieurosi ieur	e part of t history as ng hospite urgical ce ay need t htubated et up As p aturations auscultat et up HR S R $\uparrow$ 135 B edated o ecognitic waiting so thempt re ssessmen emains in et up as p n ventilat R 115 BP edated, p	s above. The theatre/neuronal. You are in an ambulance entre (directly to theatre) X o orientate participants to Stage and ventilated per ventilator settings (RR 1 s gradually decrease to 85 ted AE reduced on side of 28 BP 115/76 On metarami or of a critical incident and afe navigation and stoppin suscitation in moving amb t of patient and diagnosis tubated per ventilator, after needle or, no high pressure (need	am in a DGH (w osurgical/anae ce with an ICU ( distance awa ) any additiona Scenario D e 1 (Assessmen 8) ETCO2 4.6 Fi 5%, ventilator sta f rib fractures, tr inol inf 2mg/h ow local protoc d communicati ng of ambulan oulance) of tension pneu Stage 1 (Decisi decompressio Is chest drain)	Sedation with pro Vasopressor (met icipants vithout neurosurgic esthetic teams are on nurse/ODP transfer y. You left your hos I transfer equipment irection t and treatment) O2 0.5 sats 98% arts to alarm – tidal achea deviated a cols) Pupils equal and on with the ambula ce, staying seated umothorax, treatm irection on making) n sats 90% on FiO2	pofol infusion araminol) infusion al facilities) aware of the par ring the patient pital about 10 n nt that is set up. volume loss → h way from side o nd reactive bilar ance team until this time. (in ent with needle	n ntient at the to the nins ago. nigh pressure f rib fractures terally deally must not decompression

Association of Anaesthetists Guideline for Safe transfer of the brain-injured patient: trauma and stroke, 2019 https://angesthetists.org/Home/Resources-publications/Guidelines/Safe-transfer-of-the-brain-injured-patienttrauma-and-stroke-2019 FICM Guidance on the Transfer of the Critically III Adult https://ics.ac.uk/resource/transfer-critically-adult.html Guidance for Patient Role Opening lines/questions/cues/key responses Relevant HPC / PMH Intubated Actions Concerns Guidance for ODP/ICU nurse role Guidance for ambulance driver When incident declared, advice not to get up and Actions Experience level dependent on level of participant 'stop' at first available area If junior anaesthetist, experienced ODP/ICU nurse and vice versa Support with provision of drugs and equipment Opening lines/questions/cues/responses/Concerns If inexperienced – have been transfer trained but first solo transfer, ask for guidance on what is needed Guidance for Role e.g. ITU/Anaesthetic Senior Expectations/actions Level of supervision dependent on level of participant, support in person/by phone as appropriate Session Objectives Clinical Inter-hospital transfer of brain injured patient Managing emergency during transfer Non-technical skills Teamworking Coordinating response during a critical incident, communicating with the MDT including senior support, exchanging information with ambulance team, ODP and senior, assessing capabilities in managing situation at roadside and supporting team members Prioritisation of tasks in treating patient, planning and preparing for next steps Task management including decision making, following guidelines in transfer Gathering information on patient deterioration, recognising situation and Situational awareness understanding implications, anticipating next steps **Decision making** Identifying options, balancing risks and benefits at all stages, continuous reevaluation

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

Scenario can end when this decision is made

Give us feedback (5 mins) here: https://forms.office.com/e/etz7yZf0aa Or scan the QR code below:



## Transfer

Discussion and decision making regarding place of safety, continue to receiving hospital or back to referring hospital, utilise senior support in decision making

Guidelines