

<b>Name:</b>	C Andrews	<b>Observations at start</b>		<b>CRT:</b>	2s
<b>D.O.B.:</b>	12/02 (57 years)	<b>RR:</b>	16	<b>Temp:</b>	37.9
<b>Address:</b>	(Insert local address)	<b>ETCO2:</b>	4.6	<b>BM:</b>	5.5
		<b>Sats:</b>	98%	<b>Weight:</b>	79Kg
<b>Hospital ID:</b>	744 682 7462	<b>Heart rate:</b>	98	<b>Allergy</b>	NKDA
<b>Ward:</b>	ITU	<b>BP:</b>	115/76		
<b>Background to scenario</b>			<b>Specific set up</b>		
A patient with an SAH was admitted to ITU for monitoring. They have dropped their GCS from 10 to 5, have been intubated and now need transfer for a CT. Expectation to prepare patient and equipment for transfer. On arrival in CT they develop signs of increased ICP			Mannequin on ITU bed with transfer monitoring Intubated and ventilated, Cannulated, arterial line/CVC inserted Sedation running Anaesthetic and emergency drugs, transfer equipment as per local policy available Space to simulate ICU and CT CT scan with worsening SAH and midline shift		
<b>Required embedded faculty/actors</b>			<b>Required participants</b>		
ICU doctor (to handover) ODP/ICU nurse Radiology staff			Anaesthetist ODP/ICU nurse, radiology staff in MDT sim		
<b>Past Medical History</b>					
Previously F&W Last night, developed sudden onset headache which was found to be an SAH. GCS was 10 (E3V2M5) and admitted to ICU for monitoring, due for coiling of aneurism tomorrow. 1 hour ago, GCS dropped to 5 (E1V2M3). Intubated and ventilated by the ICU team. Neurosurgery have advised a repeat CT head.					
<b>Drugs Home</b>			<b>Drugs Hospital</b>		
Nil reg			Anaesthetic induction drugs of choice Sedation with propofol infusion Vasopressor (metaraminol) infusion		
<b>Brief to participants</b>					
You are asked to support ICU by transferring a patient for a CT head Handover by ICU doctor. Patient history as above. Please could you transfer this patient for a CT head and back, the CT has been booked and they are ready. An ODP/ICU nurse is ready to transfer with you					
<b>Scenario Direction</b>					
<b>Stage 1, 0– 5 minutes (Assessment and preparation)</b>					
<b>A</b>	Intubated and ventilated				
<b>B</b>	As per ventilator settings (RR 18) ETCO2 4.6 sats 98% on FiO2 0.5				
<b>C</b>	HR 98 BP 115/76 On metaraminol inf 2mg/h				
<b>DE</b>	Sedated on propofol 1% 20ml/h (follow local protocols) Pupils equal and reactive bilaterally				
<b>Rx</b>	Effective handover from ICU team Preparation of patient, drugs and equipment for transfer, ensure neuroprotective strategies used Ensure NOK informed Documentation/transfer checklists as per local protocols				
<b>Stage 2, 5–10 minutes (Increased ICP in CT)</b>					
<b>A</b>	Intubated and ventilated				
<b>B</b>	Ventilator settings, ETCO2 4.6 sats 98% FiO2 0.5				
<b>C</b>	HR 43 BP 180/112				
<b>DE</b>	Sedated. Pupils one pupil dilated and sluggish to respond				
<b>Rx</b>	Systematic approach to assessment Differentials and recognition of increased ICP Discussion with senior clinicians when appropriate, decision to continue with CT or transfer back Treatment with mannitol (according to local protocol) Scenario ends when these steps are considered				
<b>Guidelines</b>					
Association of Anaesthetists Guideline for Safe transfer of the brain-injured patient: trauma and stroke, 2019 <a href="https://anaesthetists.org/Home/Resources-publications/Guidelines/Safe-transfer-of-the-brain-injured-patient-trauma-and-stroke-2019">https://anaesthetists.org/Home/Resources-publications/Guidelines/Safe-transfer-of-the-brain-injured-patient-trauma-and-stroke-2019</a>					
<b>Guidance for Patient Role</b>					

Opening lines/questions/cues/key responses	Relevant HPC / PMH
Intubated	
Concerns	Actions
<b>Guidance for ODP/ICU nurse role</b>	<b>Guidance for ICU doctor</b>
Actions Experience level dependent on level of participant If junior anaesthetist, experienced ODP/ICU nurse and vice versa Support with provision of drugs and equipment Support by prompting if critical equipment missing	Handover as above Support with equipment/drugs that participant isn't familiar with Have conversations with MDT/family if appropriate
Opening lines/questions/cues/responses/Concerns If inexperienced – have been to CT but first solo transfer, ask for guidance on what is needed	
<b>Guidance for Role e.g. ITU/Anaesthetic Senior</b>	<b>Additional challenges</b>
Expectations/actions Level of supervision dependent on level of participant, support in person/by phone as appropriate	
<b>Session Objectives</b>	
<b>Clinical</b>	Intra-hospital transfer of brain injured patient Management of increased ICP
<b>Non-technical skills</b>	
<b>Teamworking</b>	Effective handover, coordinating activities necessary for preparation of patient for transfer and management of emergency, assessing capabilities of the team (ODP/ICU nurse/radiology staff) and supporting as appropriate
<b>Task management</b>	Planning and preparing for time critical transfer and managing emergency, using guidelines, identifying and utilising support and other resources available (including senior support)
<b>Situational awareness</b>	Gathering information on arrival and during emergency, recognising and responding to changing situation, anticipating next steps and decisions
<b>Decision making</b>	Identifying and prioritising transfer equipment and treatment options including location, continuous re-evaluation of situation