Needle Phobia

Name:	C Adams	**Observations at start**		**CRT:**	2s
D.O.B.	05/03 (23Y)	**RR:**	18-22	**Temp:**	36.5
Address:	(Insert local address)	**ETCO2:**	-	**BM:**	8.2
		Sats:	99% on RA	**Weight:**	102Kg
Hospital ID:	774 682 9726	**Heart rate:**	135	**Allergy**	NKDA
Ward:	Surgical/obstetric	**BP:**	150/86		

Background to scenario	Specific set up
A patient requiring emergency surgery (general or obstetric surgery) presents as needle phobic. The consultation can take place in a ward setting or anaesthetic room/theatre setting Three potential scenarios are presented	Simulated patient (not cannulated) Cannulation equipment
Required embedded faculty/actors	**Required participants**
Patient	Anaesthetist ODP/midwife in MDT sim

Past Medical History

1,2. General surgical patient – Normally fit and well. Presented with right iliac fossa pain and diagnosed with acute appendicitis requiring appendicectomy. No previous anaesthetics, no regular medications or allergies. No airway concerns. Fasted but actively vomiting, has been having regular opioids and regularly has reflux

3. Obstetric patient – Presenting at 39+4/40, not previously engaged with pre-natal care. Otherwise F&W. No previous anaesthetics, no regular medications or allergies. Airway MP III, no other concerns. Presented with SROM, on ultrasound scan transverse lie requiring caesarean section. (indication and urgency of the operation (and therefore complexity of scenario) can be changed to suit the level of participants)

Drugs Home	Drugs Hospital
Nil regular	General surgical patient – antibiotics as per local guidelines, analgesia including opioids Obstetric patient - nil

Brief to participants

1. You have been asked to pre-operatively assess and consent a patient for an emergency appendicectomy
2. You have been asked to induce general anaesthetic in a patient undergoing an emergency appendicectomy. Patient history as above. WHO checklist has been completed, monitoring is attached. They are not cannulated.
3. You have been asked to pre-operatively assess, consent, cannulate and draw blood for a patient booked for a category III Caesarean section. They have not engaged with pre-natal care due to their needle phobia.

Scenario Direction

1. Pre-op assessment and consent for appendicectomy

Hx	History as above. Patient does not volunteer they are needle phobic in the history. If cannulation explained in consenting – patient declines. If cannulation not explained – patient says 'there's not going to be any needles are there?' and declines if offered. Not able to be convinced by clinical indication
Rx	Exploration of underlying cause for needlephobia, acknowledging and addressing concerns Use frameworks to communicate effectively, build rapport, approach situation in calm and collected manner Suggestions to support patient through cannulation Scenario can end when patient is adequately reassured, accepts need for IV induction or joint plan for induction is made

2. Conduct GA for appendicectomy

Pt	Needle phobia has not been elicited in pre-op assessment When anaesthetist approaches to insert cannula, patient shouts' what's that in your hand? Is that a needle? Don't bring that anywhere near me!'. Situation can become chaotic Patient can become sweaty, hyperventilate, tachycardic, feel dizzy If anaesthetist persists, patient can get off trolley and move to a side of the room Patient refuses cannulation, not convinced by clinical indication for IV induction, expected gas induction (as friend said they had one for an elective operation)
Rx	Acknowledge and address patients concern, de-escalate situation, approach situation calmly Use frameworks to communicate effectively and build rapport Exploration of underlying cause for needlephobia and suggestions to support patient through cannulation Clinical decision making in challenging situation, ensuring appropriate help is sought Support shared decisions Scenario can end when patient is adequately reassured and accepts IV cannulation/is successfully cannulated or alternate plan for induction is made (ensuring success is acknowledged)

3. Obstetric patient who is needle phobic

Hx	Patient history as above, first words patient says are: "I'm deathly afraid of needles, I'm not having any of them" Has not had any pre-natal care as this would involve venepuncture Patient does not accept cannulation/regional anaesthetic techniques, just wants baby out! Can get increasingly frustrated/agitated if patient feels their concerns aren't addressed or they are not involved in decision making
Pt	Can be sweaty, tachycardic, tachypnoeic or pace the room
Rx	Acknowledge and address patients concern, de-escalate situation, approach situation calmly Use frameworks to communicate effectively and build rapport Exploration of underlying cause for needlephobia, and suggestions to support patient through cannulation Clinical decision making in challenging situation, ensuring appropriate help is sought Support shared decisions Scenario can end when patient is adequately reassured and accepts IV cannulation or an appropriate anaesthetic plan is made

Guidelines

Cyna, Allan M, and Marion I Andrew, 'Needle phobia', in Allan M Cyna and others (eds), *Handbook of Communication in Anaesthesia & Critical Care: A Practical Guide to Exploring the Art* (Oxford, 2010; online edn, Oxford Academic, 12 Nov. 2020), https://doi.org/10.1093/oso/9780199577286.003.0022, accessed 3 May 2023.

Guidance for Patient Role

Opening lines/questions/cues/key responses	Relevant HPC / PMH
Refuses cannulation, not convinced by clinical need	Bad experience with venepuncture as a child, held down and traumatised
Concerns	**Actions**
Needle phobia	Tachycardic, hyperventilating, pacing Avoiding contact with anaesthetist Pulls hands out of anaesthetist reach
Guidance for ODP/midwife role	**Guidance for other roles**
Opening lines/questions/cues/responses/Concerns Helpful – how can we make this easier for you? Unhelpful - it's only a little needle, it will be over before you know it	Obstetrician – keen to start operation due to labour ward pressures
Actions Helpful – suggest options for making patient more comfortable Unhelpful – approaching agitated patient	
Guidance for Role e.g. ITU/Anaesthetic Senior	**Additional challenges**
Expectations/actions Provide support when asked depending on level of participant	

Session Objectives	
Clinical	Communication with needle phobic patient undergoing emergency surgery
Non-technical skills	
Teamworking	Working with team to assess and support patient
Task management	Identifying options to support patient, thinking outside box
Situational awareness	Awareness of emergency surgery but also options for proceeding, awareness of options for seeking support/advice
Decision making	Using team and patient in shared decision making, balancing risks and benefits