

## Needle Phobia

	Name:	C Adams	Observatio	ons 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
H	ospital ID:	774 682 9726	Heart rate:		Allergy	NKDA
	Ward:		BP:	150/86		
		Background to scenario		S	pecific set up	)
A pat	tient requiri	ng emergency surgery (ge	eneral or S	Simulated patient (I	not cannulate	ed)
		<ul><li>r) presents as needle phot</li></ul>		Cannulation equipr	nent	
		a can take place in a ward	d setting or			
		m/theatre setting				
Three potential scenarios are presented				Required participants		
Required embedded faculty/actors Patient				Req Anaesthetist	Jirea particip	ants
unei				ODP/midwife in MD	Tsim	
			Past Medical		1 3111	
1.2. G	General surg	gical patient – Normally fit			ossa pain and	I diagnosed with
		citis requiring appendicect				
		erns. Fasted but actively v	<i>·</i> ·		•	
		ent – Presenting at 39+4/4				
		esthetics, no regular med				
		SROM, on ultrasound scan	-		•	
		a (and therefore complexit Drugs Home			Dif the level o Drugs Hospital	
Nilro	aular	<u> </u>			<u> </u>	
Nil regular				General surgical pa		
			6	guidelines, analgesia including opioids		
			(	Obstetric patient - n		
1. You	u have bee	en asked to pre-operative	Brief to partic	Obstetric patient - n ipants	il	
		en asked to pre-operativel en asked to induce genero	Brief to partic y assess and con	Obstetric patient - n ipants isent a patient for a	il n emergency	appendicectomy
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## 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 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 Can be sweaty, tachycardic, tachypnoeic or pace the room 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 Refuses cannulation, not convinced by clinical need Concerns Needle phobia Guidance for ODP/midwife role 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 Actions Helpful – suggest options for making patient more comfortable Unhelpful – approaching agitated patient Guidance for Role e.g. ITU/Anaesthetic Senior Expectations/actions Provide support when asked depending on level of participant Session Objectives Clinical

Нx

Pt

Rx

Non-technical skills	
Teamworking	Working with team to assess ar
Task management	Identifying options to support p
Situational awareness	Awareness of emergency surge
	options for seeking support/ad
Decision making	Using team and patient in shar

## Professionalism Based Simulations

Relevant HPC / PMH

Bad experience with venepuncture as a child, held down and traumatised

Actions

Tachycardic, hyperventilating, pacing Avoiding contact with anaesthetist

Pulls hands out of anaesthetist reach

Guidance for other roles

Obstetrician - keen to start operation due to labour ward pressures

Additional challenges

Communication with needle phobic patient undergoing emergency surgery

nd support patient

patient, thinking outside box

ery but also options for proceeding, awareness of

lvice

red decision making, balancing risks and benefits