

### OBSTRUCTED AIRWAY SCENARIO

#### INITIAL SET UP

Monitor on.  
78 NSR on monitor.  
RR at 16 on monitor.  
Sats 98 on monitor.  
BP 120/80 on monitor.  
Lungs clear all lobes.  
Dressed like a patient.  
In bed with pillow.  
HOB at 30 degrees.  
O2 NC at 2 liters.  
Kleenex on the pillow under head – left side.

#### ADDITIONAL SET UP

Allow students to write report.  
Have tray with sausage, toast, eggs in control room.  
Instructor to play "Pushy" dietary aide. No uniform.  
Phone.  
Ambu Bag without tubing connected.  
AFM and Non rebreather in "clean utility room."

#### REPORT READ TO STUDENTS

"Our setting is a smaller community hospital. You are the nurse coming on to the daylight shift. You receive the following report for Mr. Robert Sponges from the night nurse."

"Mr. Sponges is an 85 year old man who came in last night complaining of left sided weakness. He reminds me of my grandfather. They did a CT scan and found a hemorrhagic stroke. So, no clot busters for him. He denies any medical or surgical history and takes a multivitamin at home. He is really healthy for his age."

He has awake but stable through the night. He denies any pain.

Current VS 98.6 78 regular 16 120/80 O2Sat: 98 2 LNC.

I just put him on the monitor to keep an eye on him. We were so short staffed last night. He is oriented to person, place, and time. Pupils are equal, round, and react to light. Hand grasps are slightly weaker on the left as are pedal pushes and pulls. He has some drooping with the one eye, a little ptosis, but his speech is pretty clear although he has little drool, you know, a little slobbering sort of thing going on. It really embarrasses him so he keeps some Kleenex® on his pillow. His lungs are clear. Heart is regular. Did I say that already? Good pedal and posterior tibial pulses. His abdomen is soft, normal bowel sounds all 4 quadrants. All labs are within normal limits. At least the ones they did, but I think they need an H&H on him, he is so pale.

This poor guy is really upset. His wife died a year ago today so he is really beside himself. He has 6 cats at home and wants to get out of here so he can go feed them. He has no family close by."



Report on Mr. Robert Sponges



Prevention initially successful.



Unfortunate change in intervention.

### SIMULATION SCENARIO BEGINS HERE

STUDENT ACTION EXPECTED	INSTRUCTOR/ACTOR	SIM INSTRUCTOR	SIM SETTINGS/VOCALS
Students:RN enters the room and introduces themselves.		Hold side of mouth down to make yourself seated garbly.	"Hi, it is nice to meet you honey. Do you know when I can go home? Can you ask the doctor?"
Student begins the assessment.			Answer student as needed. Talk about your 6 cats. Ask them about their pets. (Have 6 names ready.) Talk about your granddaughter or grandson that is their age etc.
	You must introduce yourself, or they think you are the nursing instructor. You are the dietary aide: Bring in food tray. It consists of bacon and eggs, sausage and toast.		Sim man says: "Well at least I have a good breakfast."
Student should remove the tray before pt begins to eat.	Places tray on beside stand in front of patient. Try and force your way in calling student "honey or dear". Be insistent that patient can eat if students cry and stop you!		Sim man says: "Nothing like a couple of Jimmy Dean sausages to get you going in the morning. I think my drawers are in the drawer. Look I'll just eat these real quick and then you can do whatever you want with me. I hate for these to get cold. Did I tell you my grandson is a nurse!" If student does remove food, the patient argues, cries etc. Try to get another student to just "give me a bite." You may even state, "I ate last night or I think I did."

Note: If student fails to prevent obstruction then proceed to obstructed airway scenario. If student does prevent obstruction, the pt. states he is going to eat his hard candy now and he obstructs anyway. The students are told the pt. shows 3 pieces of hard candy into his mouth and the scenario continues.

### OBJECTIVES/DEBRIEFING GUIDE

The objectives will guide the debriefing. Use the objectives to question students as to what was done well, what could have been done better, and why. There are many approaches to debriefing. Your overall goal is to help the student evaluate specific events, actions, or lack of action that had a positive or negative impact on patient outcomes.

Consider using questions to engage the student and solidify the learning on a personal level of discovery. Support the student identifying where in the scenario that a turn toward a negative outcome was imminent. Through gentle questioning, help the student evaluate if any negative outcomes were due to lack of knowledge, lack of technical skill, lack of experience in a crisis situation, lack of experience being in a role of authority, lack of communication etc. Help the student, through questioning, to plan an altered course of action for the future.

#### Student will be able to:

- Perform beginning basic assessment.
- Establish presence as health professional.
- Establish advanced knowledge base.
- Professionally communicate that he/she is in charge of situation when caring for a patient who would be authority figure in another setting.
- Professionally communicate that he/she is in charge of situation in dealing with auxiliary personnel.
- Identify potential for airway obstruction.
- Demonstrate actions below if risk not identified:
  - Check LOC and AB of ABCs.
  - Call for help.
  - Manage obstructed airway to BLS standards.
  - Communicate with health care team using SBAR.
  - Think out loud. Talk it through.
  - Help each other.
  - Stay with the patient.



This is wrong – we have to do something else !



Successful early intervention.



Many great minds working together to treat what could have been prevented.



Debriefing.

### ABSTRACT EXCERPT

The first term sophomore nursing students at the University of Pittsburgh School of Nursing are entering the hospital environment practicing direct patient contact for the first time in their careers. During this term, they are expected to master multiple assessment and intervention skills while concurrently learning their new role of health care provider. However, given their inherent lack of experience and the overriding need to keep patients safe, the students in the clinical setting are instructed to seek help immediately if anything unusual occurs with their patient. Therefore, sophomore students seldom gain experience making clinical decisions without an instructor at their side nor do they see the immediate connection between their own actions or failure to act and the patient's response, especially when preventing a crisis situation. Also, because they are so new to the role, they gain little first hand experience assuming the role of an expert health care provider with the communication skills essential to patient safety. In order to develop these skills, multiple simulation scenarios were developed that immerse the student in the clinical situation without the crutch of being able to ask someone else what they should do. The scenarios reinforce the assessment and intervention skills taught in the course, but they now allow the student the autonomy to make decisions, view the consequences of those decisions, and assume the health care provider role in difficult communication with patient, family, and staff. The students' decisions to act or not act, to speak up or to acquiesce, will either cause or prevent the "patient's" condition from deteriorating.

### STUDENT COMMENTS

I felt the simulation was very helpful to my education. It allowed me to be placed in a scenario where I had no idea what would happen, much like I will be presented with in the hospital. This simulation allowed me to gain a bit more confidence in my own skills. I feel that if I did this simulation more, then my skills would be greatly increased and I would be much more confident.

-This experience is important for all health care professionals. First time for everything should not have to be on a real patient where the chance for harm is evident. With the help of the sim lab, different scenarios can be tried and perfected. This is a great experience that I would do as much as possible.

What next?  
-I think this is a great experience.  
-It helps us learn from our mistakes without hurting people.

-I wish it was something we could do more often.  
-It was an awesome chance to learn.

-I can't wait to come back.

