<b>UES</b> for excellence	Simulation Scenario		Frimley Health NHS Foundation Trust
Title	Seizures	Version	10.1
Target Audience	FY doctors & student nurses	Run time	10 -15 mins
Authors	James Foxlee, Niamh Feely, Udesh Naidoo, Paul Wilder, Mark Loughrey	Last review	24/7/18
Faculty comments	Normal faculty requirements	Necessity	n/a

## **Brief Summary**

This scenario involves a patient who was admitted after a collapse and a witnessed seizure. Foundation doctor candidates are expected to manage the airway, obtain iv access and start appropriate initial treatment. Without basic airway management (head tilt/chin lift), the patient will obstruct their airway and start to desaturate.

## **Educational Rationale**

Prioritisation is extremely important in the initial management of patients with acutely altered levels of consciousness and seizures. FY trainees should be able to work within and lead a team to safely assess and treat these patients in a timely manner.

## Learning Objectives: Nurse

- A-E assessment of an acutely unwell patient
- Appropriate escalation of an unstable patient
- SBAR handover

## Learning Objectives: Doctor

- A-E assessment of an acutely deteriorating patient
- Basic airway management in status epilepticus
- Medical management of seizures
- Communication with patient and SBAR handover with colleagues



No	CURRICULUM MAPPING	This scenario
1	Acts professionally	$\checkmark$
2	Delivers patient-centred care and maintains trust	$\checkmark$
3	Behaves in accordance with ethical and legal requirements	$\checkmark$
4	Keeps practice up to date through learning and teaching	$\checkmark$
5	Demonstrates engagement in career planning	
6	Communicates clearly in a variety of settings	$\checkmark$
7	Works effectively as a team member	$\checkmark$
8	Demonstrates leadership skills	$\checkmark$
9	Recognises, assesses and initiates management of the acutely ill patient	$\checkmark$
10	Recognises, assesses and manages patients with long term conditions	$\checkmark$
11	Obtains history, performs clinical examination, formulates differential diagnosis and management plan	$\checkmark$
12	Request relevant investigations and acts upon results	$\checkmark$
13	Prescribes safely	$\checkmark$
14	Performs procedures safely	$\checkmark$
15	Is trained and manages cardiac and respiratory arrest	
16	Demonstrates understanding of the principles of health promotion and illness prevention	$\checkmark$
17	Manages palliative and end of life care	
18	Recognises and works within limits of personal competence	$\checkmark$
19	Makes patient safety a priority in clinical practice	$\checkmark$
20	Contributes to quality improvement	

# **Candidate Briefing: Nurse**

Setting Medica

Medical Assessment Unit

You are in MAU - please do a routine assessment of a 30 year old male patient who was found collapsed on a park bench in Frimley. They have been seen by the A&E doctors and sent to MAU for admission under the medics.

### <u>NOTES</u>

Due to technical limitations, certain information cannot be ascertained by examining the mannequin (e.g. rashes, skin colour, etc). This may be relayed to you by speaker if you ask

The grey telephone is sited on the back wall. To call, pick it up and press the button

# **Candidate Briefing: Doctor**

### Setting

Medical Assessment Unit

You are on call as FY for medicine. You have been asked to assess a 30 year old male patient who was found collapsed. He has been accepted by the medical registrar and transferred to the MAU.

### NOTES

• Due to technical limitations, certain information cannot be ascertained by examining the manikin (e.g. rashes, skin colour etc). This may be relayed to you by your assistant

• You may inject drugs if a cannula already sited in the manikin - if desired the right arm veins can be cannulated as well

• The grey telephone is sited on the back wall. To call, pick it up and press the button.

	Technical set-	·up	
Setting	Medical Assessment Unit		
Simulator	High fidelity manikin		
Gender	Male	Age	30

	Initial	monitor	paramete	ers
RR	O2 sats	Pulse (HR)	BP	ECG rhythm
10	97% on air	66	120/78	Sinus rhythm, muscular artifact
Cap Refill Time	Blood glucose	Temp.		
3sec	4.8	37.9		

	Initial	ра	tient se	et-up		
	Obstruction			Airway adjı	unct	
Airway	No			None		
Ducathing	Chest sounds			O2 supply		
Breathing	Normal			Air		
Circulation	Heart sounds	Car	nnula	BP cuff		Peripheral pulses
Circulation	Normal	No		No		palpable
		1				· · · · · · · · · · · · · · · · · · ·
Dischiller	Eyelids		Pupils		A۱	/PU/GCS
Disability	Closed		PEARL		۷	/ 13
	Posture		Moulage		В	owel sounds
Exposure	Supine		Dressing ov on forehea	rer abrasion d	N	ormal

## Specific equipment / prop requirements

- Abrasion to forehead (dressed)
- Oxygen and selection of masks inc. non-rebreathe mask
- Monitoring: ECG, non-invasive BP (cuff), pulse oximeter (SpO2), glucometer
- Syringes, flushes, iv fluids and giving sets
- Blood bottles, culture bottles, request forms
- Crash trolley available outside
- *Paperwork*: blank drug chart, Observation chart, medical note paper, wrist-band

#### DRUGS

- Diazepam (Diazemuls) 10mg in 2mls x2
- Bag of saline 250mls for phenytoin
- Levetiracetam, antibiotics as per local protocols

## **Facilitator Briefing**

#### TELEPHONE ADVICE - AS MEDICAL REGISTRAR / ANAESTHETIST

You will be sitting in the control room for the duration

- Answer all calls as switchboard in first instance
- If anaesthetist called:
  - o Grill the candidate about what management has been commenced
  - Enquire about airway
  - "What exactly do you want me to do?"
  - o State that it is not status epilepticus suggest trying some anticonvulsants first
  - Don't provide doses
  - o Refuse to see the patient until the medical registrar has been to assess
  - Get off the phone as quickly as possible
- If medical registrar called:
  - Delay answering bleep
  - Ask for results of CT (NB this hasn't been done!)
  - o Ask what the calcium is and what glucose levels are
  - o Busy in resus

#### RELATIVE

You are the patient's brother / sister:

- Act upset / angry
- Ask what is happening, what are they doing to your brother / sister
- Question everything
- "Has he been doing pills again?"
- Refuse to leave the room

#### Telephone advice

- You will be sitting in the control room for the duration\_
- Answer all calls as "switchboard" in the first instance to allow for realistic delay.

# How to run with candidates from only one discipline

An additional member of faculty can play the role of the nurse in this scenario if needed.

Sim Nurse briefing:

You are a nurse working on MAU. A young patient has been admitted having been found collapsed on a park bench in Frimley. They have a minor abrasion on the forehead but this has been cleared by A&E doctors.

Throughout the scenario you should act as a "competent robot" i.e. you should perform all tasks requested to the best of your ability, but should not institute any treatment on your own. If you are not being effectively instructed by the candidate you may prompt them as to what your next action should be.

You should interact with the candidate doctor as you would in real life. The candidate doctor should use a systematic approach during assessment (ABCDE approach).

Due to technical limitations not all information can be ascertained directly from the manikin - the facilitator may communicate with you via the headset to pass on information to the candidate.

	Patient Briefing
Setting	MAU
Name	Sam Smith
Age	30
Gender	Male

### What has happened to you?

- You don't know why you are here
- You went out with a few friends to the pub

### How you should role-play

As scenario starts, you will be asleep with your eyes closed

- Initially you are difficult to rouse, but eventually wake up.
- Be drunk, poorly coherent, and occasionally abusive
- After a couple of minutes, you should start to have a seizure
- Activate "seizure" on manikin activates tongue fallback / ECG artefact
- Initial seizure can "self-terminate", but recur quickly
- If airway not managed / O2 not applied, start desaturation trend to 85% over 1 minute
- No response to diazepam

### Your background

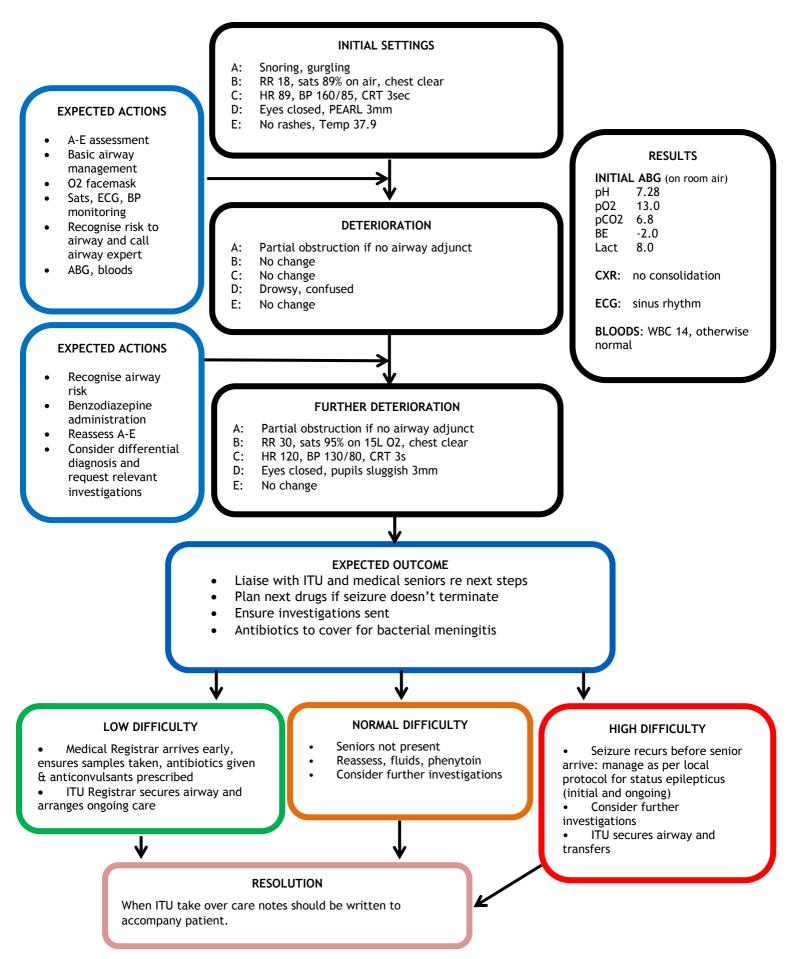
#### PAST MEDICAL HISTORY

- Appendicectomy
- No known drug allergies

#### SOCIAL HISTORY

- Trainee cook
- Smoker
- Recreational cannabis and ecstasy (reluctant to give this information)

## Scenario flowchart



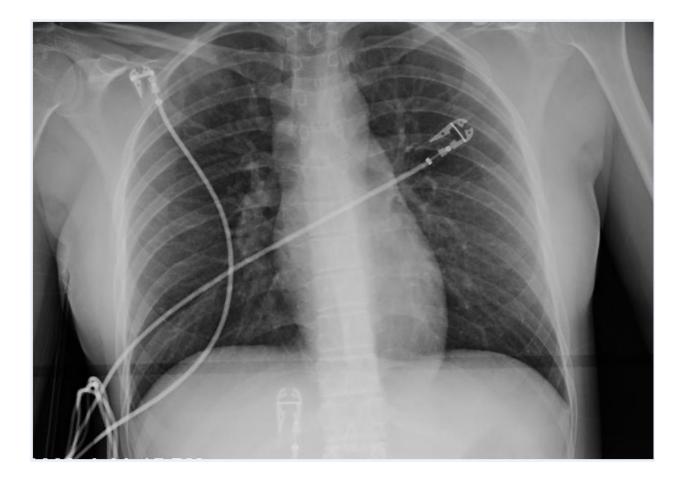
## References

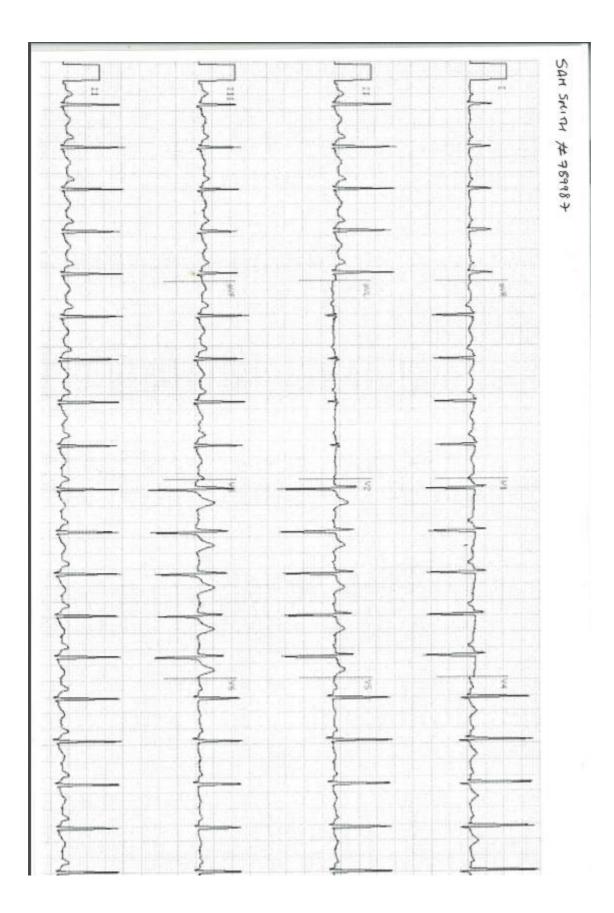
- Local protocol for management of seizures and status epilepticus
- NICE guidance CG137: The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care available at: <u>https://www.nice.org.uk/guidance/cg137</u>

# Clinical props

### **RADIOMETER ABL800 FLEX**

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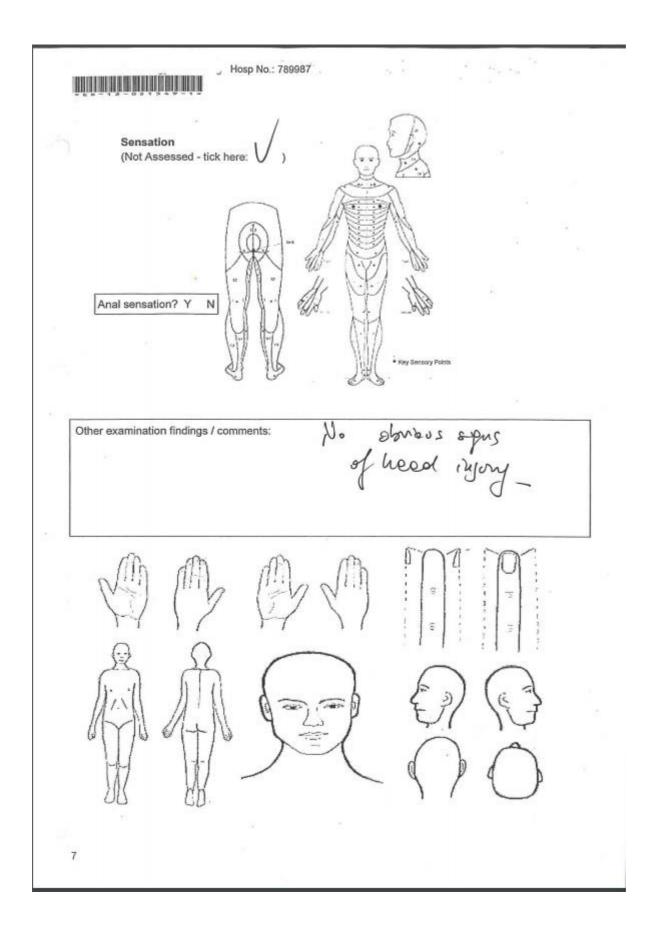


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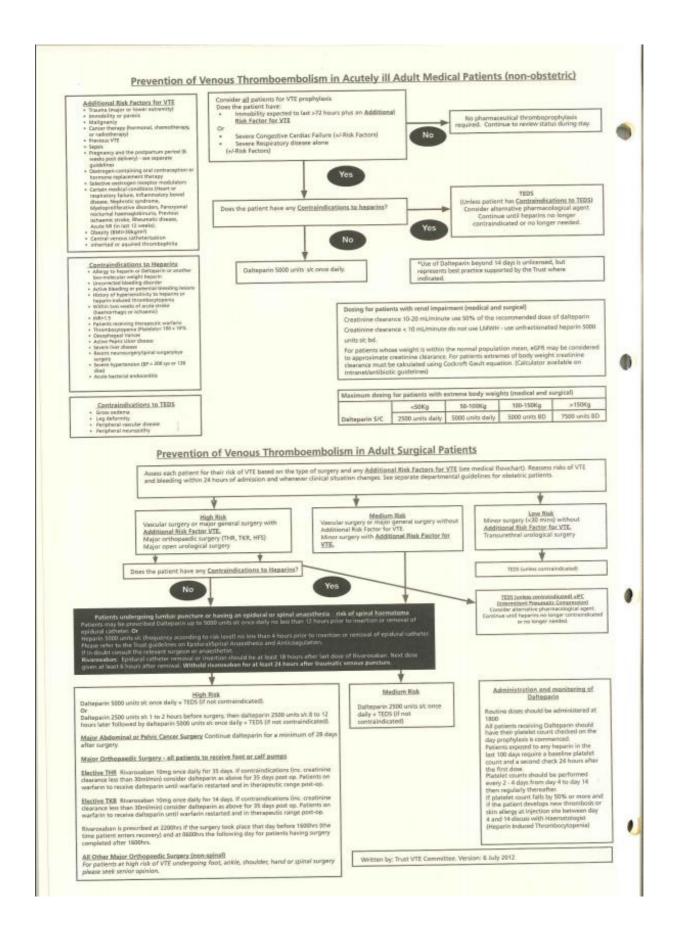
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#### RISK ASSESSMENT RECORD SHEET FOR VENOUS THROMBOEMBOLISM (VTE)

Please use in conjunction with Trust guidelines overleaf
 Please see separate Trust guidelines for obstetric patients

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Thrombosis Risk	Patient Related	Procedure Related	Anasasanani	Assessment at 24 hours	Assessment	Assessme
High	Previous VTE					-
	Immobility expected to test >72 hours		-			
	Malignancy		-			-
	Acute or chronic lung disease					
	Acute or chronic inflammatory disease					-
	Chronic heart failure		-			
	Lower limb paralysis (excluding acute		-			
	stroke) Acute infectious classes, e.g.					
	pheumonia		-			
	BMI ×30kg/m2					
	Inharitiad or acquired thrombophilia Pregnancy or less than 6 weeks post		-			
	parlum					
		Hip or Knee replacement				
		Hip fracture				
		Other major orthopaedic surgery				1
		Surgical procedure lasting >30mina with additional VTE risk factor(a)				
Medium	Oestrogen containing onal contraception or HRT					
	Selective destrogen receptor modulators	1	-			
	Age > 60			-		
	Dehydration		-			
	Varicose vains with philebits		-			
	Varicular varia with projects	Minor surgical procedure with				_
		additional VTE risk factor(s)				
		Surgical procedure lasting >30mins with no additional VTE risk factors Plaster cast immobilisation of lower				
Low	None of above	Note of above				
Bleeding Risk/	Patient Related	Procedure Related				
Contraindications	Haemophilia or other known bleeding	Procedure ronaueu				
	tisonter Thrombocytopenia (Platelets < 100 x 10 <sup>5</sup> 0.)		7			
	Within two weeks of acute stroke		-			
	(heemonhagic or ischaemic) Severe hypertansion (BP > 200 systolic or 120 diastolic)		-		_	
	Severe liver disease		1			
	Oesophageal Varices					
	Active Peptic Liber disease					
	Active bleeding or potential bleeding					_
	lesions Major bleeding rak, axisting anticoagulant therapy					
	Severe renal disease					_
		Neurosurgery, spinal surgery or eye surgery				
		Other procedure with high bleeding risk				
		previous 4 hours or anticipated in next 12 hours				
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PRESCRIBERS			DATE			1890	+
Home Oxygen Indicated: YE	5/NO			Other:		2200	+
Referral to Respiratory Nurs Nurse to initial against time	e for HDOP Date: to confirm oxygen is being administered ar	nd		Circu Lines	-	Device	+
meeting specified target. Fit column, i.e.	ow rate is to be documented to the left of I	the		2L Sign		-	-
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MRSA Status	New	w.	Previous Admission			C. Dif Status	1194	146	Previous Admission
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Date to be given	Time to be given	Dose (mg)	Prescribers stgnature GMC No.	Date of sig.	Start time of infusion	Given by: (sign)	Dute and blood le taken		Gentamicin Levels mg/l
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have t INDIG CURE CURE Check micro consu Doses cleara	timicrobi bern agre CATION 3 65 score previous biology r ltant micro need to l need to l nee use c ' regimes	ial prescr ed by Mi , STOP. MUST s relevan esults da robiologi be adjust alculator MUST h	ed to suit patien on intranet and reviewed at 4	e full up to o / DATES N r all commu- results befo is not respo- t's age, size I see dose a	late policy on <b>IUST BE RE</b> mity acquired re prescribing nding to treatr and renal fun djustments for	intranet. CORDED pneumonia. antibiotics nent seek ac ction. To ca antibiotics.	ON THE ( and check lvice from lculate cre	CHART new a	
and the second s			ider change to	ORAL		If YES	to any, re	main o	a IV
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Others m BP stable Respirato CRP retu	: ary rate <		is/min ad less than 100	(adult)	severe in	fections as o robiology a	tiscussed v	vith mic	

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