for excellence	Simulation Scenario		Frimley Health NHS Foundation Trust
Title	Acute Pulmonary Embolism	Version	1.3
Target Audience	FY doctors & student nurses	Run time	10 -15 mins
Authors	N Feely, U Naidoo, P Wilder, M Loughrey	Last review	4/7/18
Faculty comments	Normal faculty requirements	Necessity	n/a

Brief Summary

A 69 year old patient develops shortness of breath since the previous evening which has become worse. They were admitted 4 days ago with left ventricular failure. The focus of this scenario is the recognition of the development of a PE followed by timely investigation and treatment.

Educational Rationale

A high proportion of patients die in the UK every year from preventable hospital acquired venous thromboembolism (VTE). Prompt diagnosis and treatment can significantly reduce mortality. Diagnosis can be challenging as the symptoms and signs are often non-specific, so healthcare professionals must have a high index of suspicion in at-risk patients. FY trainees should be able recognise at-risk patient groups as well as the symptoms and signs of VTE and acute pulmonary embolism (PE). FY trainees should be able to work within and lead a team to safely assess and treat patients in a timely manner.

Learning Objectives: Nurse

- ABCDE assessment and initial management of deteriorating patient
- Early recognition of patients at risk of PE
- Call for help and SBAR handover

Learning Objectives: Doctor

- ABCDE assessment and initial management of deteriorating patient
- Early recognition of patients at risk of PE
- Early and appropriate investigations and suggestions for initial management of PE
- Appropriate call for help and concise transfer of information



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	\checkmark
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: Medical ward

You are looking after Ms Karen Williams, a 69 year old patient who was admitted 4 days ago with left ventricular failure on a background of hypertension and angina. The admission notes, observations and drug chart are available.

Please assess the patient, and call for senior assistance if necessary.

Candidate Briefing: Doctor

Setting: Medical ward

You are on call for medicine. Please wait as directed until you are called to the Medical Ward by the nurses who are undertaking a patient assessment, and then act as you would do in real life including receiving an SBAR handover from them.

Candidate Briefing: Doctor (without nurse)

You are on call for medicine and have been called to the medical ward by a nurse (who has now gone on her break) to review Ms Karen Williams, a 69 year old patient who was admitted 4 days ago with left ventricular failure on a background of hypertension and angina. The nurse was worried about her breathing as it seems to have become more rapid and labored since yesterday.

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 looking after Ms Karen Williams, a 69 year old patient who was admitted 4 days ago with left ventricular failure on a background of hypertension and angina. The admission notes, observations and drug chart are available.

You have called the FY doctor to review the patient because you are worried about her breathing. It seems to have become more rapid and labored since you saw her yesterday. Please assist the FY doctor who comes to assess the patient.

CONDUCT

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 initiate any treatment on your own. If you are not being effectively instructed by the candidate, you may be prompted via your ear piece by the lead facilitator as to what your next action should be.

If you strongly disagree with management then you are free to question them, stating your reasons.

If asked to give drugs, you should request that they are prescribed on the drug chart. If they are unsure of the dosage please refer them to the BNF or Hospital Guidelines App or via Intranet.

Technical set-up							
Setting	Ward						
Simulator	High fidelity manikin / actor						
Gender	Female	Age	69				

	Initial monitor parameters									
RR	O2 sats	Pulse (HR)	BP	ECG rhythm						
24	92% on air	120	130/90	Sinus tachycardia						
Cap Refill Time	Blood glucose	Temp.								
3 sec	5.9	37.3								

Initial patient set-up							
	Obstruction			Airway adjı	unct		
Airway	No			No			
	Chest sounds			O2 supply			
Breathing	Bibasal creps, left-sided pleural rub			air			
Circulation	Heart sounds	Car	nula	BP cuff		Peripheries / pulses	
	Normal	In p	blace	In place		cool	
Disability	Eyelids		Pupils		A۱	/PU/GCS	
Disability	Open		PEARL		15		
				· · · · · ·			
Exposure	Posture		Moulage		B	owel sounds	
Exposure	Sitting at 45 degree	S	None		N	ormal	

Specific equipment / prop requirements

- Oxygen and selection of masks inc. non-rebreathe mask
- Monitoring equipment (ECG leads, BP cuff, sats probe)
- Syringe, flushes, IV fluids and giving sets
- Blood bottles, culture bottles, request forms
- Observation chart, medical notes, drug chart
- Simulated drugs
- ABG syringe and reports

Facilitator Briefing

CONDUCT

- You will be sitting in the control room for the duration_
- <u>Answer all calls as "switchboard" in the first instance</u> to allow for realistic delay. Call back after 1

 2 minutes
- The Medical Registrar should sound busy and state they are tied up with another patient
- They should be helpful but press the candidate hard about what assessment has been performed e.g. nature of pain, findings of physical examination
- If the candidate is not armed with the information, tell them to get the required info and call you back

Patient Briefing Setting Ward **Karen Williams** Name Age 69 Female Gender What has happened to you? You were admitted to hospital 4 days ago with "chest pain and fluid overload". How you should role-play • Your breathing has been getting more difficult since yesterday evening. You are now very short of breath and speak in short sentences. If prompted by the faculty you will deteriorate and become exhausted. Your background PAST MEDICAL HISTORY Angina Hypertension MEDICATION •GTN Amlodipine NKDA SOCIAL HISTORY Ex-smoker •No birds and pets •Ex-clerical staff FAMILY HISTORY unknown

Scenario flowchart



References

- Local VTE treatment guidelines
- NICE guidelines for VTE available at: <u>https://www.nice.org.uk/guidance/qs29</u>
- Well's score calculator: <u>https://www.mdcalc.com/wells-criteria-</u> pulmonary-embolism

Clinical props

RADIOMETER ABL800 FLEX

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1	р О ,	7.0	kPa	1	11.1	-	• 4.4	1	
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	ctHb	12.8	g/L						
	FO,Hb	92.0	%	1	94.0	•	98.0	1	
	sO,	93.0	%						
	FCOHb	1.4	%	1	0.5	-	1.5	1	
	FHHb		%	1	0.0	•	5.0	1	
	FMetHb		%	1	0.0	-	1.5	1	
Calcu	ulated Value	s							
	cBase(Ecf)c	-4.0	mmol/L						
	cHCO,-(P)c	21.0	mmol/L						
Elect	rolyte Value	s							
	cNa"	137	mmol/L	1	136	-	146	1	
	cK*	4.2	mmol/L	1	3.4	-	4.5	1	
	cCI-	106	mmol/L	1	98	4	106	1	
	cCa ^{irt}	2.20	mmol/L	!	22	-	2.45	1	
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	cLac:	1.4	mmol/L	1	0.5	-	1.6	1	
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	cBas	se(Ecf)c	-4.0	mmol/L						
	cHC	O3-(b)C	20.0	mmol/L						
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	cCl-		106	mmol/L	1	98	-	106	1	
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Ť	cLa	1	2.8	mmol/L	1	0.5	-	1.6	1	
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NEWS - OBSERVATION CHART





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To be seen in:	P						
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Hosp No.: 789987 shot be with the comments Speciality Date Name Time Signature Initials Position Have you considered the use of a Chaperone when seeing this patient, Please refer to the Trust and Emergency Department Chaparone Policy. Chaperone Used? Y / N Name:____ Presenting Complaint: 800 HISTORY: (Please continue on continuation sheets if necessary) Age >65 3 Coronary Artery Disease (CAD) Risk Factors: Family history, raised cholesterol, diabetes melitius, hypertension, active smoker 69 KLOWN LVF warsening SOB for HA overling all A neg Known CAD stenosis >50% Sheping ipagent No cough Aspirin use in past 7 days Recent (<24 hours) severe angina known to the Geom in Raised cardiac markers (CK) the community. ST deviation >0.5mm TIMI Risk Not leker medd for Score Age >60 lest 1/52 BP >140/90 Clinical features: E+D + Unitat weak (2 pts) Speech only (1 pl) Duration: - too preathless >60 mins (2 pl) 10-59 mins (1 pl) <10 mins (0 pt) Diabetic ABCD2 Score (max 7) Pregnant? Y / N 2

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Pupils: PELL

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15,15

Cranial Nerves: (Not Assessed - tick here:)

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Abnormalities:

Significant peripheral ocdern mid shins

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Cerebellar Signs:

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. Hosp No.: 789987 Management Plan: Admit 02: avin \$002 >920/0 Fluid resmich 1.5L 20. Sm/kg Monetor 110 Echo Discharge? Y/N 141 Emseriel Bong Refer? Speciality 240 Admit CDU? (consider VTE prophylaxis) Daily USES, Decision time VTE Risk? Please assess on separate risk assessment sheet (Y) N Have you started VTE prophylaxis? If not - reasons: No MRSA Status: C. Diff status: No Met Calls Y N For CPR? N Orange sticker? Y Ν Midicel CT2 Senior Review: Name: Designation:... Time Date Signature 9

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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

2

Thrombosis Risk	Patient Related	Procedure Related	Initial Assessment	Assessment at 24 hours	Assessment	Alsessee
High	Parallel and Parallel				11	
	Phoyious VIE		-			-
	Immobility expected to tast >72 hours	-				
	Malignancy	-				1
	Acute or chronic lung disease					-
	Acute or chronic inflammatory disease					1
	Chronic heart failure		-			
	Lower limb paralysis (excluding acute stroke)					
	Acute infectious disease, e.g.		-			
	BMI s30ka/m2					-
	Inhardiari or annutred theorem and its	-				
	Pregnancy or less than 6 weeks post partum		-			
		Hip or Knee replacement				
		Hip fracture				
		Other major orthopaedic surgery				
		Surgical procedure lasting >30mina with additional VTE risk formulat		1		
Medium	Cestrogen containing onal	The Constraint of the Table (a)				-
	Selective destrogen receptor	-	-			
	modulators	-				
	Age > 60					
	Dehydration					1
	Varicose value with philebits					
		Minor surgical procedure with addiscent VTE risk factories				
		Surgical procedure lasting >30mins	-			
		with no additional VTE risk factors				_
1.00		Inc.				
LOW	None of above	None of above				
Bleeding Risk/ Contraindications	Patient Related	Procedure Related			1	
and the ten stands	Haemophila or other known bleeding					
	Thrombocytopenia (Platelets < 100 x 10 ⁵ 1.)		7			
	Within two weeks of acute stroke					
	Severe hypertension (BP > 200 system; or 120 diestolic)					
	Severe liver disease		2			
	Oesophageal Varices					
	Active Peptic Liter disease					_
	Active bloeding or potential bloeding					
	Major bleeding risk, axisting anticoagulant therapy					
	Severe renal disease			_	-	_
		Neurosurgery, spinal surgery or				
		Other procedure with high bleading				
		Lumber pencture/spinal/epidural in previous 4 hours or anticipated in				
Risk assessment pe	rformed by	next 12 hours				
Signature	ennetter.					
and the second se			and the second second			

NCE OF	NLY DRUG	S AND PREMEDICATIO	N.						
te	Time	Drug	Dose	Route	Prescriber Sig. GMC no.	Batch number (vaccines only)	Time	e Sig	Pharm.
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	-						-		
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RUGS	ADMINIS	TERED UNDER MIDWIF	ERY EXEMPTION	AND PATI	ENT GROU	IP DIRECTI	ONS.		
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	CONTIONS				-	10	MABLE (NEE)
REGULAR PRE	SCRIPTIONS					C TIMES	I DATE
OVYCEN	Circle target satu	iration		Target oxygen sat	uration	0800	
OXYGEN	Adjust flow rate to	maintain specified oxyg	gen saturation	88 to 92%	94 to 98%	1200	
PRESCRIBERS	6.2446		DATE	Other		1890	
Home Oxygen Indicated: YE Referral to Respiratory Nurse	for HDDF Date:		_	Guier.		2200	
Nurse to initial against time t meeting specified target. Flo column, i.e.	a conterm oxygen is being administered an w rate is to be documented to the laft of i	ia the		2L Sign		Device	
PHARMACOLOGICAL VTE PROPHYLAXIS/TREATMENT I	NCLUDING NOACS		DOSE	801	ITE		
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				Did patient experience adverse reaction? (Yes/No) ◄	Yas / No	Yes / No	Yes / No	Yes / No	Yes / No	Vas / No	Yes / No	Yes / No	Yes / No	Yes / No	EDICAL	
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Name:	Hospital Number: NHS Number:	Date of Birth:	INTRAVENOUS IMMUNOGLO	Batch number/Unit number (Attach sticker)											INTEMPORANEOUSLY RECORDED INTEMPORANEOUSLY RECORDED IDENT FORM COMPLETED.	9
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D PRODUCTS	idicate as appropri is appropriate) Ye			Drugs required to cover infusion (must be presided on once only section of chard)											urn bottom portio LATED PROBLEN RANSFUSION RE	4
O BLOO	lood? (Ir (Indicate a		Ē	Route											h and ret JSION RE AND A T	
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NOTE: DRI	Does the p Does the p		BLOOD PF	Date and Time to be administered											Complete Ial	

Pharm.									
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