

# FALL FROM OPERATING TABLE

MODULE: PATIENT SAFETY

TARGET: ALL ANAESTHETISTS

## BACKGROUND:

This uncommon incident presents a significant safety risk to patients under anaesthesia. While the anaesthetist is rarely the cause of the fall, they would be expected to lead the theatre team in safely repositioning the patient while maintaining anaesthesia, safety and dignity. This scenario will allow the debriefing to focus on human factors and team interactions.

## RELEVANT AREAS OF THE ANAESTHETIC CURRICULUM

IG_BS_10	<p>In respect of airway management:</p> <ul style="list-style-type: none"> <li>• Demonstrates optimal patient position for airway management</li> <li>• Manages airway with mask and oral/nasopharyngeal airways</li> <li>• Demonstrates hand ventilation with bag and mask</li> <li>• Able to insert and confirm placement of a Laryngeal Mask Airway</li> <li>• Demonstrates correct head positioning, direct laryngoscopy and successful nasal/oral intubation techniques and confirms correct tracheal tube placement</li> <li>• Demonstrates proper use of bougies</li> <li>• Demonstrates correct securing and protection of LMAs/tracheal tubes during movement, positioning and transfer</li> <li>• Correctly conducts RSI sequence</li> <li>• Correctly demonstrates the technique of cricoid pressure</li> </ul>
IO_BS_01	Demonstrates how to direct the team to safely transfer the patient and position of patient on the operating table and is aware of the potential hazards including, but not exclusively, nerve injury, pressure points, ophthalmic injuries
IO_BS_07	Demonstrates role as team player and when appropriate leader in the intra-operative environment
IO_BS_08	Communicates with the theatre team in a clear unambiguous style
IO_BS_09	Able to respond in a timely and appropriate manner to events that may affect the safety of patients [e.g. hypotension, massive haemorrhage] [S]
CI_BS_01	Demonstrates good non-technical skills such as: [effective communication, team-working, leadership, decision-making and maintenance of high situation awareness]
CI_BS_05	Demonstrates ability to recognise when a crisis is occurring
CI_BS_06	Demonstrates how to obtain the attention of others and obtain appropriate help when a crisis is occurring
MT_BS_01	Demonstrates how to perform the Primary survey in a trauma patient [S]
MT_BS_02	Demonstrates correct emergency airway management in the trauma patient including those with actual or potential cervical spine damage [S]
CI_IS_01	Demonstrates leadership in resuscitation room/simulation when practicing response protocols with other healthcare professionals
CI_IS_02	Demonstrates appropriate use of team resources when practicing response protocols with other healthcare professionals
GU_HS_05	Demonstrates the ability to be an effective member of a multi-disciplinary team managing elective and emergency general surgery, urology and gynaecology lists, safely and effectively. This implies demonstrating essential generic communication, teamwork, leadership and professional skills, as well as those specific to the perioperative anaesthetic care of the patients
OB_HS_03	Demonstrates the ability to be an effective part of a multidisciplinary team
OR_HS_02	Demonstrates the team leadership and communication skills necessary to manage major orthopaedic surgical emergencies

## INFORMATION FOR FACULTY

### LEARNING OBJECTIVES:

- Leadership and clear communication are vital to protect patients during unexpected events in theatre.
- A trauma assessment may be necessary after a fall under anaesthesia.

### SCENE INFORMATION:

- Location: Theatre

This scenario simulates the situation where the patient has been pulled off the operating table due to intraoperative manoeuvring during an orthopaedic upper limb procedure. The scenario begins with the manikin on the floor, partially draped arm having been pulled off the trolley. The participant would be held in the 'anaesthetic room' receiving their briefing when the 'Anaesthetic assistant' urgently calls for help in the theatre and drags the participant into theatre.

### EQUIPMENT & CONSUMABLES

Manikin in theatre environment  
 Stocked airway trolley  
 Checked anaesthetic machine  
 Surgical drapes  
 Tray of surgical instruments  
 Diathermy trolley

### PERSONS REQUIRED

Anaesthetic Junior Trainee  
 Anaesthetic Assistant  
 Anaesthetic Senior Trainee  
 Scrubs Nurse (scrubbed)  
 Surgeon (scrubbed)

### PARTICIPANT BRIEFING: (TO BE READ ALOUD TO PARTICIPANT)

We are in the anaesthetic room of the trauma theatre. This 74 year old lady has been anaesthetised for K-wire insertion to left distal radius fracture. She suffered a mechanical fall 24 hours ago which caused this injury.  
 There were no other injuries.

She is chronically warfarinised for atrial fibrillation. She is also on digoxin 125mcg but no other meds. There are no known allergies.

She has been anaesthetised with propofol, fentanyl, and dexamethosone for induction. She has a size 3 LMA in situ. She is being maintained with isoflurane. The operation has been proceeding for around 20 minutes.

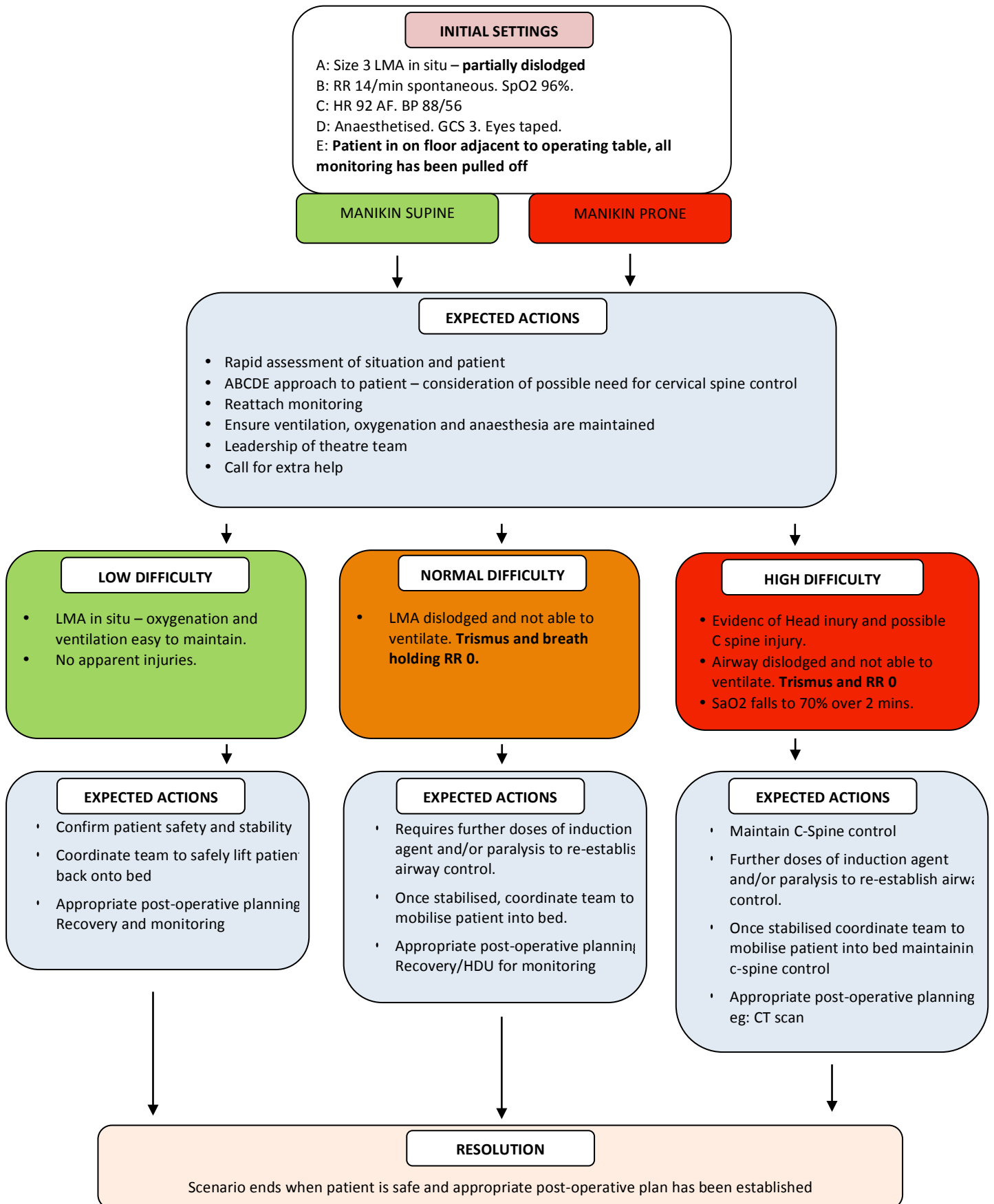
### 'IN SCENARIO PERSONNEL' BRIEFING:

#### SURGICAL TEAM

During traction applied by the surgeon the patient slipped off the theatre trolley onto the floor. The fall was slow and partially controlled, but her upper half was partially held up by the surgeons but then fell to the floor with a thud. Her head was left loose at the time and may have hit the ground hard.

At the beginning of the scenario there should be a lot of noise and activity, but very little coordinated action.

CONDUCT OF SCENARIO



# ANAESTHETIC RECORD SHEET



**PATIENT DETAILS / ADDRESSOGRAPH**  
 Hospital No. \_\_\_\_\_

SURNAME: Ivy Williams  
 (Block Letters)  
 FORENAMES: 5/9/1923

Address: \_\_\_\_\_  
 Ward/Hosp: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M / F

Procedure(s) proposed:  
**MUA +/- K-wiring RHS wrist**

CEPOD CLASS: ELECTIVE / SCHEDULED / URGENT / EMERGENCY

**Anaesthetist's preoperative assessment by**

Name: \_\_\_\_\_ Grade:  Cons  AS  SG  Trainee \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature \_\_\_\_\_

<p><b>Anaes / Surg history:</b></p> <p>RHS THR 12 years ago</p> <p><b>Medical history:</b></p> <p>Hypertension                  Atrial Fibrillation                  T2DM</p> <p>VTE Risk: <input type="checkbox"/> High <input type="checkbox"/> Low</p> <p><b>NBM since</b> Solids: Fasted since 2200                  Clear Fluids: _____</p> <p>Pregnancy: _____                  Lactation: _____</p>	<p><b>O/E</b></p> <p>AF                  Basal Creps</p> <p style="text-align: center;"><b>Airway Assessment</b></p> <p>Mouth Opening:                  MP Score: 1 2 3 4                  Jaw: MP2, slight limitation of                  mouth opening. Good                  Neck: neck ROM</p> <p style="text-align: center;">TEETH</p> <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding: 0 5px;">8 7 6 5 4 3 2 1</td> <td style="padding: 0 5px;">1 2 3 4 5 6 7 8</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 0 5px;">8 7 6 5 4 3 2 1</td> <td style="padding: 0 5px;">1 2 3 4 5 6 7 8</td> </tr> </table> <p>X = missing    L = loose    B = bridge                  C = caps / crowns    D = damaged</p>	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	<p><b>ASA</b></p> <p>BP: _____</p> <p>HR: _____</p> <p>Temp: _____</p> <p>Weight: _____</p> <p>Height: _____</p> <p>BMI: _____</p> <p>Smoke: _____</p> <p>Alcohol: _____</p> <p><b>Apfel Score</b></p>
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8					
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8					

**Relevant Medication:**

Amlodipine 10mg OD  
 Warfarin 4mg OD  
 Metformin 500mg BD

**ALLERGIES**

Penicillin - Anaphalaxis

<b>Investigations</b>	<input type="checkbox"/> Haematology FBC Hb 10.1 Sickle: _____	<input type="checkbox"/> Biochemistry U & E Na 134 K 4.6 Ur 7 Cr 90 Blood Sugar: _____	<input type="checkbox"/> Coag. INR 2.1 <input type="checkbox"/> Gp. & Save <input type="checkbox"/> X - Match	<input type="checkbox"/> ECG AF, LVH <input type="checkbox"/> X - Ray	Other: _____
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**CONSENT:**  GA     Sedation     Epidural     Spinal     Regional     Suppository  
 PCA     EPCA     Other

Notes / Discussion / Technique proposed:

Consented for GA with LMA + RHS femoral nerve block

Risks explained and consented

Anaesthetic Information leaflet received by patient

**For attention of ward staff:** (further investigations, fasting, continue/omit current medication, etc.)



## DEBRIEFING

### POINTS FOR FURTHER DISCUSSION:

- Leadership and clear communication are vital to protect patients during unexpected events in theatre.

## INFORMATION FOR PARTICIPANTS

### KEY POINTS:

- Leadership and clear communication are vital to protect patients during unexpected events in theatre.
- Principles of managing a fall from operating table.

### RELEVANCE TO AREAS OF THE ANAESTHETIC CURRICULUM:

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**PARTICIPANT REFLECTION:**

What have you learnt from this experience? (Please try to list 3 things)

How will your practice now change?

What other actions will you now take to meet any identified learning needs?

**PARTICIPANT FEEDBACK**

Date of training session:.....

Profession and grade:.....

What role(s) did you play in the scenario? (Please tick)

Primary/Initial Participant	
Secondary Participant (e.g. 'Call for Help' responder)	
Other health care professional (e.g. nurse/ODP)	
Other role (please specify):	
Observer	

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I found this scenario useful					
I understand more about the scenario subject					
I have more confidence to deal with this scenario					
The material covered was relevant to me					

Please write down one thing you have learned today, and that you will use in your clinical practice.

How could this scenario be improved for future participants?  
 (This is especially important if you have ticked anything in the disagree/strongly disagree box)

**FACULTY DEBRIEF – TO BE COMPLETED BY FACULTY TEAM**

What went particularly well during this scenario?

What did not go well, or as well as planned?

Why didn't it go well?

How could the scenario be improved for future participants?