

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 teaminteractions.





RELEVANT AREAS OF THE ANAESTHETIC CURRICULUM

	In recruent of airway managements
	In respect of airway management:
	Demonstrates optimal patient position for airway management
	 Manages airway with mask and oral/nasopharyngeal airways
	 Demonstrates hand ventilation with bag and mask
10 00 10	 Able to insert and confirm placement of a Laryngeal Mask Airway
IG_BS_10	 Demonstrates correct head positioning, direct laryngoscopy and successful nasal/oral
	intubation techniques and confirms correct tracheal tube placement
	 Demonstrates proper use of bougies
	 Demonstrates correct securing and protection of LMAs/tracheal tubes during
	movement, positioning and transfer
	Correctly conducts RSI sequence
	 Correctly demonstrates the technique of cricoid pressure
	Demonstrates how to direct the team to safely transfer the patient and position of patient on the
IO_BS_01	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
	Demonstrates the ability to be an effective member of a multi-disciplinary team managing elective
GU_HS_05	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 thepatients
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

PERSONS REQUIRED

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

INITIAL SETTINGS

A: Size 3 LMA in situ – partially dislodged

- B: RR 14/min spontaneous. SpO2 96%.
- C: HR 92 AF. BP 88/56
- D: Anaesthetised. GCS 3. Eyes taped.
- E: Patient in on floor adjacent to operating table, all monitoring has been pulled off

MANIKIN SUPINE

MANIKIN PRONE

EXPECTED ACTIONS

- · Rapid assessment of situation and patient
- ABCDE approach to patient consideration of possible need for cervical spine control
- · Reattach monitoring
- · Ensure ventilation, oxygenation and anaesthesia are maintained
- Leadership of theatre team
- Call for extra help

LOW DIFFICULTY

- LMA in situ oxygenation and ventilation easy to maintain.
- No apparent injuries.

NORMAL DIFFICULTY

LMA dislodged and not able to ventilate. Trismus and breath holding RR 0.

HIGH DIFFICULTY

- Evidenc of Head inury and possible C spine injury.
- Airway dislodged and not able to ventilate. Trismus and RR 0
- SaO2 falls to 70% over 2 mins.

EXPECTED ACTIONS

- Confirm patient safety and stability
- Coordinate team to safely lift patien back onto bed
- Appropriate post-operative planning Recovery and monitoring

EXPECTED ACTIONS

- Requires further doses of induction agent and/or paralysis to re-establis airway control.
- Once stabilised, coordinate team to mobilise patient into bed.
- Appropriate post-operative planning Recovery/HDU for monitoring

EXPECTED ACTIONS

- Maintain C-Spine control
- Further doses of induction agent and/or paralysis to re-establish airwa control.
- Once stabilised coordinate team to mobilise patient into bed maintainin c-spine control
- Appropriate post-operative planning eg: CT scan

RESOLUTION

Scenario ends when patient is safe and appropriate post-operative plan has been established

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Version 9 – May 2015
Editor: Dr Andrew Darby Smi

Editor: Dr Andrew Darby Smith Original Author: Dr P Shanmuha



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All orders / information regarding medication & fluids must be entered on patient's drug prescription & administration record

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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:

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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 did not go well, or as well as planned?
Why didn't it go well?
How could the scenario be improved for future participants?

