

LEAKING AAA (JEHOVAH’S WITNESS)

MODULE: ACUTE CARE

TARGET: FY1 & FY2 TRAINEES AND FINAL YEAR MEDICAL STUDENTS

BACKGROUND:

There are more than 150,000 Jehovah’s Witnesses in the UK. Central to their faith is prohibition of allogenic blood transfusion. Jehovah’s Witness patients suffering massive haemorrhage therefore present a significant clinical challenge. Each hospital should have a protocol with clear processes for teams to follow when dealing with major haemorrhage in this patient group. Foundation trainees should understand their local policies and be able to work within a team to treat this patient group in accordance with their religious beliefs.

RELEVANT AREAS OF THE FOUNDATION PROGRAMME CURRICULUM

<p>1 Professionalism</p>	<p>1.4 Team Working:</p> <ul style="list-style-type: none"> • Demonstrates clear and effective communication within the team <p>1.5 Leadership:</p> <ul style="list-style-type: none"> • FY2 demonstrates extended leadership role by making decisions and dealing with complex situations across a greater range of clinical and non-clinical situations
<p>7 Good clinical care</p>	<p>7.5 Safe prescribing</p> <ul style="list-style-type: none"> • Prescribes drugs and treatments appropriately, clearly and unambiguously in accordance with Good Practice in Prescribing Medicines (GMC, 2008) • Uses the BNF plus pharmacy and computer-based prescribing-decision support to access information about drug treatments, including drug interactions • Performs dosage calculations correctly and verifies that the dose is of the right order • Chooses appropriate intravenous fluids as vehicles for intravenous drugs and calculates the correct volume and flow rate • Prescribes oxygen appropriately including to patients with the risk of carbon dioxide retention • Relates prescribing activity to available prescribing guidelines / audit data eg antibiotic usage <p>7.7 Infection control and hygiene</p> <ul style="list-style-type: none"> • Demonstrates correct techniques for hand hygiene with hand gel and with soap and water • Takes appropriate microbiological specimens in a timely fashion • Follows local guidelines / protocols for antibiotic prescribing <p>7.9 Interface with different specialties and with other professionals</p> <ul style="list-style-type: none"> • Understands the importance of effective communication with colleagues in other disciplines

<p>8 Recognition and management of the acutely ill patient</p>	<p>8.1 Promptly assesses the acutely ill, collapsed or unconscious patient</p> <ul style="list-style-type: none"> • Uses Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach to assessing the acutely unwell or collapsed patients • Uses the GCS or Alert, Voice, Pain, Unresponsive (AVPU) to quantify conscious level • Investigates and analyses abnormal physiological results in the context of the clinical scenario to elicit and treat cause • Uses monitoring (including blood glucose) to inform the clinical assessment • Asks patients and staff appropriate questions to prioritise care • Seeks senior help with the further management of acutely unwell patients both promptly and appropriately • Summarises and communicates findings to colleagues succinctly • Appropriately communicates with relatives/friends and offers support <p>8.2 Responds to acutely abnormal physiology</p> <ul style="list-style-type: none"> • Formulates treatment plan in response to acutely abnormal physiology taking into account other co-morbidities and long-term conditions • Administers and prescribes oxygen, fluids and antimicrobials as appropriate (see Good Clinical Care: Safe Prescribing and Infection Control) • Recognises when arterial blood gas sampling is indicated, identifies abnormal results, interprets results correctly and seeks senior advice • Plans appropriate action to try to prevent deterioration in vital signs • Reassesses ill patients appropriately after starting treatment • Recognises the indicators for intensive care unit review when physiology abnormal <p>8.3 Manages patients with impaired consciousness, including seizures</p> <ul style="list-style-type: none"> • Assesses conscious level (GCS or AVPU) • Treats ongoing seizures • Recognises causes of impaired consciousness and seizures and seeks to correct them • Recognises the potential for airway and respiratory compromise in the unconscious patient (including indications for intubation) • Understands the importance of supportive management in impaired consciousness • Seeks senior help for patients with impaired consciousness in an appropriate and timely way
<p>11 Investigations</p>	<p>11.1 Investigations</p> <ul style="list-style-type: none"> • Requests investigations appropriate for patients' needs in accordance with local and national guidance to optimise the use of resources • Seeks out, records and relays results in a timely manner • Plans/organises appropriate further investigations to aid diagnosis and/or inform the management plan • Provides concise, accurate and relevant information and understands the diagnostic question when requesting investigations • Understands what common tests (Table 1) and procedures entail, the diagnostic limitations and contraindications, in order to ensure correct and relevant referrals/requests • Interprets the results correctly within the context of the particular patient/presentation e.g. plain radiography in a common acute condition • Prioritises importance of investigation results

INFORMATION FOR FACULTY

LEARNING OBJECTIVES:

- ABCDE assessment and initial management of deteriorating patient
- Early recognition of hypovolaemia with ongoing blood loss
- Appropriate call for help and concise transfer of information
- Awareness of local procedures for management of bleeding in Jehovah's Witness patients and ability to tailor care to patient's religious beliefs

SCENE INFORMATION:

- Location: Emergency Department
- Expected duration of scenario: 15 mins (a), 10 mins (b)
- Expected duration of debriefing: 20-30 mins (a), 15-20mins (b)

EQUIPMENT & CONSUMABLES

- Mannequin: On ED Trolley, IV Access
- Stocked airway trolley
(Specifically: Airway adjuncts (OPA, NPA))
- O2 and selection of masks incl. NRB
- Monitoring equipment (SpO2, ECG, NIBP)
- ECG showing Anterolateral ST Depression
- Syringes, flushes, IV fluid and giving sets
- Simulated blood products
- Blood bottles and request forms
- Observation chart, medical note paper, drug chart
- Stocked crash trolley
- Mock up anaesthetic drugs/Intubation equipment
- Paperwork indicating patient is a Jehovah's Witness

PERSONS REQUIRED

- FY Trainee to lead scenario
- Ward nurse as assistant
- Medical Registrar (If requested)
- ITU Registrar (If requested)

PARTICIPANT BRIEFING: (TO BE READ ALOUD TO PARTICIPANT)

1. Scene-setting: Working within a multidisciplinary team to manage an acutely unwell patient is an essential skill to develop during FY training. Today we would like one of you to assess a patient on the medical ward. Please assess the patient methodically and treat the problems / symptoms that you find.
2. Assistance: An assistant will be present as the scenario begins (faculty will tell you who this is and what experience they have). If other (appropriate) help is needed at any stage, ask for it (the faculty will let you know how to request it).
3. The scenario will run until a natural conclusion, after which we will regroup to discuss the scenario and any related subjects that the group raises. This is not a test of the person who participates in the scenario and they will not be judged in any way on their performance.
4. We may then move back to the manikin again for the next steps in the management of the patient, followed by a further discussion of any matters that arise.

'VOICE OF MANIKIN' BRIEFING:

Your name is Simon (Sophie) West. You are a 60 year old schoolteacher. You have a history of high blood pressure, COPD, 5.8cm AAA identified on CT and under regular review. Smoke 10 / day. Only give this information if asked for it.

Medications:

Amlodipine 5mg

Combivent + Pulmicort inhalers

NKDA

You have had central abdominal pain for the past 3 hours. Your back has been getting more painful for the past hour and your chest feels tight, so you called for an ambulance. You took paracetamol but it hasn't helped. Now you are feeling unsteady if you try to walk and light-headed if you stand up. If prompted by the faculty, you will deteriorate and may arrest.

You are a Jehovah's Witness and will not accept blood or blood products. You have a card in your coat pocket confirming your wishes. Only disclose this information if the participant says they are going to give you blood.

IN SCENARIO BRIEFING:**ED nurse:**

You are looking after Simon (Sophie) West, a 60 year old patient with high blood pressure and COPD who has presented with severe abdominal and back pain. You ask the FY doctor to assess them on the ward because the pain is getting worse. You should start an observation chart at the beginning of the scenario.

Senior doctors:

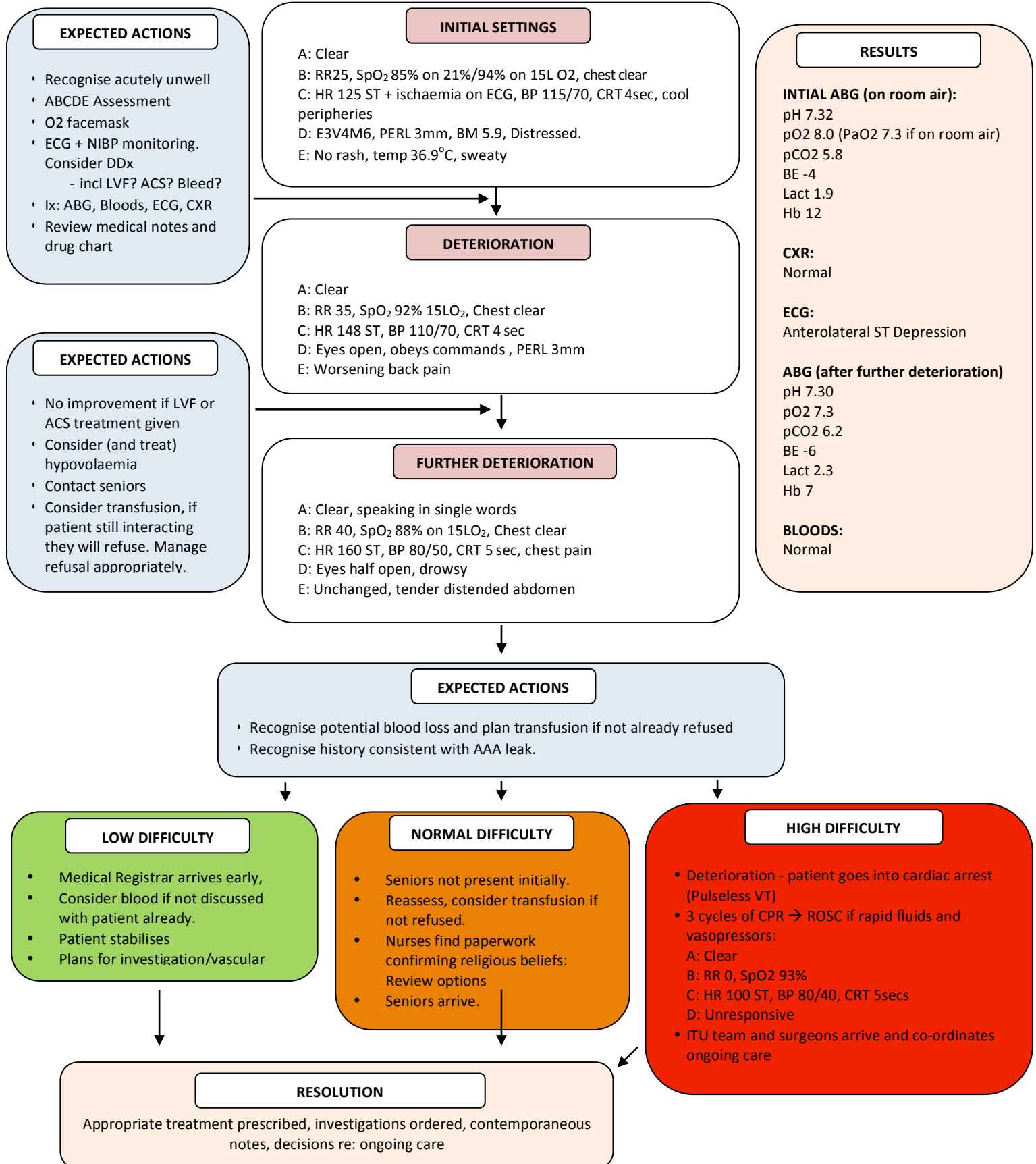
If called to join the scenario, allow the FY doctor to give you a handover. If they haven't considered a leaking AAA raise the possibility, make sure bloods get sent, discuss with the surgical consultant and request a FAST scan. Also discuss transfusion and try to persuade the patient to accept it.

ADDITIONAL INFORMATION:

The main focus of this scenario is recognition of ongoing bleeding in a Jehovah's Witness. The patient will deteriorate through the 4 stages of shock

If the participant doesn't recognise this and commence appropriate treatment, then the patient should deteriorate, however, this may make the scenario too complex for some participants to manage. Instead, the registrar may arrive to continue care, or the faculty could choose to pause for a discussion and then continue with another participant managing the further deterioration.

CONDUCT OF SCENARIO



DEBRIEFING

POINTS FOR FURTHER DISCUSSION:

- Differential diagnosis of worsening abdominal + back pain – what points to AAA
- The recognition and immediate treatment of hypovolaemic shock
- Management of bleeding in Jehovah's Witness
- Recognition of severity of illness and appropriate call for senior assistance

DEBRIEFING RESOURCES

Local policy for management of bleeding in Jehovah's Witness

INFORMATION FOR PARTICIPANTS

KEY POINTS:

- Differential diagnosis of worsening abdominal + back pain – what points to AAA
- The recognition and immediate treatment of hypovolaemic shock
- Management of bleeding in Jehovah’s Witness
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DEBRIEFING RESOURCES

Local policy for management of bleeding in Jehovah's Witness

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?