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California Simulation Alliance (CSA) Simulation Scenario Template

The California Simulation Alliance (CSA) is comprised of simulation users from all disciplines from throughout the state. Several regional collaboratives have formed totaling 7 as of March, 2011: The Rural North Area Simulation Collaborative (RNASC), the Capital Area Simulation Collaborative (CASC), the Bay Area Simulation Collaborative (BASC), the Central Valley Simulation Collaborative (CVSC), the Southern California Simulation Collaborative (SCSC), the Inland Empire Simulation Collaborative (IESC), and the San Diego Simulation Collaborative (SDSC). The CINHC, a non-profit organization focused on workforce development in healthcare provides leadership for the CSA.

The purpose of the California Simulation Alliance (CSA) is to become a cohesive voice for simulation in healthcare education in the state, to provide for inter-organizational research on simulation, to disseminate information to stakeholders, to create a common language for simulation, and to provide simulation educational courses. The goals of the alliance will include providing a home within the CINHC for best practice identification, information sharing, faculty development, equipment/vendor pricing agreements, scenario development, sharing and partnership models. More information can be found on the CSA website at www.californiasimulationalliance.org

All scenarios have been validated by subject matter experts, pilot tested and approved by the CSA before they were published online. All scenarios are the property of the CINHC/CSA. The writers have agreed to release authorship and waive any and all of their individual intellectual property (I.P.) rights surrounding all scenarios. I.P. release forms can be found at www.bayareanrc.org/rsc and click documents. (Please send signed I.P. release forms to KT at kt@cinhc.org)

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SECTION I: SCENARIO OVERVIEW

Scenario Title:	Foreign Body Airway Obstruction (Novice)		
Original Scenario Developer(s):	C. O'Leary-Kelley, RN, PhD (colear@son.sjsu.edu); Rolyn Gatti, RN, MS		
Date - original scenario	12/07		
Validation:	02/08		
Pilot testing:	01/09		
Revisions:	03/10, Colleen O'Leary-Kelley, RN, PhD, CNE 12/2014 Melissa Punnoose, MSN, RN-BC, CHSE Heidi Traxler, MSN, RN, CHSE, Marjorie Miller, MA, RN, CHSE		
<u>Estimated Scenario Time:</u>	20 minutes	<u>Debriefing time:</u>	40 minutes
<u>Target group:</u>	pre-licensure nursing students		
<u>Core case:</u>	Fundamentals-Basic safety-use of PPE		
<u>Brief Summary of Case:</u>	<p>30 year old male admitted through ED 2 nights ago following rib fractures suffered in a soccer game. This is his second day in the Med/Surg unit for observation. He has no history of any medical problems. Learners are expected to recognize respiratory distress following a choking episode, follow AHA Guidelines in clearing the obstructed airway and delegate specific tasks to CNA.</p>		
<u>QSEN Competencies</u>	<input type="checkbox"/> Patient Centered Care <input checked="" type="checkbox"/> Patient Safety <input type="checkbox"/> Quality Improvement <input checked="" type="checkbox"/> Teamwork and Collaboration		

EVIDENCE BASE / REFERENCES (APA Format)

Berg, R.A., Hemphill, R., Abella, B. S., Aufderheide, T. P., Cave, D. M., Hazinski, M. F., Lerner, E. B., Rea, T. D., Sayre, M. R., and Swor, R. A. (2010). 2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science. <i>Circulation</i> , 2010; 122, pp. s685-s705.

SECTION II: CURRICULUM INTEGRATION

A. SCENARIO LEARNING OBJECTIVES

Learning Outcomes
1. Recognize signs and symptoms of adult airway obstruction
2. Identify/initiate interventions for adult airway obstruction
3. Utilize behavioral skills that promote effective teamwork and collaboration
Specific Learning Objectives
1. Perform a focused assessment in the adult with an airway obstruction
2. Recognize choking/foreign body airway obstruction (FBAO)
3. Discuss AHA guidelines for treating FBAO
4. Recognize change in condition/unresponsiveness
5. Perform CPR according to AHA guidelines
6. Perform AHA recommended maneuvers to clear a FBAO
7. Call for help early
8. Identify a clear leader and have clearly defined roles
9. Demonstrate effective communication with interdisciplinary health care team members utilizing SBAR
10. Communicate with team members using SBAR and closed loop communication
Critical Learner Actions
1. Wash hands/ identify patient / introduces self (pt. safety & communication)
2. Focused respiratory assessment
3. Recognize emergency situation/choking
4. Call for help early – secondary RN and RRT
5. Attempt abdominal or chest thrusts when Heimlich maneuver is not possible
6. Recognize loss of consciousness
7. Initiate CPR
8. Notify MD and communicate using SBAR
9. Assist patient to the recovery position when object is dislodged and patient regains consciousness
10. Communicate therapeutically with patient and family throughout care

B. PRE-SCENARIO LEARNER ACTIVITIES

Prerequisite Competencies	
Knowledge	Skills/ Attitudes
<input type="checkbox"/> Focused respiratory assessment	<input type="checkbox"/> Communication to health care team members utilizing SBAR and closed loop communication
<input type="checkbox"/> Recognition of obstructed airway	<input type="checkbox"/> Pathophysiology / manifestations of foreign body airway obstruction
<input type="checkbox"/> Appropriate intervention for conscious vs unconscious victim with foreign body airway obstruction based on AHA guidelines	<input type="checkbox"/> Collaborative interventions for relief of foreign body airway obstruction in the adult
<input type="checkbox"/>	<input type="checkbox"/> Necessity of calling for help early

SECTION III: SCENARIO SCRIPT

A. Case summary

Salvador Sopra is a 30-year-old male admitted last night as a trauma patient. He sustained 4 right rib fractures after being hit by the soccer ball blocking a shot on goal. This is his second day in the Med/Surg unit for observation. He has no history of any medical problems. He is A&O x 3 but a bit sleepy. He has NS infusing at 50 cc/hr and O₂ at 2 L via n/c. His BP is 124/68 HR 72 Temp 98.2 and pulse oximetry is 97%. His lungs are clear but he has been coughing up some blood tinged sputum. He was medicated for right sided rib/chest pain at 2pm with Morphine 2mg IVP. It is now 7pm.

B. Key contextual details

He returned from chest CT this evening and missed his dinner tray. A late tray has arrived as the PM shift nurse receives report.

C. Scenario Cast

Patient/ Client	<input checked="" type="checkbox"/> High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Task trainer	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input type="checkbox"/> Standardized patient	
Role	Brief Descriptor (Optional)	Confederate/Actor (C/A) or Learner (L)
MD		C/A
CNA (optional)		C/A
Primary RN		L
Secondary RN		L
RRT/charge RN		C/A

D. Patient/Client Profile				
Last name:	Sopra		First name:	Salvador
Gender: male	Age: 30	Ht: 5,10"	Wt: 70kg	Code Status: Full
Spiritual Practice: Catholic		Ethnicity: Hispanic		Primary Language spoken: English
1. Past history				
Salvador Sopra is a 30-year-old male admitted last night as a trauma patient. He sustained 4 right rib fractures after being hit by the soccer ball blocking a shot on goal. This is his second day in the Med/Surg unit for observation. He has no history of any medical problems.				
Primary Medical Diagnosis		Bilateral rib fractures x4 with contusions		

2. Review of Systems	
CNS	A & O; speech clear
Cardiovascular	S ₁ S ₂ muffled; distal pulses palpable; skin warm / dry
Pulmonary	Lungs clear, diminished throughout; productive cough blood tinged sputum
Renal/Hepatic	WNL
Gastrointestinal	WNL
Endocrine	WNL
Heme/Coag	WNL
Musculoskeletal	Right rib fracture x4
Integument	Intact; no lesions
Developmental Hx	
Psychiatric Hx	
Social Hx	No ETOH or Drug use
Alternative/ Complementary Medicine Hx	NA

Medication allergies:	NKDA	Reaction:	
Food/other allergies:		Reaction:	

3. Current medications	Drug	Dose	Route	Frequency
	MVI	1 tab	PO	daily

4. Laboratory, Diagnostic Study Results - all labs WNL					
Na: 140	K: 4.2	Cl:	HCO ₃ :	BUN:	Cr:
Ca:	Mg:	Phos:	Glucose: 72	HgA1C:	
Hgb: 16	Hct: 45.8	Plt:	WBC:	ABO Blood Type:	
PT	PTT	INR	Troponin:	BNP:	
ABG-pH:	paO ₂ :	paCO ₂ :	HCO ₃ /BE:	SaO ₂ :	
VDRL:	GBS:	Herpes:	HIV:		
CXR:	ECG: SR				

E. Baseline Simulator/Standardized Patient State (This may vary from the baseline data provided to learners)			
1. Initial physical appearance			
Gender: male		Attire: patient gown	
<u>Alterations in appearance (moulage):</u> soccer ball on bedside table, earring in one ear.			
x	ID band present, accurate	ID band present, inaccurate	ID band absent or not applicable
	Allergy band present, accurate	Allergy band inaccurate	x Allergy band absent or N/A

2. Initial Vital Signs Monitor display in simulation action room:			
No monitor display		Monitor on, but no data displayed X	Monitor on, data displayed
BP: 124/68	HR: 80	RR: 16	T: 98.4 SpO ₂ : 98% 2L NC
CVP:	PAS:	PAD:	PCWP: CO:
AIRWAY:	ETCO ₂ :	FHR:	
Lungs: Sounds/mechanics	Left:	Right:	CLEAR B
Heart:	Sounds:		WNL
	ECG rhythm:		WNL, SR
	Other:		
Bowel sounds:	Normoactive		Other:

3. Initial Intravenous line set up						
	Saline lock #1	Site:			IV patent (Y/N)	
X	IV #1	Site:		Fluid type:	Initial rate:	IV patent (Y/N)
	Main	RA		NS	50ml/hr	
	Piggyback					
	IV #2	Site:		Fluid type:	Initial rate:	IV patent (Y/N)
	Main	RA				
	Piggyback					
4. Initial Non-invasive monitors set up						
x	NIBP			ECG First lead:		ECG Second lead:
x	Pulse oximeter	x		Temp monitor/type		Other:
5. Initial Hemodynamic monitors set up						
	A-line Site:			Catheter/tubing Patency (Y/N)	CVP Site:	PAC Site:
6. Other monitors/devices						
	Foley catheter		Amount:		Appearance of urine:	
	Epidural catheter			Infusion pump:		Pump settings:
						.
Environment, Equipment, Essential props						
1. Scenario setting: (example: patient room, home, ED, lobby)						
Med Surg patient room						

2. Equipment, supplies, monitors (In simulation action room or available in adjacent core storage rooms)						
x	Bedpan/ Urinal		Foley catheter kit		Straight cath. kit	x Incentive spirometer
	IV Infusion pump		Feeding pump		Pressure bag	Wall suction
	Nasogastric tube		ETT suction catheters		Oral suction catheters	Chest tube kit
	Defibrillator	x	Code Cart		12-lead ECG	Chest tube equip
	PCA infusion pump		Epidural infusion pump		Central line Insertion Kit	Dressing Δ equipment
x	IV fluid Type:	NS	IV fluid additives:		IV Piggy back	Blood product ABO Type: # of units:

3. Respiratory therapy equipment/devices							
x	Nasal cannula		Face tent	x	Simple Face Mask	x	Non re-breather mask
x	BVM/Ambu bag		Nebulizer tx kit		Flow meters (extra supply)		

4. Documentation and Order Forms							
x	Health Care Provider orders	x	Med Admin Record	x	H & P	x	Lab Results
x	Progress Notes	x	Graphic record		Anesthesia/PACU record		ED Record
	Medication reconciliation		Transfer orders		Standing (protocol) orders		ICU flow sheet
	Nurses' Notes	x	Dx test reports		Code Record		Prenatal record
	Actual medical record binder, constructed per institutional guidelines				Other Describe:		

5. Medications (to be available in sim action room)								
#	Medication	Dosage	Route		#	Medication	Dosage	Route
	MVI	1 tab	PO					
	Morphine	2mg/ml	IVP					
	Saline flushes	10ml	IV					

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario :

Salvador Sopra is a 30-year-old male admitted last night as a trauma patient. He sustained 4 right rib fractures after being hit by the soccer ball blocking a shot on goal. This is his second day in the Med/Surg unit for observation. He has no history of any medical problems. He is A&O x 3 but a bit sleepy.

He has NS infusing at 50 cc/hr and O₂ at 2 L via n/c. His BP is 124/68 HR 72 Temp 98.2 and pulse oximetry is 97%. His lungs are clear but he has been coughing up some blood tinged sputum. He was medicated for right sided rib/chest pain at 2pm with Morphine 2mg IVP (or PO depending on level of nursing student). It is now 7pm at shift change. He was at CT when dinner arrived so I ordered a late tray. It just arrived. (tray out of reach of patient)

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>1. Baseline</p> <p>When nurse asks about pain, simulator replies: "Yes, my right side hurts!"</p> <p>When asked, reports pain as 6/10 in right lateral chest. Requests pain medication.</p> <p>Alert, oriented and answers questions appropriately.</p> <p>Denies dyspnea.</p>	<p>Operator</p> <p>Initial VS: BP 124/68 HR 80 O₂ sats 96% on 2L NC HOB is ↑ 10 degrees</p> <p>Triggers: pt. request for pain med triggers nurse to check MAR / chart or EMR</p>	<p>Learner Actions</p> <ol style="list-style-type: none"> 1. Nurse washes hands 2. identifies patient by checking armband 3. Introduces self & role 4. Begins focused assessment 5. Elicits pain score 6. Raises HOB to 30 degrees 	<p>Debriefing Points:</p> <p>Patient safety:</p> <ul style="list-style-type: none"> <input type="checkbox"/> hand washing, <input type="checkbox"/> proper patient identification <p>Begin patient/nurse relationship</p> <ul style="list-style-type: none"> <input type="checkbox"/> Introduce of self <input type="checkbox"/> Update white board in room <input type="checkbox"/> Identify role <p>Focused assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Elements to include in rib fracture patient <input type="checkbox"/> Significance of blood tinged sputum in this patient <input type="checkbox"/> Rationale for HOB ↑

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>2. Patient requests dinner tray. States that he is “starving”.</p>	<p>Operator: Vital Signs remain unchanged.</p> <p>Triggers: After a few bites, pt starts coughing</p>	<p>Learner Actions:</p> <ol style="list-style-type: none"> 1. Nurse positions dinner tray in front of patient 2. Nurse leaves to get pain medication 	<p>Debriefing Points:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient safety <input type="checkbox"/> Perceptions of patient with pain level of 6/10 feeling hungry. <input type="checkbox"/> Pain assessment
STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>3. continues coughing</p>	<p>Operator:</p> <p>Monitor: HR ↑ to 120 with coughing</p> <p>Patient remains responsive, continues coughing</p> <p>Triggers: Patient becomes unconscious</p>	<p>Learner Actions:</p> <ol style="list-style-type: none"> 1. RN returns with pain med; notices patient coughing 2. “Mr. Sopra are you choking?” 3. Request help immediately 4. Gives SBAR report to secondary RN 5. Perform Abdominal thrusts 6. Recognize when patient becomes unconscious 7. Communicates with patient throughout care 8. Evaluate patient response to nursing interventions 	<p>Debriefing Points:</p> <ul style="list-style-type: none"> <input type="checkbox"/> AHA Guidelines for conscious vs. unconscious victims of FBAO <input type="checkbox"/> Rationale for continuous communication with patient during intervention

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>4.</p> <p>Patient unresponsive</p>	<p>Operator:</p> <p>Simulator remains with obstructed airway unable to ventilate.</p> <p>Monitor: O₂ sats ↓ to 70%;</p> <p>Patient stops breathing; set simulator to obstructed airway – unable to ventilate</p> <p>Triggers: After 2 minutes of CPR patient coughs up food</p>	<p>Learner Actions:</p> <ol style="list-style-type: none"> 1. Recognize emergency 2. Call code (push code button) 3. Delegate tasks to responding team members 4. ↓ HOB, insert backboard, attempt to ventilate 5. Chest compressions / CPR 	<p>Debriefing Points</p> <ul style="list-style-type: none"> ❑ Effective communication techniques – Team <i>STEPPS</i> ❑ CPR technique
STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>5.</p> <p>Patient has a weak cough MD/charge RN confederate enters room asks “who can tell me what happened Patient is awake; intermittently coughing</p>	<p>Operator</p> <p>Weak cough HR 100-110 after food is ‘coughed out’ O₂ sats ↑ to 94%</p>	<p>Learner Actions</p> <ol style="list-style-type: none"> 1. Reassess patient 2. ↑ HOB to at least 30° 3. Give report to MD or charge nurse using SBAR 4. Apply O₂ via simple face mask 	<p>Debriefing Points</p> <ul style="list-style-type: none"> ❑ Proper communication of events to MD/charge nurse using SBAR ❑ Anticipated nursing interventions after clearing obstruction ❑ Consider transfer to ICU
Scenario End Point: Primary RN gives SBAR report to MD or charge nurse			
Suggestions to <u>decrease</u> complexity: patient does not code. FB is dislodged with assist from RN			
Suggestions to <u>increase</u> complexity: patient is Spanish speaking only, hysterical family member at the bedside.			

APPENDIX B: Digital images of manikin and/or scenario milieu

Insert digital photo here

Insert digital photo here

Insert digital photo here

Insert digital photo here

APPENDIX C: DEBRIEFING GUIDE

General Debriefing Plan			
<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
Debriefing Materials			
<input type="checkbox"/> Debriefing Guide	<input type="checkbox"/> Objectives	<input type="checkbox"/> Debriefing Points	<input type="checkbox"/> QSEN
QSEN Competencies to consider for debriefing scenarios			
<input type="checkbox"/> Patient Centered Care	<input type="checkbox"/> Teamwork/Collaboration	<input type="checkbox"/> Evidence-based Practice	
<input type="checkbox"/> Safety	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Informatics	
Sample Questions for Debriefing			
<ol style="list-style-type: none"> 1. How did the experience of caring for this patient feel for you and the team? 2. Did you have the knowledge and skills to meet the learning objectives of the scenario? 3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience? 4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP? 5. How would you handle the scenario differently if you could? 6. In what ways did you check feel the need to check ACCURACY of the data you were given? 7. In what ways did you perform well? 8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members? 9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting? 10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome? 11. Discuss actual experiences with diverse patient populations. 12. Discuss roles and responsibilities during a crisis. 13. Discuss how current nursing practice continues to evolve in light of new evidence. 14. Consider potential safety risks and how to avoid them. 15. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support patient care. 			
Notes for future sessions:			