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 M Punnoose, MSN, RN-BC, CHSE, H Traxler, MSN, RN, CHSE, M Miller, MA, RN, CHSE, 4/2018 Heidi Traxler, MSN, RN, CHSE/ M Miller, MA, RN, CHSE

Estimated Scenario Time: 20 minutes Debriefing time: 40 minutes

Target group: pre-licensure nursing students

Core case: Fundamentals-Basic safety-use of PPE

Brief Summary of Case:

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 team members.

QSEN Competencies

- ❑ Patient Centered Care
- X Patient Safety
- ❑ Quality Improvement
- X Teamwork and Collaboration

EVIDENCE BASE / REFERENCES (APA Format)

Kleinman, M.E., Goldberger, Z.D., Rea, T., Swor, R.A., Bobrow B.J., Brennan E.E., Terry, M., Hemphill R., Gazmuri R.J., Hazinski, M.F., Travers, A.H. (2017). 2017 American Heart Association Focused Update on Adult Basic Life Support and Cardiopulmonary Resuscitation Quality: An Update on the AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2017;136:00-00. DOI: 10.1161/CIR.0000000000000539.

Dolansky M.A., Moore, S.M., (September 30, 2013) Quality and safety education for Nurses (QSEN) The Key is Systems Thinking. Online Journal of Issues in Nursing, 2013; Vol 18, No. 3, Manuscript 1.

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**
❑ Focused respiratory assessment	❑ Communication to health care team members utilizing SBAR and closed loop communication
❑ Recognition of obstructed airway	❑ Pathophysiology / manifestations of foreign body airway obstruction
❑ Appropriate intervention for conscious vs unconscious victim with foreign body airway obstruction based on AHA guidelines	❑ Collaborative interventions for relief of foreign body airway obstruction in the adult
❑	❑ Necessity of calling for help early

SECTION III: SCENARIO SCRIPT

A. Case summary
Salvador Sopra is a 30-year-old male admitted. 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 02_2 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	X High fidelity simulator	
	❑ Mid-level simulator	
	❑ Task trainer	
	❑ Hybrid (Blended simulator)	
	❑ Standardized patient	
Role	Brief Descriptor (Optional)	Standardized Participant(SP) or Learner (L)
MD		SP
Primary RN		L
Secondary RN		L
RRT/charge RN		SP
Observers		L

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. 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:	HCO3:	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:	paO2:	paCO2:	HCO3/BE:	SaO2:	
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

Alterations in appearance (moulage): soccer ball on bedside table, earing 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: RA		Fluid type: NS	Initial rate: 50ml/hr		IV patent (Y/N)
	Main						
	Piggyback						
	IV #2	Site:		Fluid type:	Initial rate:		IV patent (Y/N)
	Main						
	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					

HealthImpact
Optimizing health through nursing

California Simulation Alliance
a program of HealthImpact

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 0_2 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**		
1. Baseline When nurse asks about pain, simulator replies: "Yes, my right side hurts!" When asked, reports pain as 6/10 in right lateral chest. Requests pain medication. Alert, oriented and answers questions appropriately. Denies dyspnea.	**Operator** Initial VS: BP 124/68 HR 80 O_2 sats 96% on 2L NC HOB is ↑10 degrees **Triggers:** pt. request for pain med triggers nurse to check MAR / chart or EMR	**Learner Actions** 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	**Debriefing Points:** Patient safety: ❑ hand washing, ❑ proper patient identification Begin patient/nurse relationship ❑ Introduce of self ❑ Update white board in room ❑ Identify role Focused assessment ❑ Elements to include in rib fracture patient ❑ Significance of blood tinged sputum in this patient ❑ Rationale for HOB ↑

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
2. Patient requests dinner tray. States that he is "starving".	**Operator:** Vital Signs remain unchanged. **Triggers:** After a few bites, pt starts coughing	**Learner Actions:** 1. Nurse positions dinner tray in front of patient 2. Nurse leaves to get pain medication	**Debriefing Points:** ❑ Patient safety ❑ Perceptions of patient with pain level of 6/10 feeling hungry. ❑ Pain assessment
STATE / PATIENT STATUS	**DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE**		
3. continues coughing	**Operator:** Monitor: HR ↑ to 120 with coughing Patient remains responsive, continues coughing **Triggers:** Patient becomes unconscious	**Learner Actions:** 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	**Debriefing Points:** ❑ AHA Guidelines for conscious vs. unconscious victims of FBAO ❑ Rationale for continuous communication with patient during intervention

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
4. Patient unresponsive	**Operator:** Simulator remains with obstructed airway unable to ventilate Monitor: O_2 sats ↓ to 70%; Patient stops breathing; set simulator to obstructed airway – unable to ventilate No RR, no pulse **Triggers:** After 1.5 minutes of CPR patient coughs up food	**Learner Actions:** 1. Recognize emergency 2. Call code (push code button) 3. Delegate tasks to responding team members 4. ↓ HOB, insert backboard, apply AP pads/difibrillator on, attempt to ventilate 5. Chest compressions / CPR	**Debriefing Points** ❑ Effective communication techniques – Team *STEPPS* ❑ CPR technique
STATE / PATIENT STATUS	**DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE**		
5. Patient has a weak cough MD/charge RN confederate enters room asks "who can tell me what happened Patient is awake; intermittently coughing	**Operator** Weak cough HR 100-110 after food is 'coughed out' O_2 sats ↑ to 94% BP 110/60	**Learner Actions** 1. Reassess patient 2. ↑ HOB to at least 30°/recovery position 3. Give SBAR to Code blue RN or MD 4. Apply O_2 via simple face mask	**Debriefing Points** ❑ 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 A: HEALTH CARE PROVIDER ORDERS

Patient Name: Sopra, Salvador **DOB: 2/19/xxxx** **Age: 30** **MR#: 2007134**	**Diagnosis:** Bilateral rib fractures x4 with contusions

† No Known Allergies
† Allergies & Sensitivities

Date	Time	**HEALTH CARE PROVIDER ORDERS AND SIGNATURE**
		Morphine sulfate 2mg IV q4 hours PRN pain (or PO based on learner level)
		Protonix 40mg PO daily
		O2 2L via NC
		Regular Diet
		Activity as tolerated
		IS 10x/hour while awake
		Lovenox 30mg subcutaneous daily
		CBC, Chem 7 in a.m.
Signature		

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			
☐ Individual	☐ Group	☐ With Video	☐ Without Video
Debriefing Materials			
☐ Debriefing Guide	☐ Objectives	☐ Debriefing Points	☐ QSEN
QSEN Competencies to consider for debriefing scenarios			
☐ Patient Centered Care	☐ Teamwork/Collaboration	☐ Evidence-based Practice	
☐ Safety	☐ Quality Improvement	☐ Informatics	

Sample Questions for Debriefing

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: