

## SECTION I: SCENARIO OVERVIEW

<b>Scenario Title:</b>	CoVid-19, pneumonia	
Original Scenario Developer(s):	Marjorie Miller, MA, RN, CHSE; Deborah Bennett, PhD, RN, CHSE Anne Lucero, MSN, RN	
Date - original scenario – 3/26/20	Validation:	Pilot testing:
<u>Estimated Scenario Time</u> : 15 minutes	<u>Debriefing time</u> : 30 min	
<u>Target group</u> : Staff physicians, providers, nurses & respiratory therapists		
<u>Purpose</u> : Teamwork and Collaboration: assess & increase team preparedness for safely caring for a CoVid patient in acute care.		
<u>Core case</u> : 50 year old healthy male w/ acute respiratory symptoms (fever, high travel risk, + CoVid screen		
<u>Brief Summary of Case</u> : 50 year old healthy male admitted to acute care isolation on previous night following + CoVid-19 screening for fever, respiratory symptoms & increased travel risk. Patient will demonstrate signs & symptoms of respiratory deterioration during scenario. Interprofessional team expected to recognize & respond to acute deterioration, and manage patient following scope of practice, hospital, WHO guidelines. Scenario ends with hand-off report after patient receives high flow O2.		
<u>QSEN Competencies &amp; TeamSTEPPS Competencies (highlight)</u>		
<input type="checkbox"/> Patient Centered Care <input type="checkbox"/> Patient Safety <input type="checkbox"/> Teamwork and Collaboration <input type="checkbox"/> Evidence Based Practice <input type="checkbox"/> Informatics <input type="checkbox"/> Quality Improvement		

EVIDENCE BASE / REFERENCES (APA Format)
Agency protocols for PPE
WHO protocols for PPE
CDC Guidelines for PPE
Rapid Response Team Guidelines

## SECTION II: CURRICULUM INTEGRATION

### A. SCENARIO LEARNING OBJECTIVES

1. Elements of a focused respiratory assessment for patient positive for CoVid-19
2. Management of CoVid-19 patient to minimize risk of transmission to self and others
3. Principles of team communication utilizing Team STEPPS guidelines

#### Critical Learner Actions

1. Perform a focused assessment for a patient with CoVid-19
2. Mitigate personal risk by appropriate donning/doffing of PPE
3. Recognize and respond to deteriorating respiratory status; set priorities based on assessment
4. Communicate with interprofessional team using standard communication SBAR tool

### B. PRE-SCENARIO LEARNER ACTIVITIES

#### Prerequisite Competencies

Knowledge	Skills/ Attitudes
1. Focused assessment	1. Donning/Doffing PPE in CoVid-19 patient
2. Interprofessional team role allocation	2. Communication with deteriorating patient
3. SBAR communication tool	3. Mobilization of Rapid Response teams
4. Respiratory Isolation for CoVid-19	4. Assuring correct donning/doffing of team
5. Pathophysiology of respiratory failure	5. SBAR communication with RR team

## SECTION III: SCENARIO SCRIPT

### A. Case summary

See page 1 – patient deterioration and participant response

### B. Key contextual details

Setting: Acute Care; Respiratory Isolation; CoVid-19 Unit if available

### C. Scenario Cast

Patient	<input type="checkbox"/> High fidelity simulator	<input type="checkbox"/> Mid-level simulator	<input type="checkbox"/> Standardized Patient
	<input type="checkbox"/> Task trainer	<input type="checkbox"/> Hybrid (Blended simulator)	<input type="checkbox"/>
Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)	
Patient		Imbedded Participant	
Primary Nurse	does assessment communicates SBAR to provider	Learner	
Provider	Receives SBAR from nurse	Learner	
Respiratory Therapist	Performs respiratory care in role	Learner	

D. Patient/Client Profile					
Last name: Brown	First name: Thomas	Gender: M	Age: 50	Ht: 6'	Wt: 180
Spiritual Practice: unknown	Ethnicity: Caucasian	Language: English		Code Status: Full	
1. History, chief complaint, assessment data					
Patient began feeling unwell following return from a business trip to China. 2 day history of fever, cough and difficulty breathing. CoVid-19 screening positive.					
2. Assessment Data: Temp 101 degrees F., BP 145/78, HR 88, regular rhythm, R 22, O2 sats 95%					
<b>Respiratory:</b> short of breath, coughing, states "can't catch my breath".					
<b>Breath sounds:</b> bilateral expiratory crackles, diminished in bases					
<b>Cardiovascular:</b> no pedal edema, no calf tenderness					
Medication allergies:	None	Reaction:			
Food/other allergies:	None	Reaction:			
<b>Primary Medical Diagnosis</b>	CoVid-19, pneumonia				

3. current meds	Drug	Dose	Route	Frequency
		multivitamin	1	PO

4. Laboratory, Diagnostic Study Results (List significant labs,& diagnostic test results)
<b>Chest x-ray:</b> bilateral pneumonia
<b>Blood gases:</b> pending when ordered during scenario (pH 7.28, pCO2 32, pO2 52)
<b>Electrolytes:</b> Na 142, K 4.2, Glucose 150, Lactic Acid 4.8, Creat 1.0
<b>Hematology:</b> Hb 17, Hct 52%, Platelets 300

Sim Set-up card		
Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
<p><b>Scenario:</b> CoVid-19, pneumonia → respiratory failure</p> <p>Identifying Information (for identaband)            Name: Thomas Brown            DOB: 3/26/70            MR #: 123456</p> <p style="text-align: right;">Physician: Julia Cosgrove, MD</p> <p>Allergies: None noted</p> <p>Code status: Full</p>	<p>Patient sitting with HOB ↑ 45 °            Dressed in patient gown</p> <p>Brown grey wig, mustache, glasses            Pale skin, diaphoretic</p> <p>IV in left lower arm            1000 mL normal saline running at TKO rate</p> <p>Chart or electronic chart with updated chart forms, lab &amp; diagnostic reports</p>	<p>IV pump capable of programming ICU medications, tubings</p> <p>Physician telephone orders when called</p> <p>Extra PPE for team members for Rapid Response activation</p>

**CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES**

**Initiation of Scenario :** Begins with hand off report to oncoming shift

**S.** Thomas Brown is a 50 year old man admitted last night from ED to an isolation room for a positive corona virus exposure screen – fever, respiratory symptoms and high risk travel in last 2 weeks.

**B.** He returned from China 2 days ago. Yesterday he developed a sore throat, cough and fever and presented to the Emergency Department. He is normally fit and well, is a non-smoker and only takes a multivitamin daily.

**A.** Since his arrival, his vital signs have remained stable HR 88 bpm, BP 145/78, Sats 95% RA, temp 37.9 Breath sounds diminished with bilateral wheezes and slight crackles on the left. His last dose of acetaminophen was an hour ago. His appetite is poor, but fluid intake is 1200 mL/shift. He has an IV of NS running at keep open rate in left forearm. You have 750 mL credit

**R.** Thanks for taking over his care, he’s just due another set of vital signs now.

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<b>Baseline</b>	<b>Operator</b>	<b>Learner Actions</b>	<b>Debriefing Points:</b>
Lying in bed with HOB ↑45° coughing, rapid breathing and c/o shortness of breath  <i>Interrupted speech</i> “I just returned from a business trip in China and thought I had a case of ‘jet lag’, but I started to feel terrible a couple of days ago.”  “Now I can’t seem to catch my breath”.	EKG: 140 sinus tachy BP: 100/60 T. 100.6 F. RR: 22 sl. Labored O2 sats: 92% →90% trend Breath sounds: wheezes	1. Accurately don PPE 2. Perform focused assessment, including vital signs 3. Call for additional assistance 4. Recheck breath sounds with team member 5. Call for respiratory therapy assistance 6. Activate Rapid Response team	<input type="checkbox"/> Donning & doffing PPE <input type="checkbox"/> Recognition of deteriorating status; concerning changes in status since handoff report <input type="checkbox"/> Criteria for Rapid Response team activation <input type="checkbox"/> Role of RT
	<b>Triggers</b>		
	Rapid Response team activated		

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	Operator	Learner Actions:	Debriefing Points:
<p>Patient extremely anxious Giving one word answers to questions Leaning forward to breathe</p>	<p>EKG: 145 sinus tachy BP: 96/58 T. 100.6 F. RR: 28 Labored O2 sats: 87% →90% on non-rebreather mask Breath sounds: wheezes</p> <hr/> <p>Triggers:</p> <p>Team arrives O2 via NRB mask Continued deterioration</p>	<ol style="list-style-type: none"> <li>1. Rapid Response team arrives</li> <li>2. Primary nurse gives SBAR</li> <li>3. RR confirms lead role</li> <li>4. Allocates roles to team; Minimizes # of staff in room</li> <li>5. RT - Administer O2 by non-rebreather mask</li> <li>6. Primary nurse reassesses patient vital signs, breath sounds</li> <li>7. Rapid response calls for x-ray, EKG, labs</li> <li>8. ↑ IV rate to 150 mL</li> </ol>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Practice SBAR to Rapid Response team</li> <li><input type="checkbox"/> Progressive signs of deteriorating status</li> <li><input type="checkbox"/> Communication with patient to keep informed and allay anxiety</li> <li><input type="checkbox"/> Rationale for allocating roles &amp; decreasing # of people in room</li> <li><input type="checkbox"/> Rationale for increasing IV rate</li> </ul>

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 3	Operator:	Learner Actions:	Debriefing Points:
Patient increasingly agitated  Slightly disoriented & confused	EKG: 145 sinus tachy BP: 90/50 T. 100.6 F. RR: 32 Labored O2 sats: 87-89% on non-rebreather mask Breath sounds: wheezes	1. Reassure patient while working quickly 2. Reassess clinical assessment 3. Communicate with team about decision for rapid sequence intubation 4. Discussion about location of RSI procedure 5. Call for transfer to ICU 6. Prep for RSI (drugs, equipment, personnel)	<input type="checkbox"/> Practice reassuring patient while escalating treatment <input type="checkbox"/> Focus of continued reassessment <input type="checkbox"/> Factors involved in decision to perform RSI in room or wait until transfer to ICU
	<b>Triggers:</b>		
	Decision to perform RSI in acute care room		
Scenario End Point: Preparation for RSI in patient room			
Suggestions to <u>decrease</u> complexity: start with screening in ED, then transfer to acute care ward Suggestions to <u>increase</u> complexity: follow with RSI procedure, then transfer to ICU; follow case in ICU			
<b>Notes for future sessions:</b> suggest making this the core case for 3-4 unfolding scenarios, starting with patient in ED for screening, follow up on acute care unit and decision for RSI, then follow to ICU for critical care (ARDS), etc.			

**APPENDIX A: HEALTH CARE PROVIDER ORDERS**

<b>Patient Name:</b>  <b>DOB:</b>  <b>Age:</b>  <b>MR#:</b>	<b>Diagnosis:</b>   
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† No Known Allergies  
 † Allergies & Sensitivities

Date	Time	HEALTH CARE PROVIDER ORDERS AND SIGNATURE
<b>Signature</b>		