RSI Scenario 2

Aims

- Experience of the simulation environment
- Location of equipment
- Performing an RSI using the B@EASE checklist

Faculty Brief

Mrs Clarke is a 65 year old with known COPD

PMH – COPD –No previous hospital admissions, no home nebs or O2.

Medication - seretide

Allergies - Nil

She was admitted to ED two hours earlier with increased SOB and has had salbutamol and ipratropium nebulisers, prednisolone and an aminophylline infusion started. She has been given a dose of iv augmentin. NIV was attempted but she became agitated and did not tolerate it.

She is on 100% via a non-re-breathe mask with sats of 91%. She remains conscious but is visibly tiring and haemodynamically stable. Her ABG shows a pH 6.9, pCO2 8.4, pO2 6.

The candidate has been called to the ED by the respiratory registrar who feels the patient needs intubating. They took a history over the phone (as above) but as the candidate arrives the registrars crash bleep goes off and he runs off.

The patient will be intubated with little problems, a slight dip in $Sa0_2$ and a slight increase in HR and B/P during intubation. Capnography readings confirm placement.

The scenario ends when the patient in intubated and the tubes position is confirmed and secured in place

Remember the morning simulation is a straightforward RSI, the feedback should focus on practical issues rather than human factors.

Further information

A – Maintained

B – RR 30, SaO_2 91%, Oxygen at 15litres on non-rebreath, wide spread wheeze

C – HR 70 NSR. B/P 140/90. Iv access and art line present.

D – BM 5.2. PEARL. Patient responding to voice but pause evident before response

E – Nil of Note

SAMI

	Initial	During preoxygenation	During intubation	Once successful
SaO2	91%	95%	Slowly drop to 88%	98%
HR	70	70	90	80
B/P	140/90	140/90	110/70	110/70
CO2				5.5KPa

Student Brief

Mrs Clarke is a 65 year old with known COPD

PMH – COPD – one previous admission to hospital 2 years ago. No home nebs or O2.

Medication - seretide

Allergies - Nil

She was admitted to ED two hours earlier with increased SOB and has had salbutamol and ipratropium nebulisers, prednisolone and an aminophylline infusion started. She has been given a dose of iv augmentin. NIV was attempted but she became agitated and did not tolerate it.

She is on 100% via a non-re-breath mask and sats of 91%. She remains conscious but is visably tyring and haemoynamically stable. Her ABG shows a pH 6.9, pCO2 8.4, pO2 6.

You have been called to the ED by the respiratory registrar who feels the patient needs intubating. You took a history over the phone (as above) but as you arrive the registrars crash bleep goes off and he runs off.

Equipment

- Sim man with iv cannula and art line in situ
- Syringes
- Needles for drawing up
- Drugs or water/ N.saline (depending on the level of fidelity of the Sim man, access to drugs and local protocol)
- ETT x2
- Bougie
- Gel
- Suction
- 10ml syringe
- Scissors

SAMI

- Face mask
- Waters circuit
- Guedel airways
- Tie
- Monitoring, including capnography
- Copy of B@EASE checklist