

### RSI Scenario 3

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#### *Aims*

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

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Mr Davies is a 56-year-old male unknown overdose. Admitted with a GCS 5.

PMH – Nil known

Medication – Nil known

Allergies – Nil known

The patient has been intubated for 36 hours. The sedation was turned off at 3pm, its now 7pm. There have been no difficulties with ventilation.

The patient became agitated and pulled his ETT out. He is currently snoring loudly and then stops breathing. He does not respond to any stimulation.

The patient will be intubated with little problems, a slight dip in SaO<sub>2</sub> and a slight increase in HR and B/P during intubation. Capnography readings confirm placement.

The scenario ends when the patient is 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.

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#### *Further information*

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A – NOT Maintained

B – RR 5, SAO<sub>2</sub> 91%, OXYGEN AT 15LITRES/MINUTE ON NON-REBREATHE, CHEST CLEAR

C – HR 70 NSR. B/P 140/90. IV ACCESS AND ART LINE PRESENT.

D – BM 5.2. PEARL. PATIENT NOT RESPONDING TO VOICE OR PAIN.

E – NIL OF NOTE

SAMI

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

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*Student Brief*

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*Equipment*

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