

Anaphylaxis/local anaesthetic toxicity

	Name:	C James	Observa	ition at start		CRT:	2s	
	D.O.B.	23/07 (52Y)	RR:	Ve	entilated	Temp:	36.4	
	Address:	(Insert local address)	ETCO2:	3.	8	BM:	6.3	
			Sats:	92	%	Weight:	83Kg	
H	lospital ID:	445 952 5141	Heart Ra	i te: 11	0	Allergy	NKDA	
	Ward:	Orthopaedics	BP:	10	2/72			
		Background to scenario			-	oecific set up)	
, pa	itient under	going an ankle ORIF und	er GA and	Mannequ	uin, cannulo	ated		
opl	iteal block ł	has an episode of cardio	vascular	Ventilate	d on ETT			
nsta	bility (either anaphylaxis to skin prep by the		Anaesthe	tic chart a	nd remaining	g induction drugs		
urge	eon or local anaesthetic toxicity)			Surgical prep tray open				
				Anaphylaxis/LAST treatment available (out of sight				
	Requi	red embedded faculty/a	ictors		Requ	ired particip	ants	
۱nae	esthetist			Anaesthe	tic on call	team		
urge				(Theatre	staff/ODP in	n MDT sim)		
DDP	+/- theatre	staff						
			Past Medico					
		well controlled (salbutar				J admission		
		aesthetics, no airway con						
		IV general anaesthetic a	nd popliteal blo	ock by a tra	nee and tr	ansferred into	o theatre and se	
on th	ne ventilator			T				
		Drugs Home				rugs Hospital		
albu	utamol (rare	ely used)			mol and ib			
					drugs of cl			
					s as per loc	al protocol		
			Brief to par					
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Ου (are the on o			Direction		nce to theat	re X	
ου α	are the on o		Scenario D	Direction		nce to theat	re X	
	Intubated		Scenario D je 1, 0– 5 minute	Direction es (If anaph	ylaxis)			
A	Intubated As per ven	Stag tilator settings, ETCO2 3.8	Scenario D je 1, 0– 5 minute 5, high pressure c	Direction es (If anaph alarms, whe	ylaxis)			
\	Intubated As per ven HR 110 (inc	Stag tilator settings, ETCO2 3.8 crease to 135), BOP 102/7	Scenario D le 1, 0– 5 minute 6, high pressure c 2 (decrease to c	Direction es (If anaph alarms, whe 65/23)	ylaxis)			
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		Juge 0, 10-10 11				
AB	Intubated and ventilated, airway pressures normalis					
С	Cardiovascular parameters normalised					
DE	Anaesthetised with volatile/TIVA					
Rx	Discussions with MDT around proceeding with surger Discussion around investigations and ongoing mana Discussion around updating parents Discussion about escalating concerns/stop the line/o					
		Guide				
05/E Man publ Asso	mergency%20Treatm agement of severe lo ications/Guidelines// ciation of Anaesthet	anaphylaxis <u>https://www.resus</u> hent%20of%20Anaphylaxis%20N ocal anaesthetic toxicity <u>https:</u> Management-of-severe-local-c ists QRH handbook <u>https://ana gencies/Quick-Reference-Hang</u> Guidance for	<u>//a</u> //a ana ies db			
Ope	ning lines/questions/		R			
	esthetised cerns		A			
Cuio	lance for ODP role		G			
high picke scen Guid Expe Con	light symptoms/signs ed up or suggest con aario progress too lon lance for anaesthetic ectations/actions vinced of the wrong	k of alternative diagnoses, that might not have been rect diagnosis without letting g down the 'wrong' path c trainee in theatre diagnosis and act on this ternative diagnoses, be	lf h le S le			
oper	n to these	_				
_			A			
			C M S			
Sessi	ion Objectives					
Clini	Management of Anaphylax					
	-technical skills					
	nworking	Coordinating team activities, ex				
	management Planning, prioritising, following (
	tional awareness Gathering information, recogn					
Deci	sion making	Identifying options and balanci				
	us how you found this ous feedback (5 mins	simulation scenario resource.				



Critical Incidents

Stage 3, 10– 15 minutes Recovery / pressures normalised

ry – Ankle ORIF, planning for ongoing care agement – allergy testing/MHRA notification

debriefing after event

nes

org.uk/sites/default/files/2021-

ay%202021 0.pdf

anaesthetists.org/Home/Resources-

aesthetic-toxicity

sthetists.org/Home/Resources-publications/Safety-

oook atient Role

Relevant HPC / PMH

Actions

Guidance for theatre staff/surgeons

Conversing/noisy unless critical incident declared Competent in own role

If participants do not think of alternative diagnoses, highlight symptoms/signs that might not have been picked up or suggest correct diagnosis without letting scenario progress too long down the 'wrong' path

Guidance for senior anaesthetic support

Support in-person or via phone call depending on level of participants

Additional challenges

Confidence of ODP/other staff Noise levels in theatre Seniority of anaesthetist in theatre

etic toxicity

exchange of information with team, assertiveness guidelines, identifying and utilising resources ising and understanding critical incident

ing to make decisions, continuous re-evaluation

<u>/e/etz7yZf0aa</u>