

Cardiac Ischaemia (Under GA)

Critical Incidents

	Name:	J Lowe	Observat	tions at s	tart	CRT:	2s
	D.O.B.	31/01 (70 Y)	RR:		Vent setting	Temp:	36.8
	Address:	(Insert local address)	ETCO2:		4.5	BM:	9.6
		,	Sats:		97%	Weight:	110kg
Н	lospital ID:	779 241 4469	Heart rate	e:	110	Allergy	NKDA
	Ward:	General surgery	BP:		105/65	- 37	
		Background to scenario				pecific set up	
v pa		going an emergency ingu	inal hernia	Manne	equin, on ope		
•	pair (for a strangulated hernia) under a general				Intubated, Cannulated, fluids attached,		
		fers a STEMI during the ope		Draped for surgery			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. e.e e. e. e. e			thetic chart c	ınd medicati	on
							a (show as ECGs
					rformed durir		•
	Reaui	red embedded faculty/ac	tors			uired particip	
unio	unior anaesthetist			Anaest			
urge				ODP/su	urgeon/theat	re staff can b	e participants in
5 -				MDT sir			
			Past Medica	1			
ITN,	T2DM, IHD -	- 3 NSTEMIs in past 10 years				a year ago tr	eated with
	oplasty	. ,			•	. •	
_	•	Minimal alcohol. Poor exe	rcise tolerance	- due to	o joint pain		
		uinal hernia, multiple recei				truction.	
No ai	irway conc						
		Drugs Home				Drugs Hospita	
Rami	pril, Bisopro	lol, Atorvastatin, Aspirin, M	letformin,	Anaest	hetic induction	on and maint	enance of choice
		aracetamol, Naproxen, Tro	Antibio ¹	tics – as per l	ocal protoco		
			5 4 4 4				
unio	tive genera or anaesthe	esthetic on call team, you I surgery list, as their consultist: Patient history as above gaiven antibiotics and surger	have been as Itant has just ste e. Induction of	epped of anaesth	ut for a breal nesia was une	c eventful, grac	le 1 intubation.
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Consider/refer to cardiology for revascularisation, discussion re next steps and post op destination

	Guid	lelines				
Association of Anges	thetists QRH handbook Cardiac is					
		2 Cardiac ischaemia v2.pdf?ver=2019-08-23-113328-				
470						
	Guidance for Patient Role					
Opening lines/question	ons/cues/key responses	Relevant HPC / PMH				
Under GA						
Concerns		Actions				
Guidance for ODP rol		Guidance for Surgeon				
	ons/cues/responses/Concerns	Unaware of patient concern until declared				
	vas absolutely fine when we	Joint decision making to pause surgery or rapid				
started the operation		closure				
	r experienced similar incident, so	Closofe				
anxious about the po						
Actions	5 510911000					
	norphology looks different to					
beginning of surgery						
	g. ITU/Anaesthetic Senior	Guidance for cardiology (by phone)				
Expectations/actions		Would be a candidate for PCI, stabalise and transfer				
Support depending of	on level of participant	to cath lab – would you be able to anaesthetise if				
		they are unstable?				
		(prompting discussion about support for non-theatre				
		activity)				
		Additional challenges				
		Increasing cardiovascular instability/arrest				
Session Objectives						
Clinical Management of a patient with intra-operative cardiac ischaemia						
Non-technical skills						
Teamworking	vorking Coordinating activity of the team, exchanging information with different teams,					
		ising the team to complete tasks/manage patient,				
	support junior staff					
Task management		and preparing for next steps such as transfer, management in angio.				
	Following guidelines for man	nanaging IHD, identifying and utilising resources such as				

team members to complete various tasks, ensuring good communication such as

Gathering information – during patient assessment, recognising deteriorating

Identifying options, supporting MDT decision making, continuous re-evaluation

Tell us how you found this simulation scenario resource.
Give us feedback (5 mins) here: https://forms.office.com/e/etz7yZf0aa Or scan the QR code below:

closed loop communication techniques

patient, anticipating next steps



Situational awareness

Decision making