

High/Total spinal

	Name:	C Matthews	Observa	tion at start		CRT:	2s
	D.O.B.	18/09 (63Y)	RR:	18	•	Temp:	36.5
	Address:	(Insert local address)	ETCO2:	-		BM:	7.2
			Sats:	98% or	A N	Weight:	65Kg
H	ospital ID:	971 647 3258	Heart Ra	te: 60		Allergy	NKDA
	Ward:	Urology	BP:		90/45		
		Background to scenario				ific set up	
		spinal anaesthetic for a JJ		Mannequin or		d patient	
		eteric stone causing hydro o a high/total spinal requi	On theatre table Cannulated, IV fluids connected				
	citation/GA	÷	inig	Anaesthetic d			available
0000				Anaesthetic c			
	Requi	red embedded faculty/ac	tors			d participo	ants
'atie	nt			Anaesthetist			
DDP					eam/surg	eon – car	n be participants
urgi	cal/scrub te	eam		in MDT sim			
			Past Medico	al History			
	hypertensi						
		a 3 day history of loin to gr d for a JJ stent insertion. Th					
-		erns, no reflux, fasted	e palleni piele	ineu io nuve m	e procedi		spinal andesmen
		Drugs Home			Drug	s Hospital	
	dipine			Spinal anaesth	-		ice (slightly high
				dose)		93 01 010	
	· · · ·		Brief to part				
' OLI K		acad a spinal apaasthatic	for a patient u	ndorgoing a LL	stant inco	rtion for a	uratoria stopa
		aced a spinal anaesthetic ated, fluids are being infus					ureteric stone.
hey	are cannul	ated, fluids are being infus	sed, they have	just been transf			ureteric stone.
hey	are cannul		sed, they have	just been transf ient			ureteric stone.
hey	are cannul	ated, fluids are being infuseen asked to perform the v	sed, they have WHO stop mom Scenario D	just been transf ient	erred to th		ureteric stone.
hey	are cannul	ated, fluids are being infus een asked to perform the V Stage 1	sed, they have WHO stop mom Scenario D	just been transf nent irection	erred to th		ureteric stone.
hey ′ou h	are cannul nave just be	ated, fluids are being infus een asked to perform the Stage 1 d talking	sed, they have WHO stop mom Scenario D	just been transf nent irection	erred to th		ureteric stone.
hey 'ou h	are cannul nave just be Awake an	ated, fluids are being infus een asked to perform the Stage 1 d talking 98% on A	sed, they have WHO stop mom Scenario D	just been transf nent irection	erred to th		ureteric stone.
hey You h	are cannul nave just be Awake and RR 18, sats HR 60, BP 9	ated, fluids are being infus een asked to perform the Stage 1 d talking 98% on A	sed, they have WHO stop mom Scenario D	just been transf nent irection	erred to th		ureteric stone.
hey You h	Awake and RR 18, sats HR 60, BP 9 Feeling diz	ated, fluids are being infus een asked to perform the Stage 1 d talking 98% on A 10/45	sed, they have WHO stop mom Scenario D	just been transf nent irection	erred to th		ureteric stone.
hey íou h A B C DE	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured	ated, fluids are being infus een asked to perform the v Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p	sed, they have WHO stop mom Scenario D , 0– 5 minutes D	just been transf nent irection peteriorating pat	erred to th	neatre.	
hey íou h A B C DE	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including b	sed, they have WHO stop mom Scenario D , 0– 5 minutes D	just been transf nent irection peteriorating pat	erred to th	neatre.	
hey íou h A B C DE	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for he	ated, fluids are being infus een asked to perform the v Stage 1 d talking 98% on A 10/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl	sed, they have WHO stop mom Scenario D , 0– 5 minutes D oatient with hypothesis and the store of	just been transf nent irection eteriorating pat	erred to th	entials (LA	toxicity,
hey íou h A B C DE	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for he	ated, fluids are being infus een asked to perform the v Stage 1 d talking 98% on A 90/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including b p on – ABCDE (oxygen, fluid	sed, they have WHO stop mom Scenario D , 0– 5 minutes D patient with hyp lock check , vasopressor, th	just been transf nent irection peteriorating pat potension, consi reat bradycardi	erred to th ient ider differe	entials (LA	toxicity,
hey You h A B C DE Xx	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hei Resuscitati	ated, fluids are being infus een asked to perform the V Stage 1, d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including b p on – ABCDE (oxygen, fluid Stage 2, 5	sed, they have WHO stop mom Scenario D , 0– 5 minutes D patient with hyp lock check , vasopressor, th	just been transf nent irection eteriorating pat	erred to th ient ider differe	entials (LA	toxicity,
hey (ou r A B C DE Rx A	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including b p on – ABCDE (oxygen, fluid Stage 2, 5 t snoring	sed, they have WHO stop mom Scenario D , 0– 5 minutes D patient with hyp lock check , vasopressor, th	just been transf nent irection peteriorating pat potension, consi reat bradycardi	erred to th ient ider differe	entials (LA	toxicity,
hey for the formation of the formation o	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for he Resuscitati Intermitten Sats 92% o	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including b p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10	sed, they have WHO stop mom Scenario D , 0– 5 minutes D patient with hyp lock check , vasopressor, th	just been transf nent irection peteriorating pat potension, consi reat bradycardi	erred to th ient ider differe	entials (LA	toxicity,
hey (ou r A B C DE A A B C C	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for he Resuscitati Intermitten Sats 92% o HR 50 BP 80	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including b p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 D/38	sed, they have WHO stop mom Scenario D , 0– 5 minutes D oatient with hyp lock check , vasopressor, th –10 minutes Co	just been transf nent irection peteriorating pat potension, consi reat bradycardi ardiovascular co	erred to the	entials (LA	toxicity,
hey You P A B C DE A A B C DE DE DE DE DE DE DE DE	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred	sed, they have WHO stop mom Scenario D , 0– 5 minutes D oatient with hyp lock check , vasopressor, th –10 minutes Co	just been transf nent irection peteriorating pat potension, consi reat bradycardi ardiovascular co	erred to the	entials (LA	toxicity,
hey (ou r A 3 C DE Rx A 3 C DE	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for he Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 70/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 D/38 g GCS – drowsy with slurred grip bilaterally	sed, they have WHO stop mom Scenario D , 0- 5 minutes D oatient with hypothese lock check , vasopressor, the -10 minutes Co	just been transf nent irection peteriorating pat potension, consi reat bradycardi irdiovascular co	erred to the tient ider different a, patient ollapse y in breatt	entials (LA positionin hing and	toxicity, ng (head up tilt?) moving arms
hey (ou r A 3 C DE Rx A 3 C DE	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to Surgeons k	ated, fluids are being infus een asked to perform the V Stage 1, d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including b p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred grip bilaterally een to carry on (not unde	sed, they have WHO stop mom Scenario D , 0- 5 minutes D oatient with hypothese lock check , vasopressor, the -10 minutes Co	just been transf nent irection peteriorating pat potension, consi reat bradycardi irdiovascular co	erred to the tient ider different a, patient ollapse y in breatt	entials (LA positionin hing and	toxicity, ng (head up tilt?) moving arms
hey (ou r A 3 C DE Rx A 3 C DE	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to Surgeons k communic	ated, fluids are being infus een asked to perform the V Stage 1, d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred grip bilaterally een to carry on (not unde cated with)	sed, they have WHO stop mom Scenario D , 0- 5 minutes D oatient with hypothese lock check , vasopressor, the -10 minutes Co	just been transf nent irection peteriorating pat potension, consi reat bradycardi irdiovascular co	erred to the tient ider different a, patient ollapse y in breatt	entials (LA positionin hing and	toxicity, ng (head up tilt?) moving arms
hey four hey four hey	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to Surgeons k communic Block heig	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred grip bilaterally een to carry on (not unde cated with) ht T2/3 (if checked)	sed, they have WHO stop mom Scenario D , 0- 5 minutes D oatient with hypothese lock check , vasopressor, the -10 minutes Co d speech/distre	just been transforment irection peteriorating pate potension, consi reat bradycardi ardiovascular co	erred to the ient ider differe a, patient ollapse y in breath	entials (LA positionir hing and r	toxicity, ng (head up tilt?) moving arms
hey four hey four hey	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to Surgeons k communic Block heig Declaratio	ated, fluids are being infus een asked to perform the V Stage 1, d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred grip bilaterally een to carry on (not unde cated with)	sed, they have WHO stop mom Scenario D , 0- 5 minutes D patient with hyportic contracts patient contracts pati	just been transf nent irection peteriorating part potension, consi reat bradycardi ardiovascular co essed by difficult esthetic ongoing	erred to the	entials (LA positionin hing and r etic conc teams	toxicity, ng (head up tilt?) moving arms
hey four hey four hey	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to Surgeons k communic Block heig Declaratio Resuscitati	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred grip bilaterally een to carry on (not unde cated with) ht T2/3 (if checked) n of critical incident 'high,	sed, they have WHO stop mom Scenario D , 0- 5 minutes D patient with hyportic contracts patient contracts pati	just been transf nent irection peteriorating part potension, consi reat bradycardi ardiovascular co essed by difficult esthetic ongoing	erred to the	entials (LA positionin hing and r etic conc teams	toxicity, ng (head up tilt?) moving arms
hey four hey four hey	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to Surgeons k communic Block heig Declaratio Resuscitati Call for ap	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred grip bilaterally een to carry on (not unde cated with) ht T2/3 (if checked) n of critical incident 'high, on – simple airway manoe	sed, they have WHO stop mom Scenario D , 0- 5 minutes D patient with hyportic contracts patient contracts pati	just been transf nent irection peteriorating part potension, consi reat bradycardi ardiovascular co essed by difficult esthetic ongoing	erred to the	entials (LA positionin hing and r etic conc teams	toxicity, ng (head up tilt?) moving arms
hey four hey four hey	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to Surgeons k communic Block heig Declaratio Resuscitati Call for ap Communic	ated, fluids are being infus een asked to perform the V Stage 1 d talking 98% on A 20/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred grip bilaterally een to carry on (not unde cated with) ht T2/3 (if checked) n of critical incident 'high, on – simple airway manoe propriate help cates with patient n for GA – Scenario can e	sed, they have WHO stop mom Scenario D , 0- 5 minutes D patient with hyportical patient wit	just been transforment irection peteriorating part potension, consi reat bradycardi irdiovascular co essed by difficult esthetic ongoing ommunication venent of cardio duction drug is a	erred to the ient ider different a, patient ollapse y in breath g anaesthe with other vascular of	entials (LA positionin hing and r etic conc teams	toxicity, ng (head up tilt?) moving arms
hey four hey four hey	Awake and RR 18, sats HR 60, BP 9 Feeling diz Block heig Structured anaphylax Call for hel Resuscitati Intermitten Sats 92% o HR 50 BP 80 Fluctuating Unable to Surgeons k communic Block heig Declaratio Resuscitati Call for ap Communic	ated, fluids are being infuse een asked to perform the V Stage 1 d talking 98% on A 0/45 zy and nauseous ht C5/T1if tested approach to assessing a p is, high spinal) including bl p on – ABCDE (oxygen, fluid Stage 2, 5 it snoring n RA or oxygen. RR 10 0/38 g GCS – drowsy with slurred grip bilaterally een to carry on (not under cated with) ht T2/3 (if checked) n of critical incident 'high, on – simple airway manoe propriate help cates with patient	sed, they have WHO stop mom Scenario D , 0- 5 minutes D patient with hyportical patient wit	just been transforment irection peteriorating part potension, consi reat bradycardi irdiovascular co essed by difficult esthetic ongoing ommunication venent of cardio duction drug is a	erred to the ient ider different a, patient ollapse y in breath g anaesthe with other vascular of	entials (LA positionin hing and r etic conc teams	toxicity, ng (head up tilt?) moving arms

		Guide				
		ssociation – High Spinal Block ac.uk/ui/content/content.aspx Guidance for				
	Opening lines/questions/ Why do I feel so dizzy					
	Actions Distressed/anxious as scenario progresses and shows increasing signs of high spinal					
	Guidance for ODP role					
	Opening lines/questions/	cues/responses/Concerns te low, do you need to give hands in theatre?				
	Actions Depending on level of participant can suggest next steps, suggest additional staff or equipment that might be needed					
	Guidance for Role e.g. ITU/Anaesthetic Senior Expectations/actions Able to support by phone/in person depending on level of participant Support with decision making					
	Session Objectives					
	Clinical	Management of patient with I				
	Non-technical skills					
	Teamworking	Coordinating activities in eme information with MDT, assertive				
	Task management	Planning and preparing for fur using guidelines, identifying ar call for help, resuscitation				
	Situational awareness	Gathering information as patie				
	Decision making Identifying and balanci					

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:



Critical Incidents

Guidelines

(\$ID=60

Patient Role

Relevant HPC / PMH

Well controlled hypertension, otherwise active and well

Actions

Guidance for surgeon role

Keen to start surgery When directly communicated with/incident declared, support within capacity of surgical team

Guidance for theatre team role

Support in their capacity Call for help - but ensure specific team is specified by participant

Additional challenges

Degree of cardiovascular instability leading to arrest

high/total spinal

ergency (assessing and preparing for GA), exchanging eness in emergency, assessing capabilities of team urther deterioration/next steps, maintaining standards – nd utilising resources – using team to do tasks such as

ient deteriorates, anticipating changes Identifying and balancing cause for deteriorating patient, continuous re-evaluation