Name:	T Brown	**Observations at start**		**CRT:**	2s
D.O.B.	31/12 (28Y)	**RR:**	struggling	**Temp:**	36.5
Address:	(Insert local address)	**ETCO2:**	dropping	**BM:**	6.2
		Sats:	95%	**Weight:**	110Kg
Hospital ID:	441 364 9942	**Heart rate:**	110	**Allergy**	NKDA
Ward:	Surgical admissions unit	**BP:**	140/85		

Background to scenario	Specific set up
This scenario can be simulated with an adult or paediatric mannequin as either 1. Intra-operative laryngospasm 2. Post-operative laryngospasm in recovery	Mannequin on trolley Either in theatre or recovery area (Theatre – supraglottic airway and ventilator, used anaesthetic induction drugs, draped for surgery) Recovery – oxygen mask) Cannulated Anaesthetic chart
Required embedded faculty/actors	**Required participants**
Junior anaesthetist and surgeon (If in theatre) Recovery nurse (if in recovery)	Anaesthetist ODP

Past Medical History

Depression, otherwise well. Presented with pilonidal abscess
No previous anaesthetics, no airway concerns

Drugs Home	Drugs Hospital
Sertralline	Anaesthetic induction drugs

Brief to participants

Intra-op – you have been called to support a junior anaesthetist in emergency theatre.
Handover – 28 year old having an I&D of a pilonidal abscess. Induction was uneventful, a size 5 igel was inserted. Brought to theatre and surgery has just begun when patient started making odd airway noises, I have only just finished my novice period.
Post-op – you have been called to support a patient that has just been transferred to recovery.
They had an I&D of a pilonidal abscess under a GA (igel) which was uneventful. The igel has just been removed in recovery and the patient is making stridulous noises.

Scenario Direction

If in theatre

A	Stridor, (coughed as initial incision made)
B	RR high, Sats gradually drop to 85% unless treated, ETCO2 trace – obstructive, ↓ to 2.4
C	HR 110 and rising, BP 140/85 and rising (unless treated)
DE	At point of surgery starting anaesthetised with inhalational agent (MAC 0.9) Surgeon continues surgery unless Laryngospasm can be relieved by an appropriate manoeuvre/treatment at any point in the scenario
Rx	Identify cause of stridor, declare incident, call for appropriate help Follow QRH handbook stepwise approach to treating laryngospasm Discussion regarding continuation of surgery and strategy for extubation

In recovery

A	Stridor, patient semi awake
B	RR high, chest seesaw movements, sats drop to 85% unless treated
C	HR 110 and rising, BP 140/85 and rising
DE	Semi awake Laryngospasm can be relieved by an appropriate manoeuvre/treatment at any point in the scenario
Rx	Identify larungospasm, call for appropriate help including ODP Follow QRH handbook approach to treating laryngoscpasm Discussion regarding location and support for waking patient up

Guidelines

AoA QRH Handbook laryngospasm and Stridor https://anaesthetists.org/Portals/0/PDFs/QRH/QRH_3-6_Laryngospasm_and_stridor_v1.pdf?ver=2018-07-25-112714-407

Guidance for Patient Role	
Opening lines/questions/cues/key responses Semi-awake/not actively involved in scenario	
Guidance for ODP role	**Guidance for surgeon**
Actions Support as necessary depending on level of participant	Notices patient is coughing/moving toes as surgery is begun, unaware of anaesthetic issue until alerted
Guidance for Role e.g. ITU/Anaesthetic Senior	**Additional challenges**
Expectations/actions Support as necessary depending on level of participant	Patient's cannula has come out during the struggle, requiring consideration of IM suxamethonium

Session Objectives	
Clinical	Treatment of laryngospasm
Non-technical skills	
Teamworking	Coordinating activities of team (ODP/recovery team), exchanging information at handover, assessing capabilities of team and utilising these appropriately (eg: drawing drugs up in emergency)
Task management	Planning/preparing and anticipating next steps, following guidelines
Situational awareness	Gathering information on arrival to aid decision making, recognising critical incident
Decision making	Identifying treatment options and choosing appropriate options, continuous re-evaluation

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Or scan the QR code below:

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