

Name:	B Williams	Observations at start		CRT:	2s
D.O.B.:	18/10 (73 years)	RR:	16	Temp:	37.9
Address:	(Insert local address)	ETCO2:	4.6	BM:	5.5
		Sats:	98%	Weight:	79Kg
Hospital ID:	416 921 6275	Heart rate:	98	Allergy	NKDA
Ward:	ED	BP:	115/76		
Background to scenario		Specific set up			
A patient had a mechanical fall in their home sustaining an intra-cranial haemorrhage and 2 rib fractures. They have been intubated for neuroprotection and transfer. Expectation would be to prepare the patient for transfer according to AoA/local guidelines		Mannequin on trolley with monitoring Intubated and ventilated Cannulated, arterial line in situ, catheterised Sedation running Anaesthetic and emergency drugs, transfer equipment as per local policy available Notes/CT results available Space to simulate ED +/- ambulance			
Required embedded faculty/actors		Required participants			
ICU/ED doctor ODP/ICU nurse		Anaesthetist ODP/ICU nurse n MDT sim			
Past Medical History					
PMH: HTN, hypercholesterolaemia, otherwise independent and active Mechanical fall in their home earlier today, presented with new onset confusion and chest pain. On CT scan found to have 2 left sided rib fractures (uncomplicated, no pneumothorax) and an extradural haemorrhage. Neurosurgery have accepted the patient for surgical drainage. The patient had a fluctuating GCS and was intubated for neuroprotection/airway protection. They require transfer to the regional neurosurgical centre					
Drugs Home			Drugs Hospital		
Amlodipine Aspirin Atorvastatin			Anaesthetic induction drugs of choice Sedation with propofol infusion Vasopressor (metaraminol) infusion		
Brief to participants					
You are part of the on call anaesthetic team in a DGH (without neurosurgical facilities) Handover by ICU/ED: Patient history as above. Pupils pre intubation were reactive bilaterally. Please could you transfer this patient to the regional neurosurgical centre which is X distance away by ambulance. The theatre/neurosurgical/anaesthetic teams are aware of the patient, transfer directly to theatre in hospital X An ODP/ICU nurse is ready to transfer with you. The ambulance is 5 minutes away.					
Scenario Direction					
Stage 1 (Assessment and preparation)					
A	Intubated and ventilated				
B	As per ventilator settings (RR 18) ETCO2 4.6 sats 98% on FiO2 0.5				
C	HR 98 BP 115/76 On metaraminol inf 2mg/h				
DE	Sedated on propofol 1% 20ml/h (follow local protocols) Pupils equal and reactive bilaterally				
Rx	Effective handover from ICU/ED team Preparation of patient, drugs and equipment for transfer Ensure notes/imaging/investigation results are available Prep/check transfer trolley and transfer/secure patient on to this. Ensure neuroprotective strategies are in place. Follow AoA/local transfer guidance Ensure NOK informed Documentation/transfer checklists/communication plan as per local protocols Transfer and secure patient in ambulance. Scenario can end at this point or progress on to scenarios with other complications				
Guidelines					
Association of Anaesthetists Guideline for Safe transfer of the brain-injured patient: trauma and stroke, 2019 https://anaesthetists.org/Home/Resources-publications/Guidelines/Safe-transfer-of-the-brain-injured-patient-trauma-and-stroke-2019 FICM Guidance on the Transfer of the Critically Ill Adult https://ics.ac.uk/resource/transfer-critically-adult.html					

Guidance for Patient Role	
Opening lines/questions/cues/key responses	Relevant HPC / PMH
Intubated	
Concerns	Actions
Guidance for ODP/ICU nurse role	
Guidance for ICU/ED doctor	
Actions	Handover as above
Experience level dependent on level of participant	Support with equipment/drugs that participant isn't familiar with
If junior anaesthetist, experienced ODP/ICU nurse and vice versa	Have conversations with MDT/family if appropriate
Support with provision of drugs and equipment	
Support by prompting if critical equipment missing	
Guidance for Role e.g. ITU/Anaesthetic Senior	
Additional challenges	
Opening lines/questions/cues/responses/Concerns	
If inexperienced – have been transfer trained but first solo transfer, ask for guidance on what is needed	
Session Objectives	
Clinical	Inter-hospital transfer of brain injured patient
Non-technical skills	
Teamworking	Effective handover, coordinating activities necessary for preparation of patient for transfer, assessing capabilities of the team (ODP/ICU nurse) and supporting as appropriate
Task management	Planning and preparing for time critical transfer, using guidelines, identifying and utilising support and other resources available (including ensuring lines of communication available in case of emergency)
Situational awareness	Gathering information on arrival, awareness of potential pitfalls and risks and preparation for these
Decision making	Identifying and prioritising options for equipment, drugs and patient preparation (also considering local context), continuous re-evaluation