Intra-hospital Transfer – Accidental extubation

Name:	C Andrews	**Observations at start**		**CRT:**	2s
D.O.B.	12/02 (57 years)	**RR:**	16	**Temp:**	37.9
Address:	(Insert local address)	**ETCO2:**	4.6	**BM:**	5.5
		Sats:	98%	**Weight:**	79Kg
Hospital ID:	744 682 7462	**Heart rate:**	98	**Allergy**	NKDA
Ward:	ITU	**BP:**	115/76		

Background to scenario	Specific set up
A patient with an SAH was admitted to ITU for monitoring. They have dropped their GCS from 10 to 5, have been intubated and now need transfer for a CT. Expectation to prepare patient and equipment for transfer. There is an accidental extubation of the patient in the corridor	Mannequin on ITU bed with transfer monitoring Intubated and ventilated, Cannulated, arterial line/CVC inserted Sedation running Anaesthetic and emergency drugs, transfer equipment as per local policy available Space to simulate ICU and corridor
Required embedded faculty/actors	**Required participants**
ICU doctor (to handover) ODP/ICU nurse +/- porter	Anaesthetist ODP/ICU nurse in MDT sim

Past Medical History

Previously F&W
Last night, developed sudden onset headache which was found to be an SAH. GCS was 10 (E3V2M5) and admitted to ICU for monitoring, due for coiling of aneurism tomorrow. 1 hour ago, GCS dropped to 5 (E1V2M3). Intubated and ventilated by the ICU team. Neurosurgery have advised a repeat CT head.

Drugs Home	Drugs Hospital
Nil reg	Anaesthetic induction drugs of choice Sedation with propofol infusion Vasopressor (metaraminol) infusion

Brief to participants

You are asked to support ICU by transferring a patient for a CT head
Handover by ICU doctor. Patient history as above. Please could you transfer this patient for a CT head and back, the CT has been booked and they are ready. An ODP/ICU nurse is ready to transfer with you

Scenario Direction

Stage 1, 0– 5 minutes (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% 25ml/h (follow local protocols) Pupils equal and reactive bilaterally
Rx	Effective handover from ICU team Preparation of patient, drugs and equipment for transfer, ensure neuroprotective strategies used Ensure NOK informed Documentation/transfer checklists as per local protocols Leave ICU on transfer
Stage 2, 5–10 minutes (Accidental extubation on corridor)	
A	ETT pulled out, ventilator alarm
B	ETCO2 suddenly no trace, ventilator alarms, if undetected sats slowly drop
C	HR 105 BP 100/56
DE	Propofol 1% 25ml/h. Pupils equal and reactive
Rx	Systematic approach to assessment and recognition of extubation and need for re-intubation Effective communication of emergency to team Decision re location to perform re-intubation and communication Preparation of drugs and equipment Intubation – observations normalise after this Discussion and decision for next location – back to ICU or proceed to CT (support from senior clinician if needed)

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

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 doctor
Actions Experience level dependent on level of participant If junior anaesthetist, experienced ODP/ICU nurse and vice versa Support by prompting if critical equipment missing for transfer Support with diagnosis of extubation, provision of drugs and equipment and re-intubation	Handover as above Support with equipment/drugs that participant isn't familiar with Have conversations with MDT/family if appropriate
Opening lines/questions/cues/responses/Concerns If inexperienced – have been to CT but first solo transfer, ask for guidance on what is needed, appear distressed by extubation but not disruptive	
Guidance for Role e.g. ITU/Anaesthetic Senior	**Additional challenges**
Expectations/actions Level of supervision dependent on level of participant, support in person/by phone as appropriate	Power to pumps run out, drug infusion runs out (unless checked prior to departure)

Session Objectives	
Clinical	Intra-hospital transfer of brain injured patient Managing accidental extubation in non-theatre environment
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), on extubation – clear communication, calm systematic decision making and re-intubation
Situational awareness	Gathering information on arrival, awareness of potential pitfalls and risks and preparation for these, recognising and responding to extubation
Decision making	Identifying and prioritising options for equipment, drugs and patient preparation (also considering local context), decision making re location and next steps, continuous re-evaluation