

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. Tachycardia due to inadequate sedation during preparation. Scenario ends as team sets off for CT. This can be extended with other intra-hospital scenarios		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		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% 10ml/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				
Stage 2, 5–10 minutes (Tachycardia – insufficient sedation)					
A	Unchanged				
B	Unchanged				
C	HR 110 BP 155/98 on metaraminol 2mg/h				
DE	Propofol 1% 10ml/h. Pupils equal and reactive				
Rx	Systematic approach to assessment of tachycardia Differentials and treatment to exclude cause (in this case inadequate sedation) After stabilisation – set off for transfer This can be the end of the scenario, or continue with any of the other scenarios on intra-hospital transfer simulating accidental extubation or increased intracranial pressure				
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 Intubated Concerns	Relevant HPC / PMH 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 with provision of drugs and equipment Support by prompting if critical equipment missing	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 If tachycardia not noticed – point this out	
Guidance for Role e.g. ITU/Anaesthetic Senior	Other challenges that could be present
Expectations/actions Level of supervision dependent on level of participant, support in person/by phone as appropriate	Empty/half full oxygen tank Suction without the tubing
Session Objectives	
Clinical	Intra-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, recognising and responding to tachycardia, 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