Name:	D Quinn	**Observations at start**		**CRT:**	2s
D.O.B.	14/06 (65Y)	**RR:**	Ventilated	**Temp:**	37.0
Address:	(Insert local address)	**ETCO2:**	4.3	**BM:**	8.2
		Sats:	97%	**Weight:**	80Kg
Hospital ID:	495 286 3347	**Heart rate:**	110	**Allergy**	NKDA
Ward:	Admissions unit	**BP:**	130/74		

Background to scenario	Specific set up
Patient is undergoing resection of airway tumour under laser surgery and has airway fire Or surgical drape catches fire during any general surgical procedure	Mannequin on theatre table Intubated with laser safe ETT Cannulated with fluid running Anaesthetic chart and drugs Patient draped for surgery of your choice
Required embedded faculty/actors	**Required participants**
Junior anaesthetist Surgeon	Anaesthetist ODP/theatre staff as part of MDT sim

Past Medical History

HTN, hypercholesterolaemia. Smoker 10/day. Alcohol socially

Drugs Home	Drugs Hospital
Ramipril Atorvastatin	Induction drugs

Brief to participants

You are the on call anaesthetic team and have been called to theatre X
Junior anaesthetist handover – The consultant has just stepped out for coffee.
Patient is having airway tumour resection with laser surgery. Induction was uneventful, laser ETT has been inserted, anaesthetised with TIVA/inhalational anaesthetic, the surgeon has just said there was an airway fire

Scenario Direction

Stage 1, 0– 5 minutes Airway fire	
A	Intubated and ventilated
B	Sats 97%, FiO2 0.35
C	HR 110 BP 130/74
DE	Anaesthetised as per normal practice – TIVA or inhalational anaesthetic Surgeons communicated to anaesthetic team – airway fire, instruments just removed
Rx	MDT approach, call for help appropriately, declare critical incident Follow QRH handbook/guidelines for intra-operative fire Extinguish fire, stop laser/diathermy, remove burning material, flood area with 0.9% NaCl Consideration of ventilatory mechanism, anaesthetic technique Check/manage airway for damage Discuss ongoing management, follow up
Stage 2, 5–10 minutes Communication	
	The patient's family needs to be updated about events in theatre
Rx	Principles of communication, breaking bad news and Duty of Candour

Guidelines	
AoA QRH Handbook Patient Fire https://anaesthetists.org/Portals/0/PDFs/QRH/QRH_3-7_Patient_fire_v1.pdf?ver=2018-07-25-112714-097	
Guidance for Family Role	
Opening lines/questions/cues/key responses Where is my relative? What has happened! How did this happen?	Relevant HPC / PMH
Concerns What will happen now? Will they die? What are the long term complications?	Actions Very concerned (understandably) Escalated to angry if concerns not addressed
Guidance for ODP role	**Guidance for other roles**
Opening lines/questions/cues/responses/Concerns What is that burning smell!	
Actions Offer support depending on level of participants	
Guidance for Role e.g. ITU/Anaesthetic Senior	**Additional challenges**
Expectations/actions Support participants based on level	

Session Objectives	
Clinical	Management of patient fire
Non-technical skills	
Teamworking	Coordinating activities of the team, exchanging information with MDT, assessing capabilities and utilising team members appropriately
Task management	Planning and preparing for next steps, prioritising management tasks, following guidelines and protocols for airway fires
Situational awareness	Gathering information at handovers, recognising issues, anticipating next steps
Decision making	Identifying and balancing options for management, continuous re-evaluation

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