

<b>Name:</b>	Cassie/Casper Spenser	<b>Observation at start</b>	<b>CRT:</b>	3s	
<b>D.O.B.:</b>	01/06 (28 years)	<b>RR:</b>	18	<b>Temp:</b>	37.2
<b>Address:</b>	(Insert local address)	<b>ETCO2</b>	-	<b>BM:</b>	6.6
		<b>Sats:</b>	98% on Air	<b>Weight:</b>	80Kg
<b>Hospital ID:</b>	431 256 9942	<b>Heart Rate:</b>	105	<b>Allergy</b>	NKDA
<b>Ward:</b>	Surgical Admissions Unit	<b>BP:</b>	103/56		
<b>Background to scenario</b>		<b>Specific set up</b>			
Unanticipated difficult airway in a patient undergoing emergency laparoscopic appendicectomy		Intubatable mannequin Airway equipment and Induction drugs Anaesthetic machine/Mapleson C circuit Anaesthetic chart with pre-op assessment			
<b>Required embedded faculty/actors</b>		<b>Required participants</b>			
ODP		Anaesthetist ODP can also be participant			
<b>Past Medical History</b>					
Childhood asthma, otherwise well. Non-smoker, alcohol socially. Reflux, not treated medically. No previous anaesthetics, Last food >6h ago, last drink >2h ago Airway – MP II, Good mouth opening, normal neck and jaw movement, no loose teeth, thyromental distance >6cm					
<b>Drugs Home</b>			<b>Drugs Hospital</b>		
No regular medications			Antibiotics according to local protocol Paracetamol, ibuprofen		
<b>Brief to participants</b>					
You have been asked to takeover from the anaesthetist in the emergency theatre. Anaesthetist handover: Thank you for taking over this case, I have been called to help in obs. History as above. They are booked for a laparoscopic appendicectomy. I was going to do an RSI, the drugs are all drawn up, the WHO sign in has been carried out, you just need to get the patient off to sleep.					
<b>Scenario Direction</b>					
<b>Stage 1, 0– 5 minutes Induction</b>					
<b>A</b>	Talking, until drugs given				
<b>B</b>	Sats 98% on air, RR 16				
<b>C</b>	HR 105, BP 103/56				
<b>DE</b>	GCS 15 until drugs given				
<b>Rx</b>	Airway plan, role allocation, ensure drugs available, pre-oxygenate, induce				
<b>Stage 2, 5–10 minutes Difficulty airway</b>					
<b>A</b>	Airway attempts – simulated as mannequin allows, may need to tell participants what they can see Grade 3 view throughout				
<b>B</b>	Sats ↓ gradually to 70% depending on ventilation between attempts				
<b>C</b>	HR ↓ to 40 if not responding to hypoxia, BP ↓ 85/35 (but not main focus) HR ↑ 135 if anaesthesia not maintained, BP ↑ corresponding to HR				
<b>DE</b>	Anaesthetised – can simulate/tell participant patient is moving depending on drugs used				
<b>Rx</b>	Attempts to intubate (3+1) (with appropriate devices) → Call for help Optimise position, paralyse, external laryngeal manipulation, bougie, remove cricoid pressure Ensures anaesthesia maintained Move on to plan B, C or D – The simulation can be stopped at any of these points				
<b>Stage 3, 10– 15 minutes Resolution</b>					
<b>A</b>	Airway as managed above				
<b>B</b>	Sats resolve 100%				
<b>C</b>	HR 95, BP 110/55				
<b>DE</b>	GCS - depending on anaesthetised or woken up				
<b>Rx</b>	Stop and think, options for continuing □ wake patient up, intubate via SAD, proceed with surgery Decisions regarding post-op care (involve MDT) and follow up				
<b>Guidelines</b>					

DAS guidelines (Management of unanticipated difficult tracheal intubation in adults) <a href="https://das.uk.com/guidelines/das_intubation_guidelines">https://das.uk.com/guidelines/das_intubation_guidelines</a>	
<b>Guidance for Patient Role</b>	
Opening lines/questions/cues/key responses	Relevant HPC / PMH Childhood asthma, otherwise well
Concerns	Actions
<b>Guidance for ODP role</b>	
Opening lines/questions/cues/responses/Concerns Can anticipate and support difficult airway	
Actions Competent, can be as active as situation requires	
<b>Guidance for Role e.g. ITU/Anaesthetic Senior</b>	
Expectations/actions Support in person or by phone depending on situation/experience/confidence of participant	
<b>Guidance for other roles</b>	
<b>Guidance for other role</b>	
<b>Session Objectives</b>	
<b>Clinical</b>	RSI competency Following DAS guideline for unanticipated difficult airway FONA
<b>Non-technical skills</b>	
<b>Teamworking</b>	Coordinating, exchanging information, assertiveness if necessary
<b>Task management</b>	Planning, using standards
<b>Situational awareness</b>	Recognising and understanding difficult airway, anticipating
<b>Decision making</b>	Identifying options, balancing risks, continuous re-evaluation

**Tell us how you found this simulation scenario resource.**

Give us feedback (5 mins) here: <https://forms.office.com/e/etz7yf0aa>

Or scan the QR code below:

