HEALTHCARE SIMULATION LAB

SCENARIO INFORMATION FORM (SIF)

CARDIOPULMONARY RESUSCITATION (CPR)—NURSING

INSTRUCTOR REFERENCE GUIDE

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Before using this scenario, it is highly recommended that the educator consult with medical direction and/or a subject matter expert in their region. The procedures and protocols described in this scenario may not be appropriate for all healthcare systems and may require alteration to match procedures and protocols used in your area. Drug treatment recommendations and instructions were developed using information from New Mexico healthcare systems.

# SCENARIO NAME

CPR

# instructional program

Nursing

# Level

Nursing Level 3

# DATE OF LAST REVISION

June 30, 2016

# scenario Summary

This simulation is for Level 3 Nursing. In this simulation, learners will be asked to administer a medication to a patient. The patient will experience a sudden cardiac arrest within a minute after giving the medication.

Faculty—Please see the “Additional Set Up/Notes/Supplies/Equipment” section for additional information.

# LEARNING OBJECTIVES AND GOALS

At the successful completion of this simulated scenario, students will be able to:

* Demonstrate effective BLS CPR according to current standards.
* Demonstrate effective communication and teamwork with their partner.

Discuss (during debriefing) the situation surrounding the cardiac arrest, including if the medication caused the arrest.

# KEY TO ABBREVIATIONS AND ACRONYMS USED IN this SCENARIO

* AED: Automated External Defibrillator
* BLS: Basic Life Support
* BP: Blood Pressure
* BVM: Bag Valve Mask
* CPR: Cardiopulmonary Resuscitation
* HCTZ: Hydrochlorothiazide
* HR: Heart Rate
* HTN: Hypertension
* IM: Intramuscular
* MD: Medical Doctor
* MI: Myocardial Infarction
* ml: Milliliter
* NSR: Normal Sinus Rhythm
* O2: Oxygen
* PRN: Pro Re Nata (When Necessary)
* PT (Pt, pt): Patient
* RA: Room Air
* RR: Respiratory Rate
* S/Sx: Symptoms
* Sat: Saturation
* SPO2: Saturation Percentage of Oxygen
* VS: Vital Signs

# student briefing instructions and information

You are working on a hospital floor. The pt Mr./Ms. (blank) was admitted for pneumonia yesterday. The pt has been responding to treatments well. The pt still has some bilateral rhonchi. VS have been unremarkable the past 12 hours. The tech took a set and they are listed on the Pt Info Form that you will be given. The pt has been maintaining his/her O2 sat on room air for the past 12 hours.

The pt has been given his/her early a.m. medication by the night shift. There is a pending order for Rocephin that you need to administer.

# Recommended manikin for this scenario

High-Fidelity Adult

Example: SIMMAN 3G™

# LOCATION OF SCENARIO

Hospital

# equipment needed

* Virtual Monitor
* Phone

# supplies needed

* Rocephin (Concentration: 1gram/3ml) vial
* IM supplies
* Mock Injection pad for 3G
* BVM and O2 adjuncts in the pt room.
* AED in Med Room

# MOULAGE NEEDS

* Pt in gown and with ID band
* No pale face

# additional set up notes/supplies/equipment

Faculty: The Rocephin will not be the cause of the cardiac arrest. In this situation, the pt is experiencing a silent MI that is masked by the pneumonia. (Feeling weak) There will be no S/Sx of an allergic reaction to suggest that the pt went into arrest due to a reaction of the Rocephin. This simulation was written to allow for this discussion during debriefing.

# PATIENT INFORMATION

## Cardiopulmonary Resuscitation

Patient Name: (To Be Provided)

Gender: Male/Female

Age: 68

Date of Birth: Sept. 15, (Year)

# Patient Medication

* HCTZ
* Synthroid
* Ibuprofen PRN

# Patient Allergies

* Iodine

# Patient Past Medical History

* HTN
* Low Thyroid

# detailed manikin operator notes

Pt will stay in Initial State until after IM injection of Rocephin. Within one minute of injection, code pt by moving to State 2.

If desired by faculty, move to State 3 where pulses return. You will be unresponsive in State 2 and State 3.

# detailed manikin operator script information and guidelines

Cough infrequently. State you are getting better, but you still feel weak. State your cough is getting better. Otherwise you have no other complaints.

Optional: Mild complaints about the food. “How does anyone get better eating this food?”

# detailed actor or confederate information and script

MD available via phone.

No additional orders. MD may be asked to clarify orders.

# high-fidelity simulation; CARDIOPULMONARY RESUSCITATION

The grid below has five headings: (1) State, (2) Patient Vital Signs and Conditions, (3) State Modifiers, (4) Transitions, and (5) Notes. It is linear in nature, indicating that students will move from one state (or row) to the next, based on the transitions presented and the actions taken.

*Definitions:* ***Modifiers*** *are conditions where a small number of vital signs are changed in a state without moving to another state. For example, placing oxygen on the patient causes the respiratory rate to drop by 4 breaths per minute.* ***Transitions*** *are the conditions where the scenario moves from one state to another. The scenario may skip states depending on learner performance. For example, the scenario may move to State 2 if learners perform a correct intervention or move to State 3 if they do not perform (or incorrectly perform) an intervention.*

| **STATE** | **PATIENT VITAL SIGNS AND CONDITIONS** | **STATE MODIFIERS** | **TRANSITIONS** | **NOTES** |
| --- | --- | --- | --- | --- |
| 1: Initial Presentation. | HR: 90 NSR.BP: 110/72.RR: 18.SPO2: 94% RA. Lung Sounds: Rhonchi Lower Lobes, Clear Upper.  | None for State 1. | 10 to 60 seconds, after IM medication given, proceed to State 2, Code. | None for State 1. |
| 2: Code.  | HR: 0.BP: 0/0.RR: 0/0.SPO2: 85% RA.  | Good BVM and Compressions?YES: Increase SPO2 to 92%. NO: Make no changes. | Can end scenario from State 2. Optional: Proceed to State 3, Pulses Return. | None for State 2. |
| 3 Optional. Pulses Return. | HR: 50 Sinus Brady.BP: 80/30.RR: 0.SPO2: (Takes value from State 2—85% or 92%).  | None for State 3. | End scenario at faculty discretion. | None for State 3.END TABLE. |

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