

SIMULATION SCENARIO DEVELOPMENT TEMPLATE

Scenario name: Anaphylaxis
Submitted by: Sharon J. Wilson
Target audience: Undergrad Grad Other: Last quarter of clinical.
Goal/Purpose: Management of patient with anaphylactic reaction to IV antibiotic.

Lab Set-up

Patient simulator/Task trainer: static manikin; appendectomy wound; red splotches on neck & torso.
Patient characteristics: Male, 21 yo wearing biker bandana; difficulty breathing.
Vital parameters, beginning: BP 88/56, Pulse 110, RR 24, Pulse ox 96%
Environment/setting/location: Inpatient hospital room, surgical unit
Lab staff needed day of simulation: Voice of patient
Equipment, supplies & prop list: Hosp bed; IV set-up with IV solution & piggy-back Keflex;
crash cart, appendectomy JP drain & dressing; penicillin allergy arm band; SBAR, phone; NG tube;
syringes, needles; Injectable epinephrine, Benadryl vials; crash cart; reaction standing orders; BP cuff.

Learning Objectives

For a patient experiencing an allergic reaction, learner will be able to:

1. identify deteriorating status and need to call for assistance.
2. perform a physical assessment for a patient with difficulty breathing.
3. respond to family concerns using therapeutic communication strategies.
4. demonstrate appropriate patient management until Rapid Response or Code Team arrives.

Student Preparation

Pre-requisite knowledge/activities:

1. Knowledge of signs and symptoms of patient with medication reaction.
2. Able to perform CPR.
3. Knowledge of medications and dosages used in anaphylaxis.
4. able to draw-up medications from vial or assemble an auto-injector for administration.
5. Understand pathophysiology of anaphylaxis.

Clinical Case Information

Case description/Patient history (HPI, PMH, Social Hx, FH):

21 year old male (female) admitted yesterday through the ER with abd pain. Taken to OR for ruptured appendix and appendectomy. Admitted to surgical floor at 2 am. 3rd shift nurse reports patient resting well. VS stable and temp 99.6F. IV d5W @ KVO and second IV piggyback Keflex being infused over 20 min. NC tube in place due to mild nausea. Has not urinated. Using PCA for pain control. Sterile dressing RLQ and JP drainage 20 cc last shift. Due for dressing change this shift. Family in room and very anxious about patient status.

Medications and Allergies (MAR):

Allergies: penicillin (rash)
No routine meds.

Actor Roles and Behavior Overview

Actor/Role – Brief overview of behavior during scenario

Nursing student	Listen to report and assess patient at beginning of shift.
Nursing instructor	Available for assisting student as needed.
1st shift nurse	Receives report from 3rd shift nurse.
3rd shift nurse	Give report at change of shift.
Family	Anxious about loved ones status, asks lots of questions about what is happening.

Scenario Events and Expected Actions

Events in chronological order – Expected actions

1. 3rd shift nurse gives report to 1st shift nurse. Uneventful night, receiving IV antibiotic.
2. Student goes in and assess patient. Notices difficulty breathing, red splotches on skin.
3. Student notifies nurse and nursing instructor. Reports patient status & seeks assistance.
4. Family wants to know what is wrong. Student responds to family concerns.
5. Decision made to manage reaction. IV antibiotic turned off, epinephrine & Benadryl given per standing orders. Crash cart brought in. Rapid response team called.
6. Physician called. SBAR used to make phone call to notify of reaction.
7. Physician response and orders. Asks if IV stopped, epinephrine & Benadryl given. Phone orders--Continue to monitor respiratory status. Will come to assess in a few hours.

Debriefing Points

- What went well?
- What will you do differently next time?
- What protocol was used to make decisions about care.

References

Evidenced-based practice guidelines, protocols or algorithms used in creating scenario:

UpToDate accessed 06/05/2010: Anaphylaxis: Rapid recognition and treatment; Authors F. Estelle R. Simons, MD, FRCPC; Carlos A Camargo, Jr. MD, DrPH

Key Words:

Anaphylaxis; Graduate-adv; Adult; Inpatient; Clinical reasoning; static manikin; Teamwork