|  |  |
| --- | --- |
| **Learning Objectives:** By the end of the debriefing the participants should be able to:  Competencies (Knowledge, Skills, Attitudes, and Judgment):   * Recognize respiratory destress & oxygen desaturation * Complete focused assessment. Demonstrate systematic approach to assessment   + Demonstrate airway assessment troubleshooting airway patency and correct placement.   + Demonstrate Respiratory assessment   + Apply supplemental O2   + Demonstrate suctioning   + Early activation of resources: MD, ICU, Anesthesia.   Crisis Resource Management:   * Early intervention: call for help early * Communicate situation to interdisciplinary team and physician using SBAR | |
| **Required personnel:**   * + Facilitators   + SRTs | Who are my learners?   * + Student Respiratory Therapists |
| **Additional notes regarding pre-brief:**   * Use all equipment as if it were real * Voice out thought process – * Clarify vitals & assessment if unclear.   **Patient Description:** Name: Jim Age: 38 Male Previously healthy.  ***Hx of current condition***:  MVA: Patient intubated in the field by EHS secondary to hypoxia and brought to the hospital. During the MVA, the patient sustain the following injuries:   * Sternal and rib fractures * Minor concussion * Femur fracture   Patient has been in the ICU for 8 days. Patient remains intubated secondary to requiring more OR’s. | Case Briefing:   * It is 2pm and the RN calls you because your patient has been intermittently desating and requiring 100% O2. The RN states that she is unsure if she is suctioning appropriately as she is not getting much up.  When you arrive, you notice that the patient’s SpO2 is 87% on 40% O2 and the “High Ppeak” alarm is alarming on the ventilator.   *Diagnosis*:  Pneumonia. |

| **Vital Signs /**  **Scenario Transitions** | **Patient Status** | **Effective Management** | **Modifiers / Triggers** |
| --- | --- | --- | --- |
| **Phase 1: Initial Assessment** | | | |
| The patient has   |  |  | | --- | --- | | HR | (68) 95 | | BP | (112/78) 110/75 | | RR  Vt | 24bpm  150-250 mls | | SpO2 | (95%) 88% on 40% O2. | | Temp | 36.8 C |   *Neuro* – Awake, alert, appropriate. Pupils equal and reactive. He just received pain meds for his fractures.  *Resp* – Patient nods to feeling short of breath. Tracheal tug, nasal flaring present. O/A decreased air entry to left upper lung fields. Absent to mid & lower lung fields. New onset of chest pain.  *CVS –* sinus rhythm.  *GI –* Temporarily on enteral feed. Tolerating feeds well. Last BM 1 day ago.  *GU* – Foley insitu. U/O= 60-100 mls/hr | | * + 1. Recognize respiratory distress   - Perform a set of vitals & focused assessment (obtain baseline & identify potential problems based on history & diagnosis.)  - Auscultate lungs. & Head to toe assessment  - Perform OETT assessment  - Safety equipment checks   * + 1. Identify need to increase        - Delegate tasks        - Communicate respiratory status & desaturation, assessment findings and interventions done & result to RT.     2. Notify doctor        - Communicate respiratory status & desaturation, assessment findings and interventions done & result to MD.     3. Provide comfort to patient     4. Document vitals     5. Increase frequency of assessment. | Rule out / possible reasons respiratory distress:   * + - Mechanical obstruction: mucus plug (would hear crackles, attempt suction)     - Ventilation – collapsed lung from pathology process or procedure 🡪 auscultation. Monitor chest expansion: air entry, compromised respiratory muscle function 🡪 uneven chest movement     - Lung compliance (history of lung disease?)     - Oxygenation- inadequate perfusion?     - Hemoglobin level (check lab work)     - Circulatory volume?   + Aspiration?   + Trouble shoot for related OETT problems:     - Mechanical Obstruction: mucus, dislodged OETT (right main stem), pneumothorax.     - Tubing disconnection? Oxygen source.   Modifier:  O2 decrease gradually to 80% during assessment. 🡪 Improve to 85% with application of oxygen. |