

## MD2 Simulation Sessions

### Post operative tachycardia

#### 1. Purpose of session

The purpose of this session is to expose students to common post operative management issue

#### 2. Define the audience

The audience will be 6 Semester MD2 students who are on a surgical rotation

#### 3. Define the time available

There will be one 1 hour session during which time the students will work as a team to manage the patient

#### 4. Outline the session

1. Students will work as a team during a Pause and Discuss style of simulation using a powerpoint presentation of a clinical reasoning flowchart. In turn, each student will have an active role in managing the patient to get to a diagnosis and management plan

Key points – Sinus Tachy – common and uncommon causes

#### 5. Learning Objectives

By the end of the sessions, students will:

Have practiced managing a patient using a structured approach to postoperative care

Be able to describe the differential diagnoses for Postoperative tachycardia

#### 6. Specific equipment required

Male mannequin

Wig

Wrist tag

History

IV

Drain tube

IDC

This project was possible due to funding made available by Health Workforce Australia

This case is a 68yo post op patient with a straightforward compensatory sinus tachycardia due to dehydration. Nothing untoward happens and the students need to work their way through a list of differentials. From a Clinical Reasoning perspective, the HoPC has shifted from OA – L)THR to post op tachycardia. By shifting the HoPC to this newer complaint, the same clinical reasoning framework can be used. There will be some initial stabilisation with oxygen and fluids, then a systematic approach.

Rod Jones is a 68 yo male who is 6 hours post THR who has developed tachycardia and sl hypotension

He is reclining in bed at 30 degrees as per the THR policy and is slightly pale but not too unwell. He has an IV running NSaline 8/24 in his L cubital fossa, 2 redivac drains containing a total of 450mls, and an IDC with 50mls concentrated urine.

Vital signs (console) – these can go up and down by 5% now and then

HR 110

BP 110/75 – normally about 140

RR 18

T 38.2

Sat 96% - comes up to 98% on O2

Rod is alert, feels ok, but can tell that his heart is racing.

He is complaining of a dry mouth, but doesn't have any pain.

He has vomited twice post op and has had metaclopramide.

He doesn't volunteer any info except that he is still a bit drowsy from his anaesthetic with a dry mouth.

A Allergies: nil

M Meds: Coversyl plus / Lipitor / metformin

PH: Type 2 diabetes, OA

Lifestyle: retired, unable to play golf due to hip OA

Students should take a basic history, then do a targeted physical exam

Ddx should include:

Pain/anxiety (has no pain)

Hypovolaemia (dehydration +/- bleeding)

Hypoxia

LV failure

Fever / infection

Hyperthyroidism

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Anaemia  
Sympathomimetic drugs  
Anaphylaxis  
Blood reaction (2 U in OR)

Once they give him a fluid challenge his HR comes down to 90 and BP up to 120/R with no extra in the drain tube.

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