**Session Plan – Simulated Education**

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| **Name of Session:**  Bariatric Arrest | | **12th October, 2012** | |
| **Facilitator: Meg Watson**  **Medical advisor: Dr James Muir** | | **Duration: 2-4pm** | |
| **Venue:** Clinical Skills Room,  Education Centre - WDHS | | **Target Audience:**  Students in nursing, medicine and paramedicine but session open to all staff. | |
| **Expected Outcomes:**  **All staff will have a greater understanding of the difficulties in providing emergency care to the bariatric patient.**  **All staff will have a greater understanding of equipment available to use in this category of patient**  **All staff will know where to access information in regard to the weight capacity of equipment available within WDHS.** | | | |
| **Time Frame** | **Content** | | **Resources** |
| 1400-1415 | Introduction by Facilitator, explanation of how session will run.  Introduction of Supervisor – Dr James Muir who will provide medical input.  Simulated session with input from ‘volunteers’  for approx. 45 minutes  Debrief session after that – 60 mins duration, with input from supervisor and facilitator.  Opportunity for staff to ‘play’ and practise with equipment at end  Evaluation forms to be filled out at end of session please  Brief run-down of what is classed as a Bariatric Patient > 150kgs,  How to work out Body Mass Index (pls refer to resource pack collected on arrival)  Where to access information on what equipment is available for bariatric patients. Intranet>Nursing>No Lift  Ask for 2 nurse and 2 medical volunteers to be the staff accepting the patient that is going to present to the ED that day | | learning materials – attached.  Clinical Skills Room  Lap top computer  Projector capabilities For PPP |
| 1415-1500 | Simulation Session starts  Facilitator to start simulated session by narrating:  RAV calls enroute to Hospital  Pt ; John approx. 200kgs (last weighed at GPs 3 months ago) 43 yo male  Recently moved to Hamilton to be closer to family, currently between jobs. Partner states he has depression and has spent the last few weeks in bed, only getting up to shower occasionally and watch TV on the couch.  Partner rang RAV when he was getting short of breath and sort of ‘not there’ sometimes – going blank and not responding to her. When RAV arrived, he was unable to walk requiring the assistance of the police and fire brigade to assist him on the ambulance trolley  His observations: BP 180/100 P – Sinus tachy  sPo2 90% on RA, RR 38 at rest. GCS=12/13.  IV Access unable to be obtained at the scene.  OA to ED  - sweaty/diaphoretic  -able to answer questions in short word sentences  BP – 180/110 (no pain)  -RR 38, ?unable to auscultate breath sounds  sP02 – 88-90% on Venturi Mask of 30%  P – 130, sinus tachy with some VE’s  Suddenly John goes quiet and still – still appears to have a heart rhythm but it is slowing, no palpable carotid pulse, unresponsive   * What next? * PEA   Pt goes into ventricular fibrillation   * DC shock | | Large Manikin  Difficult intubation trolley  ED Trolley(spare from basement)  BIG Gun  ZOLL defibrillator  2 nurses  2 RMOs  RAV student to ‘handover’ patient to ED staff |

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| 1500-1600 | Debrief of session, input of Dr Muir  What went well, what didn’t?  Any issues?   * Looking from input from participants * Looking for input from observers   If no questions asked, facilitator to start by going over the session and asking about the initial assessment of the patient, did it follow the DRSABC format?  Remind everyone that they can come up and ‘play with the equipment’, now is the time to practise using the emergency equipment.  Reminder to fill our Evaluation forms | Box for evaluation forms |
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