**FACILITATOR SUMMARY**

**SEIZURE SCENARIO**

**CURRICULUM GOALS**

The educational goal for this simulation is for teams to apply a structured approach to assess and manage deteriorating patients and use existing algorithms to escalate care.

The systems goals for this simulation are to assess and improve policies, procedures and guidelines related to office preparedness for emergent situations.

**LEARNING OBJECTIVES**

After this session, the participants will be able to:

 (1) Assess a deteriorating patient using a structured approach (ABCDE, SAMPLE History)

 (2) Implement initial management of a pediatric patient experiencing a seizure (to include use of office equipment, resources, and policies and procedures)

 (3) Implement escalation measures for a pediatric patient experiencing a prolonged seizure (to include accessing Emergency Medical Services (EMS))

 (4)Apply communication strategies to ensure safety in a high risk situation (SBAR,

 Closed loop communication)

**SCENARIO OVERVIEW**

A 5yo boy presents with his caregiver to the clinic for a sick visit. While waiting in the waiting room the child begins to seize and the caregiver calls out for assistance. Office staff calls for help, and it is determined that the patient is having a generalized tonic/clonic seizure. The role of the nurse includes: assessing the patient, to call for the provider, give a situational briefing, and ensure the patient’s safety. The provider will then apply a structured method for initial data gathering (eg: SAMPLE History and ABCDE Physical) and initiate treatment.

After delivering initial care to the seizing patient, to include positioning, oxygen via NC, facemask or NRB, pulse ox, and suction, the team will escalate to second line therapies (medications if available), and call 911. Upon arrival of EMS a situational briefing in SBAR format by the provider or nurse will ensue.

**SCENARIO LOGISTICS**

**Initial information to provide:**

* The nurse and nurse observers will begin the scenario outside the waiting room.
* The provider/provider observers will begin the scenario outside of the waiting room.
* The simulation team will be in the waiting room with the manikin sitting in a chair. One member of the simulation team is to serve as an embedded participant (EP) and play the part of the parent.

**Start/End of scenario:**

The scenario begins with the child and caregiver in the waiting room and ends with the arrival of EMS transport.

**Timing:**

5 min Orientation

10 min Asthma Scenario

15 min Debriefing

10 min Seizure Scenario

15 min Debriefing

5 min Evaluations

**Please Note:** During the 7-10 minute scenario, EMS will **NOT** arrive if/when called until end of scenario.

**ESSENTIAL ORIENTATION COMPONENTS**

The following are always essential elements of orientations:

1. **Learning climate**
	1. **Safe environment** – this is the place to make mistakes and try out ways of doing things
	2. **“Mistakes” expected**
	3. **Confidential**
	4. **No judgement**, no grading, no notes, no scores. This is for you to practice.
	5. **Basic Assumptions** – We are all well trained with good intentions. We are all good clinicians.
2. **Learning Goals/ Expectations**

Please share **educational and system goals** noted above. Do not share objectives until the debriefing.

1. **Immersion and participation**
	1. **Fiction contract/ suspend disbelief** - Particularly important to remind participants that the only thing simulated in this scenario is the manikin. They are in their home environment so nothing else is “pretend”.
	2. **Identify resources** – Participants to follow protocol to call whomever would normally be called
	3. **Receive information** (including physical exam) only by doing what you normally would to obtain that information.
	4. **Clarify roles** – no one should “play” any role. They all are their own role. Additional participants can be provided observer roles (i.e. What did you observe about their initial assessment? Communication– closed loop, SBAR, repeat back? Etc.)
	5. **Link to real life.** Why is this scenario/ curriculum important? Link to real life. These scenarios were taken from events that routinely occur in primary care outpatient clinics. Providers, medical assistants, nurses and frontline clinical staff are expected to lead the initial assessments and implement initial management while using their resources.

### SCENARIO PROGRESSION

### All information provided by facilitator only if participants perform the actions required to obtain it in real life

| **SEGMENT/ TIMING** | **Manikin** | **PARTICIPANT ACTIONS** |
| --- | --- | --- |
| **INITIAL ASSESSMENT**5 MINUTES | **VITAL SIGNS**T 37.2HR 120RR 16BP 98/62SpO2 97% RA**PHYSICAL EXAM** Patient unresponsive, pupils reactiveTonic/clonic movement of all extremities notedClear and equal breath soundsCapillary refill 2 secondsMucus membranes pink, warm and dry | **ASSESSMENT*** Check consciousness/ breathing/ color (PALS) or pediatric assessment triangle
* Primary assessment (ABCDE): See PE
* Provide safe environment
* Obtain SAMPLE History:

-SIGNS/SX: c/o not feeling well, tired, no appetite-ALLERGIES: NKDA-Meds: none-PMH: Not feeling well last night and this am, not acting himself-LAST MEAL: Ate very little breakfast-EVENTS: Patient not feeling well last night, and again this am, general malaise, kept home from daycare.* Secondary assessment/ head-to-toe exam

**INTERVENTIONS:*** RN or MA calls MD and conveys concerns
* Provide safe environment for patient
* Oxygen adjunct applied
* Suction brought to bedside
* NPO
* Escalation: Calls second provider or RN
* Obtains Vital Signs (pulse ox, HR, RR)
* Administer medication interventions if available and calls 911

**CLINICAL REASONING*** Seizure with unknown etiology

**COMMUNICATION STRATEGIES*** SBAR handoff concerning patient’s condition between Office staff and EMS
 |
| **SEIZURE CONTINUES**5 MINUTES | **VITAL SIGNS:**T 37.5 HR 140RR 18BP 88/50O2 Sat 88% RA (with 30% cyanosis), 96% on oxygen **PHYSICAL EXAM:**Patient unresponsiveTonic/clonic movement of all extremities continuesSkin and mucus membranes paleCap refill 2 secondsRR shallow**EMS ARRIVAL:** (if available) |

**FACILITATOR DEBRIEFING GUIDE**

**DEBREIFING ORIENTATION**

1. Learning Climate
* Confidential
* We’re seeking opportunities to learn. Things that went well and things we wish went differently- those are opportunities.
* Basic Assumptions – We are all well trained with good intentions. We are all good clinicians.
1. Safety – Must voice concerns and praise in a respectful manner.
2. Expectations
	* Everyone’s contributions are what make this a useful experience
	* My role is to facilitate, not lecture.
3. Learning Objectives - Share the specific objectives for this scenario.

**ICE BREAKER**

**How do you feel?**

Engage participants to share their feelings about the scenario

**DIRECT DISCUSSION TO LEARNING OBJECTIVES**

**LEARNING OBJECTIVE #1: Assess a deteriorating patient using a structured approach (ABCDE, SAMPLE History)**

**What was your initial impression of the patient?**

 Airway: open with potential for compromise

 Breathing: Slow

 Circulation: Tachycardia for age

 Disability: unresponsive

 Exposure: afebrile

**Describe how you would obtain a focused history on a decompensating patient if you had none: (SAMPLE)**

 **S**igns and symptoms

 **A**llergies

 **M**edication

 **P**ast medical history

 **L**ast meal

 **E**vents leading up to deterioration (ED events/ previous treatments given)

**LEARNING OBJECTIVE #2:** **Implement initial management of a pediatric patient experiencing a seizure (to include use of office equipment, resources, and policies and procedures)**

**When you discovered that this patient was having a seizure, what were your initial interventions?**

**What were your goals of therapy for this patient? How did you accomplish them?**

Common management strategies:

Airway: Suction at the bedside

Breathing: Oxygen (NC, Mask, NRB)

Circulation: Capillary refill

Position patient to ensure patient safety

**What do you think helps implement your plan?**

**What interventions would you want to deliver based on your initial assessment?**

**What challenges did you feel you faced?**

**What barriers did you have to accomplishing your goal?/What prevented you from doing XX?**

**What were the most difficult parts of implementing your plan?**

**What else may impact implementing your plan? (ie staffing on different days)**

**LEARNING OBJECTIVE# 3: Implement escalation measures for a pediatric patient experiencing a prolonged seizure (to include accessing Emergency management systems (EMS))**

**When you realized he was continuing to seize, what were your goals for the patient?** *Engage observer by asking to review their impression of the interventions undertaken*

Monitor length of seizure

Provide safe environment

Administer oxygen to ensure adequate oxygenation

Consider medication interventions

Transport patient to a higher level of care

**LEARNING OBJECTIVE #4: Apply communication strategies to ensure safety in a high risk situation (SBAR, closed-loop communication)**

**What would you tell the EMS/ED provider about this patient?/How would you handoff this patient?**

**In general, what information do you feel is important to relay during handoff?**

**Situational Briefing for Escalation to EMS**

* Situation – Including any abnormality in Airway, Breathing, Circulation, Disability (Neuro exam)
* Background – Include key elements of “SAMPLE” history
* Assessment – Includes stability, differential diagnosis for problem, and leading diagnosis for current problem
* Recommendation – Includes disposition to stabilize in the office or call 911