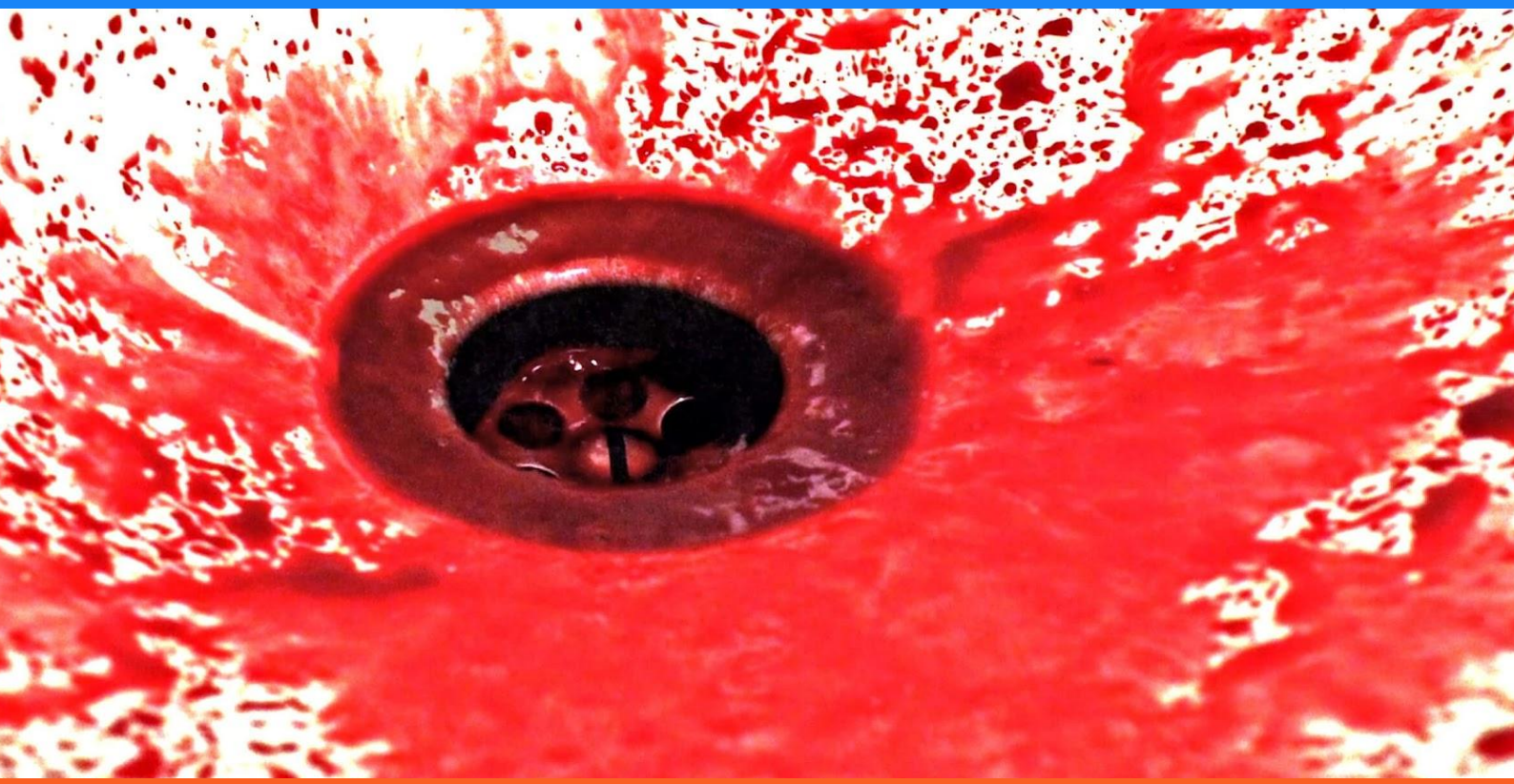
RESUS DRILLS



UPPER GI BLEED

ADULTS #5

Adults Upper GI Bleed

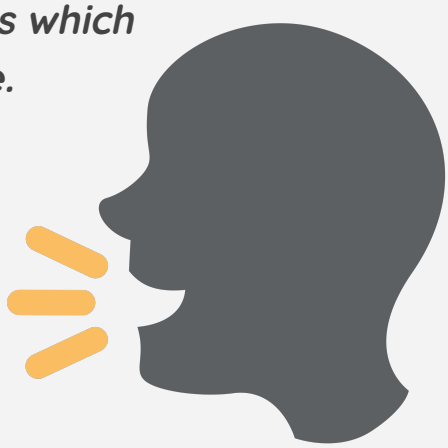
Drill #5

Pre-brief

Instructor to read out this section

"Welcome to this Resus Drill. Drills are for situations which are not common, and need a time-critical response. This is not a Simulation. Drills are a rehearsal for practising teamwork and speed.

We will run a scenario for 5 minutes, chat and reflect on it, then run the same scenario again for another 5 minutes."



Assurances

Learning, NOT assessment: drills are for practice and for learning. We're concentrating on how fast you can think, and how well you work as a team.

Safe zone: lessons are shared here, not judged, not told as tales.

5-min reflection rules: please use the debrief to be positive about what you can all do better on the re-run. These are deliberately tough scenarios. That's the point of a drill.

Pretend it's real: Although it's not real, we need you to help us by acting as you'd do in real life, in your normal role, and we'll try to run it in real-time.

Take-away pack: there is some information that you can take away for further learning. We recommend "spaced repetition" for the best learning!

- ➜ make some reflective notes while it's fresh in your mind
- ➜ make yourself read them again in a couple of weeks

How does it work?

Each Resus Drill pack follows a standard format.

The drill packs are laminated and available for teaching purposes, and can be downloaded from www.em3.org.uk

Our downloaded drills can be edited to suit local hospitals.

Adults Upper GI Bleed

Drill #5

S.E.T.U.P. Instructor to read out before patient arrives

SELF... physical readiness (stay calm) & cognitive readiness (accept the challenge)

ENVIRONMENT... lighting, crowd control, appropriate equipment?

TEAM... initial briefing, identify Team Leader, allocate team roles

UPDATE... if possible, recap for the team (and yourself) before patient's arrival

PATIENT... the patient arrives

Location of Equipment

BloodTrack® devices

Located opposite the *Clean Utility* and next to the *Linen Store.*

Rapid fluid infuser

Located opposite the *Dirty Utility* and *Pathology Hot Lab.*

Adults Upper GI Bleed

Drill #5

Major Upper GI Bleed Decision Algorithm

- ☑ Red-coloured haematemesis, large volume
- ☑ With or without melaena

↓

Clinical appearance / obs show marked hypovolaemia, plus ongoing profuse bleeding

↓

Source unknown, varices possible

↙ ↓ ↘

Activate Massive Haemorrhage Protocol
Get VBG for Hb, lactate

Call ED consultant, ITU Reg, and get Upper GI Bleed SOP to correctly call for gastro help ***(in- vs out-of-hours)***

- **Focus on transfusion, Start O negative blood**
- **Activate Massive Haemorrhage Protocol** (ext. 2222)
- **Lab / speciality liaison person tasked to man the phone**
- **Variceal Rx bundle** (Terlipressin, antibiotics)
- **Platelets, FFP as soon as they arrive**
- **Large vascular access** (e.g. RIC)
- **Rapid transfuser**

University Hospitals of Leicester NHS
NHS Trust

Emergency Department: Pre-Hospital Pre-Alert Report Form

CALL SIGN OF THE VEHICLE / TEAM: 1234

Age *(and sex)*	AGE 52	SEX M	Derek	
Time *(of incident / onset of symptoms)*	?			
Mechanism of Incident *(injury / illness)*	Found on bathroom floor by daughter semi-conscious			
Injuries / Symptoms *(suspected or present)*	Haematemesis on carpet			
Signs *(Observations, Clinical Stability)*	HR 132	GCS 11		
	RR 28	BM 3.8		
	BP 72/48	TEMP 36.1°C		
	SPO_2 95% air	PEAK FLOW -		
NEWS score total	EMAS TRAUMA TRIAGE TOOL POSITIVE?	YES / NO		
Red Flag Sepsis	CLINICAL CONDITION	STABLE / UNSTABLE		
Treatment *(Given so far – In brief!)*	1 x grey cannula O2 1L saline			
ETA *(Time of arrival in ED)*	3 mins			
Requirements *(Circle – specify where required)*	TRAUMA MASSIVE BLOOD LOSS PROTOCOL TRAUMA TEAM ACTIVATION	MEDICAL STROKE THROMBOLYSIS CARDIAC SPECIALIST NURSE SEPSIS PATHWAY		

Call taken by;	L. Blood	**Date;**		**Time;**	: HRS
Information passed to;	Dr Reg	**Date;**		**Time;**	: HRS

Pátient Addressograph Label

(MUST BE ADDED ONCE PATIENT REGISTERED)

TURN FORM OVER AND COMPLETE CHECKLIST ON REAR

PLEASE ATTACH TO PATIENT NOTES – INSIDE FRONT SHEET

ADHESIVE STRIP - HERE

0

RADIOMETER ABL90 SERIES

ABL90 LRI ED 2 1393-092R0073N0004 04 55 14/03/2018
PATIENT REPORT Syringe ICE - S 65uL short probe Sample #

Identifications

Accession No	RWE00/34301012
Sample type	
Patient ID	
Patient last name	
Patient first name	Derek
Date of birth	
Sex	
$FO_2(I)$	
Department (Pat.)	
Operator	

Blood gas values

↓ pH	7.219		[7.320 - 7.430]
↓ pCO_2	3.00	kPa	[4.30 - 6.00]
↑ pO_2	7.00	kPa	[11.0 - 14.4]

Acid-base status

↓ cBase(Ecf)$_c$	-18.7	mmol/L	[-2.3 - 2.7]
↓ $cHCO_3^-$(P,st)$_c$	10.8	mmol/L	[20.0 - 28.0]

Electrolyte values

↑ cK^+	5.2	mmol/L	[3.5 - 5.1]
↑ cNa^+	121	mmol/L	[136 - 145]
↑ cCa^{2+}	1.03	mmol/L	[1.15 - 1.33]
↓ cCl^-	87	mmol/L	[98 - 107]

Metabolite values

↑ cGlu	8.2	mmol/L	[3.6 - 5.3]
↑ cLac	22	mmol/L	[0.6 - 1.4]
↑ ctBil	48	µmol/L	[0 - 34]

Oximetry values

↓ ctHb	49	g/L	[122 - 158]
↓ Hct_c	15.0	%	[36.0 - 53.0]
↓ sO_2	74.2	%	[94.0 - 98.0]
↓ FO_2Hb	72.1	%	[94.0 - 98.0]
$FCOHb$	1.2	%	[0.0 - 2.0]
↑ $FHHb$	25.1	%	[0.0 - 2.9]
↑ $FMetHb$	1.6	%	[0.0 - 1.5]

Notes

↑	Value(s) above reference range
↓	Value(s) below reference range
↑	Value(s) above the critical limits
↓	Value(s) below the critical limits
c	Calculated value(s)

Solution pack lot BD-51 Sensor / cassette run # 738-46
Printed 04:55:41 14/03/2018

Actions required

- ☐ Normal
- ☐ Abnormal but no immediate danger
- ☑ Significantly abnormal results – ***patient in imminent danger***

document STAT actions taken

NPT samples processed by HCA

NPT results signed off by Dr Reg CT3 0456

Signature Position / Staff ID Time

Adults Upper GI Bleed Drill #5

Scenario Script

Instructor to read out this section

"The red phone has just rung with a 3-minute warning of a 52-year old male found on the bathroom floor by his daughter vomiting copious red blood. Here is the red call sheet…" (give Page 4 to **Team Leader**)

Minute One

Gloves, aprons, suction, Upper GI Bleed SOP.

Team Leader (T.L.) designates team members and uses **S.E.T.U.P.** (Self, Environment, Team, Update, Patient arrives).

Minutes Two & Three

Patient arrives, obs unchanged (ambulance handover) and patient is semi-conscious, actively vomiting red blood, pale, mottled lips and peripheries.

T.L. to ask for two large IVs, rapid infuser, MHP activation, ED consultant, ITU Reg (*use phone in cubicle*). Someone watching airway/suctioning, supporting patient.

Minute Four

Nursing staff setting up rapid infuser rapidly. Aim for systolic blood pressure of 85-100 mmHg. **Team Leader** to verbalise ideal target BP. ***"Your VBG result is available"*** *(show Page 5).* Repeat obs show no change, if requested.

Ongoing haematemesis. **T.L.** to ensure ITU support, ED consultant alerted that gastro team is contacted and MHP products are definitely en route. **If TXA suggested, remind learners of the HALT-IT trial** (https://bit.ly/3or7Ums). No evidence of benefit for the average patient, so do not use up nurse time getting it.

Minute Five

Start variceal bundle. Reassess patient. **Team Leader** should update team and prepare to transfer to definitive care.

Adults Upper GI Bleed

Drill #5

Debrief and Feedback

You should aim to cover the following points within 5 minutes, then re-run the scenario:

1. Did the **Team Leader (T.L.)** allocate roles and tasks in a way that was clearly understood? Was **S.E.T.U.P** utilised?
2. Did team members do as allocated?
    a. On arrival of patient did **T.L.** ensure a good pre-hospital handover?
    b. Did **T.L.** show calm and clear speech? Body language?
    c. Did **T.L.** maintain good team control and communication?
    d. Closed loop communication when tasking?
3. Was the IV access and rapid infuser prioritised?
4. Did **T.L.** accurately interpret gravity of situation and convey that?
5. Did these things happen? ED consultant, ITU, gastro, massive haemorrhage protocol all called correctly?
6. How did team members help the team pull together?
7. Were there any instances of:
    a. Equipment issues?
    b. Human factors negatively impacting communication or patient care?

Additional Resources

Initial Management of Acute Upper GI Bleed (AUGIB) guideline (UHL) https://bit.ly/2SG7Bb6

Massive Haemorrhage guideline (UHL) https://bit.ly/2GNSzZY

Simulation: GI Bleed & Massive Haemorrhage protocol (ORBCoN) https://bit.ly/3zB9FFM

Upper Gastrointestinal Haemorrhage (RCEM Learning) https://bit.ly/39xwbVo

Acute upper gastrointestinal bleeding in over 16s: Management (NICE) https://bit.ly/3OiY3eF