

Case title	Patient refusing treatment		Sim no.	HST 1	
Setting	EDU	Patient age	25	Patient sex	Female
Diagnosis	Toxic overdose of paracetamol, patient refusing NAC treatment		Curriculum code		
Equipment required	<ul style="list-style-type: none"> • Real patient • No additional equipment required 				
Staff required	1x senior doctor, 1 x ED nurse				
Learning objectives	<ul style="list-style-type: none"> • Full capacity assessment performed • Communication skills: Patient included in decision-making, focused around the patient's wishes, beliefs and thoughts • Appropriate sign-posting inclusive of providing leaflets and opportunity to speak to NOK/relative 				

INITIAL SETUP

Observations				Arrival route	N/A
HR	Refused	GCS	Alert	Carers?	N/A
RR	Appears 20-25			Progression:	
SpO2	Refused	Pupils	Refused		
BP	Refused	Temp	Refused		
CRT	Refused	Weight	60 kg		
Glucose	Refused				
Equipment on arrival	None	Additional info	Previous opiate overdose		

Instructions for patient

You are feeling extremely unwell and anxious. You dislike the hospital environment, especially because of the recent bereavement of a close relative.

If asked questions, you reply with 'Yes' 'No' to begin with.

If the doctor asks open questions and gives opportunities for you to speak 'openly', you tell him/her that you took an intentional overdose of paracetamol to end your life. You live alone, feel low in mood and isolated during the pandemic. You do not regret this action. You are refusing treatment because you think it doesn't work and is just a waste of time.

If the risks and benefits are explained and you are given the option to think about it, you will eventually agree to staying for treatment.

History from ICE discharge letter

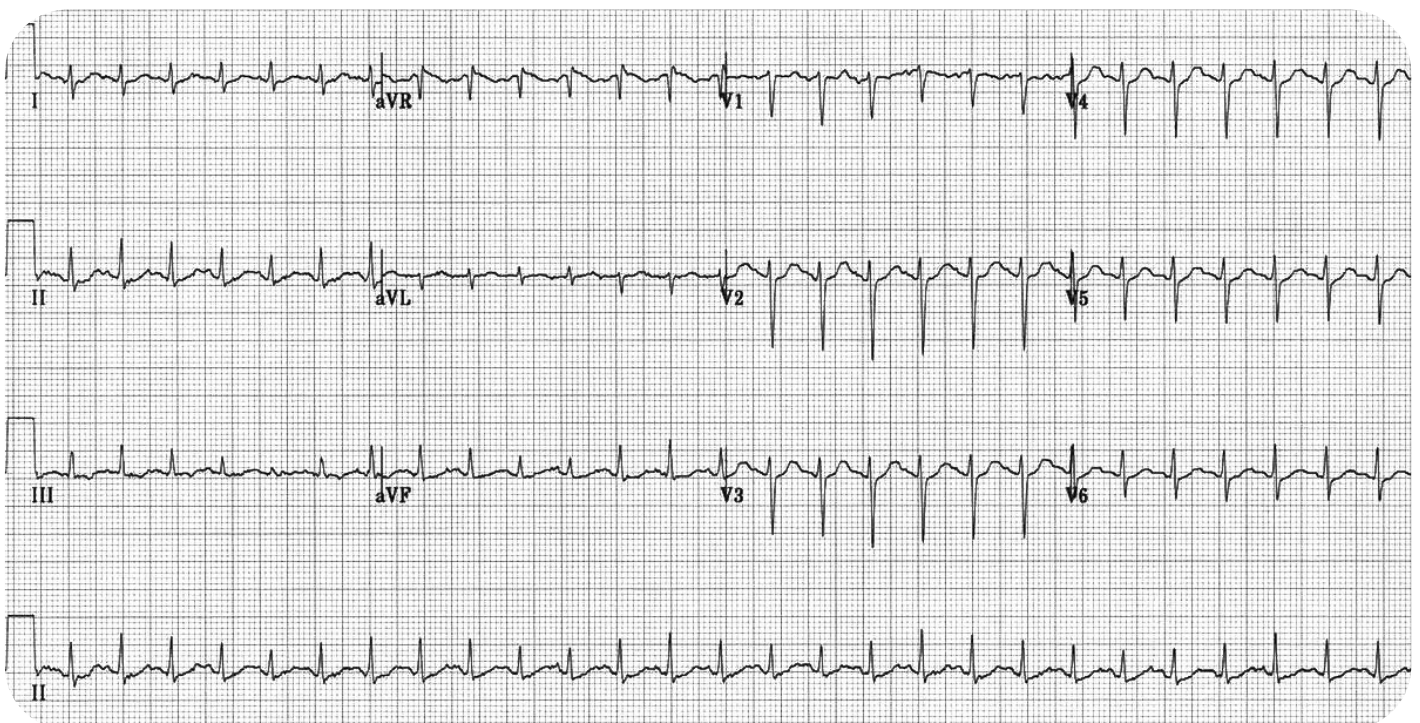
PMHx: Previous overdose of opiate, no recent admission.

DHx: Sertraline

SHx: Recently lost job, lives alone.

Supporting investigations (VBG and ECG)

Gas type	VBG	Ref range
pH	7.36	7.35 → 7.45
pO ₂	8.1 (--)	10 → 14
pCO ₂	5.8	4.5 → 6
HCO ₃	22	22 → 26
BE	-3.5	-2 → 2
Na	136	135 → 145
K	3.0	3.5 → 5.5
Ca	1.32	1.1 → 1.35
Cl	106	98 → 106
Glu	5.5	4 → 6
Lactate	2.2 (+)	0.4 → 0.8
Bili	200	51 → 850
Hb	125	115 → 178



4-hour Plasma Paracetamol level: 168 mg/L

Generic debrief for scenario

There are lots of feedback models that can be used, but immediate feedback is essential to **aid learning**, to help **analyse the process** and **create solutions**.

For feedback to be effective and to improve patient safety overall, feedback should be:

S = Specific

M = Measurable

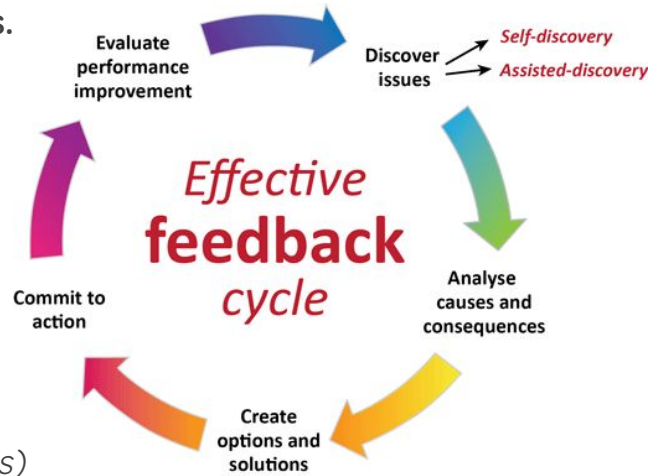
A = Achievable

R = Realistic

T = Timely

Example of a feedback model: (*Pendleton's Rules*)

1. Clarify any points of information/fact
2. Ask the learner what s/he did well (ensure that they identify the strengths of the performance and do not stray into weaknesses).
3. Discuss what went well, adding your own observations (if there is a group observing the performance, ask the group what went well – focussing on their strengths).
4. Ask the learner to say 'what went less well' and 'what they would do differently' next time.
5. Discuss what went less well, adding your own observations and recommendations (if there is a group observing the performance, ask the group to add their observations and recommendations).



Debrief specific for this scenario

Non-Technical Skills:

1. Clear communication skills with use of both closed and open questions.
2. Effective body language.
3. Active listening and use of non-verbal cues.

Technical Skills:

1. Able to perform full capacity assessment, detailed questions for each component.
2. Provide clear and accurate information about NAC treatment.
3. Use of sign-posting inclusive of leaflets and opportunity to speak to friend/NOK over the telephone.

