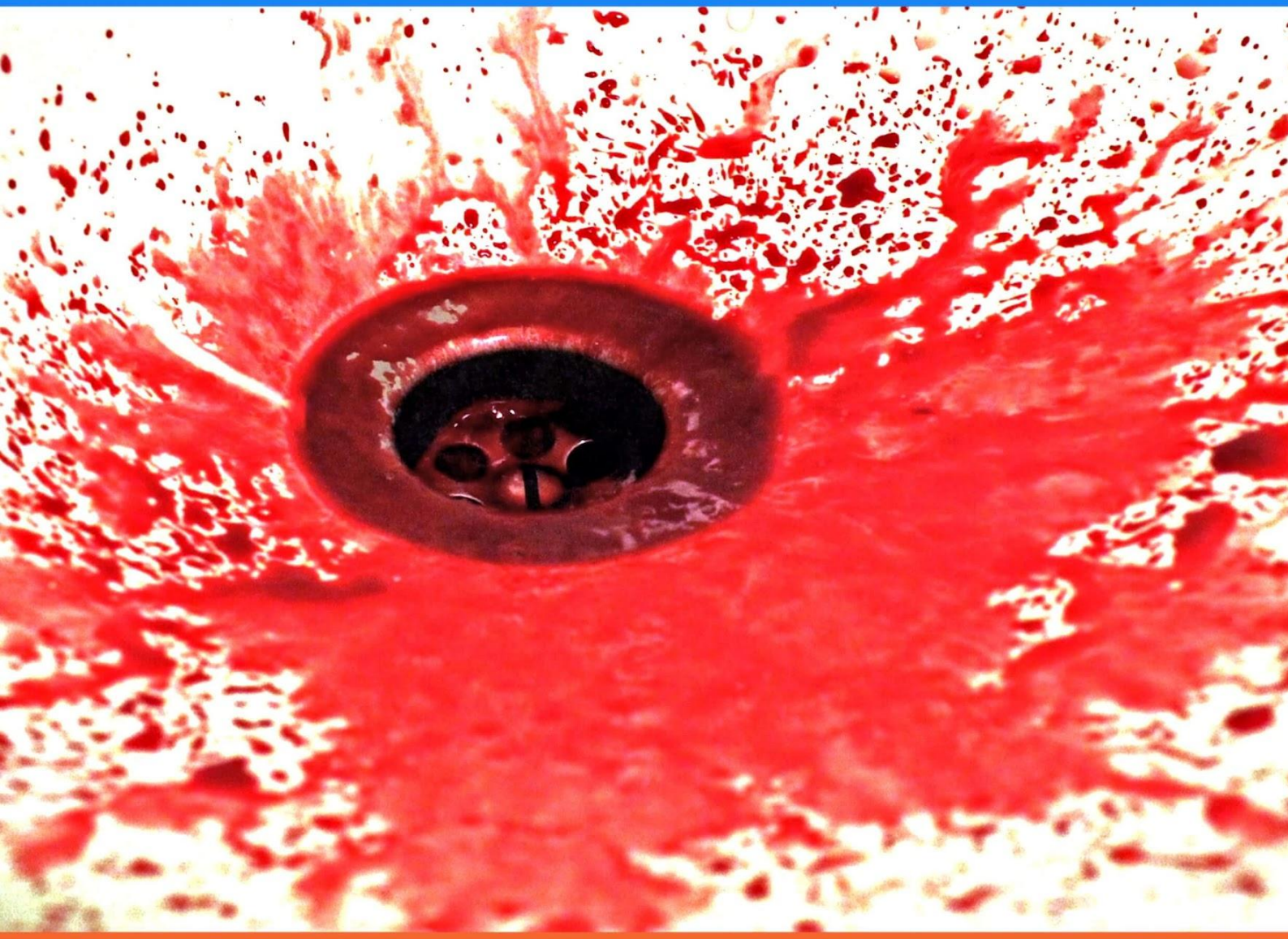
RESUS DRILLS



GI BLEED #5

Gastrointestinal Bleed #5

Drill pre-brief (instructor to read out)

"Welcome to this Resus Drill. Drills are for situations which happen quickly, are not common, and need a time-critical response.

They need practice, so when the time comes, you've already had the dress rehearsal. This is not a Simulation. Drills are 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: The drill is for practice and for learning. We're concentrating on how fast you can think, and how well you work as a team.

Safe zone: Learning and mistakes are shared here, not any further.

5-min reflection rules: Please be constructive in the debrief. We're all here to learn. These are deliberately tough scenarios. That's the whole point of a drill.

Pretend it's real: we'll try to make the drill realistic, but this is not meant to be a high fidelity Simulation. 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?

These ER drill packs will be laminated and left in the Simulation Bay (Bay 5) for teaching purposes, as well as "take-home" cards for those who want to brush up on their learning. The team can then choose a scenario or roll the dice to decide!

Each Resus drill pack contains: location of equipment, "Red call" sheet (optional), decision algorithm, scenario script, debrief questions, procedure and additional learning resources.

Gastrointestinal Bleed #5

S.E.T.U.P. (before patient arrives)

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

ENVIRONMENT… dangers, space, 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 has now arrived

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.*

Gastrointestinal Bleed #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

↙ ↓ ↘

Active 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/out of hours)*

- **Focus on transfusion, Start O negative**
- **Activate Massive Haemorrhage Protocol**
- **Lab / speciality liaison person tasked to man the phone**
- **Femoral or neck line**
- **Rapid transfuser / warmer**
- **Variceal bundle (Terlipressin, antibiotics)**
- **Platelets, FFP as soon as they arrive**
- **If TXA suggested, remind learners of the HALT-IT trial (no evidence of benefit)** https://bit.ly/3or7Ums

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 LR1 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	4.2	mmol/L	[3.6 - 5.3]
↑ cLac	2.2	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

Signature CT3 Position / Staff ID 0456 Time

Gastrointestinal Bleed #5

Scenario Script

"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..."

Minute One

Gloves, aprons, suction, Upper GI Bleed SOP.

Team Leader designates team members and uses **S.E.T.U.P.** *(**S**elf, **E**nvironment, **T**eam, **U**pdate, **P**atient arrives).*

Minutes Two & Three

Patient arrives, semi-conscious, still vomiting red blood, pale, mottled lips and peripheries.

Team Leader to ask for 2 large IVs, rapid infuser, MHP activation, ED consultant, ITU reg (bleep from cubicle). Someone watching airway/ suctioning.

Minute Four

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

Ongoing haematemesis. **Team Leader** to ensure ITU support, ED consultant and that gastro team being contacted.

Minute Five

Start variceal bundle.

Phone answered – **Team Leader** to express situation clearly to ITU/Gastro.

Debrief and Feedback

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

1. Did the **Team Leader** 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?
3. *On arrival of patient* did **Team Leader** maintain team control?
    a. Calm and clear speech?
    b. Listened to handover and extracted the important information?
    c. Closed loop communication when tasking?
    d. Body language that looks relaxed and inspires confidence?
4. Was the IV access and rapid infuser prioritised?
5. Did **Team Leader** accurately interpret gravity of situation and convey that?
6. Did these things happen? – ED consultant, ITU, gastro, massive haemorrhage protocol all called correctly?
7. How did team members help the team pull together?
8. 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 *(University Hospitals of Leicester)* http://bit.ly/2SG7Bb6

Massive Haemorrhage guideline *(University Hospitals of Leicester)* http://bit.ly/2GNSzZY