Acute and Emergency Scenarios 01/05 Clinical Drop In Workshop

With thanks to Dr Pinky Kotecha as GKT's very own for providing content for the slides (2021)

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Year 4
MSA's VP for Education 2023/24

Introduction

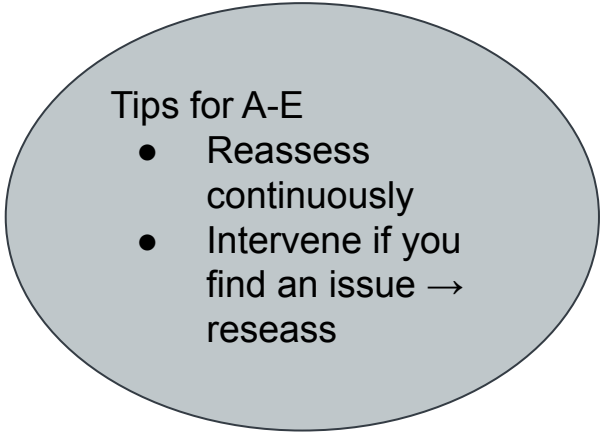
WIPER

‘I’m going to have a brief chat with you and then do a top to toe assessment’

In your OSCEs they may have wavering consciousness!

AMPLE History

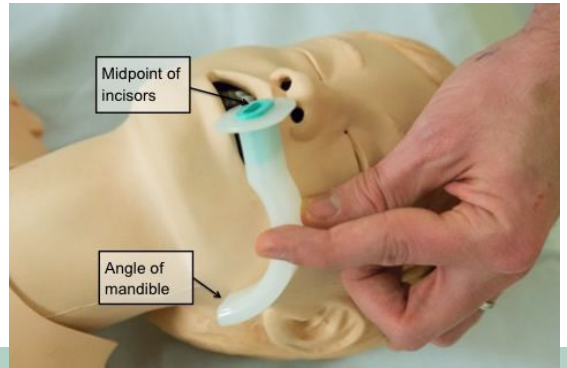
- Allergies
- Medications
- PMH - targeted questions
- Last eaten (surgical)
- Events

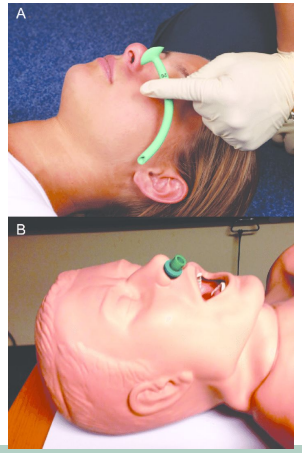


Airway

What do we assess?

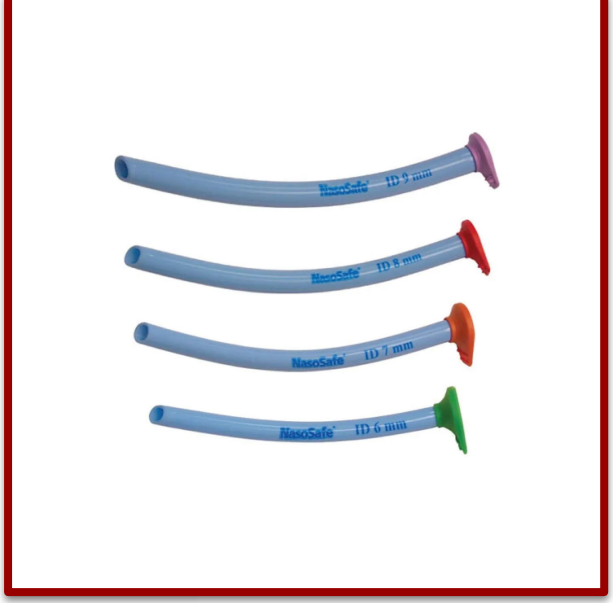
- Patent - speaking
- Added noises - snoring, stridor, gurgling
- Look for anything in the mouth





Management

- Suction
- Airway manoeuvres - head tilt chin lift, jaw thrust
- Airway adjuncts - oropharyngeal, nasopharyngeal
- Ask the nurse to get the crash trolley
- Call the anaesthetist / put crash call out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INTERSURGICAL
10.0

Breathing

Obs - RR, SaO2

- Look – distress, accessory muscles, obs monitors
- Listen – breath sounds
- Feel – percuss, chest expansion, trachea central

Ix -

- ABG/VBG,
- CXR,
- Peak flow

Management

- Sit them up – pulmonary oedema
- Oxygen - 15L O2 NRBM
  - Venturi if COPD
- Tension pneumothorax – aspirate (needle decompression)
- Wheeze – bronchodilators (salbutamol 5mg in neb)
  - If asthma can give it together with ipratropium

Circulation

Obs

- BP and HR

- Look - pallor, clammy, grey
- Peripheral perfusion - temperature, CRT
- Central - apex, HS

Ix

- Cannulate - as you put it in take bloods
- ECG

Management

- Fluids through cannula - 500ml NaCl/ Hartmann's bolus in 30 minutes → 250ml if HF/ frail
- Consider blood loss - haematology
  - G+S, crossmatch
  - Major haemorrhage protocol
- STEMI → cardiologist, PCI lab
- Catheterisation

Disability

What are we assessing?

- Pupils - equal and reactive to light?
- AVPU or GCS
- Capillary blood glucose
- Temperature

Management

- Hypo box for hypoglycaemia
- DKA management
- Naloxone if opioid overdose
- If high T - consider sepsis

Exposure

Draw curtains round to preserve patients dignity

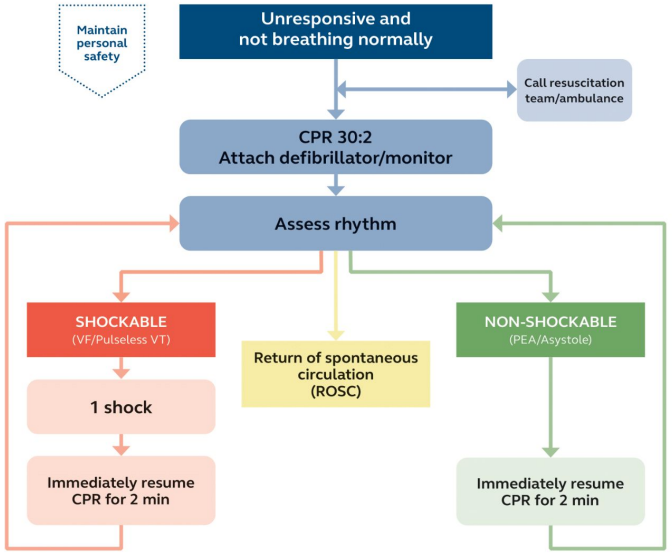
Tell patient what you're going to do

- Assess back
- Look for Bruising, rash, bleeding (FAST; USS) – chest, abdo, pelvis, long bones
- Calf size and tenderness
- Bony deformities
- Wounds, sores
- Surgical sites
- Abdo exam

Resuscitation Council UK

GUIDELINES 2021

Adult advanced life support



Give high-quality chest compressions, and:

- Give oxygen
- Use waveform capnography
- Continuous compressions if advanced airway
- Minimise interruptions to compressions
- Intravenous or intraosseous access
- Give adrenaline every 3–5 min
- Give amiodarone after 3 shocks
- Identify and treat reversible causes

Identify and treat reversible causes

- Hypoxia
- Hypovolaemia
- Hypo-/hyperkalaemia/ metabolic
- Hypo/hyperthermia
- Thrombosis – coronary or pulmonary
- Tension pneumothorax
- Tamponade – cardiac
- Toxins

Consider ultrasound imaging to identify reversible causes

Consider

- Coronary angiography/ percutaneous coronary intervention
- Mechanical chest compressions to facilitate transfer/treatment
- Extracorporeal CPR

After ROSC

- Use an ABCDE approach
- Aim for SpO_2 of 94–98% and normal $PaCO_2$
- 12-lead ECG
- Identify and treat cause
- Targeted temperature management

Next steps

- **Document**
- **Full** comprehensive Hx + examination
- **Review** - drug chart, any results
- **Inform** senior/ nurse –-> handover to ward team
- Reassess after interventions
- Plan for
    - Investigations - Bedside, bloods, imaging
    - Management

SBAR handover

- Situation - who? Where? When? What? Why?
- Background - overview of patient
- Assessment
- Recommendation - differentials, how urgent? Do they need review?

Trauma

A	• **C spine – board, tape, collar** • Jaw thrust • Intubation if GCS<8
B	• Chest wall subcutaneous emphysema • ATOMFC (airway, tension pneumothorax, open pneumo, massive haemo, flail chest, cardiac tamponade)
C	• Consider HAEMORRHAGE - 4 areas of bleeding (Chest, abdomen, pelvis, long bones → remember G+S/crossmatch
D	• Full neuro assessment if spinal injury
E	• Consider log rolling → Secondary survey • FAST scan

Cases to Practice

A	• Anaphylaxis • Airway obstruction
B	• Asthma • COPD • Pneumothorax • Pneumonia • PE
C	• ACS • Pulmonary oedema • Arrhythmias • Arrest • Sepsis • AAA rupture • Shock (tamponade) • UGI bleed • Cardiogenic shock • Malignant hypertension
D	• Seizure • Head injury • Raised ICP • Stroke • meningitis/ encephalitis • Coma and overdose • SAH • Delirium
Metabolic	• DKA • HSS Hypoglycaemia • Myxoedemic coma • Thyrotoxic crisis • Addisonian • Toxicity - opioids, paracetamol, alcohol • Hyperkalaemia • Burns
Surgical	• Pancreatitis • PR bleed • Appendicitis • Cholecystitis, cholangitis • Bowel obstruction • Post op complications

Tips

Tailor it - e.g.: if Chest pain - can ask for ECG straight away

Talk through it as real life scenario - e.g.: I would ask x to do an ECG

- You can ask for another healthcare professional (e,g.: nurse) to be there at the start or for observations at the start

Be systematic so you don't forget tasks

Remember to always reassess - especially as soon as you complete an intervention

- E.g. measure BP again if you have prescribed and administered fluids to assess haemodynamic status - *you do not necessarily need to A-E again*

Call for help earlier rather than later

Practice SBAR - summary sentence at end of SBAR

Any questions ?