

Scenario 3: Circulation Assessment (2 pages)

It's 3am and a patient has been brought into your ER by NEMS. They have had diarrhoea and vomiting for four days. They have been carried in on a stretcher.

ASSESSMENT	FURTHER INFORMATION	KEY POINTS	YES	NO
A	Airway: Patent	A Correctly Assessed		
B	Respiratory rate: 28	B Correctly Assessed		
	Oxygen saturations: 98%	No need for oxygen communicated		
C	Listening to chest: Chest Clear	Hands Assessed Correctly		
		Skin Temp. Assessed Correctly		
		HR Assessed Correctly		
		Pulse Assessed Correctly		
		BP Assessed Correctly		
		CRT Assessed Correctly		
		Skin Turgor Assessed Correctly		
D	Hands: Pale Skin Temperature: Cool HR: 115 Radial pulse: absent BP: 80/55 CRT: 5 seconds Skin Turgor (Sternum): reduced Bleeding: No Active Bleeding	Does not move on to D as C is abnormal		
E	AVPU: Alert Glucose: 5	Does not move on to E as C is abnormal		
		Close monitoring + Plan		

Diagnosis: Hypovolaemic shock secondary to diarrhoea and vomiting

Equipment (if available)

- Stethoscope
 - BP checker
 - Glucose check

Learning Objectives

- Confident use of the ABCDE with focus on Cardiac Examination
- Clinical assessment and recognition of cardiac signs (including hypotension)

Debrief

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers. Reflect afterwards on this discussion for your logbook.

1. What did you think was happening?
2. What did you do and why?
3. Do you think your interventions were helpful? Describe how. If not, explain why.
4. Did the team members communicate effectively with each other? Provide examples.
5. Did the team members communicate effectively with the patient? Provide examples.
6. How efficient was the teamwork? Provide examples.
7. What aspects of this scenario exercise can you apply to your clinical practice? How might you apply those aspects?