It has been discovered that a male resident at an assisted living facility experiences has sustained a deep skin tear injury and will likely need stiches. 911 has been called and now EMS is arriving. The goal is to help staff be more comfortable in these situations and to improve communication between themselves and EMS. By improving communications we hope to also improve patient outcomes.

Learning Objectives:

Effective and efficient communication with EMS

1. Have correct paperwork, printed and ready before EMS arrival. Based on facility specific protocol.
2. Warm handoff at patient bedside which includes: SBAR (Situation, Background, Appearance, Ready to Report) form, information including: pertinent medical history, time patient was found down, any acute changes in patient condition since event occurred.

Skills: Falls assessment, communication

Type of Learning Activity: Simulation/Role-play Time: 10-15 minutes

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Review the following prior to the simulation session:

1. ECLEPS instructional video and supplemental materials of “good” and “bad” EMS interaction.
2. Use of the SBAR document
3. 911 Dispatch Communication Simulation/Role-play

Documents to be collected: Facility Transfer Form, Medication Administration Record (MAR), recent history and physical, pink POLST, and the SBAR Sheet.

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Participant Roles:

1. Staff (caregiver)
2. EMS
3. Resident

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Case Details: Bill Studer, DOB: 06/03/1940

Resident History: Mr. Studer is a 78-year-old man who has lived at your facility for almost 3 years. He is largely non-verbal due to worsening dementia but retains moderate strength and has been mostly able to remain independent in his Activities of Daily Living (ADLs). He enjoys walking the hallways as well as spending time outside on the patio. He does get agitated from time to time and will search through drawers, despite not looking for anything in particular. This restlessness has contributed to jerking motions that has led to past injury to self and others.

Past Medical History: dementia, depression, hypertension (high blood pressure), atrial fibrillation, congestive heart failure, chronic kidney disease stage 3.

Height: 5’11” Weight: 235 lb.

Allergies: no known allergies

Home Meds: Metoprolol, Losartan, Aspirin, Furosemide, Coumadin

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Simulation/Role-play:

Report to Start Scenario: Caregivers have discovered a small trail of blood on the hallway floor into Bill’s room, where they have found him sitting on his chair holding his arm. They have alerted a med-tech, who urgently visits the room to evaluate the extent of the injury. The resident is not able to report what happened, or communicate his discomfort, however there are non-verbal indicators of pain, including tearfulness, grimacing, and guarding of the injury.

Vitals: BP 137/85 HR 66 RR 18 T 36.6 C SpO2 95% RA

Script:

EMS: Which room is our patient?

Staff: States room and escorts EMS to bedside.

EMS: What happened?

Staff: Gives warm hand off using SBAR form:

Situation: This is Mr. Studer. He was found in his room at (time) with a recent skin injury to his right arm. It was initially very bloody, but he has allowed us to cover the wound and hold pressure.

Background: He has baseline dementia, and is mostly non-verbal aside from rare Yes/No answers. He takes two blood thinning medications –Aspirin & Coumadin – for his heart. In the past he has bled and bruised easily, but it’s always been able to stop with pressure.

Appearance: He is clearly agitated by the injury and was initially resisting care. He cannot tell us what happened or when. After calling for EMS he has allowed us to place a large gauze on the injury and hold pressure, but when we lift to inspect the wound it has continued to bleed. He is pale at baseline and his vital signs have been stable following the injury.

Ready to Report: His vitals are: BP 137/85 HR 66 RR 18 T: 36.9 C SpO2 95% on room air. The injury appears to be deep enough to maybe need stiches. In addition to notifying the doctor and RN on duty, we have also called his daughter, who asks that we take to the local emergency room for assessment and intervention.

Goals:

1. Staff verbalizes that another staff member will stay with patient until EMS arrival
2. Collects relevant medical documents and SBAR form, writes patient’s name, facility address, and phone number on envelope
3. EMS receives appropriate and relevant documents, including SBAR form
4. Staff will wait for EMS to arrive, and guides to patient’s room
5. Staff answers EMS questions, includes SBAR report

Additional Character Notes:

EMS: Ask the questions listed in the content i.e. “What happened?” “What are the vital signs?” If the med-aid doesn’t give you the paperwork automatically, ask for it.

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Debriefing

Debriefing Questions:

What worked well in this scenario? What did NOT work well?

What do you feel you got out of this experience?

What do you plan on incorporating what you’ve learned into your practice?

What are the take-home points in this simulation?

How did it feel to be in the role of the staff or EMS? How did conversational flow feel?

Staff: Did you feel the needs of your patient were being addressed in the quickest manner possible?

Describe your thought process for the actions you took.

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