

## Section 4: Medical Scenarios



## 4.1 Medical Scenario 1: Food Poisoning Case

### Scenario Description

12:00 am (midnight) a 22-year-old male presents to the emergency complaining of fever, diarrhea, vomiting and abdominal pain. When he arrived at the hospital, his temperature was 40°C, and he has symptoms of weakness, confusion, and rapid heart rate. His sister was with him, and she was shouting and saying “help, help my brother is dying.” The sister said that he started to suffer from diarrhea last night after eating his dinner in one of the restaurants. Then the symptoms got worse and he had been vomiting more than 12 hours with abdominal pain and fever.

**Past medical history:** Allergy to milk

T: 40°C, HR: 80, RR: 22, BP: 110/79, SPO<sub>2</sub>: 94% on room air

*(High temperature, increased heart rate, increased blood pressure, and faster breathing)*

Equipment required for the scenario	Yes	No
• O <sub>2</sub> sat monitor		
• Nasal prongs and /or Simple Face mask		
• Kidney based		
• IV solution		
• Simulation Room		
• Antibiotics: <ul style="list-style-type: none"> <li>○ Penicillin,</li> <li>○ Amoxicillin,</li> <li>○ Ampicillin &amp; Carbenicillin</li> </ul>		

#### 4.1.1 Medical Scenario 1: Description Step by Step

Step	Event	Console/ Control Parameters		Key interventions required	Behavioural Observation	Actors
1	<p>Patient arrives in the emergency and brought into the examination room by wheelchair with his sister</p> <p>MD &amp; RN on site</p>	<p>T: HR: RR: SpO<sub>2</sub>: BP:</p> <p>Pt response:</p>	<p>40° C 80 BPM 22 BPM 94% 110/79</p> <p>Fever (40° C), abdominal pain, responds only to verbal</p>	<p>-Leader identified, -Gather information, Interview patient + family member, -Take observations, -Call for assistance, -Reassure the patient,</p>	<p>-Recognizes the signs and symptoms of food poisoning and plan appropriate management, -Asks for additional assistance based on the patient's condition, -Uses effective communication with patient &amp; family, -Share decision making,</p>	<p><u>Actor X</u> (the patient): Fever (40° C), abdominal pain, responds only to verbal (you have food poisoning)</p> <p><u>Actor Y</u> (patient's family): Anxious, tells the story of how he started to suffer from diarrhea last night after eating his dinner in one of the restaurant. Then the symptoms got worse, and he had been vomiting more than 12 hours with abdominal pain and fever.</p>
2	<p>Help called: RT &amp; Pharmacist</p>	<p>T: HR: RR: SpO<sub>2</sub>: BP:</p> <p>Pt response:</p>	<p>40° C 80 BPM 22 BPM 94% 110/79</p> <p>increasingly abdominal pain and shouting</p>	<p>Leader identified, Hand over information (VS), Consider roles - IV cannula - IV Fluids - History</p> <p>Med: Antibiotics</p>	<p>- Anticipates and plans in response to the patient's worsening condition,</p>	<p><u>Actor X</u> (the patient): increasingly abdominal pain and shouting</p> <p><u>Actor Y</u> (patient's family): ...</p>
3	<p>Pt family (sister) scrambling/ shouting and feel excused</p>					<p><u>Actor X</u> (the patient): ...</p> <p><u>Actor Y</u> (patient's family): scramming/ shouting and feel excused</p>

#### 4.1.2 Medical Scenario 1: Flow of Interventions for Facilitators

This describes the flow of interventions from the facilitator perspective.

##### **Requirements:**

1. Make sure all the required equipment is in place before the scenario starts.
2. The maximum length for this scenario is **6 minutes**.
3. Follow the tasks as described below.

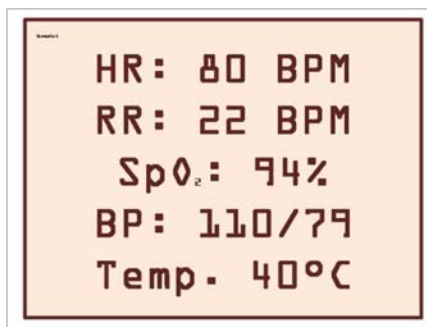
### **Part 1**

- Provide only what the participants ask for
- If participants **look for IV fluid**, then, end the scenario

### **Part 2**

- After 3 min. give vitals (VS-1) to participants
- If participants **look for IV fluid**, then, end the scenario

#### **VS-1**



### **Part 3**

- After 6 min. end the scenario

#### 4.1.3 Medical Scenario 1: Vitals

Use the PowerPoint slides on the website to get the full-size image, print, and laminate.

#### Scenario 1 (VS-1)

Scenario 1

HR: 80 BPM  
RR: 22 BPM  
SpO<sub>2</sub>: 94%  
BP: 110/79  
Temp. 40°C

## 4.2 Medical Scenario 2: Asthma Patient Case

### Scenario Description

A 20-year-old female arrives in the emergency department complaining of increasing shortness of breath over the last 2 days. She has had a cough, fever, and chills for the past 4 days. She has been taking her asthma inhalers with increasing frequency with little relief and wonders if she is either not using her medication properly, has run out of her inhaler and is unaware or needs other medication.

**Past Medical History:** Asthma

**Medications:** Ventolin (Salbutamol) Puffer PRN

**Allergies:** None

### On exam:

Young female sitting upright on stretcher, obviously SOB with increased work of breathing (Leaning forward, use of accessory muscles, prolonged expiration phase, mildly audible wheeze and non-productive cough)

T: 37.9°C (O), HR: 112, RR: 26, BP: 130/80, SpO<sub>2</sub>: 94% on room air

**On auscultation:** Inspiratory and expiratory wheezes heard throughout

Equipment required for the scenario	Yes	No
• NIBP		
• O <sub>2</sub> sat monitor		
• Nasal prongs and/or simple face mask		
• Aerosol mask		
• Salbutamol		
• Atrovent		
• Hydrocortisone		
• Cardiac monitor		
• Resuscitation cart nearby		

#### 4.2.1 Medical Scenario 2: Description Step by Step

Step	Event	Console/ Control Parameters		Key interventions required	Behavioural Observation	Actors
1	<p>Patient arrives in the emergency department and is triaged to a bed immediately</p> <p>MD &amp; RN on site</p>	<p>T: HR: RR: SpO<sub>2</sub>: BP:</p> <p>Pt response:</p>	<p>37° C 112 BPM 26 BPM 94% 130/80</p> <p>Concerned and more SOB</p>	<p>Gather information</p> <p>Interview patient</p> <p>Take observations</p> <p>Call for assistance</p> <p>Reassure the patient</p>	<p>-Recognizes the signs and symptoms of asthma exacerbation and plan appropriate management, -Asks for additional assistance based on the patient's condition, -Uses effective communication with patient, -Share decision-making</p>	<p><u>Actor X</u> (the patient): Patient has a cough, fever, and chill. Patient is concerned and more SOB</p> <p><u>Actor Y</u> (patient's family): Answer question if asked Is anxious</p>
2	<p>Help called: RT &amp; Pharmacist</p>	<p>HR: SpO<sub>2</sub>: BP: RR:</p> <p>Pt response:</p>	<p>122 BPM 89% 140/90 30 BPM</p> <p>Feeling increasingly short of breath, audible wheeze more apparent, anxious looking</p>	<p>Hand over information, Leader identified, Consider role</p> <ul style="list-style-type: none"> <li>- IV cannula</li> <li>- IV Fluids</li> <li>- History</li> </ul> <p>Asthma Protocol:</p> <ul style="list-style-type: none"> <li>- Consider oxygen</li> <li>- Consider Aerosol</li> <li>- Salbutamol and Atrovent</li> </ul> <p>Prioritize tasks, Review Observation, Sit patient up,</p>	<p>-Use SBAR to hand over patient information to new team members, -A leader is identified, and responsibilities swiftly allocated according to scope of practice, -Shares the mental model. Follows the algorithm to plan ahead and follow the EBP/Standard, -Anticipates and plans in response to the patient's worsening condition.</p>	<p><u>Actor X</u> (the patient): Feeling increasingly short of breath, audible wheeze more apparent, anxious looking. Patient leaning forward, use of accessory muscles, prolonged expiration phase, mildly audible wheeze and non-productive cough</p> <p><u>Actor Y</u> (patient's family): Is very anxious and want the staff to do something</p>

<p><b>(Yes do the necessary)</b> 3</p>	<p>Pt stabilize Scenario done</p>	<p>HR: SpO<sub>2</sub>: RR: BP:</p> <p>Pt response:</p>	<p>122 BPM 95 % 24 BPM 112/72</p> <p>Decrease SOB, feeling more relax</p>	<p>Monitor</p>		<p><u>Actor X</u> (the patient): The patient I feeling better. The patient can breathe better and then is more relax</p> <p><u>Actor Y</u> (patient's family): Is feeling better</p>
<p><b>(No do not the necessary)</b> 4</p>	<p>Pt becoming increasingly SOB, anxious ++. States can't catch her breath</p>	<p>HR: SpO<sub>2</sub>: RR: BP:</p> <p>Pt response:</p>	<p>140 BPM 87 % 36 BPM 82/50</p> <p>breathing hard, feeling faint, wants to sit up</p>	<p>Consider Steroid IV (Hydrocortisone) Consider chest-x-ray Consider differential diagnosis Consider management/ treatment options Intubation Salbutamol IV Fluids</p>	<p>Shares the mental model for ongoing management</p> <p>Use Asthma guidelines for the ongoing clinical management</p>	<p><u>Actor X</u> (the patient): The patient is getting worse and SOB and very anxious and is mentioning: "can't catch my breath." Patient is breathing hard, feeling faint, wants to sit up</p> <p><u>Actor Y</u> (patient's family): Is very anxious and want the staff to do something</p>



#### 4.2.2 Medical Scenario 2: Flow of Interventions for Facilitators

This describes the flow of interventions from the facilitator perspective.

##### Requirements:

1. Make sure all the required equipment is in place before the scenario starts.
2. The maximum length for this scenario is **10 minutes**.
3. Follow the tasks as described below.

##### Part 1

- Provide 1<sup>st</sup> vitals (VS-1) only if participants ask for it
- If they **don't ask** for it, then wait 3 min, **then move on to Part 2**

##### VS-1

HR: 112 BPM
RR: 26 BPM
SpO <sub>2</sub> : 94%
BP: 130/80
Temp: 37°C

##### Part 2 -After 3 minutes

-If they **didn't do anything** within the first 3 min. in Part 1, then give them the 2<sup>nd</sup> vitals (VS-2) and then wait another 3 min.

##### VS-2

HR: 122 BPM
RR: 30 BPM
SpO <sub>2</sub> : 89%
BP: 140/90

- ↓
- If during the 3 min. the participants **did all** of the following below: **then give them 3<sup>rd</sup> vitals (VS-3) and move on to Part 3**
1. Oxygen therapy or change position of patient
  2. consider aerosol
  3. say salbutamol or atrovent

- ↙
- If during the 3 min. the participants **did not do any** of the following below: **then move on to Part 4**
1. Oxygen therapy or change position of patient
  2. consider aerosol
  3. say salbutamol or atrovent

**VS-3**

HR: 122 BPM  
 RR: 24 BPM  
 SpO<sub>2</sub>: 95%  
 BP: 112/72



**Part 3**

- If the participants **did all** of the following: **then end the scenario after 2 min**

1. Oxygen therapy or change position of patient
2. consider aerosol
3. say salbutamol or atrovent

**Part 4**

- Give the participants the 4<sup>th</sup> vitals (VS-4)

**VS-4**

HR: 140 BPM  
 RR: 36 BPM  
 SpO<sub>2</sub>: 87%  
 BP: 82/50



- If within the next 2 min. the participants **do all** the trigger points, **then give them the 3<sup>rd</sup> vital (VS-3)**

**VS-3**

HR: 122 BPM  
 RR: 24 BPM  
 SpO<sub>2</sub>: 95%  
 BP: 112/72

- Move them to Part 3, **then wait 2 min and end the scenario**

- If the participants still **don't do any** of the trigger points **then wait 2 min and end scenario.**

### 4.2.3 Medical Scenario 2: Vitals

Use the PowerPoint slides on the website to get the full-size image, print, and laminate.

#### Scenario 2 Part 1 (VS-1)

Scenario 2 Part 1

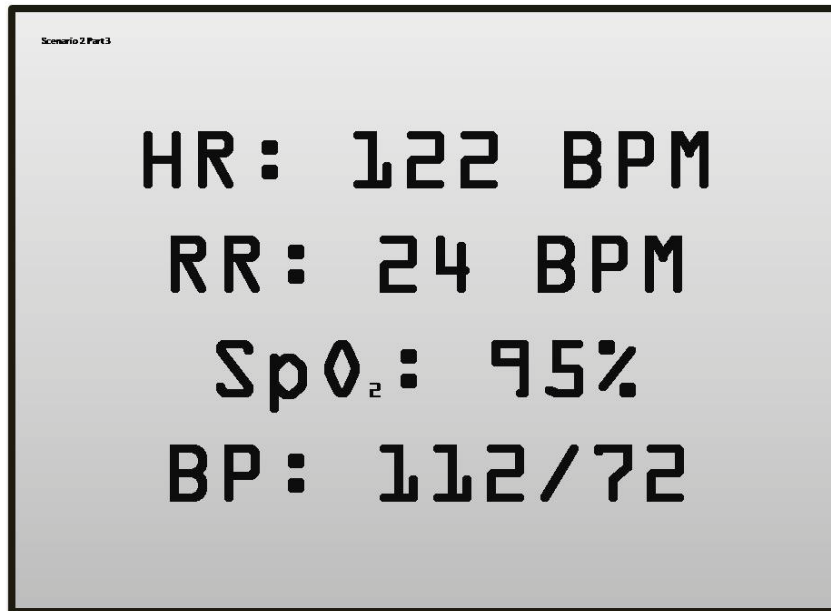
HR: 112 BPM  
 RR: 26 BPM  
 SpO<sub>2</sub>: 94%  
 BP: 130/80  
 Temp. 37°C

#### Scenario 2 Part 2 (VS-2)

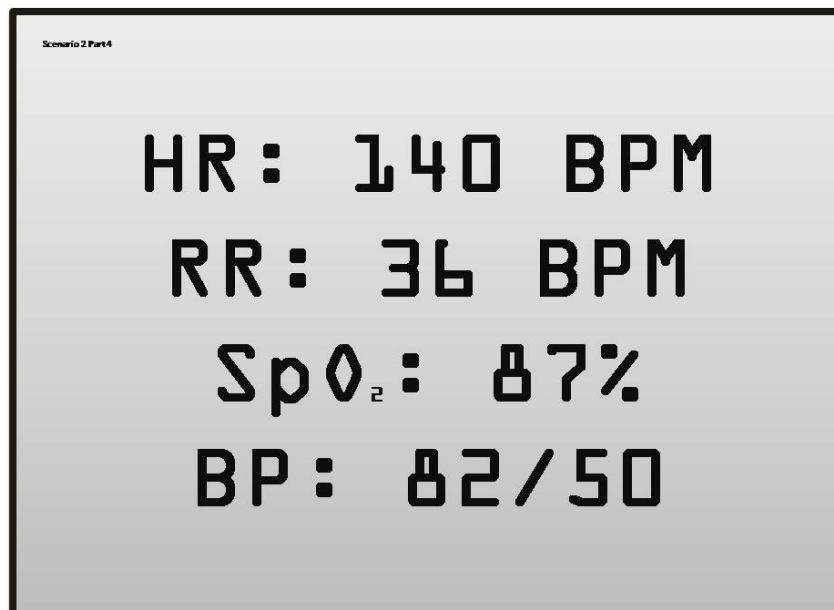
Scenario 2 Part 2

HR: 122 BPM  
 RR: 30 BPM  
 SpO<sub>2</sub>: 89%  
 BP: 140/90

### Scenario 2 Part 3 (VS-3)



### Scenario 2 Part 4 (VS-4)



### 4.3 Medical Scenario 3: COPD Case

#### Scenario Description

An elderly man brought into the clinic by his wife/friend/brother/sister who states that he has been increasingly drowsy over the last 2 days. She/he is not eating or drinking, and he/she is having more and more difficulty caring for him/her. She/he suspects that he has not been taking his/her medications as prescribed and worries he/she has taken a bit more of his/her medications for “his nerves” than he/she should be.

#### **Note:**

Make a circle for he/she part to ease the scenario reading, or scratch it out. E.g.

Brought to the clinic by his wife/friend/**brother**/sister.

Or

She/~~he~~ is not eating or drinking

#### **Past Medical History:**

- COPD, on home oxygen 2 LPM nasal prongs
- Depression
- Acute Myocardial Infarction 5 years earlier

#### **Medications:**

- Prednisone
- Salbutamol
- Metoprolol (beta blocker)
- Aspirin
- Nitroglycerin PRN
- Antidepressant - SSRI
- Lorazepam
- Benzo antagonist

**Allergies:** None

#### **On exam:**

The elderly man slumped in the chair, appears to be sleeping, rouse to verbal stimuli but falls back to sleep quickly. Pale, slightly diaphoretic with rapid respirations. The elderly man shows obvious signs of increased work of breathing.

**On auscultation:** course breath sounds throughout with occasional wheezing.

PERLA sluggish @ 6 mm

HR: 50, BP 170/80, RR: 36, O<sub>2</sub> sat on 2 PLM is 94%

Equipment required for the scenario	Yes	No
• Oxygen mask		
• Nasal cannula		
• 0.9% NaCl		
• IV tubing		
• IV Cannula		
• Cannula tape		
• Oral medication of the patient: <ul style="list-style-type: none"> <li>○ Prednisone,</li> <li>○ Salbutamol,</li> <li>○ Metoprolol (beta blocker),</li> <li>○ Aspirin,</li> <li>○ Nitroglycerin PRN,</li> <li>○ Antidepressant – SSRI,</li> <li>○ Lorazepam</li> <li>○ Benzo antagonist</li> </ul>		
• Make the patient look pale with makeup.		

### 4.3.1 Medical Scenario 3: Description Step by Step

Step	Event	Console/ Control Parameters		Key interventions required	Behavioural Observation	Actor
1	<p>Patient arrives at the clinic and brought into the examination room by wheelchair</p> <p>Place Patient on bed.</p> <p>MD &amp; RN on site</p>	<p>HR:</p> <p>RR:</p> <p>SpO<sub>2</sub>:</p> <p>BP:</p> <p>T:</p> <p>Pt response:</p>	<p>50 BPM</p> <p>36 BPM</p> <p>94%</p> <p>170/80</p> <p>36.5° C</p> <p>Drowsy, responds only to verbal</p>	<p>Gather information</p> <p>Leader identified</p> <p>Interview patient and patient's family</p> <p>Take observations</p> <p>Call for assistance</p> <p>Reassure the patient's family</p>	<p>-Recognizes the signs and symptoms of possible overdose of medications and/or perhaps Oxygen and COPD exacerbation and plan appropriate management,</p> <p>-A leader is identified, and responsibilities swiftly allocated according to scope of practice,</p> <p>-Asks for additional assistance based on the patient's condition (RT &amp; Pharmacist),</p> <p>-Uses effective communication with patient's family,</p> <p>-Share decision making,</p>	<p><u>Actor X</u> (the patient): Drowsy, responds only to verbal. Pale, responds only to verbal stimuli. Will not be able to talk.</p> <p><u>Actor Y</u> (patient's family): Anxious, tells the story about him not drinking or eating.</p>
2	<p>Help called: RT &amp; Pharmacist</p> <p>Patient on bed with eyes mostly closed.</p>	<p>HR:</p> <p>RR:</p> <p>SpO<sub>2</sub>:</p> <p>BP:</p> <p>T :</p> <p>Pt response:</p>	<p>50 BPM</p> <p>16 BPM</p> <p>94%</p> <p>180/90</p> <p>36° C</p> <p>-Increasingly drowsy, responding only to painful stimuli -On auscultation, breath sounds course throughout</p>	<p>Hand over information</p> <p>Leader identified</p> <p>Consider roles:</p> <ul style="list-style-type: none"> <li>- IV cannula</li> <li>- IV Fluids</li> <li>- History</li> </ul> <p>COPD protocol:</p> <ul style="list-style-type: none"> <li>- Consider decreasing O<sub>2</sub></li> <li>- Salbutamol and Atrovent</li> <li>- Prioritize tasks</li> <li>- Review Obs</li> <li>- Sit patient up</li> </ul>	<p>-Shares the mental model.</p> <p>Follows the algorithm to plan ahead and follow the EBP/Standard.</p> <p>-Anticipates and plans in response to the patients worsening condition.</p> <p>-Use SBAR to hand over patient information to new team members</p> <p>-A leader is identified, and responsibilities swiftly allocated according to scope of practice</p>	<p><u>Actor X</u> (the patient): Increasingly drowsy, responding only to painful stimuli. On auscultation, breath sounds course throughout.</p> <p><u>Actor Y</u> (patient's family): Less anxious and does stays out of the scene for a while.</p>

Step	Event	Console/ Control Parameters		Key interventions required	Behavioural Observation	Actor
3	Pt becoming increasingly drowsy,  Patient on bed with eyes full closed.	HR:	50 BPM	Overdose Protocol:  - Consider Flumazenil (Benzo antagonist).  Consider chest-x-ray  Consider differential diagnosis  Consider discontinuing beta blocker  Consider Intubation  Salbutamol IV Fluids	Shares the mental model for ongoing management  Use COPD guidelines for the ongoing clinical management	<u>Actor X</u> (the patient): No response.  <u>Actor Y</u> (patient's family): Very anxious, stressed, stays with patient and refuses the leave the room and thinks patient is dying.



### 4.3.2 Medical Scenario 3: Flow of Interventions for Facilitators

This describes the flow of interventions from the facilitator perspective.

#### Requirements:

1. Make sure all the required equipment is in place before the scenario starts.
2. The maximum length for this scenario is **10 minutes**.
3. Follow the tasks as described below.

#### Part 1

- Provide 1<sup>st</sup> vitals (VS-1) at the beginning of scenario

#### VS-1



#### Part 2

-After the team starts interviewing the friend **and/or** assesses the patient, provide 2<sup>nd</sup> vitals (VS-2)

#### VS-2



### Part 3

1. When participants **say or do any** of the following provide them 3<sup>rd</sup> vitals (VS-3):

- Give medication
- Provide Cannula or fluid IV
- Decrease O<sub>2</sub>
- If they give patient a puffer

#### VS-3



2. If participants **didn't do** any of the previous points above in number 1, **then wait 3 minutes and give them 3<sup>rd</sup> vitals (VS-3)**

#### VS-3



3. If participants **talk about or do any** of the following points, **then end the scenario:**
  - Give medication Benzo antagonist
  - Perform a differential diagnosis
  - Perform chest X-Rays
  - Discontinue beta blockers
  - Intubate the patient
  
4. After 10 min., end the scenario

### 4.3.3 Medical Scenario 3: Vitals

Use the PowerPoint slides on the website to get the full-size image, print, and laminate.

#### Scenario 3 Part 1 (VS-1)

Scenario 3 Part1

HR: 50 BPM  
 RR: 36 BPM  
 SpO2 94%  
 BP: 170/80  
 Temp. 36.5

#### Scenario 3 Part 2 (VS-2)

Scenario 3 Part2

HR: 50 BPM  
 RR: 16 BPM  
 SpO2 94%  
 BP: 180/90  
 Temp. 36

**Scenario 3 Part 3 (VS-3)**

Scenario 3 Part 3

HR: 50 BPM  
RR: 12 BPM  
SpO2 84%  
BP: 82/50  
Temp. 36

## 4.4 Medical Scenario 4: Airplane Emergency Case

### Scenario Description

3 hours into a 7-hour flight to Europe, the flight attendant makes an announcement that there are a medical emergency and a need for healthcare practitioners to respond.

**Patient 1:** A middle-aged man is sitting in his seat, bent over complaining of an acute onset of right flank pain radiating to his right groin. Pain is severe, 10/10 and sharp. He is diaphoretic, pale and slightly anxious.

**Past Medical History:** Renal Colic – states this feels the same as the last time

**Medications:** None

**Allergies:** None

**Patient 2:** His wife/friend - sitting next to him becomes increasingly anxious as he/she watches the team care for his/her husband. She/he is flushed, agitated, breathing rapidly and complains of chest tightness, shortness of breath and palpitations.

**Past Medical History:** Anxiety

**Medications:** Lorazepam PRN (which he/she has with her but does not remember how many to take. She/he also has Panadol and Ibuprofen in the same pill bottle and is not sure which pills are which)

**Allergies:** None

### Equipment (for first aid airline medical bag):

- BP cuff
- O<sub>2</sub> masks/nasal prongs
- O<sub>2</sub> tank
- 2 normal saline 1000 ml IV bags
- Assorted IV cannulas
- IV tubing
- Tape, alcohol swabs, etc. for IV start
- Morphine IV
- Antiemetic IV

Equipment required for the scenario	Yes	No
• First aid airline medical bag		
• Regular medium sized bags		
• Aspirin pills		
• Voltaren 250mg/ml vial		
• Lorazepam pills		
• Antiemetic Vial		
• Panadol or Ibu-P		
• Medication bottle		
• Needles		
• Syringes		



*Implementing Inter-professional Undergraduate Health Care Education in Qatar  
Funded by Qatar Foundation, NPRP # 4-693-3-197*

• Tape		
• 0.95 NaCl		
• Alcohol swabs		
• Bag of vomit		

#### 4.4.1 Medical Scenario 4: Description Step by Step

Step	Event	Console/ Control Parameters		Key interventions required	Behavioural Observation	Actors
1	<p>Patient 1 sitting in seat with wife/friend seating beside him</p> <p>MD &amp; RN arrive</p>	HR: RR: SpO <sub>2</sub> : BP: T : Pt response:	115 BPM 24 BPM 100% 170/80 37.7 Pale, in obvious pain, sweating ++, vomiting	Gather information, Interview patient, Take observations, Call for assistance, Reassure the patient, Leader identified, Consider roles: <ul style="list-style-type: none"> <li>- IV cannula</li> <li>- IV Fluids</li> <li>- History</li> <li>- Pain medication</li> <li>- antiemetic</li> </ul>	-Recognizes the signs and symptoms of possible renal colic and plan appropriate management, -Asks for additional assistance based on the patient's condition, -Uses effective communication with patient, -Share decision making,	<p><u>Actor X</u> (Patient 1):                      Patient 1 bent over complaining of an acute onset of right flank pain radiating to his right groin. Pain is severe, 10/10 and sharp. Pale, in obvious pain, sweating ++, vomiting. Screams and groans from pain.</p> <p><u>Actor Y</u> (Patient 2):                      Becomes increasingly anxious as she watches the team care for her husband. She is flushed, agitated, breathing rapidly and complains of chest tightness, shortness of breath and palpitations.</p>
2	<p>Help called for patient 2 (wife) RT &amp; Pharmacist</p> <p>Patient 2 is out of breath and falls on the floor.</p>	HR: RR: SpO <sub>2</sub> : BP: T : Pt response:	140 BPM 30 BPM 99% 150/85 36.5 -Anxious, agitated complaining of SOB, chest pain, and palpitations -On auscultation, breath sounds are clear	-Prioritize tasks -Review Observation -History -Exam medications -Consider O <sub>2</sub> -Review patient's medications and consider use of Lorazepam	-Use SBAR to hand over patient information to new team members -A leader is identified, and responsibilities swiftly allocated according to scope of practice -Shares the mental model. Follows the algorithm to plan ahead and follow the EBP/Standard. -Anticipates and plans in response to the patients worsening condition.	<p><u>Actor X</u> (Patient 1):                      Same</p> <p><u>Actor Y</u> (Patient 2):                      Panics and has shortness of breath. Anxious, agitated complaining of SOB, chest pain, and palpitations. On auscultation, breath sounds are clear</p>



Step	Event	Console/ Control Parameters		Key interventions required	Behavioural Observation	Actors
3	Captain asks for a decision to divert to nearest medical facility – 1 hour ETA or 2 hour ETA to land at original destination	Patient 1 response: Pain 6/10 post Morphine, no longer vomiting but remains pale and anxious	Patient 2: visibly calmer after medication and reassurance		<p>Shares the mental model for ongoing management</p> <p>Determines as a group if flight diversion is needed</p>	<p><u>Actor X</u> (Patient 1): Pain 6/10 post-Morphine, no longer vomiting but remains pale and anxious.</p> <p><u>Actor Y</u> (Patient 2): Visibly calmer after medication and reassurance</p>

#### 4.4.2 Medical Scenario 4: Flow of Interventions for Facilitators

This describes the flow of interventions from the facilitator perspective.

##### Requirements:

1. Make sure all the required equipment is in place before the scenario starts.
2. The maximum length for this scenario is **6 minutes**.
3. Follow the tasks as described below.

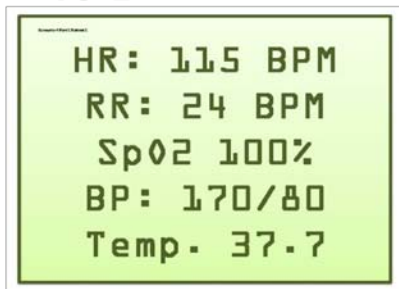
### Part 1

#### Patient 1 (Appendicitis Patient)

- Provide 1<sup>st</sup> vitals VS-1 when the team say:

- Give IV fluid or cannula
- Give pain medication

#### VS-1



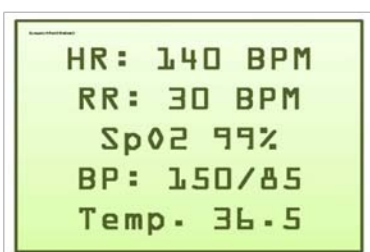
### Part 2

#### Patient 2 (Surprise Panic Attack)

- Provide 2<sup>nd</sup> vitals VS-2:

- If the team asks for vitals
- When patient 2 falls down to the floor

#### VS-2



**Patient 2** feels calmer after medication and reassurance

### Part 3

- Key notes to end this scenario:

- Patient 1 stopped vomiting, and pain is 6/10.
- Patient 2 is calm.
- Facilitator says: 'Captain asks for a decision to divert to nearest medical facility?'

- **After 10 min. end the scenario**

**4.4.3 Medical Scenario 3: Vitals**

Use the PowerPoint slides on the website to get the full-size image, print, and laminate.

**Scenario 4 Part 1 Patient 1 (VS-1)**

Scenario 4 Part 1 Patient 1

HR: 115 BPM  
 RR: 24 BPM  
 SpO2 100%  
 BP: 170/80  
 Temp. 37.7

**Scenario 4 Part 2 Patient 2 (VS-2)**

Scenario 4 Part 2 Patient 2

HR: 140 BPM  
 RR: 30 BPM  
 SpO2 99%  
 BP: 150/85  
 Temp. 36.5