

Scenario Storyboard			
EVENTS	STATE	DESIRED PARTICIPANT BEHAVIOUR & TRIGGERS TO MOVE TO NEXT STATE	
		PARTICIPANT TRANSITION TRIGGERS	PROMPT IF REQUIRED
<p><b>State 1</b></p> <p><b>ILO:</b></p> <p>Recognize the deteriorating patient using a structured assessment</p>	<p><u>Patient Response</u></p> <p>In six bedded bay, flushed appearance, tachypnoea</p> <p><u>Physiology</u></p> <p><b>AIRWAY:</b></p> <p>patent, speaking in sentences</p> <p><b>BREATHING:</b></p> <p>RR 24, Spo2 94% on room air, no wheeze, cough or crackles</p> <p><b>CIRCULATION:</b></p> <p>BP 112/57, HR 101, has IV access, last passed urine with night team</p> <p><b>DISABILITY:</b></p> <p>Alert</p> <p><b>EXPOSURE:</b></p> <p>BM 7.4mmol, Temp 37.7</p> <p>No signs of bleeding / rash</p> <p><u>Other Events</u></p> <p>New confusion noted by family over the last 24hrs (mentioned in handover)</p>	<p>Completes ABCDE assessment</p> <p>Calls for help using a structured SBAR handover</p> <p>Informs Nurse in Charge</p> <p>Increases observation frequency using NEWS2 track &amp; trigger</p>	<p><u>Prompts:</u></p> <p><u>Patient response</u></p> <p>Increase respiratory rate to 28 Reduce Spo2 to 91% Increase heart rate to 118</p> <p>'I don't feel right'</p> <p><u>Faculty</u></p> <p>Previous observation charts available with obvious deterioration over the last 24hrs</p> <p>NIC faculty member asking NEWS score for ward round</p> <p>Ask for a handover 'he is supposed to be discharged today, was it handed over he had an increased NEWS? Is this his baseline?'</p> <p>Confirm increased monitoring 'how often are we going to be checking observations?'</p> <p>'Have you informed the medical team'</p>

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<p><b>State 2</b></p> <p><b>ILO:</b></p> <p>Activate the Sepsis Six protocol in response to assessment findings</p>	<p><u>Patient Response</u></p> <p>Drowsy, responding to voice</p> <p><u>Physiology</u></p> <p><i>AIRWAY:</i></p> <p>Patent</p> <p><i>BREATHING:</i></p> <p>RR 30, Spo2 91% on room air</p> <p><i>CIRCULATION:</i></p> <p>BP 99/57, HR 121</p> <p><i>DISABILITY:</i></p> <p>Responding to voice</p> <p><i>EXPOSURE:</i></p> <p>BM 7.4mmol, Temp 38.1</p> <p>No sign of bleeding / rash</p> <p><u>Other Events</u></p> <p>Incontinent of urine</p>	<p>Recognizes sepsis and commences sepsis six protocol</p> <p>Administers 15L O2 via non – re breathe mask</p> <p>Obtains blood cultures</p> <p>Commences urine output monitoring</p> <p>Obtains lactate, full blood count, urea &amp; electrolytes</p> <p>Gives Intravenous antibiotics after obtaining blood cultures</p> <p>Gives resuscitation Intravenous fluids as prescribed by medical team</p> <p>Administers paracetamol after obtaining blood cultures</p>	<p><u>Prompts:</u></p> <p><u>Patient response</u></p> <p>Increase respiratory rate to 34</p> <p>Decrease Blood pressure to 84/53</p> <p>States he has just been incontinent and apologises as he's never done this before</p> <p><u>Faculty</u></p> <p>If they're not reacting and waiting for medical team 'medical team is held up at an arrest in ward 5, what can we do until they get here?</p> <p>If they don't put on 100% O2, drop the spo2 further to 85%</p> <p>If they don't recognize sepsis 'what do you think is going on?'</p> <p>If the learner forgets anything 'do you need me to do anything?' e.g. fluids/blood cultures, FBC, U&amp;E's, Lactate,</p> <p>'should we catheterise? Why?</p> <p>Kardex with prescribed antibiotics &amp; Fluid chart available</p> <p>Sepsis Six pathway documentation available</p>

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<p><b>State 3</b></p> <p><b>ILO:</b></p> <p>Demonstrate situational awareness to recognize and respond to an emergency situation</p>	<p><u>Patient Response</u></p> <p>Alert</p> <p><u>Physiology</u></p> <p><i>AIRWAY:</i></p> <p>Patent</p> <p><i>BREATHING:</i></p> <p>RR 20, Spo2 100% on 15L NRB</p> <p><i>CIRCULATION:</i></p> <p>BP 110/62, HR 100</p> <p><i>DISABILITY:</i></p> <p>Alert</p> <p><i>EXPOSURE:</i></p> <p>BM 7.4mmol, Temp 37.1</p> <p>No sign of bleeding / rash</p>	<p>Prioritises and recognises the deteriorating patient within a simulated busy clinical environment</p> <p>Responds promptly and anticipates care planning</p> <p>Demonstrates collaborative information gathering and decision making</p> <p>Recognises patient is currently stable, however continues increased observation frequency monitoring according to NEWS score</p> <p>Correctly identifying the source of infection</p>	<p><u>Prompts:</u></p> <p><u>Physiology</u></p> <p>Physiological readings stabilizing following sepsis six implementation</p> <p><u>Patient response</u></p> <p>'I'm feeling better already, thank you'</p> <p>no longer flushed in appearance</p> <p><u>Faculty</u></p> <p>NIC faculty member asking the team for an updated handover of the patient</p> <p>'Remind me of everything we've done'</p> <p>'Where do you think his sepsis has originated from?'</p> <p>'Do you all agree that we don't discharge home and continue to monitor?'</p>