

Appendix 1: Clinical scenarios used

There is a description of the subsequent clinical events. There is comment on what would be the expected clinical response that would reverse the patient's deterioration, followed a short bullet summary of the expected response.

Scenario 1 Wrong Dose

A patient is admitted with abdominal pain. They are given morphine 100mg intravenously instead of the prescribed 10mg. The patient becomes drowsy and bradypnoeic. They have a respiratory and subsequent PEA (pulseless electrical activity) cardiac arrest. Bag-mask ventilation and naloxone will solve the clinical problem.

Expected response

- ABC (Airway, breathing, circulation)
- Consideration of naloxone

Scenario 2 Wrong Drug

A patient is admitted with abdominal pain. Later they are found to have hypoglycaemia. They are prescribed intravenous glucose but are given IV sodium bicarbonate (similar looking vials). They develop VT (ventricular tachycardia) and then have a subsequent VF (ventricular fibrillation) cardiac arrest. Defibrillation will correct the immediate problem.

Expected response

- ABC (Airway, breathing, circulation)
- Defibrillation
- Give glucose

Scenario 3 Wrong Patient

A patient is admitted with abdominal pain. They receive another patient's beta-blocker medication by mistake. They develop bradycardia. They have a subsequent VF / VT cardiac arrest. Simple clinical measures can be employed at first, i.e. fluid and leg elevation. If the patient has a cardiac arrest, defibrillation will correct the problem.

Expected response

- ABC (Airway, breathing, circulation)
- Give intravenous fluids and consider Atropine
- Defibrillation if needed

Scenario 4 Wrong Route

A patient is admitted with abdominal pain. They are found to have a bowel obstruction and are scheduled for theatre. The operation is uneventful, however in the recovery area the epidural bag is connected to the intravenous cannula. On the ward the patient complains of problems breathing, and subsequently has a PEA cardiac arrest. This scenario does not require an understanding of epidurals, just that the drug is being given by the wrong route. If recognised early the patient will recover, but if not, then the patient will have a cardiac arrest and be un-resuscitatable due to local anaesthetic toxicity.

Expected response

- ABC (Airway, breathing, circulation)
- Stop epidural

For the subsequent simulation of disclosure with the family, the simulated family member knew the discussion topics. They did not sway the conversation and were part of the debrief session. The briefing statement given to the simulated family member is shown below.

You are the sister of the patient and are the 'person responsible'. You visited her this morning and she was fine. She had gone into hospital with abdominal pain and you knew that she may have an operation. You were sat in the hospital café having some food when you received a phone call to come back to the ward as she was unwell.