

Emergency Scenarios with Case Review

Syncope or Vaso-Vagal Episode

This emergency scenario is about a patient with syncope or vaso-vagal episode, and is set up for role-play and case review with your staff.

- 1) The person facilitating scenarios can print out the pages below.
- 2) Cut up the "role" pages, and assign several roles, distributing the "roles" to appropriate participants in clinic.

Patient who has syncope during a procedure

Boyfriend of patient

Medical Assistant

Nurse

Doctor or Clinician

Clinician or additional nurse

2nd Clinic Assistant

Manager or Administrator

- 3) If your staff is smaller, you can cut optional roles. Any additional staff can be asked to observe and discuss.
- 4) Following role-play, gather the staff to review questions for debriefing and teaching.
- 5) Repeat scenario for further practice as time allows.
- 6) Record date of scenario and topic on your emergency scenario log (as appropriate)

Scenario 1 – Syncope (8 roles)

Jenna - Abortion patient in the recovery room.

You are Jenna, a 33 year old G3P0 woman, who has just had a surgical abortion. Your medical history includes diabetes without previous complications. Your medications include insulin, which you took this morning but did not eat. You are a smoker, and have a family history of heart disease. You have no known allergies. You received Motrin, Doxycycline, and Vicodin for your procedure.

You are sitting down in one of the recovery chairs. Tell your partner that you need to go to the bathroom to vomit, but when you try to get up, you feel dizzy and fall sideways, gently into the chair (without hitting your head). When they assess your vital signs, your pulse is 40, and blood pressure 80/50. You are having a vaso-vagal reaction, complicated by a low blood sugar. You vomit, then become progressively listless. Shortly after the Lead Clinician comes into the room, you become unconscious. The team starts implementing some measures to increase your heart rate, but you do not respond initially. Do not begin fully come out of this state until you have received positioning, monitoring, evaluation of your bleeding, IV, medications, fluids. After medication, your pulse will return to 60, and BP to 95/60, but you will continue to be sweaty and feel “hot, cold, and dizzy”. Your blood sugar is 45 when they check it. Don’t return to normal until you have had a blood sugar check, dextrose, and until transportation has been called for.

Scenario 2 –Clinician or nurse

You will be in the US room, and will be in charge of the emergency until the doctor is finished with an ongoing procedure (about 3-5 minutes), and then can give a summary of the events, history, and what has been done for the patient. You can evaluate, stabilize the patient, and assist with transport.

Scenario 2 - Nurse

You are the RN in the clinic or recovery room. You have three patients with you: two have just finished their abortion procedures, and another is in the middle of her pre-op evaluation. You notice Ms. Parker has had a gentle fall and is fainting. You will need to get help. The doctor is in the middle of doing a procedure, but the Lead Clinician will come to your assistance quickly. You will need to initiate VS, an IV and help stabilize the patient.

Scenario 2 – Physician or Clinician

You are in the middle of an abortion procedure in another room. There will be an emergency in the recovery room. You will have to finish the procedure before you come to recovery (about 3-5 minutes). After you can get report on the status and treatment of Ms. Parker from the Lead Clinician, you can take over and delegate as needed. You will need to evaluate, stabilize the patient, and transport.

Scenario 2 – Medical assistant

You are the hall outside of the recovery room. There will be an emergency in the recovery room. The RN in the recovery room will ask you to help. You may need to help by positioning the patient, checking VS, doing tests, or recording.

Scenario 2 – 2nd Medical Assistant

You are in the lab, but can help to position the patient, check VS, do tests, or record. You may also be asked to call for an ambulance, or get the paperwork ready for transfer.

Scenario 2 Jenna's Boyfriend

You have just finished being with Jenna for her abortion. You accompany her into the recovery room, but haven't yet been told to go to the lobby. You get very worried when your girlfriend becomes dizzy and falls, and you won't want to go to the lobby. When she becomes unconscious, the team may ask what you for her medical history. Only tell them she is a diabetic if asked. Hopefully the team will alert you if she gets transported.

Scenario 2: Manager or Administrator

You are in the file room. You come when called or if you hear the emergency alarm. Go and see what has happened. You may need to find the doctor. If transport is needed for this patient, assist with the copies and arranging the transport.

Scenario 2 Review: Syncope or Vaso-Vagal

I) General debriefing questions:

- 1) Did delegation of roles happen smoothly? Without unnecessary delays?
- 2) Did any delays affect the patient outcome?
- 3) Did the alarm system get activated?
- 4) Were other patients attended properly?
- 5) Did transfer occur smoothly? The decision? Communication? Paperwork?
- 6) Was the partner or family alerted to what happened?

II) 1) What are common contributors to fainting in abortion patients?

Vaso-vagal reflex, hemorrhage / hypovolemia, over-sedation, emotions, not eating.

2) What might be other causes of fainting (syncope is an acute global reduction in blood flow)?

Metabolic (hypoglycemia, hyperventilation, hypoxia), Cardiac (arrhythmias, etc.) or neurologic causes (stroke, TIA, etc.) are less common in our age group and population, but check PMH for risk factors.

3) What contributes to vaso-vagal reaction with abortion?

Cervical dilation (can cause parasympathetic stimulation)

Fear, panic, emotions

Bleeding can predispose by leading to low blood pressure

4) How do you differentiate between

Vaso-Vagal Reflex

Slow pulse (< 50)

Low BP

Pallor, Cool clammy skin

+/- N/V

+/- Abdominal Cramps

Rare: Syncope, Seizures

Not orthostatic

Hemorrhage

Rapid Pulse

Late low BP

Same

Same

+/- Uterine cramps

Rare Syncope

Become orthostatic

Low Blood Sugar

Normal / late rapid

Late low BP

Same

Same

+/- Abdominal Cramps

Rare: Syncope, Seizures

Not orthostatic

5) How and when could you evaluate orthostatic vital signs?

This can assist with evaluation of a patient's volume status (say due to hemorrhage or dehydration) if a patient can change positions safely. Orthostatic VS are assessed by checking pulse and BP in lying, sitting, and standing positions (2 min each). A patient is considered 'orthostatic or postural' if there is an increase in pulse of 20 beats/min, but is also suggested by a fall in diastolic BP. If a person demonstrates orthostatis, this supports their need for IV fluid.

Also early compensation includes fast heart rate and vasoconstriction. This can be blunted in several conditions (advanced age, diabetes, renal failure, some BP meds), in which case a person might present with less increase in HR, more BP change first.

III) Key Management Steps:

Airway and Positioning: supine or trendelenberg, head to side if vomiting

Monitoring VS

O2 saturation and therapy

Cool cloth on head or neck; blanket

Prolonged: Atropine, Oxygen, IV, Fluids, Record, Transfer as needed

Other Evaluation: Evidence for hemorrhage, Blood Sugar, (EKG if risk factors)

IV) Potential Skills to Review or In-Service:

Blood sugar evaluation

Orthostatic Vital Signs

+/- EKG skills (in primary care sites)