

Scenario Name: <i>Opioid Overdose-Community</i>			Learner Preparation Exercise: Review: (Insert skills or reading students should review) <ul style="list-style-type: none"> • Naloxone Administration https://youtu.be/-xTKsHFBXII • Opioid Overdose Crisis: Opioid Overdose Crisis National Institute on Drug Abuse (NIDA) • Opioid Overdose: Opioid Overdose SAMHSA • Community Management of Opioid Overdose. Geneva: World Health Organization; 2014. Available from: https://www.ncbi.nlm.nih.gov/books/NBK264311/ • Opioid Prevention Toolkit: SAMHSA Opioid Overdose Toolkit • Review BLS algorithm: Algorithms American Heart Association CPR & First Aid
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High Fidelity <input checked="" type="checkbox"/>	Low Fidelity	Static Model	
Target Group: <input checked="" type="checkbox"/> Student <input checked="" type="checkbox"/> Professional			
Level: <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner			
Learning Objectives: Primary Objectives: <ol style="list-style-type: none"> 1. Recognize clinical signs of opioid poisoning 2. Call 911 and Initiate bystander CPR 3. Administer Naloxone Secondary Objectives: <ol style="list-style-type: none"> 1. Correct use of Naloxone nasal spray 2. Provide information about event to EMT 			● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● Insert Scenario Summary (Basic overview of Case) Opioid Overdose in 32 yo female – found in house by family Total Time Duration: 60 Set-up 10 Simulation 20 Debrief 30

Initial Subjective Data:

Background Information:

32 y.o. woman who is addicted to heroin for many years, complicated by co-abuse of alcohol, benzodiazepines and methamphetamine.

Past History:

She has been admitted to 3 rehab programs by her family. She has only been able to achieve short term sobriety after a drug related 6 month prison sentence. She has had one overdose experience with naloxone reversal. Mother obtained naloxone for nasal inhalation for emergency use at home after Charlotte's recent release from prison. They received training in how to administer the drug and indications for use.

Presenting History:

Mother states Charlotte seemed to be doing well and so she and a friend went to the movies. When she returned she found Charlotte passed out on the floor. The first thing she checked was her breathing, which was already shallow. The mother called 911 and checked for responsiveness. Breathing was shallow and Charlotte was unresponsive. She had a weak pulse. Her skin was ashy and her lips were blue.

Mother found Naloxone and gave 2mg in each nostril. She then monitored the pulse and breathing. When the EMT arrived Charlotte was waking up. Breathing was better and her color had returned.

EMTs took Charlotte to the ER for further observation and management.

Patient Description and Image

Name Charlotte Goodson

Age 32 yo

B.D. 8-3-XX


Gender Female

Weight 145

Height 63"

Allergies NKDA



Supplies	Set-up Notes: What is needed for the patient (simulator/actor) and what is needed for the patient room?
<p>IV Set Up <input type="checkbox"/> Saline Lock <input type="checkbox"/> IV <input type="checkbox"/> IV Pump <input type="checkbox"/> Second IV Fluid Type: Normal Saline Infusion Rate: 120 ml/hour Tubing: Standard </p> <p><input type="checkbox"/> Med Dispense List (Other meds to be set up by instructor) (Only list meds to be accessed through med dispense)</p> <p>Medication List</p> <ol style="list-style-type: none">1. Naloxone 4mg nasal inhalation2.3.4.5.6. <p>Equipment: <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> O2 Mask <input type="checkbox"/> Non-Rebreather <input type="checkbox"/> PPE (goggles, gloves, etc) <input type="checkbox"/> Penlight <input type="checkbox"/> Crash Cart <input type="checkbox"/> EMR <input type="checkbox"/> Thermometer <input type="checkbox"/> Accucheck <input type="checkbox"/> NG Tube <input type="checkbox"/> Suction <input type="checkbox"/> Chest Tube <input type="checkbox"/> Other Please Describe Additional Equipment Needs</p>	<p>Setting: <input type="checkbox"/> ICU <input type="checkbox"/> Emergency <input type="checkbox"/> Medical <input type="checkbox"/> Surgery/OR <input type="checkbox"/> Out-Patient <input checked="" type="checkbox"/> Other Home setting</p> <p>Monitor Setup: <input checked="" type="checkbox"/> Primary ECG <input checked="" type="checkbox"/> Secondary ECG <input checked="" type="checkbox"/> Pulse <input checked="" type="checkbox"/> Respiratory Rate <input checked="" type="checkbox"/> B/P <input checked="" type="checkbox"/> SPO2 <input type="checkbox"/> Temp <input type="checkbox"/> CO2 Other Settings</p> <p>Moulage: Cyanosis</p> <p>Patient Actors Requested:</p> <p>Patient-Can be live actor or mannequin</p> <ul style="list-style-type: none">• Age 32• Gender: Female• Clothing: Street Clothes <p>Patients Mother</p> <ul style="list-style-type: none">• Age 60• Gender: Femal• Clothing: Street Clothes <p>Paperwork* <input type="checkbox"/> Physician Orders <input type="checkbox"/> Chart <input type="checkbox"/> Lab Reports * Attach Reports to the file</p>



Scenario Progression: Admission Information

Initial State: Frame 1-Home Overdose		Initial Patient History	
Vital Signs Pulse: 60 and weak Respiratory Rate: 6 Blood Pressure: not available SPO2: not available-lips blue Expected actions w/in 3 minutes: <ul style="list-style-type: none"> • Call 911 • Check Breathing and pulse • Determine overdose occurred • Administer Naloxone • Monitor for deterioration—CPR if necessary 		Body System Assessment	Patient Finding
		• Neurological/Sensory	Pupils constricted-no response
		• Cardiac	Weak pulse
		• Pulmonary	Poor breathing
		• Musculoskeletal	No trauma evident
		• Gastrointestinal	
		• Genitourinary	
		• Skin/Wound	Needle marks on arms
		• Vocal Complaint	unresponsive
Correct Action: Call 911 administer Naloxone	Move to Frame: END	• Initial Lab/Diagnostics	
Wrong Action: Wait to give naloxone	Move to Frame: 2		

Facilitator Notes: Patient presents drowsy and difficult to arouse. Mother knows daughters history and takes action to contact EMS and initiate Naloxone treatment. After Naloxone patient begins to wake up, color and breathing improve—EMS takes to ER for continued observation.

Frame 2-Improved		Change in Patient Condition	
Vital Signs Cardiac Rhythm: Pulse strengthens Pulse: 72 Respiratory Rate: 10 Blood Pressure: SPO2: color improves Correct Actions: EMS takes to ER		Body System Assessment	Patient Finding
		• Neurological/Sensory	Increased awareness
		• Cardiac	
		• Pulmonary	
		• Musculoskeletal	
		• Gastrointestinal	
		• Genitourinary	
		• Skin/Wound	
		• Vocal Complaint	Talking
		• New Lab Reports	
Correct Action : ER transfer	Move to Frame: END		
Wrong Action : Wait for EMS	Move to Frame: 3		

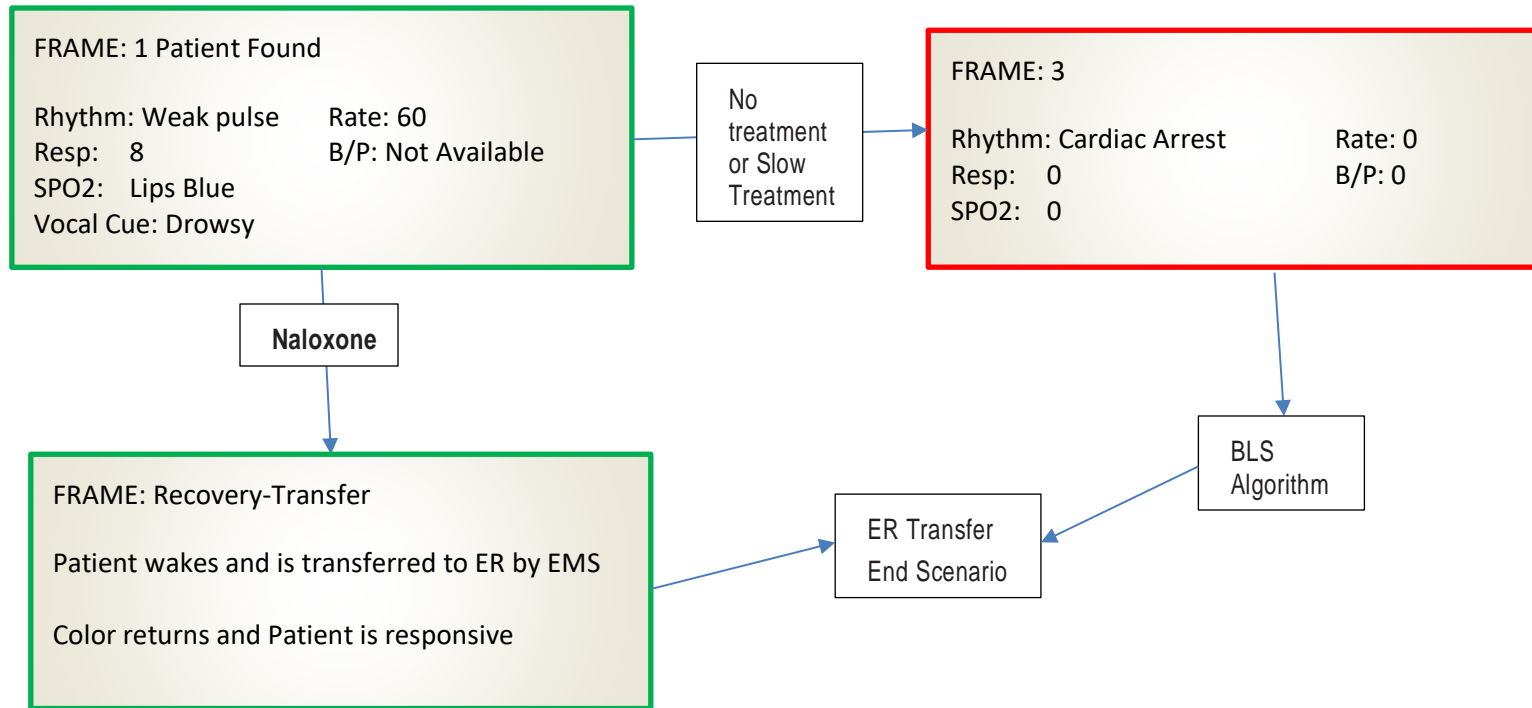
Facilitator Notes:

Opioid overdose managed with naloxone. Time is critical to reverse the effects of the opioids. Additional evaluation and monitoring will occur in the ER.

Frame 3		Change in Patient Condition	
Vital Signs		Body System Assessment	Patient Finding
Cardiac Rhythm: Cardiac Arrest Pulse: 0 Respiratory Rate: 0 Blood Pressure: 0 SPO2: 0 Actions: Because respiratory depression resulting from opioid overdose was not addressed—patient moves into cardiac arrest		• Neurological/Sensory	
		• Cardiac	
		• Pulmonary	
		• Musculoskeletal	
		• Gastrointestinal	
		• Genitourinary	
		• Skin/Wound	
		• Vocal Complaint	
		• Initial Lab/Diagnostics	
		Correct Action: Follow BLS algorithm	Move to Frame: END
Wrong Action	Move to Frame:		

Facilitator Notes: Because opioid overdose was not treated quickly the patient moved into Cardiac Arrest—students should follow the BLS algorithm.

Scenario Progression Algorithm:





PATIENT ACTOR INFORMATION

Patient Actors Roles:

Mother

Suggested Dialogue for each Actor

Mother provides history to EMS when they arrive

Key Points to emphasize:

Mother quickly assesses situation and administers Naloxone



Debriefing Points:

Instructors should developed a structured debriefing and develop questions related to:

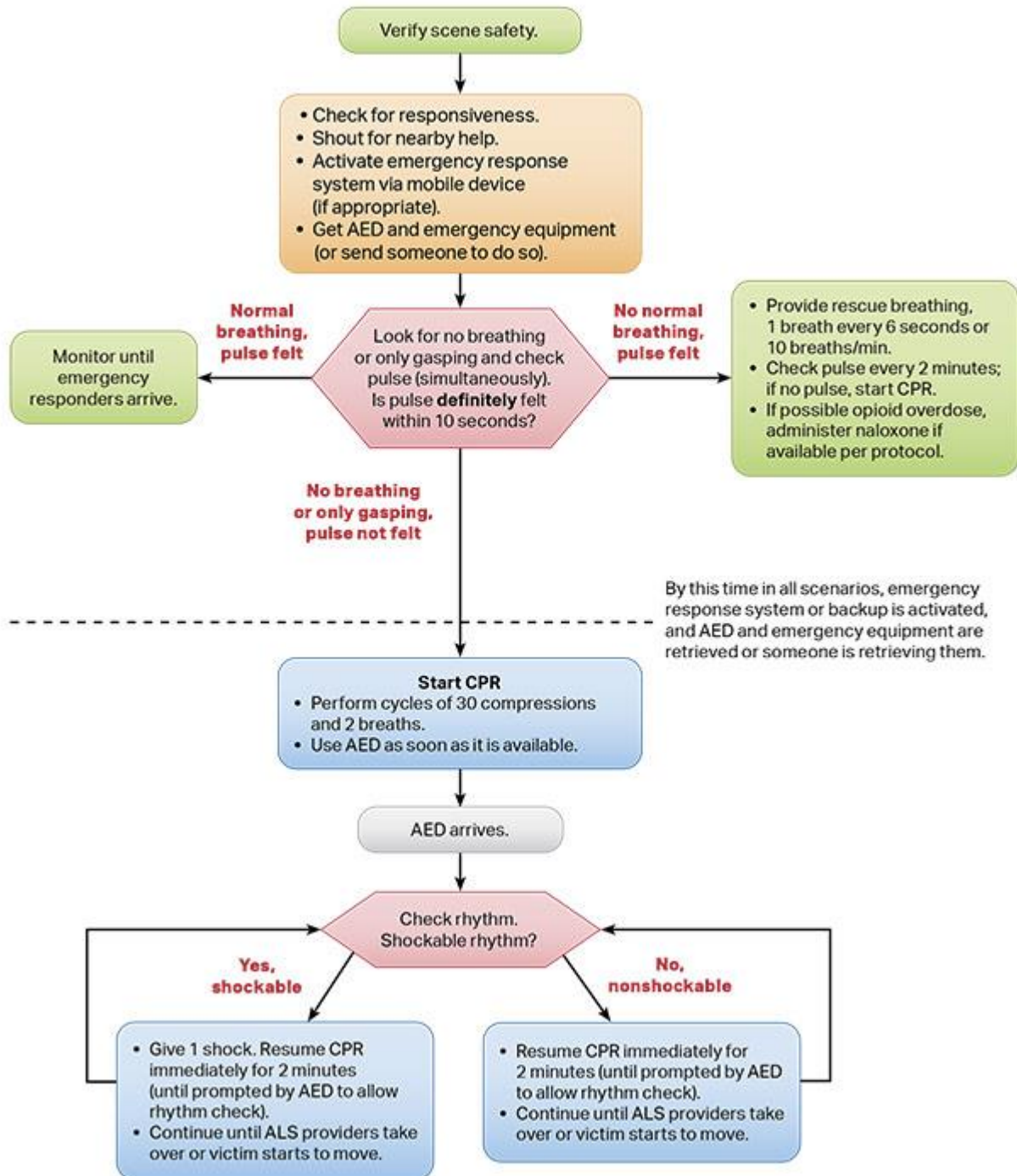
1. Print Objectives here:
 1. Recognize clinical signs of opioid poisoning – How quickly was it apparent that the patient was unstable with possible opioid overdose?
 2. Was there sufficient history to determine cause of respiratory depression?
 3. Were there any issues with naloxone administration?
 4. Was the team able to demonstrate professionalism and communication skills when speaking with mother?
 5. Why is it important to call 911?
 6. How valuable was it for the mother to have Naloxone available quickly while waiting for EMS?
 7. Do you believe training should be available to individuals at risk or working with at risk patients?
2. Teamwork
 - a. Did EMS respond quickly?
 - b. Was communication clear and effective?
 - c. Mutual Respect for mother and patient?
3. Patient Safety – Transport to ER for further evaluation

Tips for Debriefing

1. Learner focused
2. Allow enough time for learning (2-3 times the scenario length)
3. Focus on the process not the individual
4. Keep the debriefing positive



Adult Basic Life Support Algorithm for Healthcare Providers



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