

Section I: Scenario Demographics

Scenario Title:	ASA toxicity
Date of Development:	Updated Feb 2020
Target Learning Group:	All Groups

Section II: Scenario Developers

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Section III: Curriculum Integration

Learning Goals & Objectives	
Educational Goal:	General approach to altered, febrile patient
CRM Objectives:	Shared mental model (summarize patient's condition), Resource Allocation (use all members of team to help with obtaining more info, from EHS, family and have UC provide Pharamanet). Call for help (call ICU early and poison control)
Medical Objectives:	Recognition of ASA toxicity and treatment

Case Summary: Brief Summary of Case Progression and Major Events
75 year old male who presents with altered LOC, febrile, and tachypneic.

<p>1. Baseline State Rhythm: HR: 122/min BP: 95 /60 RR: 40 /min O₂SAT: 90 % np T: 38.6°C</p>		<p><u>Learner Actions</u> -switch to NRB -repeat glucose. -Obtain 2 good IV -Initiate fluid bolus -Order Stat portable CXR/labs/ECg/Blood cultures/Tox screen- be SPECIFIC- can't just say "tox screen". Start Antibiotics</p> <p>Get more of a history: -trauma -Overdose -get social work to contact family -Ask EHS for empty bottles at scene</p>	<p><u>Modifiers</u> <i>Changes to patient condition based on learner action</i></p> <p><u>Triggers</u> <i>Mention that patient appears tachypneic if RR is not recognized- sometime can be hard to pick up on mannequins.</i></p>
<p>2. Repeat glucose if asked=3.1 After first bolus BP= 105/70, HR=110 After second Bolus BP=115/78, HR=97</p>		<p><u>Learner Actions</u> -Give D50W -Repeat second Bolus -Order VBG</p>	<p><u>Modifiers</u> -If glucose NOT rechecked then patient starts to Seize</p> <p><u>Triggers</u></p>

<p>3. Repeat Vitals: Hr= 100 BP=97/72 RR=40 O2 sat'n=94% on NRB</p>		<p><u>Learner Actions</u> -Lab/VBG results back Treat hypokalemia Consider starting D5W infusion, if not repeat glucose =1.9</p>	<p><u>Modifiers</u> -If ASA not ordered, have family member arrive and tell SW, that they are concerned that patient has not been taking his meds correctly. Scattered pills around and patient had been complaining of some knee pain and taking "pain meds"</p> <p><u>Triggers</u> Tachypnea/acidosis/hypokalemia/hypoglycemia should start to treat as ASA toxicity even without ASA level.</p>
<p>4. Recognize ASA toxicity ASA level= 7.2</p>		<p><u>Learner Actions</u> -urinary alkalization- make sure to add potassium. pH goals blood 7.5- 7.6 Urine pH 7.5-8 HCO3 1-2 mEq/kg bolus then 3 amp HCO3 in 1 L D5W at 2-3ml/kg/hour</p> <p>Call ICU/poison control -Get nephrology involved early as delays in dialysis is the most common cause of premature death in ASA overdose. Need to repeat ASA levels q 1-2 h until levels decline.</p> <p>Replace Magnesium too</p>	<p><u>Modifiers</u> -If advanced learners, then may wish to simulate further resp deterioration with requirement for intubation. Learner needs to recognize acidosis as complicating intubation and need to keep vent rate high.pre treatment with phenylephrine if hypotensive. If not verbalized, then proceed to VF arrest. Once on Vent serum PH goal 7.5-7.59. Give HCO3 prior to intubation if acidotic.</p>

Section VIII: Debriefing Guide

General Debriefing Plan			
Individual	Group	With Video	Without Video
Objectives			
Educational Goal:			
CRM Objectives:			
Medical Objectives:			
Sample Questions for Debriefing			
Key Moments			