

AH Nursing: Critical Care Cross Training for COVID-19

Facilitation Guide

- 1) Welcome and Introductions
 - a. Facilitator and SME
 - b. Any observers
 - c. Research Announcement
 - i. Carolinas Simulation Center is conducting research around virtual simulation sessions. We are looking at implementation, ease of use, feasibility as well as learner engagement. Your participation is voluntary but includes participating in the simulation sessions and completing a survey. While our sessions will be audio-recorded, they will only be accessible to our research team. In addition, no personal identifiable information will be collected. If you have any further questions or concerns, the Participant Information Sheet you received has the contact information for the Principal Investigator, Gretchen Hoelscher.
 - d. Learners- Poll questions (share and review results)
- 2) Pre-brief video
 - a. Take time for questions and/concerns after the video
- 3) Virtual orientation
 - a. Ensure learners knows how to raise their hand or get noticed in the session and a reminder to remain muted when not interacting
- 4) Vignette 1- PPE and Assessment
 - a. Read patient summary
 - i. Have learners identify appropriate PPE
 - ii. Have learners discuss what they would assess and/or want to do first
 - b. Watch vignette #1
 - i. Before we play the vignette, say that you will hear machine noises and that is the vent. Know in the ICU environment you will hear multiple sounds.
 - c. Discuss what they saw on the video
 - i. PPE
 1. RN gowned, gloved, masked, safety goggles
 2. Hair pulled back, don't touch face, don't touch phone
 3. Doffing procedure
 - ii. **SME to Discuss anything not identified by the learners or address knowledge gaps**
 - iii. Assessment
 1. Communication
 2. Vital signs
 - a. Telemetry – HR & Rhythm
 - b. How do you feel about these vitals?
 - i. **SME to discuss trending and ICU “Norms”, including MAP**
 - c. Alarms

3. Neuro exam
4. Respiratory Exam
 - a. BBS
 - b. O2 saturation
 - c. Chest rise & fall
 - d. Patent airway
5. Lines and tubes
 - a. Art line, CL, Urinary Catheter, ETT, PIVs
 - i. ETT Secured
 - b. Medication bags/fluids
 - i. Amount of fluid in the bags
6. Vent Settings
7. Pain (CPOT 2)
8. Agitation (RASS -1)
9. Skin Integrity

iv. SME to Discuss anything not identified by the learners or address knowledge gaps

- 5) Vignette 2- Deterioration and Report (annotation at phone call/report)
 - a. Let learners know that an hour has passed, and it is now time to reassess and give medications
 - i. Ask learners what things they should be reassessing
 - b. Watch Vignette #2a (**stop prior to call with ICU RN**)
 - i. What changes did you observe in the patient's condition?
 - ii. What concerned you the most? And Why?
 - iii. Why do you think this is happening?
 - c. In preparation for the second half of the vignette:
 - i. In your current unit, who would you call at this point?
 - ii. What would be your next steps given this information?
 - iii. What are some important details to report?
 - iv. What interventions do you think should be recommended?
 - d. Watch vignette 2b
 - i. Who did the RN call? What did the RN report? Was there anything that she missed?
 - 1. SME to discuss VCC**
 - ii. What interventions were recommended? And Why?
 1. Lower the head of the bed
 - a. BP
 2. Check the A-Line (what could make this reading inaccurate?)
 - a. Ensure waveform is present
 - b. Bag with fluid, 300mmHg of pressure in bag
 - c. Transducer height- changed with patient position
 - d. SME to discuss arterial lines use, troubleshooting, etc**
 3. ICU RN to call MD
 - a. What do you think the ICU RN will recommend to the MD?

- i. Fluids
 - 1. **SME to discuss why we would move to pressors versus fluids**
 - ii. Pressors
 - 1. **SME to discuss scope of practice- ICU RN will initiate and titrate**
 - 2. What is your role?
 - a. Trending BP/HR
- 6) Vignette 3- Agitation and Report
 - a. Orders were received and ICU RN has started the levophed drip. Patient is now hemodynamically stable. While walking past patient's room, you hear the ventilator alarming.
 - i. What are some things you want to assess?
 - ii. What are some common reasons that the vent may be alarming?
 - 1. Agitation, need for suction, kinks, disconnection, etc
 - b. Watch vignette 3
 - i. What were some assessment findings?
 - 1. Vital signs
 - a. What do you think is causing this?
 - 2. Agitated patient
 - a. How did the patient present?
 - b. What do you think is causing this?
 - i. CPOT 5, RASS 2
 - 3. Vent had high pressure alarm
 - a. What do you think is causing this?
 - i. SME to discuss
 - b. RN gave an O2 breath, why?
 - i. SME to discuss scope and how this is done
 - ii. What interventions were recommended? And Why?
 - 1. Vent troubleshooting (**pull up ventilator slides**)
 - a. Suction the patient
 - b. **SME to discuss ventilator alarms, troubleshooting and buttons to use**
 - 2. ICU RN to give sedation and analgesia
 - iii. CPOT/RASS (**pull up slides of CPOT and RASS Scales**)
 - 1. Have learners use the scales to agree/disagree with the RN in the video and say why.
 - iv. Sedation and analgesia
 - 1. Scope of practice
 - 2. What is your role?
 - a. Monitoring V/S, CPOT and RASS
 - 3. **SME to discuss CPOT and RASS scores, sedation goals, and scope of practice in regards to analgesia and sedation**
- 7) Overall Debrief/Summary

- a. Communication throughout the vignettes
 - i. Did the communication style change?
 - ii. **SME to discuss appropriate communication**
- b. Let's reflect on the vignettes and what we have seen
 - i. Guide them through what it looks like for them in their unit/department and how they need to focus on the patient above all else and use the skills and knowledge that they already have.
- c. Scope of practice questions/concerns