

**Scenario Title:** LPN/EMS Collaboration-Code Blue **Version 4- Fentanyl OD**

**Scenario Overview:**

**Brief Description:** An 88-year-old male living in LTC falls into cardiac arrest.

**Setting:** Long-Term Care Facility

**Course Number and/or Student Grade Level:** NRS 122 LPN 1<sup>st</sup> semester students

**Patient Background:**

<b>Name:</b>	Franklin Delano
<b>Age:</b>	88
<b>DOB:</b>	01/30/19**
<b>Height:</b>	5'9" 175cm
<b>Weight:</b>	170 lbs 77kg
<b>Code Status:</b>	Full Code
<b>Gender:</b>	Male
<b>Medical History:</b>	Pt has been in good health with some c/o left hip pain. Pt was found to have degenerative hip disease. Pt is now post-op 1 week from total hip replacement operation. Pt has a history of arthritis, cataracts, and hearing loss and hx atrial fibrillation
<b>Social/Family History:</b>	Pt is widowed and lives alone in a small townhouse. The daughter, Ruth, comes to visit frequently. They have good access to nutrition, utilities, and medication
<b>Diagnosis:</b>	Post-op 1-week total hip replacement
<b>Current Medications:</b>	Warfarin-2mg PO every evening Fentanyl 50 mcg/h apply patch q72 hrs. HYDROcodone 5 mg/Acetaminophen 500 mg 2 tabs PO every six hrs PRN pain Ativan-1 mg po BID PRN-agitation
<b>Allergies:</b>	Penicillin and Eggs
<b>Vital Signs (baseline):</b>	

**Learning Objectives:**

- Assessment and Emergency Recognition:** LPN students will perform a comprehensive patient assessment and accurately identify the need for initiating emergency Basic Life Support (BLS) measures. (*Analysis*)
- BLS Competency:** LPN students will correctly demonstrate BLS interventions in accordance with current evidence-based guidelines. (*Application*)
- Effective Handoff Communication:** LPN students will provide an accurate and structured handoff report to EMS using the standardized EMS format. (*Application*)

4. **EMS Immediate Response:** EMS students will promptly assess the patient upon arrival and initiate appropriate BLS measures without delay. *(Application)*
5. **Pharmacological Intervention:** EMS students will evaluate the patient's condition, determine the need for medication administration, and correctly administer the appropriate medication at the correct dosage. *(Evaluation)*
6. **Interdisciplinary Communication:** LPN and EMS students will utilize effective communication techniques to ensure a clear, accurate, and complete transfer of patient information during the handoff process. *(Synthesis)*

**Learning Outcomes:**

**1. Recognize and Respond to Clinical Deterioration:** Nursing students will assess a patient experiencing acute clinical changes, recognize signs of deterioration, and appropriately initiate emergency interventions, including activation of a CODE BLUE. *(Analysis)*

**2. Demonstrate Competency in Emergency Response and Delegation:** Nursing students will effectively perform BLS, including the use of an AED, delegation of roles during a code, and coordination with the healthcare team to ensure timely and appropriate emergency care. *(Application)*

**3. Communicate Effectively in a High-Stress Situation:** Nursing students will utilize clear, structured communication techniques, such as SBAR, to provide an accurate and concise handoff report to EMS personnel during a medical emergency. *(Synthesis)*

**4. Identify the Impact of Medication Errors on Patient Outcomes:** Nursing students will analyze the consequences of missed anticoagulant therapy, recognize its role in the patient's current condition, and discuss the importance of medication reconciliation and timely administration in preventing adverse outcomes. *(Evaluation)*

**Handoff Report to Students (ISBARRQ Format)**

<b>Identify</b>	Franklin Delano, 88-year-old male patient post-op Left hip replacement x1 week
<b>Situation</b>	Franklin has been recently admitted to LTC for rehabilitation post-total hip replacement. A CNA has just reported to the LPN that Franklin does not appear to be his normal chipper self. The nurse was unable to find the previous Fentanyl patch, so they applied a new one per order.
<b>Background</b>	Franklin normally lives alone in a townhome where his daughter visits frequently. Pt has a history of arthritis, cataracts, and hearing loss.
<b>Assessment</b>	
<b>Recommendations</b>	Assess patient and verify CNA findings
<b>Repeat Back</b>	
<b>Questions</b>	

**Room Setup:**

Room number	W112
Manikin (male, female, pediatric, etc)	Adult male high fidelity manikin with geriatric mask
Moulage (bruising, IV, NG, etc)	2 Fentanyl patches were applied on opposite sides of the chest
Equipment (spirometer, IV Pump, etc)	Vitals equipment, crash cart, emergency number, CPR stool, AMBU bag, stretcher, EMS "go bag"
Staging (loud music, tangled sheets, etc)	LTC setting
Medications	Warfarin 2 mg tablets Fentanyl patch 50 mcg/hr HYDROcodone 5mg/Acetaminophen 500 mg tablet Ativan- 1 mg tablet
Other	

**Baseline Patient Condition**

Pre-Programmed Scenario: Yes or **No**

**Start of Scenario**

**Baseline Vitals:**

**HR: 42**

**BP: 61/36**

**RR: 6**

**SpO2: 82% ORA**

**Temp: 98.6**

Baseline Sounds (lungs, heart, bowels, speech):

**Triggering event(s):** LPN enters the room after CNA reports that Franklin doesn't seem like his usual chipper self.

**In this state:** Students will encounter Franklin, who is very confused and drowsy. Franklin appears to be very fatigued. Students will begin their assessment, and Franklin will lose consciousness and become unresponsive. The vitals will change to reflect a Code Blue. **The cardiac rhythm should be changed to asystole.** Students should initiate a CODE BLUE. The LPN students should call "911" to get EMS en route to the LTC facility. LPN students should attach an AED to Franklin. The AED will not advise a shock, and students must continue compressions. When EMS arrives, they will take over the code. The EMS team will still rely on the LPN students to assist with compressions, bagging, etc. If high-quality CPR is given, the patient will return to sinus rhythm, and a pulse will be palpable. A report will be given to one of the EMS students by one of the LPN students once the patient has become stable enough for transport. **It should be noted that 2 Fentanyl patches can be found on the pt. EMS or LPN students will ideally catch**

this, which will prompt EMS to act accordingly and give the correct medication to remedy the suspected overdose.

**In this state, the students are expected to:** Students should act in accordance with the roles that they picked/assigned. The lead LPN should call “911”, the recorder should be writing down accurate and detailed information, and a team should work on compressions, bagging, and switching out when necessary. EMS students should take over the code upon their arrival. LPN students are expected to assist EMS in whatever tasks they need. EMS students should work towards a field diagnosis and provide appropriate ACLS care. The students are expected to communicate effectively with each other. The LPN students are expected to give a full report to EMS using the following mnemonic:

**S**-Signs/symptoms (refer to OPRST)

**A**-Allergies

**M**-Medications, including OTC and herbal.

**P**-Past pertinent medical history

**L**-Last oral intake (may ask what they ate/medications taken)

**E**-Events leading up to the call to EMS.

**O**-Onset-What were they doing when this happened?

**P**-Provocation/ Palliation- What makes it better or worse?

**R**-Radiation/Region-Where is the pain, and does it move around or in one region?

**S**-Severity-On a scale of 1-10, how bad is the pain/SOB?

**T**-What time did it begin?

**Orders in this state:** None

**Estimated time in this state:** 30 minutes

### **Briefing:**

#### **Prebriefing questions and points of discussion:**

##### **General Prebriefing Questions (Apply to All Variations)**

1. What are the primary considerations for assessing and caring for an 88-year-old male, one week post-op from a full hip replacement?
2. How does the patient’s history of atrial fibrillation and use of Coumadin influence their risk of complications?
3. What specific assessments should you prioritize to monitor for potential post-op complications?

4. How would you approach interdisciplinary collaboration between LPNs and paramedics to ensure effective care?
  5. What steps would you take to prepare for and respond to a sudden deterioration or Code Blue?
- 

### **Variation 1: Myocardial Infarction (MI)**

#### **Prebriefing Questions**

1. What are common signs of an acute MI, and how might they differ in elderly patients?
2. How does the patient's history of atrial fibrillation influence their risk for MI or other cardiac events?
3. What cardiac assessments (e.g., vital signs, ECG) are critical in identifying an MI?
4. How would you manage chest pain or other signs suggestive of cardiac ischemia in an LTC setting?
5. What interventions should you prioritize if the patient progresses to a cardiac arrest during the Code Blue?

#### **Points of Discussion**

- Recognizing atypical MI presentations in elderly patients (e.g., fatigue, nausea, dyspnea).
  - The role of oxygen, nitroglycerin, and aspirin in pre-hospital MI management.
  - How to identify and respond to cardiac arrhythmias associated with an MI.
  - The importance of rapid defibrillation or CPR if the patient progresses to cardiac arrest.
- 

### **Variation 2: Hypovolemia**

#### **Prebriefing Questions**

1. What are the potential causes of hypovolemia in this patient, given their post-op status?
2. How might dehydration, blood loss, or fluid shifts present in an elderly patient?
3. What signs of hypovolemic shock would you prioritize in your assessment?
4. How would you differentiate hypovolemia from other causes of a sudden decline, such as cardiac events?
5. What immediate interventions should you prepare to restore the patient's fluid volume and stabilize their condition?

#### **Points of Discussion**

- Recognizing early signs of hypovolemia, such as tachycardia, hypotension, and altered mental status.
  - Prioritizing IV fluid resuscitation and monitoring for response to treatment.
  - Addressing the potential for underlying bleeding, particularly in patients on anticoagulants.
  - The importance of teamwork in initiating rapid fluid replacement and coordinating transport for further care.
- 

### **Variation 3: Subdural Bleed**

#### **Prebriefing Questions**

1. What signs and symptoms might indicate a subdural bleed in this patient, considering their use of Coumadin?
2. How does anticoagulation therapy increase the risk of a subdural bleed following even minor trauma?
3. What neurological assessments are critical in identifying a possible bleed?
4. How might the progression of a subdural bleed lead to hemodynamic instability or a Code Blue?
5. What immediate interventions should you consider if a subdural bleed is suspected?

#### **Points of Discussion**

- The role of imaging (e.g., CT scan) in diagnosing intracranial hemorrhages.
  - Recognizing subtle neurological changes in elderly patients (e.g., confusion, lethargy, unilateral weakness).
  - How to manage a patient on Coumadin presenting with suspected intracranial bleeding.
  - The importance of prompt communication and transport for advanced care.
- 

### **Variation 4: Fentanyl Overdose**

#### **Prebriefing Questions**

1. What are the common signs of fentanyl overdose, particularly in elderly patients?
2. How might post-op pain management contribute to opioid overdose in this case?
3. What is the mechanism of action of naloxone (Narcan), and when should it be administered?
4. How would respiratory depression present, and what interventions would you prepare to manage it?

5. What is the importance of monitoring the patient after naloxone administration, considering its shorter half-life than fentanyl?

**Points of Discussion**

- The risks of respiratory depression and airway compromise in opioid overdoses.
  - Appropriate dosing and administration of naloxone in a suspected fentanyl overdose.
  - The importance of ongoing monitoring for recurrence of overdose symptoms.
  - Interdisciplinary collaboration in managing respiratory emergencies in an LTC setting.
- 

**Common Themes Across All Variations**

**Interdisciplinary Teamwork**

- How to effectively communicate during a high-stress scenario, such as a Code Blue.
- The importance of role clarity and task delegation between LPNs and paramedics.

**Critical Thinking and Anticipation**

- Recognizing subtle signs of deterioration that could lead to a Code Blue.
- Preparing equipment, medications, and interventions based on the suspected cause of the decline.

**Emergency Preparedness**

- Reviewing the contents and functionality of the crash cart in LTC settings.
- Ensuring familiarity with protocols for airway management, CPR, and defibrillation.

**Debriefing questions and points of discussion:**

**Patient Assessment and Initial Care**

1. **Recognizing Changes in Condition:**
  - What early signs of deterioration did you observe in the patient before the Code Blue?
  - Were there any missed opportunities to recognize or address the patient's decline earlier?
2. **Prioritization of Care:**
  - How did you prioritize your assessments and interventions for this patient?

- Was there anything you would have done differently to stabilize the patient before the event escalated?
- 

### **Code Blue Management**

#### **3. Emergency Response:**

- How quickly and effectively did your team respond to the Code Blue?
- Did you feel prepared to initiate life-saving measures, such as CPR, defibrillation, or medication administration?

#### **4. Roles and Responsibilities:**

- Were team roles clearly defined and followed during the Code Blue?
- How did LPNs and paramedics collaborate during the emergency?

#### **5. Airway and Circulation Management:**

- What steps were taken to secure the patient's airway and maintain circulation during the Code Blue?
- Were there any delays or challenges in managing these critical interventions?

#### **6. Use of Equipment:**

- Was all necessary equipment (e.g., defibrillator, oxygen, IV supplies) available and used correctly?
  - Did anyone experience difficulty using or accessing equipment during the event?
- 

### **Critical Thinking and Problem Solving**

#### **7. Anticipation of Complications:**

- How did the patient's medical history (e.g., atrial fibrillation, anticoagulation therapy) factor into your decision-making during the Code Blue?
- Did you consider the potential for bleeding or clotting when administering care?

#### **8. Decision-Making Under Pressure:**

- How confident did you feel in making decisions during the Code Blue?
  - Were there moments when the team could have made faster or different decisions?
- 

### **Communication and Teamwork**



**9. Communication During the Code:**

- How well did your team communicate during the Code Blue?
- Were instructions clear, and did everyone understand their roles?

**10. Team Dynamics:**

- How effectively did LPNs and paramedics work together during the emergency?
  - Were there any challenges with teamwork or collaboration?
- 

**Points of Discussion**

**Reflection on Strengths and Weaknesses**

- What did the team do well during the scenario and the Code Blue?
- What areas could be improved for future scenarios?

**Application of ACLS/BLS Protocols**

- Were appropriate advanced cardiac life support (ACLS) or basic life support (BLS) protocols followed?
- Did the team adhere to current best practices, such as the correct use of defibrillation, chest compressions, and medication administration?

**Post-Code Considerations**

- What steps should be taken immediately after a Code Blue (e.g., documentation, family notification, debriefing)?
- How does the patient's anticoagulation therapy with Coumadin affect the risk of post-resuscitation complications, such as bleeding?

**Preparation for Future Emergencies**

- What lessons from this scenario can be applied to future situations involving high-risk patients?
- How can the team better prepare for a Code Blue in the LTC setting?