

# SIM MAN SCENARIOS

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## ALS 1

**Patient data:** No data given

Initial state of patient is:

RHYTHM: Asystole	HR: 0	RR: 0	BP: 0/0	SpO2: 0	etCO2: 51	BTEMP 37.2°	TPERI 32.1°
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Students are expected to work through the resuscitation algorithm to resuscitate the patient. The lecturer can make changes to SimMan's vital signs manually at any point.

## ALS 2

**Patient data:** No data given

Initial state of patient is:

RHYTHM: Sinus PEA	HR: 30	RR: 0	BP: 0/0	SpO2: 0	etCO2: 54	BTEMP 37.2°	TPERI 32.1°
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Students are expected to work through the resuscitation algorithm to resuscitate the patient. After 10 minutes in the state the HR will increase to 70 with all other vital signs remaining the same. The lecturer can make changes to SimMan's vital signs manually at any point.

### ALS 3

**Patient data:** No data given

Initial state of patient is:

RHYTHM: VF	HR: 0	RR: 0	BP: 0/0	SpO2: 0	etCO2: 34	BTEMP 37.2°	TPERI 32.1°
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Students are expected to work through the resuscitation algorithm to resuscitate the patient. After receiving two shocks SimMan will have a Sinus PEA rhythm with a HR of 40. All other vital signs remain the same.

### Asystole Arrest

**Patient data:** No data given

Initial state of patient is:

RHYTHM: Asystole	HR: 0	RR: 0	BP: 0/0	SpO2: 0	etCO2: 34	BTEMP 37.2°	TPERI 32.1°
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Students are expected to work through the resuscitation algorithm to resuscitate the patient. The lecturer can make changes to SimMan's vital signs manually at any point.

### Asystole Scenario 3

**Patient data:** No data given

Initial state of patient is:

RHYTHM: Asystole	HR: 0	RR: 0	BP: 0/0	SpO2: 0	etCO2: 0	BTEMP 36.5°	TPERI 32.1°
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Students are expected to work through the resuscitation algorithm to resuscitate the patient. The lecturer can make changes to SimMan's vital signs manually at any point.

### Electrocution

**Patient data:** No data given

Initial state of patient is:

RHYTHM: Asystole	HR: 0	RR: 0	BP: 0/0	SpO2: 0	etCO2: 0	BTEMP 36.5°	TPERI 32.1°
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Students are expected to work through the resuscitation algorithm to resuscitate the patient.

2 minutes into the scenario the rhythm of the heart changes automatically to VF. The students are expected to carry on performing CPR and a rhythm change from VF to Sinus is triggered by a shock from the defibrillator which also increases the HR to 40 and RR to 4.

# END OF LIFE

## ACS GAVIN SMITH - UNSTABLE ANGINA

**Patient data:** Name: John Gavin Smith Age 55 Male Height 175cm  
Weight 75kg

Initial state of patient is:

RHYTHM Sinus with Anterior AMI, ST elevation	HR 110	RR 18	BP 100/60	SpO2 94	TPERI 36.4°	All other values are set to normal/ default
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Student options are to give oxygen or not. The lecturer clicks a button to indicate when student actions are initiated, and this activates changes in SimMan's vital signs as follows:

### **BUTTON 1 - Oxygen is given:**

SpO2 98	This change occurs over a time period of 20 seconds.
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At the lecturer's discretion the heart rate can be increased further by clicking a second button. This can be pressed whether oxygen is given or not, and either before or after oxygen is given:

### **BUTTON 2 – Heart Rate Increases**

HR 118	This change occurs over a time period of 20 seconds.
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A variety of appropriate vocal responses from SimMan can also be easily accessed by the lecturer.

## ACS GAVIN SMITH – NSTEMI

**Patient data:** Name: John Gavin Smith    Age 55    Male    Height 175cm  
Weight 75kg

Initial state of patient is:

RHYTHM Sinus with anterior AMI, Late	HR 115	RR 20	BP 90/75	SpO2 91	etCO2	TPERI 37.2°	All other values are set to normal/default
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Student options are to give oxygen or not. Lecturer clicks one of two buttons to indicate if this has been done or not, and this activates changes in SimMan's vital signs as follows:

**Oxygen is given:**

HR 140	BP 86/76	SpO2 99	These changes occur over a time period of 20 seconds
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**NO Oxygen is given:**

HR 140	BP 86/76	SpO2 90	These changes occur over a time period of 20 seconds
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A variety of appropriate vocal responses from SimMan can also be easily accessed by the lecturer, e.g. "Don't put the mask on- it makes me feel sick".



## ACS GAVIN SMITH – STEMI

**Patient data:** Name: John Gavin Smith    Age 55    Male Height 175cm  
Weight 75kg

Initial state of patient is:

RHYTHM Sinus with Anterior AMI, Late (Coupled PVC)	HR 155	RR 22	BP 80/60	SpO2 98	TPERI 37.2°	All other values are set to normal/default
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Student options are whether to remove oxygen mask from distressed patient or not, and if having done so whether to replace it again or not. Lecturer clicks one of two buttons to indicate whether mask has been removed or replaced and this activates changes in SimMan's vital signs as follows:

- When mask is taken off the patient vomits (a vocal sound only) and the SpO2 drops from 98 to 90 over a time period of 20 seconds.
- When mask is replaced SpO2 increases from 90 to 98 over a time period of 20 seconds.

A variety of appropriate vocal responses from SimMan can also be easily accessed by the lecturer, for example: "I feel sick with the mask on – take it off!"





## ACS GAVIN SMITH – STEMI Complications

**Patient data:** Name: John Gavin Smith    Age 55    Male    Height 175cm  
Weight 75kg

Initial state of patient is:

RHYTHM Sinus	HR 115	RR 26	BP 100/60	SpO2 89	TPERI° 37.2	All other values are set to normal/default
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Student options are whether to lay the patient down and not give oxygen, or whether to keep them upright and give oxygen. The lecturer clicks the relevant button to indicate when student actions are initiated, with the following consequences:

Patient is laid down and not given oxygen:

RHYTHM Sinus	HR 120	RR 30	BP 100/50	SpO2 86	TPERI° 37.2	All other values are set to normal/default
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These transitions take place gradually over a period of 30 seconds.

Patient is sat upright and is given oxygen:

RHYTHM Sinus	HR 120	RR 26	BP 100/50	SpO2 94	TPERI° 37.2	All other values are set to normal/default
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These transitions take place gradually over a period of 30 seconds.

- A variety of appropriate vocal responses from SimMan can also be easily accessed by the lecturer, for example: “I’m laid flat – sit me up!” etc.



## END OF LIFE COPD NEW

**Patient data:** Name: COPD Male

Initial state of patient is: Vocal sound: Cough/Wheeze

RHYTHM Sinus	HR 128	RR 38	BP 85/50	SpO2 85	etCO2 34	BTEMP 37.2°	TPERI° 32.1
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All other values are set to normal/default.

Student has option to check response of patient or not, with the following consequences:

- If student checks for a response, lecturer clicks a button triggering the vocal response of “I can’t breath – I can’t get my breath”. Vital signs stay the same.
- If student fails to check for a response, the same verbal response is triggered automatically after 8 minutes. Vital signs stay the same.

## END OF LIFE NEW

**Patient data:** No data given

Initial state of patient is:

RHYTHM: Sinus	HR: 40	RR: 9	BP: 80/50	SpO2: 77	etCO2: 34	BTEMP 37.2°	TPERI 32.1°
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All other values are normal/default.

The lecturer manipulates the scenario and triggers SimMan’s vocal response and changes to vital signs by selecting one of three buttons (DETERIORATE, DEATH and GROAN)

The GROAN button is clicked when the student checks the patient response.

- Each time the GROAN button is clicked SimMan groans once.
- If DETERIORATE button is clicked Cheyne Stoking commences and HR drops from 40 to 30, RR falls from 9 to 4 and BP from 80/50 to 70/40
- If DEATH button is clicked, SimMan deteriorates over 3 minutes. Vocal sounds stop as HR falls to 0, SpO2 falls to 0 and patient is asystole. Death occurs.

## ODP ANAPHYLAXIS

**Patient data:** No details given

Initial state of patient is:

RHYTHM Sinus	HR 70	RR 14	BP 110/70	SpO2 88	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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All other values are normal/default.

This scenario is written for use with three separate students.

The lecturer initiates the scenario for the first student by clicking a DETERIORATE button which triggers an increase in HR from 70 to 140, RR from 14 to 24 and a fall in BP from 110/70 to 90/50. These changes take place over a time period of 3 minutes. The student decides upon a response.

The lecturer then has the option to make the patient deteriorate further. If this option is taken, the HR drops from 140 to 130, RR drops from 24 to 18, BP increases from 90/50 to 115/80.

The next student starts and the lecturer can press a button to indicate this. At this point tongue oedema is turned on at maximum level and tongue fallback is triggered. The state of the patient is:

RHYTHM Sinus	HR 155	RR 33	BP 80/02	SpO2 80	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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The lecturer clicks a further button to initiate PEA. Heart Rhythm changes from Sinus to PEA, HR increases to 160, RR and SpO2 both drop to zero. The patient's eyes close.

The lecturer has the option to press the button 'Pulse then VF', which initiates a change to sinus rhythm and a heart rate of 155 which changes to ventricular fibrillation after 30 seconds and the HR drops zero.

Once the student has defibrillated the patient the lecturer can select either "Shock Patient" or "Use Defibrillator" which triggers the patient to move into the final state. This causes the rhythm to change again to sinus, the HR drops to 140 with a BP of 100/50 and SpO2 of 85.

After 30 seconds SpO2 increases to 89 and tongue oedema is reduced to half size. A further 30 seconds and SpO2 returns to 95 and tongue oedema is reduced completely.

## PHYSIO FILES JULY 2014

### CASE STUDY 6 CONVERTED

**Patient data:** No details given.

Initial state of patient is:

HR 133	RR 28	BP 144/91	SpO2 88	etCO2 34	BTEMP 38.2°	TPERI 32.1°
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All other values are normal/default.

Lung sounds are enabled with pre-set 'crackles' in right and left lung.

This is a simple scenario in which the lecturer can click a single button to initiate the following instantaneous changes: HR decreases from 133 to 120, SpO2 increases from 88 to 93 and RR decreases from 28 to 24.

## SEIZURE MANAGEMENT

### TONIC CLONIC 3G

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM: Sinus	HR 70	RR 20	BP 120/80	SpO2 95	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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All other values are normal/default.

The lecturer presses a button to initiate a seizure, resulting in tonic/clonic convulsions (SimMan 3G Only) with trismus and the following changes in vital signs: HR increases from 70 to 90, RR increases from 20 to 30, BP increases from 120/80 to 160/100. SpO2 drops from 95 to 85.

After 3 minutes in this state both convulsions and trismus cease and vital signs gradually return to normal over a time period of two minutes.

### SERIAL SEIZURES 3G

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM Sinus	HR 70	RR 20	BP 120/80	SpO2 95	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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All other values are set to normal/default.

The lecturer presses a button to initiate a seizure, resulting in tonic/clonic convulsions (SimMan 3G only) with trismus and the following changes in vital signs: HR increases from 70 to 130, RR increases from 20 to 30, BP increases from 120/80 to 190/120. SpO2 drops from 95 to 75 and blood temperature increases from 37.2 to 40.

Observations gradually return to initial state over 3 minutes. Tonic/clonic convulsions and Trismus need to be manually removed.

## SMART 2015

### SMART- JACK DEMO

**Patient data:** Name: SMART 4 Gender: Male No other details supplied.

This scenario is designed as a demo, in which lecturers play the part of clinicians and technical assistance is required to trigger appropriate responses and active appropriate verbal responses.

Initial state of patient is:

RHYTHM AF	HR 136	RR 26	BP 100/80	SpO2 90	etCO2 34	BTEMP 37.0°	TPERI 32.1°
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Shock threshold is set at 150. All other values are set to default/normal.

The 'clinicians' must decide what to do - whether to give oxygen or not and then whether to give saline or not. The technician clicks on the relevant button when the actions have been completed or after a discretionary time period when the actions have NOT been completed.

The consequences of the actions/ non actions and the sequence in which they are administered (or not) is as follows:

- If they decide to give oxygen SpO2 increases to 96 over a period of one minute. Other values remain the same.
- If button is clicked to indicate NO oxygen has been given HR increases from 136 to 146, RR increases from 26 to 36 and SpO2 drops from 90 to 85.
- If oxygen is still not given but they decide to give saline the SpO2 returns to 96 over a period of 30 seconds and HR drops to 125 but RR remains elevated at 36.
- If the clinician *has* previously given oxygen and then also gives saline, HR decreases gradually over a period of one minute from 136 to 115.

This has resulted in three possible situations.

1. In the first case, where correct treatment has been given, HR=115 and SpO2= 96, while other values have remained the same.
2. In the second case, where no oxygen was given but saline was, HR=125 and RR= 36, with other values as in the initial state.
3. In the third case, where neither oxygen nor saline have been given, HR=146, RR=36 and SpO2 =85

At this point, the clinicians may decide to give more saline, causing the pulse to increase from 87 to 90, while other values remain the same.

The next choice is whether or not to administer analgesia (morphine). If it is given, HR decreases to 96 and RR decreases, while other values remain the same. If it is NOT given, HR =130 and RR =32.

A wide range of appropriate verbal responses are available to encourage interaction with the manikin, e.g. "It feels as if there is a tight band around my chest!" and "I can't get my breath!"

## SMART – JACK SEPSIS

**Patient data:** Name: Jack Palmer Gender: Male

Initial state of patient is:

RHYTHM Sinus	HR 135	RR 40	BP 90/40	SpO2 84	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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Right lung sounds are set to crackles. All other values are normal/default.

The lecturer clicks a button to indicate when oxygen has been given, which causes the RR to drop from 40 to 34 and SpO2 to increase to 88. Other values remain the same.

If oxygen is NOT given the lecturer can indicate this when they feel it is appropriate, causing the SpO2 to drop from 84 to 82.

When Saline is given a slight change in BP is triggered, from 90/40 to 95/40. If fluids are given a second time, the BP changes to 100/50 and if given a third and fourth time the changes are to BP 103/55 and BP 110/65 respectively.

If no Saline is given the lecturer can indicate this several times, initially causing an increase in HR from 135 to 140 and a drop in BP to 85/40 and then BP 82/40 then finally BP 78/35 with each successive click.

A wide range of appropriate verbal responses are available to encourage interaction with the manikin.

## SMART – JOYCE BLEEDING

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM Sinus	HR 107	RR 24	BP 110/65	SpO2 90	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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All other values are normal/default.

Student options are to give oxygen or not. Lecturer clicks one of two buttons to indicate if this has been done or if has not been done within two minutes, and this activates changes in Joyce (i.e. SimMan in drag☺)'s vital signs as follows:

- Oxygen is given: Over a time period of 30 seconds HR increases from 107 to 125, SpO2 increases from 90 to 98 and blood Temp drops from 37.2 down to 36. Other values remain the same.
- If NO Oxygen is given RR increases from 24 to 28 and SpO2 drops from 90 to 86. Other values remain the same. If this change prompts the students to then give the oxygen, values will change as above where oxygen was given.

The student may then decide whether or not to give fluid. These decisions trigger changes in Joyce/SimMan when the lecturer clicks the appropriate button. In both cases rhythm remains as sinus, whilst other values change as follows:

If saline is given:

- After the first 500ml HR increases from 125 to 128 and BP changes from 110/65 to 105/ 67.
- After the second fluids HR increases further to 130 and BP changes to 110/65. This state persists for one minute and then HR continues to increase to 140, while BP changes to 85/38.
- If the first bag of fluid is given, but not the second, then after one minute HR increases to 135 and BP drops to 90/40.

If no saline is given:

- After 2 minutes HR increases from 125 to 130 and BP changes from 110/65 to 100/60.
- After a further 1minute HR increases to 135 and BP drops to 90/40.
- After a further 2 minutes HR increases to 150 and BP drops to 60/40.

If fluids are delayed:

- If the deterioration in vital signs prompts the student to eventually give delayed fluids, following their administration HR drops to 130 and BP increases to 100/65.

Following the administration of fluids, the students may then decide to give Joyce blood, with the following consequences: BP changes drops to 90/40. A wide range of appropriate verbal responses are available to encourage student interaction with the manikin.

## SMART – LAURA HYPO APPENDICITIS

**Patient data:** No data supplied.

Initial state of patient is:



RHYTHM Sinus	HR 122	RR 28	BP 100/52	SpO2 82	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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All other values are normal/default. At the start of the scenario Laura (i.e. SimMan) is snoring loudly and the student is required to hold the head in a head-tilt chin-lift. If they let go Laura starts to snore again.

The lecturer clicks on a selection of buttons to indicate when a student action has been performed or omitted.

- If the student gives oxygen SpO2 increases from 82 to 98 over the course of 1 minute, and if this is immediately followed by Saline, HR reduces from 122 to 120.
- If oxygen is given and then there is a delay in giving Saline, HR increases from 122 to 125 instantly and then gradually to 135, while BP drops from 100/52 to 95/50.
- If a second bag of fluids is given HR gradually decreases from 120 to 100.
- If glucose is then given, the patient makes a gargling sound.
- If this is followed by intubation the gargling sound stops. When intubation is removed RR is reduced from 28 to 15 and the patient asks twice “Where am I”?

If this procedure is followed, within 20 seconds HR is 86 and BP 105/60.

## SMART- PAUL FOSTER DIABETIC

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM Sinus	HR 115	RR 22	BP 145/90	SpO2 97	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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Pupil size is set to small. All other values are normal/default.

By clicking the relevant button, the lecturer initiates and then stops Trismus with tonic/clonic convulsions in SimMan. When the Trismus/convulsions stop the following changes can be observed: HR has increased from 115 to 125, RR has increased from 22 to 28 and SpO2 has dropped from 97 to 80. (All other values remain the same).

The students may decide to give oxygen, in which case the SpO2 gradually increases from 80 to 98.

Whether oxygen is given or not, the lecturer can trigger the patient to eventually make a full recovery with the vital signs reading as follows: HR: 86, RR16, SpO2: 100, BP130/85.

## SMART –STEVE ASTHMA

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM Sinus	HR 110	RR 36	BP 90/40	SpO2 88	etCO2 34	BTEMP 37.0°	TPERI 32.1°
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Right and left lung sounds are set to 'Wheezing'. All other values are normal/default.

The students must decide whether to give oxygen or not. The lecturer then triggers the following changes by clicking the relevant button:

- Oxygen given within first two minutes: Spo2 increases from 88 to 90.
- No Oxygen given within first 2.00 minutes: RR drops from 36 to 34 and SpO2 from 88 to 86. The students may react to these changes and be prompted to eventually give oxygen:
- Oxygen given after first 2 minutes: RR increases again from 34 to 36, SpO2 climbs from 86 to 90.

The students may then decide to give fluid. This triggers the following changes:

- First fluids given: BP changes from 90/40 to 100/60.
- Second fluids given: BP changes to 105/65.
- Third fluids given: BP changes to 110/ 55.
- Fourth fluids given: BP changes to 110/65

All other values remain the same.

## FVF to CVF 2DC to ROSC

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM VF	HR 0	RR 0	BP 0/0	SpO2 0	etCO2 0	BTEMP 35.0°	TPERI 32.1°
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The patient starts the scenario in VF with a low amplitude wave. The students are expected to work through the resuscitation algorithm to resuscitate the patient. After 2 minutes 30 seconds the amplitude of the wave increases. Once the patient has received 2 shocks the patient will move into a Sinus rhythm with a HR of 50 (at least 2 minutes 30 seconds of the scenario must have passed when the second shock is delivered for the scenario to move on, otherwise the change will take place on the first shock received after the 2 minutes 30 seconds have passed). After 2 minutes 30 seconds in Sinus rhythm the patient will have a RR of 10.

### L&N Test

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM Sinus	HR 120	RR 25	BP 120/80	SpO2 92	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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The patient starts the scenario with Crackles on the left lung and the students are expected to assess the patient. Once the scenario has run for 7 minutes it will progress into the second state.

Second state:

RHYTHM Sinus	HR 128	RR 32	BP 120/80	SpO2 85	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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Once in the second state the patient begins to cough and will continue to do so at regular intervals. At this point the lecturer is given two options. If the student increases oxygen or gives inappropriate treatment, the lecturer can click the "Physio Increases Oxygen or Treats Inappropriately" button. This will cause the HR to increase to 134 and will also cause the SpO2 to drop to 82 and the RR to drop to 16.

The second option that the lecturer has is for when the student gives the patient the appropriate treatment required. By clicking on the "Physio Attempts to Treat Appropriately" button the lecturer will trigger the following changes. HR will drop to 115, SpO2 will increase to 93 and the RR will decrease to 24. At this point the coughing will also stop.

## L&N2

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM Sinus	HR 110	RR 36	BP 90/40	SpO2 80	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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Right and left lung sounds are set to 'Wheezing'. All other values are normal/default.

If the student gives the patient oxygen then the lecturer can click the "Oxygen Given" button will with increase the SpO2 from 80 to 98 gradually over 2 minutes.

## OD Narcan

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM Sinus	HR 30	RR 6	BP 90/40	SpO2 98	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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All other values are normal/default.

Once the scenario has run for 2 minutes it will move into the second state.

Second State:

RHYTHM VF	HR 0	RR 0	BP 2/2	SpO2 98	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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Once in the second state the patient will close their eyes and the students will be required to work through the resuscitation algorithm. The patient will remain in this state until the student has delivered 3 shocks, at which point the scenario will automatically move into the final state.

After the third shock has been delivered and the scenario has moved into the final state, the patient will had a RR of 10 and HR of 80. All other observations will remain the same.

## PEA Scenario 2

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM Sinus PEA	HR 60	RR 0	BP 2/2	SpO2 0	etCO2 0	BTEMP 37.2°	TPERI 32.1°
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Students are expected to work through the resuscitation algorithm to resuscitate the patient. The lecturer can make changes to SimMan's vital signs manually at any point.

## RAMPPS Ligature

**Patient data:** Name: Edward James Gender: Male Age: 42 Years Old

Initial state of patient is:

RHYTHM Sinus	HR 142	RR 0	BP 200/98	SpO2 85	TPERI 35.8°
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The manikin should be setup with a ligature around the neck. The manikin will have its eyes closed and will not be breathing. The Lecturer will have 3 options to choose from. "Ligature Removed", "Correct Treatment" and "Untreated".

Pressing "Ligature Removed" will cause the manikin to start spontaneously breathing with a RR of 44 and loud Stridor on both lungs.

Pressing "Untreated" at any point will initiate the following changes to the existing observation gradually over a 2 minute period: HR -100, BP -100 and SpO2 -10. If the patient is untreated for a further minute then they will arrest and have an Asystole rhythm.

Pressing "Correct Treatment" at any point will cancel any active trends and cause the patients observation to improve gradually over 2 minutes. The manikin's eyes will open and Stridor will become quieter. The final observations will be as follows:

RHYTHM Sinus	HR 112	RR 25	BP 158/89	SpO2 90	TPERI 35.8°
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## Referral 1 HB to PEA

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM 3° AV- Block	HR 25	RR 10	BP 90/65	SpO2 96	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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All other values are normal/default.

Once the scenario has run for 2 minutes it will move into the second state.

Second State:

RHYTHM Sinus PEA	HR 20	RR 0	BP 2/2	SpO2 96	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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The patients eyes close and students are expected to work through the resuscitation algorithm to resuscitate the patient. The lecturer can make changes to SimMan's vital signs manually at any point.

## Referral Scenario 3

**Patient data:** No data supplied.

Initial state of patient is:

RHYTHM VT	HR 220	RR 34	BP 190/110	SpO2 98	etCO2 34	BTEMP 37.2°	TPERI 32.1°
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Once the scenario has been running for 2 minutes the rhythm will become VT PEA and the BP and RR will drop to 0. Eyes will also close. The student will then be expected to work their way through the resuscitation algorithm. Once one shock has been delivered the rhythm will change to Asystole and the student is expected to continue performing CPR.



