Responding to a Rehab Emergency: A Fun and "Simulating" Experience

Authors: Marcy Carl MSN RN CRRN CWCN
Marianna Schneider MSEd RN RNBC

ABSTRACT

Simulation is an event or situation made to resemble clinical practice as closely as possible to develop clinical reasoning skills (Jefferies, p3). The use of simulation in the rehab setting for low volume, high risk emergencies enables staff to get immediate feedback on behavior, analyze mistakes and reflect on their own skill sets. Simulation also involves active, hands on learning that helps the learner retain the knowledge longer. For the above reasons, we chose to implement simulated learning experiences for our rehab staff for two rehab emergencies: autonomic dysreflexia and pulmonary embolism. These two emergencies were picked because they are both low volume, high risk and require time sensitive actions when they occur. Many of our staff were new hires to rehab and had not experienced either emergency so use of simulation allowed the staff to make mistakes while learning from those missed cues.

PURPOSE

The purpose of this poster will be to outline the process of simulation used for both autonomic dysreflexia and pulmonary embolus in a rehab setting for staff learning.

Autonomic Dysreflexia Simulation

Objective of simulation:

1. Recognize signs and symptoms of AD upon patient assessment
2. Implement emergency interventions for reversing the effects of AD
3. Teach patient and father prevention and recognition of AD

Simulation Summary:

1. Script provided to team of rehab actors that are simulating patient, staff responders and family
2. RN follow AD order set and policy while searching for cause of AD reaction
3. Unlicensed responder elevated HOB, removes restrictive clothing, checks blood pressure every 5 minutes and reports result to RN
4. Father asks lots of questions, acts nervous and is over attentive
5. Patient is anxious, complains of headache, moans and thrashes head back and forth (patient made up to simulate flushing and sweating)
   a. Patient had a too tight abdominal binder and watch band that was too tight
   b. Also had an overfull bladder (foam ball cut in half taped suprapubically with sign) or
   c. Patient had a sign on lower back that bowel was full

Pulmonary Embolism Simulation

Objectives of simulation:

1. Recognize signs and symptoms of massive pulmonary embolism
2. Interpret vital signs and patient assessment data.
3. Treat patient appropriately
4. Communicate with treatment team

Simulation Summary:

1. Script provided to team of rehab actors that are simulating patient, staff responders and family
2. Primary RN- use your assessment skills to identify patients needs
3. Secondary RN, LPN or unlicensed responder - use anticipatory and clinical skills by taking 3 consecutive vital signs and stating patient observations. Follow delegated activities as directed by primary RN
4. Patient is coughing upon staff entering the room then "coughs up" bloody emesis (KY jelly, fake blood and melted gummy bears)
   a. Patient was also exhibiting diaphoresis and cyanosis (spray bottle of water and white powder mixed with blue eye shadow)
   b. Then patient becomes unresponsive –
   Rapid Response Team Activation

OUTCOMES

- Simulation increased staff confidence and competence in feeling more prepared for both emergency situations (AD and PE)
- Currently, SCI patients have been assessed for AD to date.
- One patient was transferred out of the hospital and due to competent nursing assessment a PE was quickly discovered and treated in the ED.
- Simulation learning has translated for the current rehab staff into competent rapid response care in emergency situations.
- Staff enjoyed simulation for learning and asked for more simulated learning.
- Use of simulation learning for yearly annual competency related to emergency management of patient will continue due to the success of these 2 simulations.

REFERENCES

Jefferies, P. R. (2007) Simulation in Nursing Education: From Conceptualization to Evaluation. New York, National League for Nursing.

Community Rehabilitation Hospital Provision of Care Policy Autonomic Dysreflexia policy POC 570

Authors
Marcy Carl, Director of Nursing
Community Rehabilitation Hospital
mcarl@chrehab.com

Marianna Schneider, Education Specialist
Community Health Network
mschneider@ecommunity.com