Scenario Title: Vaginal Hysterectomy (Code Patient)

Patient Name: Susan Weinheart

Medical Record #: DOB: Age:

Level (2nd year, last term of program): Course: Nur 212

Author, w/email: Doris Jepson RN, BSN, CCRN (CGCC) djepson@cgcc.cc.or.us

Keywords - Theory: Hypovolemic shock, Post-op Care

Keywords - Skills: CPR, Med Administration, Focused Assessment, Defibrillator, IV Starts, Rhythm Analysis, Airway Management, Oxygen administration

Participant assignments:

First Responder*: Patient’s Primary Care Nurse—Call Code and Initiate CPR, Manage airway and ambu bag

Second Responder: Verify Code called and Code Cart Coming, Place Backboard, Assist CPR; Rotate with First Responder approx. every 2 minutes

Third Responder*: --2 students for this role this scenario

Retrieve Code Cart, Hand Ambu Bag to First Responder, Attach Cardiac Monitor, Set up and hand equipment to code team members, Assists Other Responders as needed

Fourth Responder: Functions as Team Leader, Rhythm Analysis, Mans Defibrillator, Checks for pulse with changes, orders Administration of Meds, Recalls H's and T's to identify treatable cause

Fifth Responder*: IV access and continued patency, hangs IVF, Administers and Circulates meds, Assists with Rhythm Analysis

Sixth Responder: Recorder, communicate findings and information with code team, make sure chart in room and chaplain is notifying family, physician called, review code status of patient

*Students being evaluated with this scenario

Patient Case History:

Susan is a 47-year-old female with a history of dysfunctional uterine bleeding (DUB). Patient is status post vaginal hysterectomy – OR report states surgery was difficult due to obesity. Estimated blood loss was 250mL due to some uncontrolled bleeding during surgery. Susan was admitted to the 4th floor from PACU about an hour ago. VSS, afebrile. In PACU she received a combination of Meperidine HCl 25 mg IV and 25 mg IM – last reported pain at a 2/10.

Medical history: Patient has a history of Type 2 Diabetes Mellitus, Obesity, Coronary Artery Disease and Stage 1 Hypertension

Allergies: Betadine

Meds: Lantus Insulin 25 units SQ daily at HS

Aspirin 325mg po daily

Lisinopril 10mg po daily

VS: BP 98/76  HR 112  RR 22  T 36.8  SpO₂ 95%

Labs: Pre-op" Hgb/Hct 10.3/29.4; Na 137; K 4.0; Glucose 110
Physician Orders:

1. Admit to 4th floor for Dr. Jepson
2. DX – SP Vaginal Hysterectomy
3. Routine Post-op care and VS
4. IV D5½NS with 20 meq KCl at 125mL/hr
5. Diet - NPO
6. Glucoscan q6h while NPO with standard sliding scale coverage; do ac & hs when eating
7. Lantus Insulin 25 units SQ daily at HS
8. Aspirin 325mg po daily
9. Lisinopril 10mg po daily
10. Meperidine 50 mg IM q 4-6 hrs prn pain
11. TCDB, IS x10 q1 hr WA
12. Notify Physician: SBP >140<90, DBP >90<50; HR>120<50; RR>22<8; T>38.5; UOP <30 mL/hr x 8 hours

Initial Computer Set Up

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<th>VS:</th>
<th>BP</th>
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Lungs: Lt: Clear  
Rt: Clear  
Bowel sounds

Heart: Rhythm: Ventricular Tachycardia (VT)

Ectopy: Waiting:

Other:

Report to start scenario: “Susan is just starting to wake up and her pain is controlled by the Meperidine she received in PACU. Lungs are clear, heart rate regular, no bowel tones heard. She has a #18 gauge IV in her left arm and the ordered IV fluids were just hung, so you have 1000mL LTC. Vital signs have been stable. Peri pad just changed—had a large amount of serosanguineous drainage. Patient has not voided.”

Priorities (in order)  
SN Interventions  
Patient Responses

Assess Patient Unresponsiveness  
Call for help; push Code button and initiate CPR  
None

Establish effective CPR  
2 person CPR, use Ambu bag when available, switch compressor about q2min.  
None

Set up for code management  
Open code cart, hand off supplies to other personnel: Ambu bag, IV fluid, IV start, connect monitor/defibrillator to patient, documentation, attempt to notify MD  
None  
Operator should call in after a minute if student does not call. Operator should verify if it is a real code and MD name.

Determine if shockable rhythm  
Brief pause in CPR, Analyze Rhythm, provide CPR while  
None, VT
| **Resume CPR and code management** | Analyze rhythm, Resume CPR for 5 cycles or 2 min, Problem Solve 6 H’s and 5 T’s with focused assessment, Change IVF to NS “wide open,” Insert 2nd IV line—18 gauge in right arm and hang 2nd NS “wide open”; Administer 1 mg epinephrine q3-5 minutes | None, VT  
Focused Assessment: Patient laying in large pool of blood |
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<td><strong>Determine if shockable rhythm</strong></td>
<td>Brief pause in CPR, Analyze Rhythm, provide CPR while charging defibrillator, announce and observe “All Clear” and defibrillate</td>
<td>None, V Fib</td>
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| **Code Management** | Analyze rhythm, Resume CPR for 5 cycles or 2 min; administer about 100mg Lidocaine | None, V Fib  
Code with V Fib should last about 10 minutes, with shocks q2min and epi q3-5min and Lidocaine sandwiched in bet. Good CPR all the while. |
| **Determine if shockable rhythm** | Brief pause in CPR, Analyze Rhythm, Check pulse, provide CPR. Problem Solve 6 H’s and 5 T’s: make sure good quality CPR, IVF running “wide open” both sites | None, PEA (appears NSR rate 80)—no pulse  
If have done interventions, then: |
| **Code Management** | Brief pause in CPR, Analyze Rhythm, Check pulse, Check VS and respiratory effort. | Spontaneous resp, rate 6, Monitor NSR with freq. PVCs, rate 80, B/P 96/72, SaO2 88%. |
| **Airway and Breathing Management** | Continue to provide rescue breaths until patient is breathing adequately on own. Then put on 100% NRB mask | Resp. rate gradually increases to 16 and SaO2 to 100% over next minute. |
| **Phone report to MD** | Phone given to MD.  
Call blood bank—ask to bring unit up immediately OR someone goes to blood bank to get unit. | MD calls in and asks for report. Orders “Go ahead and hang a Lidocaine infusion at 2 mg/min. Transfuse one unit of blood ASAP and prepare for immediate transport to surgery. I’ll call OR to arrange.” |
| **Post resuscitation care** | Monitor patient, prepare for immediate transport to OR. Someone calls blood bank or | Begins to respond weakly to verbal stimulus. |
goes to blood bank for unit.

Clean up “blood.” Consider checking glucoscan. Begin pre-op checklist. Finish documentation, including names of participants.

Student hangs Lidocaine infusion at 30 mL/hr

| Emotional Care of Patient | Provide truthful, comforting answers. | Susan [weakly]: "What happened? Where’s my husband? Why does my chest hurt? Where are my glasses?"

| Hang unit of PBC | Unit arrives and is double checked and prepared to be hung. | Patient VS: 98/68, 97.2, 84, 18, 98%, abd pain 3/10, chest sore 7/10; Monitor NSR

| Transport to OR | Brief report given to OR nurse. | OR nurse arrives: “I'm from OR. I need the chart and let’s get this patient transported.”

| Emotional Care of Patient | Student offers to go to OR with patient holding her hand. | Susan says to student “Hold my hand.”

**Faculty Notes** (theory, medications, etc.)

1. When CPR must be interrupted, break should be for as short a time as possible.
2. 2005 AHA guidelines state rate of compressions:ventilations is 30:2; compressions should be fast and hard at 100/min; once ET tube is placed, ventilations are 8-10/min and not synchronized with compressions.
3. 2005 AHA guidelines state that only single shocks are delivered (no stacking). Voltage is as follows: 360 joules for monophasic defibrillators; 150-200 joules for biphasic truncated exponential waveform; 120 joules for rectilinear biphasic waveform.
4. 2005 AHA guidelines state that after a shock is delivered, CPR is immediately resumed for 5 cycles or 2 minutes, then rhythm is analyzed. For Simulation purposes, students will analyze rhythm after shock is delivered.
5. Antiarrhythmics or vasopressors may be administered during CPR or right after a rhythm check.
6. Epinephrine is always first drug administered in arrest rhythms.
7. Medications administered IV during a code are pushed rapidly.
8. 2005 AHA guidelines state that IV fluids are not bolused unless hypovolemia is suspected.
### Debrief Priorities
(facts, feelings, behaviors, priorities, noticing, interpreting, responding, evaluating and reflecting-what went well, what would you do differently)

1. How do you think you did as a group?
2. Review individual efforts.
3. Identify an area for improvement.
4. Discuss possible causes of arrest.
5. Ask total amounts of documentation nurse (defib, epi, etc.)
6. Ask how long from when patient first found to start of CPR and first defib?
7. How often was epi given (time frame between doses)?
8. Did 2nd IV site get started and IVF get changed out?
9. Discuss comfort/communicate with patient about situation and need to return to OR (re: post op bleeding)

### Possible Increased Complexities for this scenario:

1. Hypoglycemia

### References:

1. 2005 AHA Guidelines for CPR and Emergency Cardiovascular Care (Nov. 2005)

### Suggestions for Future Advanced Scenarios:

1. 

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Funded by the US Department of Labor