#  Severe Novel COVID-19 Infection (SARI)

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| **Field** | **Text** |
| Title | IPC: Severe Novel COVID-19 Infection (SARI) |
| Subtitle | Respiratory Treatment and Triage to Admission  |
| Publishing Organization | Laerdal Medical |
| Overview tab |  |
| Simulation Type | Simulator based |
| Simulation time | 25 minutes |
| Debriefing time | 30-40 minutes |
| Level | Advanced |
| Patient Type | Adult |
| Target groups | Health Care Providers in Emergency Department |
| Summary | This scenario presents the expected arrival of a 71-years-old male with suspected COVID-19. The patient called the healthcare triage call center, with high fever, coughing, chest pain and respiratory difficulty. 9 days ago, he met with his son who has now been tested positive for 2019-nCoV. The patient has a history of diabetes 2 and chronic liver disease.The participants are expected to prepare equipment, don PPE, assess patient, administer supplemental oxygen, obtain venous blood sample, order bedside x-ray, and triage to admission on either Intensive Care Unit (UCI) or monitored acute respiratory department, educate patient, communicate effectively with interprofessional team, escalate standard precautions for all patients and safely dispose of equipment and PPE.  |
| Learning objectives | * Apply standard precautions according to presumed diagnosis including appropriate PPE
* Apply routine Infection Prevention and Control (IPC)
* Ensure all equipment ready and available
* Recognize the suspected patient early
* Collaborate and communicate with the health care facility’s IPC infrastructure
* Distinguish between severe acute respiratory infection and acute respiratory infection
* Perform a primary assessment of a patient with severe acute respiratory infection (SARI)
* Start immediate treatment of respiratory distress and infection
* Alarm the Hospital IPC coordinator of suspected COVID-19
* Verbalize escalated standard precautions for spouse and front desk
* Obtain adequate samples and diagnostics for SARI according to safety procedures
* Triage the patient according to the general principles for patients with severe acute respiratory illness (SARI)
* Educate patient on personal standard precautions and plan of care
* Coordinate safe patient transfer to receiving department
* Handle contaminated equipment according to procedure
* Doff PPE according to procedure
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| Educational information | NA |
| Further readings | *Infection prevention and control during health care when**novel coronavirus (nCoV) infection is suspected. Interim Guidance*, World Health Organization 25 January 2020, WHO/2019-nCoV/IPC/v2020.2 |
| Scenario image | Pending |
| Scenario Video | NA |
| Why use this scenario? | This scenario addresses key interventions for the preparation, identification, treatment and triage of the patient with chronic disease and severe acute respiratory infection (SARI) due to novel COVID-19 disease. The scenario is designed to train and test health care providers at the emergency department in standard precautions and Infection Prevention and Control (IPC) according to WHO Interim guidelines 25 January 2020 on IPC for the 2019-nCoV virus. |
| Prepare tab |  |
| Location | Emergency Department |
| Participants | * 2-4 health care providers
* 1 observer
* 1 scenario assistant to act as interprofessional personnel:
	+ 1 orderly to push the bed with the simulator into the examination room
	+ 1 portable X-ray assistant
	+ 1 orderly to transfer patient to receiving department
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| Equipment list | Medical Supplies* ABHR - Alcohol base hand rub
* Blood pressure cuff
* Blood sample kit
* ECG electrode cables
* Endotracheal intubation kit
* IV line
* Medical face masks (N95 mask with respirator)
* Oxygen delivery devices including minimum nasal cannula, bag valve mask and non-invasive ventilator with reservoir.
* Oxygen supply source
* Saline lock
* Specimen collection kits
* SpO2 probe
* Standard precautions equipment for all participants including scenario assistants acting as first responders and x-ray assistants (long-sleeved, disposable gown, goggles or face shield and non-sterile gloves)
* Stethoscope
* Suction line and tubing
* Thermometer
* Universal precautions equipment

Props* 2 sets of first responder uniforms
* Local IPC check list and procedures
* Patient cloth appropriate for 55-years-old
* Hospital bed on wheels
* Portable X-ray machine

Medications* Ipratropium
* IV Antibiotics
* Normal Saline
* Salbutamol
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| Preparation and setup | * Dress the simulator in clothing and cap suitable for a 71-years-old man
* Place the simulator lying in a hospital bed
* Apply moisture on upper lip and forehead to simulate sweating
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| Role Information | Instruct the scenario assistant to dress in an orderly uniform and to apply mask and gloves. Have the assistant ready to push the hospital bed with the patient to the examination room 5 minutes into simulation time.Then have the simulation assistant act as x-ray assistant, standing by with the portable x-ray machine in full PPE to go into the examination room 2 minutes after the participants have ordered an x-ray.Then have the simulation assistant act as an orderly to transfer the patient to admission department when called by the simulation participants. If wanted, the assistant can don only part of the PPE, leaving out goggles/face shield to test if the participants are aware of the missing equipment and the contamination danger during transport of patient. |
| Patient chart | NA |
| Training Devices | SimMan 3G family, SimMan ALS, ALS SimMan, Nursing Anne, Nursing Anne Simulator, Nursing Kelly, MegaCode Kelly advanced, Resusci Anne Simulator |
| Simulation devices | Lleap, SimPad |
| Simulation mode | Automatic mode |
| Additional Simulation Equipment | Patient Monitor, SpO2 |
| Simulate tab |  |
| Learner Brief | Emergency Room09:21The health care call center has referred a 71-year-old man with diabetes and chronic kidney disease who is on his way by own transportation (spouse is driving). The patient has reported fever, dry coughing, chest pain and respiratory distress. Please, appoint a team leader, don PPE and prepare for receiving the patient within 5 minutes. |
| Patient Picture | NA |
| Patient Data | Name: Antoine DebuzzyGender: MaleAge: 71 yearsWeight: 83 kgHeight: 175 cmAllergies: No knownImmunizations: Yearly influenza vaccine |
| Start vital signs | Initial vitals• ECG: Sinus w occasional VES • HR: 117 bpm • RR: 22 rpm• BP: 149/80 mmHg• SpO2: 89%* EtCO2: 31 mmHg

• Tblood: 39 oCOnly for programming purpose, not Scenario Cloud entry:Trend after oxygen administration:ECG: sinus without VESHR: 112RR 15BP 140/80SpO2: 97%EtCO2: 38 mmHgOver 1½ minute Trending 2½ minutes after patient encounter with no oxygen applied:HR: 124/minRR: 33/minBP: 120/85SpO2: 81%EtCO2: 29 mmHgOver 2 minutes |
| Medical history | **Past Medical History**Diabetes 2, chronic kidney disease**Resent Medical History**Patient got a cold 3 days ago with fever, sore throat, sneezing and increasing fatigue. This morning, his son called that he had been tested positive for COVID-19, after returning from a business trip in a endemic COVID-19 area. Patient met with his son 9 days ago.**Social History**Retired bus driver 8 years ago, married with 2 grown-up children, smokes 4-6 cigarettes per day. Used to drink alcohol on daily basis until he got a diagnosis of diabetes 2 seven years ago and chronic kidney disease 10 years ago. Active in the local AA society. |
| Clinical Findings | * Respiratory distress
* Dry coughing with chest pain
* Sweating and shivering
* Malaise and fatigue
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| Diagnostics | None available |
| Provider’s orders | NA |
| Expected interventions | * Assemble and prepare equipment
* Assure standard precautions
* Don PPE according to procedure and IPC guidelines for acute respiratory infections (ARI)
* Identify patient
* Perform primary survey
* Obtain 3-lead ECG
* Monitor patient closely
* Administer supplemental oxygen
* Obtain patient history
* Verbalize SARI secondary to suspected COVID-19
* Call IPC coordinator
* Verbalize escalation of standard precautions for first responders who transferred the patient
* Order bedside X-ray
* Insert IV/IO
* Start infusion of normal saline
* Collect specimen sample
* Obtain venous blood sample
* Blood culturing
* Consider nebulized drugs
* Administer IV antibiotics
* Safely contain specimen and blood sample for transport
* Contact laboratory personnel
* Triage the patient to hospital admission
* Call ICU
* Give report
* Request IPC transfer of patient
* Inform patient on plan of care
* Educate patient on standard precautions
* Communicate effectively with interprofessional team
* Escalate standard precautions for all patients
* Hand over patient to orderly
* Safely dispose of equipment
* Doff PPE according to procedure
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| Assessment Instruments | This scenario contains scoring that enables a summative assessment of the participants. The scoring is based on all key events which can be logged during simulation and is presented at the end of the debriefing log after simulation is ended. The scoring is presented as a sum of logged events compared to the maximum score.**The scoring is based on the below key events:**Wash hands = 1Don all PPE equipment = 1Check equipment = 1Identify patient = 1Obtain patient history = 1Assess breathing = 1Assess vital signs = 1Obtain oxygen saturation = 1Auscultate lungs = 1Obtain 3-lead ECG = 1Verbalize SARI secondary to suspected COVID-19 = 1Verbalize escalation of standard precautions = 1Administer supplemental oxygen = 1Insert IV/IO = 1Start normal saline infusion = 1Consider nebulized drugs = 1Administer IV antibiotics = 1Call IPC coordinator = 1Order bedside X-ray = 1Collect specimen sample = 1Obtain venous blood sample = 1Label sample bottles = 1Place specimen and blood sample in safety bag = 1Contact laboratory = 1Perform relevant documentation = 1Triage patient to hospital admission = 1Call receiving department = 1Give report using SBAR = 1Prepare patient for transfer = 1 Inform patient on plan of care = 1Educate patient on standard precautions = 1Safely dispose of equipment = 1Disinfect dedicated equipment = 1Order disinfection of examination room = 1Doff PPE according to procedure = 1Ensure safe disposal of PPE = 1Wash hands = 1**Total max score = 37** |
| Operator Information | Information on scoringThis scenario contains scoring that enables a simple summative test of the participants. After the simulation is ended, a total score for each correct intervention which has been logged, is displayed in the debriefing overview. It is therefore of upmost importance to log all interventions when done correctly to give an accurate end score of the performance. If using this scenario for training only, the instructor can ignore total score in the debriefing.Information on logging PPEThis simulation is a team training session. All participants are required to apply adequate PPE. If one of the participants fails to apply one of the required PPE equipment items, this item should not be logged even though the rest of the participants apply the PPE equipment item. It is a basic assumption that the team helps and ensures that all participants have don correct PPE after procedure. |
| Scenario Progression Image | NA |
| Scenario Progression Image Title | NA |
| Scenario Progression Image Description | NA |
| Scenario Progression Attachment | NA |
| Debrief tab |  |
| Guided reflection questions | These guided reflection questions are organized by the gather-analyze-summarize (GAS) method. The questions are presented to suggest topics that may inspire the debriefing conversation.Gather Information* What are your reactions to this simulation? What are your other initial reactions?
* Would one of you describe the events from your perspective?
* From your perspective, what were the main issues you had to deal with?

Analyze* Describe the general principles of IPC when caring for patients with ARI. How did you apply these principles?
* Describe the characteristics of vital signs for respiratory virus infections. Which characteristics was applicable in this case?
* Which syndromes requires hospitalization? How did these syndromes affect your decision making for this patient?
* How did you apply specific measures in a hospital when caring for patients with SARI with pandemic or epidemic potential?
* When should you verbalize an escalation in safety precautions? Describe your reasoning for your actions in this case.
* Which diagnostic samples did you decide to collect for this patient?
* How was your cooperation within the team and with the patient?
* Describe the patient education you performed on standard precautions for this patient. What was your reasoning for this?
* Which interprofessional communication did you perform? Discuss the importance of communication with other departments in this case.
* How did you ensure safety precautions before leaving the examination room?

Summarize* What are the key points from this simulation?
* What would you like to do differently next time in a similar situation?
* What are your main take-home messages?
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| Guided reflection Attachment | NA |
| Case considerations | When examining a patient with suspected SARI with pandemic or epidemic potential, the responsible health care providers are expected to recognize suspected COVID-19 patients early and apply appropriate source, isolation protocol, and diagnostic procedures. They should apply routine IPC (i.e. standard precautions) for all patients. Moreover, it is of outmost importance to apply standard precautions at all times including but not restricted to:• Hand hygiene• Respiratory hygiene• PPE according to the risk• Safe injection practices, sharps management and injury prevention• Safe handling, cleaning and disinfection of patient care equipment• Environmental cleaning• Safe handling and cleaning of soiled linen• Waste managementThe emergency department team should consider and apply relevant differential diagnosis and treatment for bacterial pneumonia and/or sepsis. They should also address general principles of managing the critically ill patient with severe acute respiratory infection (SARI) using necessary triage tools and recognize patients with SARI that need emergent care and hospitalization including ICU admission, and knows to differentiate from uncomplicated influenza-like illness (ARI) that can go home.In this case, the team should administer supplemental oxygen and start supportive therapy with fluids and/or nebulized respiratory drugs and antibiotics as appropriate before they coordinate safe patient transportation to ICU or monitored acute respiratory bed/department. |
| Case considerations image | NA |
| Case considerations image Descriptions | NA |
| Case considerations Attachment | NA |
| Files and attachments |  |
| Publication Details |  |
| Version number | 1.0 |
| Publication date | Target 17/3 2020 |
| Release note | NA |
| Co-developer One | NA |
| Co-developer Two | NA |
| Legal Notice | NA |
| Credits | NA |
| Scenario Settings |  |
| Training disciplines |

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| x  Community Health and Public Safety  |
| ​​☐​  EMS /Prehospital  |
| x  Interdisciplinary  |
| x  Medical  |
| ​​☐​  Military  |
| x  Nursing  |
| ​​☐​  Nursing Aids  |
| ​​☐​  Occupational Therapy  |
| ​​☐​  Phelbotomy  |
| ​​☐​  Pharmacy  |
| x  Physician Assistant  |
| ​​☐​  Radiology Technician  |
| ☐  Respiratory Therapy  |

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| Education level |

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| x  Undergraduate  |
| x  Postgraduate  |

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| Medical specialities |

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| ☐  Allergy and immunology  |
| ​​☐​  Anesthesiology  |
| ​​☐​  Cardiology  |
| x  Critical Care Medicine  |
| ​​☐​  Dermatology  |
| x  Emergency Medicine  |
| ​​☐​  Endocrinology  |
| ​​☐​  Family Medicine  |
| ​​☐​  Gastroenterology  |
| ​​☐​  Geriatrics  |
| x  Hospital Medicine  |
| x  Infectious diseases  |
| ​​☐​  Internal medicine  |
| ​​☐​  Nephrology  |
| ​​☐​  Neurology  |
| ​​☐​  Neurosurgery  |
| ​​☐​  Obstetrics and Gynecology  |
| ​​☐​  Oncology  |
| ​​☐​  Ophthalmology  |
| ​​☐​  Orthopedics  |
| ​​☐​  Otolaryngology  |
| ​​☐​  Palliative care  |
| ​​☐​  Pediatrics  |
| ​​☐​  Pharmacology  |
| ​​☐​  Psychiatry  |
| x  Pulmonology  |
| x  Radiology  |
| ​​☐​  Rehabilitation Medicine  |
| ​​☐​  Rheumatology  |
| ​​☐​  Surgery  |
| ​​☐​  Vascular surgery  |

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| Nursing specialities |

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| ​​☐​  Ambulatory care nursing  |
| ​​☐​  Advanced practice nursing  |
| ​​☐​  Burn nursing  |
| ​​☐​  Cardiac nursing  |
| ​​☐​  Diabetes nursing  |
| ​​☐​  Medical case management  |
| ​​☐​  Community health nursing  |
| x  Critical care nursing  |
| x  Emergency nursing  |
| ​​☐​  Gastroenterology nursing  |
| ​​☐​  Geriatric nursing  |
| ​​☐​  Home health nursing  |
| ​​☐​  Hospice and palliative care nursing  |
| ​​☐​  Hyperbaric nursing  |
| ​​☐​  Immunology and allergy nursing  |
| ​​☐​  Intravenous therapy nursing  |
| x  Infection control nursing  |
| x  Infectious disease nursing  |
| ​​☐​  Maternal-child nursing  |
| ​​☐​  Medical-surgical nursing  |
| ​​☐​  Military and uniformed services nursing  |
| ​​☐​  Neonatal nursing  |
| ​​☐​  Neurosurgical nursing  |
| ​​☐​  Nephrology nursing  |
| ​​☐​  Nurse midwifery  |
| ​​☐​  Obstetrical nursing  |
| ​​☐​  Oncology nursing  |
| ​​☐​  Orthopaedic nursing  |
| ​​☐​  Ostomy nursing  |
| ​​☐​  Pediatric nursing  |
| ​​☐​  Perianesthesia nursing  |
| ​​☐​  Perioperative nursing  |
| ​​☐​  Psychiatric nursing  |
| x  Pulmonary nursing  |
| ​​☐​  Radiology nursing  |
| ​​☐​  Rehabilitation nursing  |
| ​​☐​  Renal nursing  |
| ​​☐​  Sub-acute nursing  |
| ​​☐​  Substance abuse nursing  |
| ​​☐​  Surgical nursing  |
| ​​☐​  Urology nursing  |
| x  Vascular access  |
| ☐  Wound care  |

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| Nursing courses |

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| ☐  Child & adolescent health  |
| ​​☐​  Community and family health nursing  |
| ​​☐​  Fundamentals of nursing  |
| ​​☐​  Gerontology  |
| ​​☐​  Health assessment  |
| ​​☐​  Leadership  |
| ​​☐​  Maternal-neonatal health  |
| x  Medical-surgical nursing  |
| ​​☐​  Pathophysiology  |
| ​​☐​  Pharmacology  |
| ​​☐​  Psychiatric and mental health  |

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| Body systems | x  Circulatory ☐  Digestive ☐  Endocrine ☐  Hematopoietic ☐  Immune/lymphatic ☐  Integumentary ☐  Muscular ☐  Nervous ☐  Renal/Urinary ☐  Reproductive x  Respiratory ☐  Skeletal  |
| Assessment type (summative/formative) |

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| x  Formative  |
|   Summative  |

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| Free for public use | YES |