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## Postoperative: Anaphylaxis

### Instructor Information

**Patient Name:** Garcia, Manuel

**Simulation Developer(s):** Melissa Brickner, Bridgett Everett, Debra A. Mosley, Beverly Snyder-Desalles, and Judy Young

**Scenario Purpose:**

- Assist nursing staff with managing the care for the patient experiencing an anaphylaxis response

**Learner(s):**

- Registered Nurses (RN), Licensed Practical Nurses (LPN) (depending on facility protocols)
- Others as desired, depending on facility protocols
- Recommend no more than 6 learners (3 of which can be observers)

**Time Requirements:**

- Setup: 5 minutes
- Scenario: 25 minutes
- Debrief: 25 minutes
- Reset/Breakdown: 5 minutes

**Confederate(s):**

**Dr. Moore – Via telephone**

- Seventy seven (77) year old male four (4) hours status post colon resection for removal of a sigmoid colon mass. He underwent a colon resection for a sigmoid mass removal 4 hours ago by Dr. Moore. He is on 2 liters of oxygen via nasal cannula. He has a midline abdominal incision with a dry sterile dressing. Bowel sounds are hypoactive. He has an 18 gauge IV in his right antecubital with Lactated Ringers infusing at 125 mL/hr. His Foley is draining clear yellow urine. The post anesthesia care unit nurse hung his first dose of ceftriaxone 2 G IV piggyback about 20 minutes ago. He’s sleepy but easily arousable.
- **The simulation begins when the learners are receiving report from the nurse**

**Patient Information:**

- **General:** Sleepy but responds to verbal stimuli
- **Weight/Height:** 68.2kg (150lbs) 162.6cm (64in)
- **Vital Signs:** BP 98/58, Temp 97.3, HR 122, RR 26, O2 Sat 88%
- **Pain:** 5/10 abdominal incision
- **Neurological:** Sleepy but arousable
- **Respiratory:** Tachypneic with wheezing
- **Cardiac:** Sinus tachycardia
- **Gastrointestinal:** Bowel sounds hypoactive
- **Genitourinary:** Foley draining clear, yellow urine
- **Musculoskeletal:** Unremarkable
- **Skin:** Midline abdominal incision with a dry sterile dressing. Flushed with urticaria on face and trunk
- **Past Medical History:** Cataracts, constipation, hemorrhoids, sigmoid colon mass, and rectal bleeding
- **Past Surgical History:** Appendectomy and bilateral intraocular lens implants

**Medications:**

- Docusate Sodium 100mg one time daily

**Allergies:**

- No known drug allergies (NKDA)

 Green Text Confederate

 Red Text Physiology Change

## Learning Objectives

**Patient Name:** Manuel Garcia

**Simulation Developer(s):** Melissa Brickner, Bridgett Everett, Debra A. Mosley, Beverly Snyder-Desalles, and Judy Young

**Scenario Purpose:**

- Assist nursing staff with managing the care for the patient experiencing an anaphylaxis response

**Pre-Session Activities:**

- Complete training on anaphylaxis
- Review policies and protocols on the management of care for the patient experiencing anaphylaxis

**Potential Systems Explored:**

- What facility specific policies or protocols exist for management of care for the patient experiencing anaphylaxis?
- What tools are available to prioritize the assessment and care of the patient experiencing anaphylaxis?
- What risk factors and complications are important to consider when caring for the experiencing anaphylaxis?
- What facility specific documentation is required when caring for the patient experiencing anaphylaxis?

**Scenario Specific Learning Objectives (Knowledge, Skills, and Attitudes = K/S/A):**

\*\*The learner(s) will demonstrate ICARE principles throughout the scenario.

**Learning Objective 1:** Complete a focused assessment on a patient experiencing anaphylaxis

- a. *K- Correlate urticaria, wheezing, and nausea with anaphylaxis*  
*S- Utilize the DR ABCDE (Danger, Response, Airway, Breathing, Circulation, Disability, Exposure) approach to establish the greatest threat to life or per facility specific protocol*
- b. *K- Recognize changes in the patient's status*  
*S- Re-assess the patient after treatment*

**Learning Objective 2:** Perform the appropriate steps to manage care for the patient experiencing anaphylaxis

- a. *S- Discontinue the antibiotic*
- b. *S- Position the patient to ease breathing*
- c. *S- Apply high flow oxygen*
- d. *S- Ensure the patient is on monitoring equipment*
- e. *S- Verify the orders*
- f. *S- Gather supplies*
- g. *S- Perform hand hygiene*
- h. *S- Perform patient education*
- i. *S- Perform rights of medication administration*
- j. *S- Administer epinephrine per protocol*
- k. *S- Dispose of needle in sharps container*
- l. *S- Administer normal saline 500 mL bolus*
- m. *S- Remove gloves*
- n. *S- Perform hand hygiene*

**Learning Objective 3:** Communicate effectively when managing the care of the patient experiencing anaphylaxis

- a. *S- Call for assistance*  
*A- Demonstrate a sense of urgency while maintaining a sense of composure*
- b. *S- Perform ISBAR communication*

- c. *S- Provide patient education*
- d. *S- Initiate order to obtain lab specimens*
- e. *S- Complete required documentation*

**Debriefing Overview:**

- Ask the learner(s) how they feel after the scenario
- Have the learner(s) provide a summary of the scenario from a healthcare provider/clinical reasoning point of view
- Discuss the scenario and ask the learners what the main issues were from their perspective
- Ask what was managed well and why.
- Ask what they would want to change and why.
- For areas requiring direct feedback, provide relevant knowledge by stating “I noticed you [behavior]...” Suggest the behavior they might want to portray next time and provide a rationale. “Can you share with us?”
- Indicate closing of the debriefing but provide learners with an opportunity to voice one or two take-aways that will help them in future practice
- Lastly, ask for any outstanding issues before closing the debrief

**Critical Actions/Debriefing Points:**

1. Call for assistance
2. Perform focused assessment utilizing the DR ABCDE approach
3. Discontinue the antibiotic
4. Position the patient to ease breathing and apply high flow oxygen
5. Apply high flow oxygen
6. Ensure the patient is on monitoring equipment
7. Correlate wheezing, urticaria, and nausea with anaphylaxis
8. Ensure the patient is on monitoring equipment
9. Provide healthcare provider with ISBAR communication
10. Verify orders
11. Perform rights of medication administration and administer epinephrine per protocol and dispose needle in sharps container
12. Administer 500 mL normal saline IV bolus
13. Recognize improvement in the patient’s status
14. Remove gloves and perform hand hygiene
15. Complete facility specific documentation

## Simulation Set-Up

**Patient Name:** Manuel Garcia

**(High Fidelity Mannequin)**

**Simulation Developer(s):** Melissa Brickner, Bridgett Everett, Debra A. Mosley, Beverly Snyder-Desalles, and Judy Young

**Room Set-up:**

- Inpatient: Set up like an inpatient room

**Patient Preparation:**

- The patient is wearing a hospital gown
- Lactated Ringers at 125 mL per hour infusing in the right antecubital
- 100 mL piggy back labeled Ceftriaxone 2 G connected to primary tubing running at 200 mL/hr
- Oxygen 2 L nasal cannula
- Foley draining clear, yellow urine
- Midline abdominal dressing
- Moulage the skin for urticaria (hives)
- The leads to the monitor are on the patient
- Monitoring device (3 Wave form):
  - ECG (Sinus Tachycardia), O2 Sat 88%, BP 98/58, Temperature 97.3, HR 122, RR 26
- Wheezing

**Have the following equipment/supplies available:**

- Gloves
- Oxygen source (tank or outlet)
- Oxygen delivery equipment (Bag valve mask (BVM), nasal cannula, simple mask, non-rebreather)
- IV catheter
- IV fluids (Lactated Ringers and 500 mL normal saline)
- Primary IV tubing (2 sets)
- Secondary IV tubing (1 set)
- Foley with drainage bag containing yellow urine
- IV pump(s)
- 2 syringes with needles to draw up epinephrine and administer or an Epinephrine Auto Injector
- Alcohol prep
- Sharps container
- Telephone
- Bedside table

**Medications:**

- Epinephrine 1:1000 0.5mg or an Epinephrine Auto Injector

\*\*Calibration will be required if using radiofrequency identification (RFID)

Note: 5.8 Simpbad software update is required to load scenarios

(<http://cdn.laerdal.com/downloads/f4343/simpbad-upgrade.vs2>) Scenarios may be used with Laerdal or LLEAP software

**Scenario Supplements:**

- Confederate scripts
- Confederate name tags
- Patient identification band
- Orders
- Medication label
- ZZ test patient/Demo patient in CPRS (if desired)

### Flowchart

**\*\* Initial State:**

- Mental Status: Sleepy but arousable
- SpO2: 88%
- BP: 98/58
- Temp: 97.3
- HR: 122
- RR: 26 Wheezing
- Pain: 5/10 abdominal incision with dressing
- Skin: Flushed with urticaria on face; trunk
- Abdomen: Hypoactive bowel sounds

**\*\*Did not...\*\***

- ...discontinue antibiotic
- ...position the patient to ease breathing
- ...apply oxygen
- ...ensure the patient is on the monitor
- Patient states "I feel like I can't breathe and like I am going to throw up."

**\*\* Status Change\*\***

- Mental Status: **Anxious**
- SpO2: **85% (continue to drop if not noted)**
- BP: **90/50 (continue to drop if not noted)**
- Temp: **97.3**
- HR: **132 (continue to increase and weaken pulse if not noted)**
- RR: **30 Wheezing (stridor if not noted)**
- Pain level: **5/10**
- Skin: **Flushed with urticaria on face; trunk**

**\*\*Did not...\*\***

- ...administer medication properly
- The patient will state "They didn't do it that way when this happened last time."

**\*\* Status Change\*\***

- Mental Status: **Calm**
- SpO2: **94%**
- BP: **118/72**
- Temp: **98.1**
- HR: **90**
- RR: **16 Clear**
- Pain level: **5/10 abdominal incision**
- Skin: **Pink**

Seventy-seven (77) year old male four (4) hours status post colon resection for removal of a sigmoid colon mass. He is on 2 liters of oxygen via nasal cannula. He has a midline abdominal incision with a dry sterile dressing. Bowel sounds are hypoactive. He has an 18 gauge IV in his right antecubital with Lactated Ringers infusing at 125 mL/hr. His Foley is draining clear yellow urine. The post anesthesia care unit nurse hung his first dose of ceftriaxone 2 G IV piggyback about 20 minutes ago. He's sleepy but easily arousable."




- *The patient states "I am itching all over and feel kind of nauseated. It's hard for me to breathe."*
- Calls for assistance
- Performs focused assessment utilizing the DR ABCDE approach
- Discontinues the antibiotic
- Positions the patient to ease breathing
- Applies high flow oxygen
- Ensures the patient is on monitoring equipment
- Correlates wheezing, urticaria, and nausea with anaphylaxis
- The phone rings
- Dr. Moore states "This is Dr. Moore returning the call on Mr. Garcia."
- Provides Dr. Moore with ISBAR communication
- Dr. Moore states "I just entered orders for him and I'm on my way!"

- Verifies orders
- Gathers supplies
- Performs hand hygiene
- Performs patient education including side effects with urgency but with a controlled demeanor
- Performs rights of medication administration for medication administration
- Administers epinephrine per protocol (thigh is acceptable)
- Disposes of used needle in sharps container
- Administers normal saline 500 mL bolus
- Initiates order to obtain lab specimens

- Re-assesses the patient
- Recognizes improvement in the patient's status
- Patient states "I feel so much better. Thank you!"
- Removes gloves
- Performs hand hygiene
- Completes facility specific documentation

**Critical Actions/Debriefing Points:**

- Call for assistance
- Perform focused assessment utilizing the DR ABCDE approach
- Discontinue the antibiotic
- Position the patient to ease breathing and apply high flow oxygen
- Apply high flow oxygen
- Ensure the patient is on monitoring equipment
- Correlate wheezing, urticaria, and nausea with anaphylaxis
- Ensure the patient is on monitoring equipment
- Provide healthcare provider with ISBAR communication
- Verify orders
- Perform rights of medication administration and administer epinephrine per protocol and dispose needle in sharps container
- Administer 500 mL normal saline IV bolus
- Recognize improvement in the patient's status
- Remove gloves and perform hand hygiene
- Complete facility specific documentation

-  Confederate
-  Change in physiology
-  Red border incorrect action

## Supplements

**Confederate Scripts**

**Confederate Name Tags**

**Patient Identification Band**

**Nurses Notes**

**Orders**

**Medication Label**

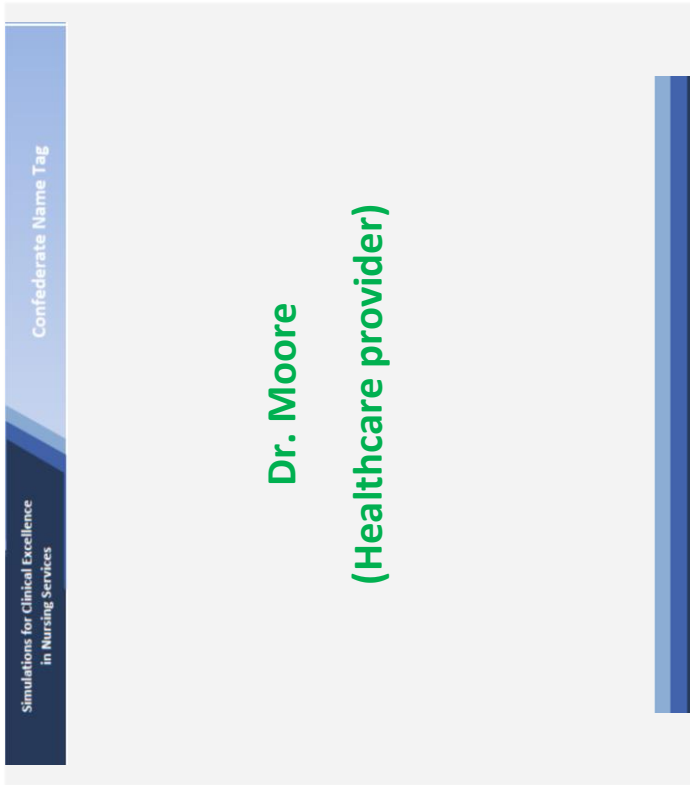
## Confederate Scripts

### Dr. Moore (Healthcare provider)

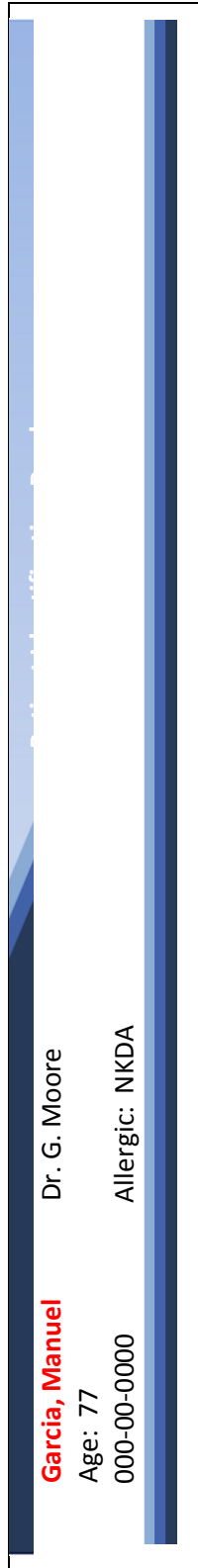
- The phone rings
- Dr. Moore states “This is Dr. Moore returning the call on Mr. Garcia.”
- ISBAR will be provided
- Dr. Moore states “I just entered orders for him and I am on the way!”



### Confederate Name Tags



Patient Identification Band



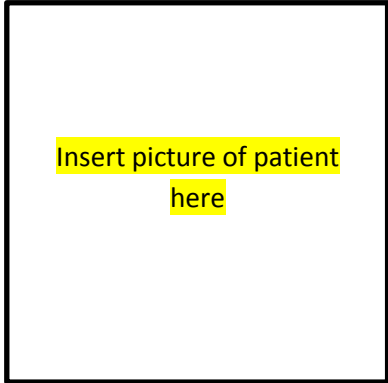
**Nurses Notes**

**Date:** Today

**Patient Name:** Manuel Garcia

**Mode of Arrival:** Personally owned vehicle

**Accompanied by:** Family member



**Chief Complaint:** Seventy seven (77) year old male presents for surgical removal of sigmoid colon mass with colon resection

**Active Problems:** Lens implants, constipation, hemorrhoids, sigmoid colon mass, and rectal bleeding

**Patient information:**

- **General:** Sleepy but responds to verbal stimuli
- **Weight/Height:** 68.2kg (150lbs) 162.6cm (64in)
- **Vital Signs:** BP 128/72, Temp 97.3, HR 85, RR 14, O2 Sat 95%
- **Pain:** 5/10 abdominal incision
- **Neurological:** Sleepy but arousable
- **Respiratory:** Clear, eupneic
- **Cardiac:** Sinus rhythm
- **Gastrointestinal:** Bowel sounds hypoactive
- **Genitourinary:** Foley draining clear, yellow urine
- **Musculoskeletal:** Unremarkable
- **Skin:** Midline abdominal incision with a dry sterile dressing
- **Past Medical History:** Cataracts, constipation, hemorrhoids, sigmoid colon mass, and rectal bleeding
- **Past Surgical History:** Appendectomy and bilateral intraocular lens implants

**Medications:**

- Docusate Sodium 100mg one time daily

**Allergies:**

- No known drug allergies (NKDA)

**SCREEN FOR ABUSE/NEGLECT:** N/A

Does the patient show any evidence of abuse? No

Does the patient feel safe in his/her current living arrangements? Yes

Suicidal or Homicidal Ideation in the past two weeks? No

Is the patient currently enrolled in primary care? Yes

**Diagnostic Procedures Ordered:**

- ( ) X-Ray
- ( ) Labs
- ( ) None
- ( ) EKG
- ( ) Head CT without contrast
- ( ) Other

**Triage Classification:** Emergency Severity Index

**Patient Disposition:** Medical-Surgical Unit

**Signed by:** /DM/

Orders

Patient Information

**Garcia, Manuel**  
**Dr. G. Moore**  
**Age:** 77  
**Social Security #:** 000-00-0000  
**Allergies:** NKDA  
**Weight:** 68.2kg (150lbs)  
**Height:** 162.6cm (64in)

<b>STAT Orders</b>	<ul style="list-style-type: none"> <li>Discontinue Ceftriaxone</li> <li>Epinephrine 0.5mg of 1:1000 solution or 0.3 mg Epinephrine auto-injector (if available in formulary) intramuscularly in outer thigh STAT</li> <li>Remain with the patient until rapid response team arrives</li> <li>100% non-rebreather</li> <li>500 mL normal saline IV bolus</li> <li>Mast cell tryptase level now</li> <li>Repeat mast cell tryptase level when stable</li> <li>Mast cell tryptase level in 24 hours</li> </ul> <p>Initiate anaphylaxis protocol</p>

DO NOT WRITE IN THIS SPACE

Medication Label

**Each vial contains:** Ceftriaxone sodium USP powder equivalent to 2 g ceftriaxone.

**For I.M. Administration:** Reconstitute with 4.2 mL 1% Lidocaine Hydrochloride Injection (USP) or Sterile Water for Injection (USP). Each 1 mL of solution contains approximately 350 mg equivalent of ceftriaxone.

**For I.V. Administration:** Reconstitute with 19.2 mL of an I.V. diluent specified in the accompanying package insert. Each 1 mL solution contains approximately 100 mg equivalent of ceftriaxone. **Withdraw entire** contents and dilute to the desired concentration with the appropriate I.V. diluent.

**USUAL DOSAGE:** See package insert.

**Storage Prior to Reconstitution:** Store powder at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature].

**Protect From Light.**

**Storage After Reconstitution:** See package insert.

Code No.: 78/MD/AP/96/F/B/R      Made in India

Single-Use Vial      Rx only

**ceftriaxone for injection, USP**

For I.M. or I.V. Use

**2 g/vial**

Distributed by  
**Pfizer** Pfizer Labs  
Division of Pfizer Inc, NY, NY 10017

10300694483033

P1405091 Lot EXP

## References

- Department of Veterans Affairs. (2011). *VHA national patient safety improvement handbook (VHA handbook 1050.01)*. Washington, DC: VHA Publications.
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- Feyissa, G. T. (2015). Anaphylaxis: Management, Evidence Summary. *JBI: Joanna Briggs Institute Database*, 1-5. Retrieved from <http://ovidsp.uk.ovid.com>
- Simmons, F. E., Arduoso, L. R., Dimov, V., Ebisawa, M., El-Gamal, Y. M., Lockey, R. F.,...Worm, M. (2013). World Allergy Organization anaphylaxis guidelines: 2013 update of the evidence base. *International Archives of Allergy and Immunology*, 162, 193-204. doi:10.1159/000354543