



**Case Based
Learning**



Year 3 Case-based Learning 2024-25

Case 2 Part 1

Facilitator Materials



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Case 2 Part 1 Facilitator Materials

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STUDENT MATERIALS

Patient background

James is a 23-year-old male found unresponsive in the street and admitted to the Emergency Department (ED) as a standby call due to low GCS. We first met James in first- and second-year Case-based learning in the Induction Case and in Case 18, 'Coming to terms with epilepsy.'. He was previously involved in a serious road traffic accident due to his alcohol addiction, through which the diagnosis of epilepsy was made. James has come back again three years later in this case. His personal situation has changed. He has dropped out of university and has separated from his long-term girlfriend, who recently gave birth to their first child.

He is found unresponsive by a passer-by on the street and admitted to the Emergency Department (ED) via the Northern Ireland Ambulance Service (NIAS) as a Standby Call. There were no signs of trauma, but he was surrounded by empty paracetamol and diazepam containers. He is assessed in the ED.

Standby Call Information

 South Eastern Health and Social Care Trust		Emergency Department Standby Book 21705	
Date: 27/11/22		Time: 15:11	
Call taken by: CHMS			
Ambulance call sign number:		Type of call (Please circle) <input checked="" type="radio"/> Standby <input type="radio"/> Inform <input type="radio"/> Advisory	
		ETA: 5 mins	
A	Age: 23		Fast Positive or Negative
	Patients Name: JAMES BOOKER		
	Patients DOB:		
	Male / Female: MALE		
T	Time of incident / Onset: UNKNOWN		
M	Mechanism of injury / Medical complaint: SUSPECTED OVERDOSE REDUCED CONSCIOUSNESS		
I	Injuries / Medical findings: NO OBVIOUS INJURIES FOUND ON STREET BY PASSERBY		
S	Airway (Please circle)		Clear OPA <input checked="" type="radio"/> NPA LMA ETT
	Breathing	RR Rate: 22	SATS: 94% 2L SATS on RA: 89%
	Circulation	BP: 92/54 Pulse rate: 65	CRT: 2 secs Cannula: ATTEMPTED
	Disability	GCS: 9/15	BM: 7.4
	Exposure	Exposed injuries / External haemorrhage: TEMP 35°C	
	Treatment given at scene: OXYGEN / NALOXONE		
Consultant and N.I.C. informed (who?): DR TERRY & SISTER WENDY			
ETA: 5 mins			

Case 2 Part 1 Facilitator Materials

Text:

Date: 27/11/22

Time: 15:11

Call taken by: Chris

Type of call: Standby

ETA: 5 minutes

Age: 23

Name: James Booker

Gender: Male

Time of incident/onset: Unknown

Mechanism of injury/Medical complaint: Suspected overdose, Reduced consciousness

Injuries/Medical findings: No obvious injuries, Found on street by passer-by

Airway: Nasopharyngeal

Breathing: RR: 22 SATS 94% on 2L SATS on RA 89%

Circulation: BP 92/54 Pulse: 65 CRT: 2 secs Cannula: Attempted x2

Disability: GCS 9/15 BM 7.4

Exposure: Temp. 35°C

Treatment given at scene: Oxygen and Naloxone

Contact and NIC informed: Dr Terry & Sister Wendy

ETA: 5 minutes

6

e Service Patient Report Form

Personal data on this form will be held in accordance with the 1998 Data Protection Act. Information may be used anonymously for audit purposes.

NIAS HSC Trust - Copyright ©

23 MALE

3 MALE
FOUND ON STREET BY PASSERSBY WHO ALERTED MRS.
REDUCED CONSCIOUSNESS AT SCENE. WET CLOTHES & CONCERNS OVER
OVERDOSE. NO OBVIOUS INJURIES.
GIVEN OXYGEN & 1 X DOSE OF NALOXONE = LITTLE/NO EFFECT.
STANDBY CALL MADE → PD UTIL.

PRF Continued onto new form ☐

Non Conveyance/Refusal/Referral

Statement to the Patient/Guardian (wherever possible, witness details should be obtained).

I agree to the course of treatment described on this form and I am fully aware and understand the advice that I have received from the Ambulance Service. I have been made aware that should symptoms persist, or new symptoms arise, I should seek medical attention without delay.

- ☐ 1. The patient's condition is such that medical assessment is strongly advised, and that the patient should be transferred to hospital by Ambulance, but the patient has refused transfer, and has the capacity to make that decision.
- ☐ 2. The patient's condition warrants further assessment and/or treatment and an onwards referral has been made.
- ☐ 3. The patient requires medical attention at a hospital or other treatment centre, but is able and willing to make their own way there.
- ☐ 4. No further clinical intervention/assessment required.
- ☐ 5. The patient lacks capacity to provide/withhold consent and has been treated as described above in the patients best interests.

Name of patient/guardian:

Signature of patient/guardian:

Witness Name:

Witness signature:

Designation of Witness:

Refused to sign

Text:

Date: 27/11/22

Time mobile: 1448

At scene: 1452

At patient: 1453

Left scene: 1515

At destination: 1523

Handover: 1524

Clear: 1540

Patient name: James Booker

Age 23

Gender: Male

Chief complaint given: Reduced consciousness, ?overdose

Airway: Clear

Breathing: Present

Cap refill: Normal

Circulation: Present

AVPU: Pain

Allergies: Unknown

Meds: Unknown

Med History: Unknown

Last meal: Unknown

Obs:

Time	1452	1459	1518
Pulse	62	56	72
Systolic BP	126	105	108
Diastolic BP	74	82	64
Resp Rate	24	21	14
SpO2	RA 94%	Oxygen 93%	Oxygen 93%
BM		7.4	
Temp	34.1	34.5	35.4
GCS	E2V3M5	E2V3M5	E2V2M5
GCS total	10	10	9

Vomiting: Yes

Case 2 Part 1 Facilitator Materials

Alcohol suspected: Yes

Drugs suspected: Yes

Airway management: Nasopharyngeal airway

Ventilation: Nasal specs 2l → Non-rebreathe mask 15L

IV access: x2 attempts – not achieved

Drugs: Naloxone, Oxygen

Cardiac: 3 lead ECG – NSR

Transport/Referred: ED 1511 UHD

Details/History of incident/Management/Advice received/Advice given:

23-year-old male

James Booker

Found on street by passer-by who alerted NIAS

Reduced consciousness at scene

Wet clothes and concerns over overdose

No obvious injuries

Given oxygen and 1 x dose of Naloxone with little/no effect

NIAS Handover in Adult Resus

Details/History of Incident / Management / Advice Received / Advice Given / :

23 MALE
FOUND ON STREET BY PASSERBY WHO ALERTED NIAS.
REDUCED CONSCIOUSNESS AT SCENE. WET CLOTHES & CONCERNS OVER
OVERDOSE. NO OBVIOUS INJURIES.
GIVEN OXYGEN & 1 X DOSE OF NALOXONE = LITTLE/NO EFFECT.
STANDBY CALL MADE → ED UNIT.

PRF Continued onto new form ☐

Text:

HANDOVER IN ADULT RESUS

Date: 27/11/22

Time: 1524

23-year-old male

James Booker

Found on street by passer-by who alerted NIAS

Reduced consciousness at scene


Wet clothes and concerns over overdose

No obvious injuries

Given oxygen and 1 x dose of Naloxone with little/no effect

PATIENT TRANSFERRED ONTO EMERGENCY DEPARTMENT BED

Emergency Department Clinical Record

 Emergency Department Ulster Hospital Upper Newtownards Road Dundonald Belfast BT16 1RH Tel: 028 9055 0406 Fax: 028 9055 0441 Confidential Medical Record						
ED Number 248672E		Prev Attends 32/8		Priority Code ORANGE		
Surname BOOKER		Home Address		Temp Address		
Forename JAMES				GP		
Dob		Age 23				
Sex M		MS				
Occ.		Tel		Tel		
HCN 379 405 7365		Mobile/Other		End Date		
Arrival Date/Time 27/11/22 1524		Triage Date/Time 27/11/22 1524		Time of OBS 1524		
Arrival Mode NIAS		Incident Type		RR 13		
Ambul. Handover Date/Time 1524		Nurse: BAZBAZA STREISAND		SP02 92% RA		
Accompanied By		Breach Time		Temp 35.2°C		
NOK		Home Work		B/P 107/72		
Presenting Complaint LOW GCS + ?OVERDOSE		Anti-Coagulants		HR 65		
Presentation				AVPU P		
Discriminator				NEWS SCORE		
Inj. Mechanism				Pain Score		
SOCIAL WORK INVOLVEMENT:		PATIENT AT RISK OF LEAVING <input checked="" type="checkbox"/>		Cap Refill < 2		
Time Sign				Pupils		
Standby Call Received <input checked="" type="checkbox"/> Time: 1511				V/A R L		
Time Sensitive				Patient Location RESUS		
Cons Sign Off						
I.V. Cannula Insertion		Initial Intervention		Required		
Date Time Site Colour		Bloods		<input checked="" type="checkbox"/>		
Cannulation: No of attempts		IVA		<input checked="" type="checkbox"/>		
<input type="checkbox"/> Inserted by Aseptic Technique		Urinalysis		<input checked="" type="checkbox"/>		
Inserted By		ICON		<input checked="" type="checkbox"/>		
<input type="checkbox"/> Inserted in Emergency		ECG		<input checked="" type="checkbox"/>		
Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/>						
Replace in 24hr/when Patient is stable						
Signed						
History and Examination	DR/ENP (Print) DR TERRY		Grade ST4		Exam Time 1525	
					Protocol Used	
					Chaperone	
23 ♂		STANDBY CALL				
		↓ GCS				
		? OVERDOSE				
		FOUND BY PASSER-BY ON STREET				
Continuation Sheet Used <input type="checkbox"/>						

Text:

ED number 248672E, prev attends 32/8, priority code orange

James Booker, 23-year-old male, HCN : 379 405 7365

Arrival date/time: 27/11/22 1524, arrival mode NIAS, ambul handover time 1524

Triage date/time 27/11/22 1524, nurse Barbara Streisand

Time of obs 1524, RR13, SPO2 92% RA, temp 35.2, BP 107/72, HR 65, AVPU P, cap refill <2

Presenting complaint Low GCS and ?overdose

Patient at risk of leaving

Standby call received time 1511

Initial intervention bloods, IVA, urinalysis, ECG

Patient location RESUS

History and examination Dr Terry Grade ST4 exam time 1525

23 male standby call, low GCS, ?overdose, found by passer-by on street

ED Number 248672E	Surname BOOKER	Forename JAMES
HCN 379 405 7365	DOB	

History and Examination
 ECR Checked ☒

NO OBVIOUS INJURIES
 GIVEN NALOXONE X1 DOSE = LITTLE/NO EFFECT
 WET CLOTHES & ↓TEMP

A - NASOPHARYNGEAL AIRWAY IN SITU
 VOMIT AROUND MOUTH
 NO SIGNS OF AIRWAY OBSTRUCTION
 E NP IN SITU.

B - RR 10
 SATS 100% on 15L non-rebreather mask
 SHALLOW BREATHING
 CHEST AUSCULTATION
 - GOOD A/E THROUGHOUT
 - NO APOLO SOUNDS
 NO OBVIOUS CHEST WALL INJURIES
 OR CHEST WALL TENDERNESS

C - HR 67 BP 105/65 HS 1-11-0
 CRT < 2 SECS
 COOL PERIPHERIES
 TEMPERATURE 35°C
 NO PERIOL/SACRAL OEDEMA
 NO OVERT BLEEDING.

D - GCS 9/15 E2 V2 M5
 PEARL 6mm R=L
 BM 7.3
 NO POSTURABLE/SEIZURE ACTIVITY
 NO OBVIOUS NEUROLOGY/LATERALISING SIGNS.

E - WET CLOTHES
 NO OBVIOUS INJURIES
 NO PATCHES ON PATIENT
 BUT EMPTY MEDICATION
 IN POCKET
 - DIAZEPAM
 - PARACETAMOL

NIECK R/V:
 - PREVIOUS RTC &
 CHRONIC PAIN ISSUES
 - DEPRESSION
 - TRAUMA INDUCED
 EPILEPSY

Is any cognitive impairment new? Has presence of confusion or delirium been communicated/ discussed with carers?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Cognition assessment - AMT 10</th> <th style="text-align: left;">n/a</th> </tr> <tr><td>1. Age</td><td></td></tr> <tr><td>2. Time</td><td></td></tr> <tr><td>3. Name of Hospital</td><td></td></tr> <tr><td>4. Recognise Person</td><td></td></tr> <tr><td>(memorise - 42 West Street)</td><td></td></tr> <tr><td>5. Year</td><td></td></tr> <tr><td>6. Name of PM/Monarch</td><td></td></tr> <tr><td>7. DOB</td><td></td></tr> <tr><td>8. Dates of WW2</td><td></td></tr> <tr><td>9. Count 20-1</td><td></td></tr> <tr><td>10. Recall 42 West Street</td><td></td></tr> <tr><td>TOTAL (/10)</td><td></td></tr> </table>	Cognition assessment - AMT 10	n/a	1. Age		2. Time		3. Name of Hospital		4. Recognise Person		(memorise - 42 West Street)		5. Year		6. Name of PM/Monarch		7. DOB		8. Dates of WW2		9. Count 20-1		10. Recall 42 West Street		TOTAL (/10)	
Cognition assessment - AMT 10	n/a																										
1. Age																											
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7. DOB																											
8. Dates of WW2																											
9. Count 20-1																											
10. Recall 42 West Street																											
TOTAL (/10)																											

Text:

ED number 248672E, HCN 379 405 7365, James Booker, 23-year-old male

ECR checked

STANDBY CALL

- No obvious injuries
- Given naloxone x 1 dose with little or no effect
- Wet clothes and reduced temperature

Airway: Nasopharyngeal in situ
Vomit around mouth
No signs of airway obstruction with nasopharyngeal in situ

Breathing: Respiratory Rate 10
SATS 100% on 15l non-rebreathe mask
Shallow breathing
Chest auscultation – good air entry throughout. No added sounds
No obvious chest wall injuries or chest wall tenderness

Circulation: Heart rate 67
Blood pressure 105/65
CRT 2 secs
Cool peripheries
Temperature 35 degrees
Heart sounds I-II-0
No pedal/sacral oedema
No overt bleeding

Disability: GCS 9/15 E2V2M5
Pupils 6mm right = left PEARL
BM 7.3
No posturing or seizure activity
No obvious neurology/lateralising signs

Exposure Wet clothes
No obvious injuries
No patches but empty medication in pocket (Diazepam and Paracetamol)

NIECR review Previous RTC with chronic pain issues
Depression
Trauma induced epilepsy

Cognition assessment N/A

ED Number 248672E	Surname Booker	Forename JAMES
HCN 379 405 7365	DOB	

Hb 115	Na 141	Amylase	pH	Glu	Trop
WCC 8.2	K 4.2	AST (177)	PO2	Alcohol	CK
Plt 155	Cl 99	GGT (75)	FIO2	Parac	Ca
DDimer	Urea 7	ALP (142)	PCO2	Salic	Neut (7.6)
INR 1	Creat 70	Bili 11	Lac	Bic	CRP (57)

XRAY	Result	ECG Result
------	--------	------------

Review	Name	Grade	Time
1y	ECG -	CXR -	
		CT Brain -	
			CoAG - PT 11 APTT 24.1 Fibrinogen 3.2

Nursing Documentation	
Time	Sign
1MP/	PLW/
VBG	
21530	

Text:

ED number 248672E, HCN 379 405 7365, James Booker, 23-year-old male

Hb 115, WCC 8.2, Plt 155, INR 1, Na 141, K 4.2, Cl 99, Urea 7, Creat 70, AT 177, GGT 75, ALP 142, Bili 11, ALT 162, Neut 7.6, CRP 57

ECG:

CXR:

CTBrain:

Coag PT 11, APTT 24.1, Fib 3.2

VBG:

Impression

Plan

Emergency Department – Ulster Hospital

ED Number 248672E

Surname BOOKER

Forename JAMES

HCN 379 105 7365

DOB

Allergies NKDA

Anti-Coagulants

Medications in Department	Dose	Route	Time	Prescribed	Given	Checked	Time
NALOXONE	800mcg	IV	STAT	JET			
NALOXONE	800mcg	IV	STAT	JET			
N-ACETYLCYSTEINE	(see PARACETAMOL CO CHART)						

Discharge Medications	Dose	Route	Frequency	Duration	Prescribed	Dispensed	Checked	Quantity

Medications explained

Diagnosis MIXED OVERDOSE + ↓ GCS

Treatment ICU

Explained to Patient/Carer ☐Patient advised to make appt with GP ☐Red Flags Explained ☐

Review Arrangements

Discharge Obs	RR	SPO2	Temp.	BP	HR	AVPU
Cannula Removed <input type="checkbox"/>						
Nok/NH Informed <input type="checkbox"/>						

Advice Sheet ☐District Nurse Arranged ☐

Signed

Date/Time

Discussed With Name DR BROOKS Grade ST7 Specialty ICU/ANES

Time Bed manager informed

Specialty

Ward Ready at

Ambulance Requested Time:

Booking Ref.

Clinical Note Audit/X-Ray Report Outcome

Final

Discharge	Refer OPD	Sign JET
Refer GP	CBYL	Grade ST4
ED Review	LBT	Exam Finish Time 1830
Transfer	Refused Rx	Departure Time
DID	Removed from ED	

Copy Notes To

Text:

ED number 248672E, HCN 379 405 7365, James Booker, 23-year-old male

Allergies NKDA

Medications in department

Naloxone 800mcg IV STAT signed

Naloxone 800mcg IV STAT signed

N-acetylcysteine (see paracetamol OD chart)

Diagnosis Mixed overdose and reduced GCS

Treatment ICU

Discussed with Dr rooks ST7 Specialty ICU/anaes

Admit to ICU

Admission verified by Terry ST4

Signed

Exam finish time 1830

NEWS Observation Chart

HSC South Eastern Health and Social Care Trust

Write in CAPITAL LETTERS or use addressograph

Surname: Booner
 First names: JAMES
 Health and Care No: 379 405 7365
 DOB: _____

Observation chart for the National Early Warning Score (NEWS2)

NEWS key: 0 1 2 3

FULL NAME: JAMES BOOKER
 DATE OF BIRTH: _____ DATE OF ADMISSION: 27/11/22

	DATE	TIME		DATE	TIME
A+B Respirations Breaths/min	≥25		3	≥25	
	21-24		2	21-24	
	18-20			18-20	
	15-17			15-17	
	12-14			12-14	
	9-11		1	9-11	
	≤8		3	≤8	
A+B SpO ₂ Scale 1 Oxygen saturation (%)	≥96		1	≥96	
	94-95		2	94-95	
	92-93		3	92-93	
	≤91			≤91	
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 95-99%, eg in hypotensive respiratory failure	≥97 on O ₂		3	≥97 on O ₂	
	95-96 on O ₂		2	95-96 on O ₂	
	93-94 on O ₂		1	93-94 on O ₂	
	≥93 on air			≥93 on air	
	88-92			88-92	
	86-87		1	86-87	
	84-85		2	84-85	
	≤83%		3	≤83%	
Air or oxygen?	A=Air			A=Air	
	O ₂ L/min		2	O ₂ L/min	
	Device			Device	
C Pulse Beats/min	≥131		3	≥131	
	121-130		2	121-130	
	111-120			111-120	
	101-110			101-110	
	91-100		1	91-100	
	81-90			81-90	
	71-80			71-80	
	61-70			61-70	
	51-60			51-60	
	41-50		1	41-50	
	31-40			31-40	
	≤30		3	≤30	
D Consciousness Score for NPO Level of awareness awake (A), or (G)	Alert			Alert	
	Confusion			Confusion	
	V		3	V	
	P			P	
	U			U	
E Temperature °C	≥39.1*		2	≥39.1*	
	38.1-39.0*		1	38.1-39.0*	
	37.1-38.0*			37.1-38.0*	
	36.1-37.0*			36.1-37.0*	
	35.1-36.0*		1	35.1-36.0*	
	≤35.0*		3	≤35.0*	
NEWS TOTAL	<u>6</u>			TOTAL	
Monitoring frequency				Monitoring frequency	
Escalation of care Y/N				Escalation of care Y/N	
Initials				Initials	
Pain Score (0-10)				Pain	
Nausea Score (0-3)				Nausea	

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

Text:

Name: James Booker

HCN: 379 405 7365

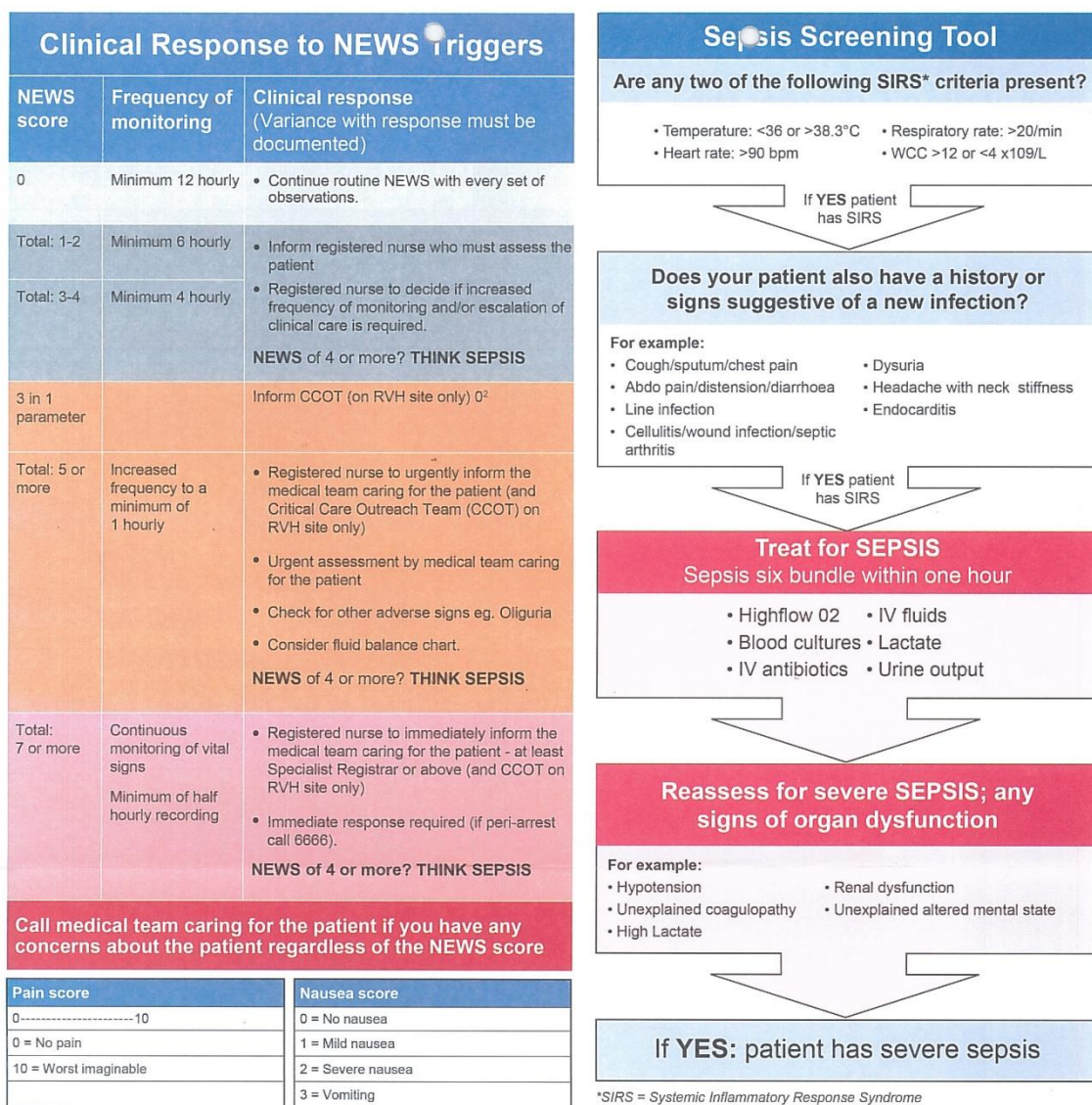
Consultant: Dr Tibbs

27/11/2022

First set of observations in ED:

1545 RR 13 /min. pulse 67/min BP 105/76. Sao2 100% on 15litres. Temp 35.1. AVPU NEWS = 6

Case 2 Part 1 Facilitator Materials



Guidance on administering oxygen therapy Nurses: Sign this prescription chart on every drug round. Record flow rate and device (FR/D) at each drug round using the codes. Oxygen saturations should be recorded on the patient's observation chart.			
A Air (not requiring O ₂ , weaning or on PRN O ₂)	CP Patient on CPAP system	SM Simple mask	If a ward patient is requiring high flow oxygen via non rebreath mask, consider medical review. If target saturations are 88-92%, nebulised drugs should not be driven by oxygen (unless specified by the doctor).
V24 Venturi 24% (change figure as appropriate for % in use)	NIV Patient on NIV system	RM Reservoir mask	
N Nasal cannulae (eg. 2 litres via nasal specs, prescribe as '2L/N')	OTH Other device (specify)	TM Tracheostomy mask	
H28 Humidified oxygen at 28% (change figure as appropriate for percentage in use)	HFNO (High Flow Nasal Oxygen)		

Text:

Clinical Response to NEWS Triggers

NEWS score

0

Frequency of monitoring Minimum 12 hourly

Clinical response (Variance with response must be documented)

Continue routine NEWS monitoring with every set of observations.

Total: 1 – 2

Total: 3-4

Frequency of monitoring Minimum 6 hourly

Minimum 4 hourly

Clinical response Inform registered nurse who must assess the patient

Registered nurse to decide if increased frequency of monitoring and/or escalation of clinical care is required.

NEWS of 4 or more? THINK SEPSIS

Total: 3 in one parameter

Total: 5 or more

Frequency of monitoring – Increased frequency to a minimum of 1 hourly

Clinical response Registered nurse to urgently inform the medical team caring for the patient (and Critical Care Outreach Team (CCOT) on RVH site only)

Urgent assessment by medical team caring for the patient

Check for other adverse signs eg. Oliguria

Consider fluid balance chart.

NEWS of 4 or more? THINK SEPSIS

Total: 7 or more

Frequency of monitoring Continuous monitoring of vital signs, Minimum of half hourly recording

Clinical response Registered nurse to immediately inform the medical team caring for the patient — at least Specialist Registrar or above (and CCOT on RVH site only)

Immediate response required (if peri-arrest call 6666).

NEWS of 4 or more? THINK SEPSIS

Call medical team caring for the patient if you have any concerns about the patient regardless of the NEWS score

Sepsis Screening Tool

Are any two of the following SIRS* criteria present? Respiratory rate: >20/min, Temperature: <36 or >38.30C, Heart rate: >90 bpm, WCC or <4x10⁹/L

If YES patient has SIRS

Does your patient also have a history or signs suggestive of a new infection?

For example: Cough/sputum/chest pain, Abdo pain/distension/diarrhoea, Line infection, Cellulitis/wound infection/septic, arthritis, Dysuria, headache with neck stiffness, Endocarditis

If YES patient has SEPSIS

Treat for SEPSIS

Sepsis six bundle within one hour

Highflow O₂, Blood cultures, IV antibiotics, IV fluids, Lactate, Urine output

Reassess for severe SEPSIS; any signs of organ dysfunction

For example: Hypotension, Unexplained coagulopathy, High Lactate, Renal dysfunction, Unexplained altered mental state

If YES: patient has severe sepsis

Pain score

0 = No pain, 10 = Worst imaginable

Nausea score

0 = No nausea, 1 = Mild nausea, 2 = Severe nausea, 3 = Vomiting

*SIRS = Systemic Inflammatory Response Syndrome

Guidance on administering oxygen therapy Nurses: Sign this prescription chart on every drug round. Record flow rate and device at each drug round using the codes. Oxygen saturations should be recorded on the patient's observation cart.

A Air, CP CPAP system, SM Simple Mask, V24 Venturi 24% (change figure for % use), NIV NIVE system, RM Reservoir mask, N Nasal cannulae, OTH Other, TM Tracheostomy mask, H28 Humidified oxygen 28% (change figure as appropriate), HFNO (High Flow Nasal Oxygen)

If a ward patient is requiring high flow oxygen via non rebreathe mask, consider medical review.


If target saturations are 88-92%, nebulised drugs should not be driven by oxygen (unless specified by the doctor).

Investigations


Blood work

379 405 7365 BOOKER James (Male/23 years)

Complete Blood Count


Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
HGB	115	115-165 (g/L)
HCT	0.40	0.37-0.47 (L/L)
WBC	6.2	4.0-10.0 ($\times 10^9/L$)
PLT	155	150-450 ($\times 10^9/L$)
RBC	4.9	3.8-5.8 ($\times 10^{12}/L$)
MCV	76	76-100 (fL)
MCHC	320	320-360 (g/L)
MCH	27	27-32 (pg)
NEUT	*7.6	2.0-7.5 ($\times 10^9/L$)
LYMPH	3.5	1.0-3.5 ($\times 10^9/L$)
MONO	0.6	0.2-0.8 ($\times 10^9/L$)
EOSIN	0.3	0.04-0.4 ($\times 10^9/L$)
BASO	0.09	0.01-0.1 ($\times 10^9/L$)

Electrolyte Profile


Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
Sodium	141	136-145 (mmol/L)
Potassium	4.2	3.5-5.3 (mmol/L)
Chloride	99	95-108 (mmol/L)
CO2	29	22-29 (mmol/L)
Urea	7.0	2.5-7.8 (mmol/L)
Creatinine	70	45-84 ($\mu\text{mol}/L$)
eGFR	>60	<60 (mL/min/1.73m ²)

Case 2 Part 1 Facilitator Materials


Liver Profile

Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
T. Bilirubin	11	
ALP	*142	<21 (µmol/L)
AST	*177	30-130 (U/L)
GGT	*75	<32 (U/L)
ALT	*162	6-42 (U/L)
Albumin	36	<33 (U/L)
		35-50 mg/L

Coagulation Screen

Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
Prothrombin Time	11	
APTT	24.10	10.00- 13.0 (Sec)
Fibrinogen	3.2	21.0- 29.0 (Sec)
INR	1.0	1.8- 4.2 (g/L)
		< 1.2


CRP

Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
C reactive protein (CRP)	*57	
		<5 (mg/L)


Toxicology

379 405 7365 BOOKER James (Male/23 years)


Paracetamol, ethanol and salicylate

Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
Paracetamol	*75	(N/A)
Salicylate	< 1	(N/A)
ETOH	< 100	(N/A)

Street highs


Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
Methiopropamine	NOT DETECTED	(N/A)
Ketamine	NOT DETECTED	(N/A)
Pregabalin	NOT DETECTED	(N/A)
Zopiclone	NOT DETECTED	(N/A)
Zolpidem	NOT DETECTED	(N/A)
Gabapentin	NOT DETECTED	(N/A)
Cocaine	NOT DETECTED	(N/A)

Opiates

Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
Tramadol	NOT DETECTED	(N/A)
Methadone	NOT DETECTED	(N/A)
Morphine	NOT DETECTED	(N/A)
Dihydrocodeine	NOT DETECTED	(N/A)
Fentanyl	NOT DETECTED	(N/A)
Pethidine	NOT DETECTED	(N/A)
Buprenorphine	NOT DETECTED	(N/A)

Case 2 Part 1 Facilitator Materials


Drugs of abuse - urine

Number	1	Ref. Range (Units)
Collected	27-Nov 2022 16:00	
Signed		
Source	BHSCT	
Methadone metabolites (Urine)	NOT DETECTED	(N/A)
Cannabinoids (urine)	NOT DETECTED	(N/A)
Benzodiazepines (urine)	* DETECTED	(N/A)
Opiates (urine)	NOT DETECTED	(N/A)
pH (urine)	5.1	5.0- 8.0
Creatinine (urine)	5.0	<24.6 (mmol/L)
Buprenorphine	NOT DETECTED	(N/A)

Case 2 Part 1 Facilitator Materials

VBG

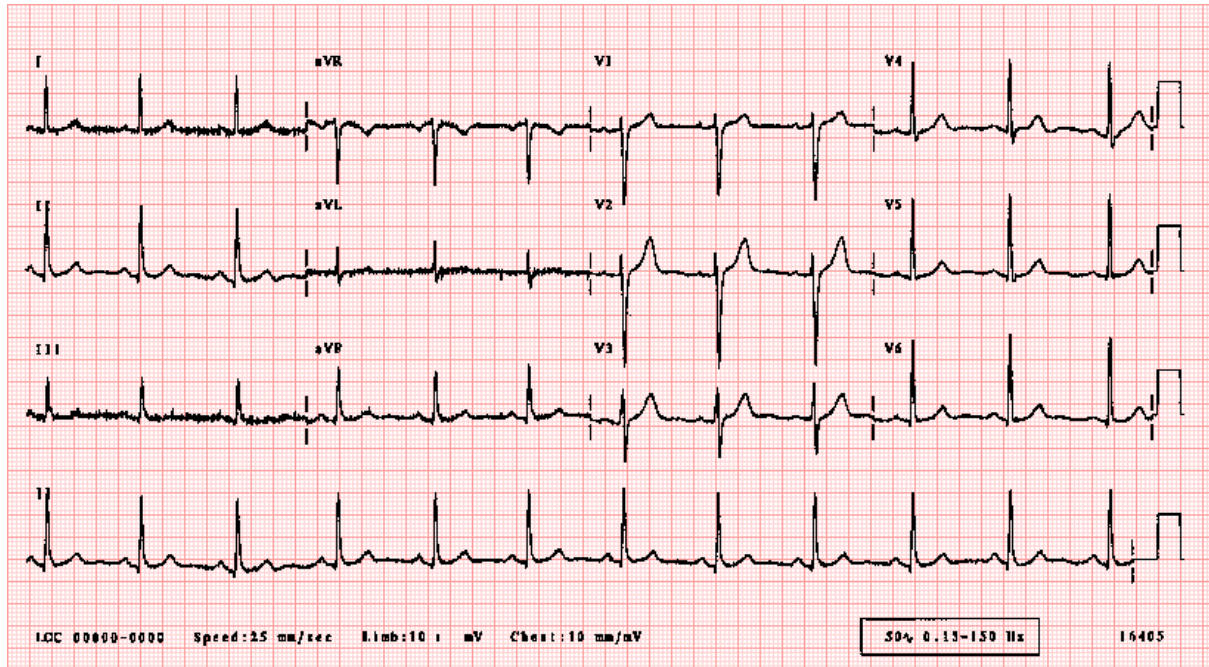
379 405 7365 BOOKER James (Male/23 years)

Number	1	Ref. Range (Units)
Collected	27-Nov 2022 15:25	
Signed		
Source	BHSCT	
Sample type	Blood	
Blood type	Venous	
Temperature	37.0°C	
FiO ₂	??%	
pH	7.357	7.350-7.450
pCO ₂	*7.11	4.30-6.40 (kPa)
pO ₂	*7.5	11.00-14.40 (kPa)
Na ⁺	139	133.0-146.0 (mmol/L)
K ⁺	4.0	3.50-4.50 (mmol/L)
Cl ⁻	99	95.0-108.0 (mmol/L)
Ca ²⁺	1.35	1.150-1.350 (mmol/L)
Glu	4.9	4.0-7.7 (mmol/L)
Lac	1.6	1.0-1.4 (mmol/L)
tHb	124	115.0-180.0 (g/L)
Hct	0.45	0.370-0.540 (%)
SO ₂	*84	94.0-98.0 (%)
BE	-1.5	-2 - +3 (mmol/L)
cHCO ₃	23	22.0-29.0 (mmol/L)

Case 2 Part 1 Facilitator Materials

ECG

379 405 7365 BOOKER James (Male/23 years)



Chest X-ray


379 405 7365 BOOKER James (Male/23 years)



CT brain



UNOCINI: Child Safeguarding Form

 Health and Social Care in Northern Ireland		Unocini Understanding the Needs of Children in Northern Ireland A1 REFERRAL V2_1	
Section 1: Child or Young Person's Details			
Surname: <u>BOOKER</u>		ID No.	
Forename: <u>JASMINE</u>			
Known As: <u>JASMINE</u>		HCN:	
Address: <u>AS PER PATIENT</u>		Previous Address:	
Postcode:		Previous Postcode:	
Telephone No:		Locality:	
Mobile No:		Gender: <u>FEMALE</u>	
Date of Birth: <u>09-01</u>		GP Tel No:	
GP Name:		GP Email Address:	
GP Address:			
GP Postcode:			
School Name:		School Tel No:	
School Address:		School Postcode:	
Does the Child have a Disability?		If Yes, What Disability: (& source of diagnosis)	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Nationality: <u>NORTHERN IRISH</u>		Other Special Needs:	
Religion: <u>UNKNOWN</u>		Ethnic Origin:	
Language Spoken: <u>ENGLISH</u>		Country of Origin:	
Communication Support: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Interpreter <input type="checkbox"/>	Signer <input type="checkbox"/>	Document Translator <input type="checkbox"/>	

Text:

Health and Social Care in Northern Ireland

Unocini Understanding the Needs of Children in Northern Ireland

A1 Referral V2_1

Section 1 Child or Young Person's Details:

Surname: Booker Forename: Jasmine

Known as: Jasmine

Address: As per patient

Gender: Female

DOB: 04/02/20

Does the child have a disability: No

Nationality: Northern Irish

Religion: Unknown

Language spoken: English



Health and Social Care
in Northern Ireland

Unoclin

Understanding the Needs of Children in Northern Ireland

A1: REFERRAL V2_1

Section 2a: Referrer's Details

Name of Referrer: DR TENNY	Designation: STA
Address: ULSTER HOSPITAL	Date of Referral: Click here to enter a date. 27/11/22
Postcode: BT16 1RH	Contact Details: ULSTER EMERGENCY DEPT

Section 2b: Reason for Referral

JAMES BOOKER ATTENDED ED WITH AN REDUCED CONSCIOUS
LEVEL & IS BEING TREATED FOR MIXED OVERDOSE
CONCERNS AS HE HAS A DAUGHTER AT HOME, AS PER NOK

Section 2c: Immediate Actions

Are Immediate /Actions necessary to safeguard the
child(ren) or young person(s)? Yes ☐ No ☒

Text:

Health and Social Care in Northern Ireland

Unocini Understanding the Needs of Children in Northern Ireland

A1 Referral V2_1

Section 2a: Referrer's details:

Name of Referrer: Dr Terry

Designation: ST4

Address: Ulster Hospital, BT16 1RH

Date of referral: 27/11/22

Contact details: Ulster Hospital Emergency Dept

Section 2b: Reason for referral: James Booker attended ED with a reduced conscious level and is being treated for mixed overdose. Concerns as he has a daughter at home, as per NOK.

Section 2c: Immediate actions

Are immediate/actions necessary to safeguard the child or young person? No



Health and Social Care
in Northern Ireland

Unoclin

Understanding the Needs of Children in Northern Ireland
A1 REFERRAL V2_1

Section 3a: Primary Carers & Other Household Members (Incl. non-family members)

	Member 1	Member 2	Member 3	Member 4
Last Name:	BOOKER	JONES	BOOKER	
Alternative Last Name:				
First Name:	JAMES	STACEY	JASMINE	
Telephone No:				
Mobile No:				
Date of Birth:	Age 13	22	1	
Relationship to Child/ YP:	DAO	MUM	DAUGHTER	
Language Spoken:	ENGLISH	ENGLISH	ENGLISH	
Nationality:				
Communication Support:	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details

Section 3b: Significant Others (Incl. family members who are not members of the child(ren) or young person(s) household)

	Other 1	Other 2	Other 3	Other 4
Last Name:				
Alternative Last Name:				
First Name:				
Address:				
Postcode:				
Mobile No:				
Date of Birth:				
Relationship to Child/ YP:				
Language Spoken:				
Nationality:				
Communication Support:	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details

Text:

Health and Social Care in Northern Ireland

Unocini Understanding the Needs of Children in Northern Ireland

A1 Referral V2_1

Section 3a: Primary Carers & Other Household members (incl. non-family members)

James Booker age 23 Dad

Stacey Jones age 22 Mum

Jasmine Booker age 2 Daughter

Section 3b: Significant others (Inclu. family members who are not members of the child(ren) or young person(s) household)



Health and Social Care
in Northern Ireland

Unocini
Understanding the Needs of Children in Northern Ireland
A1 REFERRAL V2_1

Section 4a: Summary of Referrer's Previous Involvement

ED DR WHO ASSESSED & INITIATED TREATMENT FOR JAMES BOOKER. CONTACTED NOK - STACEY JONES WHO INFORMED ME OF A DAUGHTER AT HOME (JASMINE BOOKER).

NATURE OF PRESENTATION WARRANTS A UNOCINI. PATIENT'S PARTNER UNDERSTANDS & IS AGREEABLE TO THIS.

Section 4b: Referral Consent

Child(ren) / Young Person(s)

Is the Child(ren) / Young Person(s) subject to this referral aware the referral is being made?

Yes ☐ No ☒

Does the Child(ren) / Young Person(s) consent to the Referral?

Yes ☐ No ☒

If NO, please explain

CHILD NOT IN DEPARTMENT

Parent/ Carer

Is the Parents/ Carers aware that Referral has been made?

Yes ☒ No ☐ NOK - STACEY JONES

Do they consent to the Referral?

Yes ☒ No ☐

If NO, please explain

Text:

Health and Social Care in Northern Ireland

Unocini Understanding the Needs of Children in Northern Ireland

A1 Referral V2_1

Section 4a: Summary of Referrer's Previous involvement

ED doctor who assessed and initiated treatment for James Booker. Contacted NOK (Stacey Jones) who informed me of a daughter at home (Jasmine Booker).

Nature of presentation warrants a Unocini. Patients partner understands and is agreeable to this.

Section 4b: Referral consent

Is the child/young person subject to the referral aware the referral is being made? No

Does the child/young person consent to the referral? No – Child not in department

Is the parents/carers aware that the referral has been made? Yes – NOK Stacey Jones

Do they consent to the referral? Yes



Health and Social Care
in Northern Ireland

Unocini

Understanding the Needs of Children in Northern Ireland

A1 REFERRAL V2_1

Section 5: Additional Information: Agencies Currently Working with Child or Young Person

Agency and Contact Details

NO AGENCIES CURRENTLY INVOLVED

Name:

Role:

Tel No:

Email:

Name:

Role:

Tel No:

Email:

Name:

Role:

Tel No:

Email:

Name:

Role:

Tel No:

Email:

Text:

Health and Social Care in Northern Ireland

Unocini Understanding the Needs of Children in Northern Ireland

A1 Referral V2_1

Section 5: Additional information: Agencies currently working with child or young person

No agencies currently involved

ICU review

CLINICAL NOTES		ENTER	
		Full Name	
		Mr/s/Miss &	A: :D
		Address	B: :E & F
		Consultant &	
		Ward/Clinic	
		Hospital No.	
		S.M. or W.	
		Date of Birth	F: :G
		Occupation	G: :H
		In-Patient	
		Admn Date	
Age:	Sheet no.		
EACH ENTRY TO BE DATED AND SIGNED		Diagnosis	
27/11/22	ATSP - 23 Yo Male	Needs intubation	
18:30	HPC found by Passerby on street	?OD	
Skemp			
ST3 Anaes	Arway - Patent	Nasopharyngeal, tolerating	
		Vomiting around mouth but nil visible in oropharynx.	
		No added Snoring or gurgly	
Breathly - RR 10 (Naloxone given little/no effect)			
	SpO ₂ 100% on 15L non rebreather	No added Sucks	
	VBG acceptable (pH 7.357 PO ₂ 7.5 P(O ₂) 7.11)		
	CXR - clear (no signs of massive aspiration)		
Circulation - HR 67, (old perfuses CRT 2)			
	BP 105/65 MAP 78		
Disability - GCS - E2 V2 M5			
	PERL	temp 35°C	
Exposure - NO suspected trauma, wet clothes on arrival			
Investigation - CXR clear			
	Paracetamol 4	CBC/coagulate (2)	
	Benzodiazepines - detected	mild left wrist	

Form No
M 100
(R S 7)

WPH000270 Revised 10/12

OS12147

Text:

27/11/22 18:30 S. Kemps ST3 Anaes

379 405 7365 BOOKER James (Male/22 years)

22-year-old male

ATSP re 22yo male low GCS ? requiring intubation

HPc Found by passerby on street ? overdose

Airway	Patent with nasopharyngeal, tolerating Vomiting around mouth but nil visible in oropharynx No added snoring or grunting
Breathing	RR 10 (naloxone given little/no effect) SpO2 100% on 15l non-rebreather No added sounds VBG acceptable, pH 7.357, PO2 7.5, PCO2 7.11 CXR clear (no sign of massive aspiration)
Circulation	HR 67, cool peripheries, CRT 2 BP 105/65 MAP 78
Disability	GCS E2V2M5 Glucose 7.3 PEARL Temp 35 degrees
Exposure	No suspected trauma, wet clothes on arrival
Investigations	CXR clear Bloods Paracetamol 75 * Benzodiazepines detected CBC, coagulation and electrolytes normal Mild LFT derangement

Impression - Likely OO - Paracetamol + Benzocaine
3 opiate effect as low/normal BP

Does not require intubation @ present given
patent airway (with NP airway)

GCS 9

Oxygenating well

Plan Admit HCU for observation (till to BHSC as only
available beds).

Observe at present

No flumazenil

Low threshold for intubation and ventilation if
vomiting or obstruction or fall in GCS.

N acetylcysteine treatment as per algorithm

Review ECR and contact NOK

Skemp

SKEMPS

St3 Anaesthetist

Text:

Impression	<p>Likely overdose</p> <p>Paracetamol and benzodiazepines</p> <p>? opiate effect as low/normal RR</p> <p>Does not require intubation at present given</p> <p>Patent airway (with nasopharyngeal)</p> <p>GCS 9</p> <p>Oxygenating well</p>
Plan	<p>Admit HDU for observation (t/f to BHSCT as only available bed)</p> <p>Observe at present</p> <p>No flumazenil</p> <p>Low threshold for intubation and ventilation if vomiting, obstructing or fall in GCS</p> <p>N-acetylcysteine treatment as per algorithm</p> <p>Review electronic care record and contact next of kin.</p>

Signed S Kemps ST3


ADDITIONAL FACILITATOR MATERIALS

Investigations


12-hour blood results

379 405 7365 BOOKER James (Male/23 years)

Coagulation Screen

Number	1	Ref. Range (Units)
Collected	28-Nov 2022 06:00	
Signed		
Source	BHSCT	
Prothrombin Time	12	10.00- 13.0 (Sec)
APTT	24.60	21.0- 29.0 (Sec)
Fibrinogen	3.2	1.8- 4.2 (g/L)
INR	1.1	< 1.2

Liver Profile

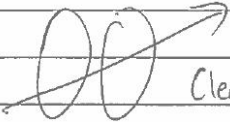
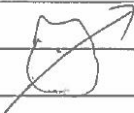
Number	1	Ref. Range (Units)
Collected	28-Nov 2022 06:00	
Signed		
Source	BHSCT	
T. Bilirubin	11	<21 (μmol/L)
ALP	124	30-130 (U/L)
AST	*97	<32 (U/L)
GGT	*49	6-42 (U/L)
ALT	*123	<33 (U/L)
Albumin	36	35-50 mg/L

Medical review in HDU

Insert G.P.'s
Name and
Address if not
included on
request letter or
admission form

ROYAL VICTORIA HOSPITAL
BELFAST, BT12 6BA

Form No
M 100
(RS 7)

CLINICAL NOTES		ENTER			
		Full Name		A: James Booker	
		Mr./s/Miss &		B: 379 405 7365	
		Address		:D	
		Consultant &		:E & F	
		Ward/Clinic		:G	
		Hospital No.		:H	
		S.M. or W.			
		Date of Birth			
		Occupation			
		In-Patient			
		Admn Date			
Age: Sheet no.		C:			
EACH ENTRY TO BE DATED AND SIGNED		Diagnosis			
28/11/22		MEDICINE WR ASHER (Lons) / KANE (F2)			
08:40					
(23)		Intentional mixed OD (paracetamol/diazepam)			
Reviewed in HDU - admitted for airway support + ↓ GCS, now maintaining own airway					
Completed 12h NAC as per SNAP					
Bloods satisfactory					
Regrets actions. Agreeable to psych r/v					
O/E Alert + bright					
Airway patent					
RR 14		HR 67		apnoeic	
SpO ₂ 97% RA		BP 135/78			
				Abd. SWT	
				BS +	
Imp: No signs aspiration					
No further HDU support required					
P: Stop NAC					
Discharge to medical ward					
Psych referral when medically fit					
JKane F2					
7998328					
OS12147					

WPH000273 Revised 10/12

Text:

379 405 7365 BOOKER James (Male/23 years)

28/11/22 08.40 Medicine WR Asher (Cons)/ Kane (F2)

23y/o man intentional mixed OD paracetamol/diazepam

Reviewed in HDU – admitted for airway support, now maintaining own airway

Completed 12h NAC as per SNAP

Bloods satisfactory

Regrets actions. Agreeable to psych review.

O/E Alert and bright. Airway patent. RR14, SpO2 97% RA, BP 135/78, HR 67, apyrexia

Chest clear, abdo SNT, BS+

Imp: No signs aspiration

No further HDU support required.

P: Stop NAC

Discharge to medical ward

Psych referral when medically fit

Signed J Kane