

**Case Based
Learning**



Year 3 Case-based Learning 2024-25

Case 2 Part 1

Facilitator Materials



Key Contributors:

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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

HSC 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) | Standby Inform Advisory | ETA: | 5mins |
| A | Age: 23 | | | | Fast |
| | Patients Name: JAMES BOOKER | | | | Positive |
| | Patients DOB: _____ | | | | or |
| | Male / Female: MALE | | | | Negative |
| 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 (NPA) | LMA | ETT |
| | Breathing | RR Rate: 22 | SATS: 94% 2L | SATS on RA: 89% | |
| | Circulation | BP: 92/54 | Pulse rate: 65 | CRT: 2secs | Cannula: ATTEMPTED |
| | Disability | GCS: 9/15 | | BM: 7.4 | |
| | Exposure | Exposed injuries / External haemorrhage: TEMP 35°C | | | |
| T | Treatment given at scene: OXYGEN / NALOXONE | | | | |
| Consultant and N.I.C. informed (who?): DR TERRY & SISTER WENDY | | | | | |
| ETA: 5mins | | | | | |

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

NIAS Clinical Record

Northern Ireland Ambulance

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Incident Number | | Date | | Base | | Callsign | | Oscar/Roméo | | | |
| | | 27 / 11 / 22 | | | | | | | | | |
| Time Mobile: | | Attendant Name | | Attendant PIN | | Patient First Name/Surname | | Patient Address/Contact/Tel No | | | |
| 14 : 48 | | | | | | JAMES BOOKER | | | | | |
| At Scene: | | Driver Name | | Driver PIN | | | | | | | |
| 14 : 52 | | | | | | | | | | | |
| At Patient: | | Other (Officer, RRV Paramedic) | | Other PIN | | Patient D.O.B. | | Age | | | |
| 14 : 53 | | | | | | | | 23 | | | |
| Left Scene: | | Also at Scene | | Call Type | | Chief Complaint Given/Actual: | | Next of Kin/Patient Accompanied By: | | | |
| 15 : 15 | | <input type="checkbox"/> Police <input type="checkbox"/> Doctor <input type="checkbox"/> Other <input type="checkbox"/> Fire <input type="checkbox"/> First Res | | <input type="checkbox"/> 999 | | REDUCED CONSCIOUSNESS ? OVERDOSE | | UNKNOWN | | | |
| At Destination: | | Location of incident: | | HCP | | GP Name/Practice: | | | | | |
| 15 : 23 | | | | | | | | | | | |
| Hand Over: | | <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Burns/Scalds <input type="checkbox"/> Fracture (or suspect) <input type="checkbox"/> Mental Health Prob <input type="checkbox"/> Short of Breath <input type="checkbox"/> Antenatal/Neonatal <input type="checkbox"/> Chest Pain <input type="checkbox"/> Haemorrhage/Laceration <input type="checkbox"/> Minor Injuries <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Headache <input type="checkbox"/> Overdose/Poisoning <input type="checkbox"/> Traumatic Injury <input type="checkbox"/> Back Pain <input type="checkbox"/> Epilepsy/Seizure <input type="checkbox"/> Hypertension <input type="checkbox"/> Palliative Care <input type="checkbox"/> Unconscious/Collapse <input type="checkbox"/> Blocked Catheter <input type="checkbox"/> Falls <input type="checkbox"/> Hypoglycaemia <input type="checkbox"/> Sepsis <input type="checkbox"/> Other | | | | | | | | | |
| 15 : 24 | | | | | | | | | | | |
| Clear: | | | | | | | | | | | |
| 15 : 40 | | | | | | | | | | | |
| Primary Survey | | Breathing | | Cap Refill | | Obs. | | | | | |
| <input type="checkbox"/> Catastrophic Haemorrhage <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | | <input checked="" type="checkbox"/> Normal <input type="checkbox"/> >2secs | | 14 : 52 14 : 59 15 : 18 | | | | | |
| Airway | | Circulation | | AVPU | | Pulse | | | | | |
| <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Partial Obstruction <input type="checkbox"/> Total Obstruction | | <input checked="" type="checkbox"/> Present <input type="checkbox"/> Abnormal <input type="checkbox"/> Regular <input type="checkbox"/> Absent <input type="checkbox"/> Strong <input type="checkbox"/> Irregular | | <input type="checkbox"/> Alert <input checked="" type="checkbox"/> Pain <input type="checkbox"/> Voice <input type="checkbox"/> Unresponsive | | 62 56 72 | | | | | |
| C-Spine | | | | | | systolic | | | | | |
| <input type="checkbox"/> Normal <input type="checkbox"/> Potential | | | | | | 126 105 108 | | | | | |
| | | | | | | diastolic | | | | | |
| | | | | | | 74 82 64 | | | | | |
| | | | | | | Resp Rate | | | | | |
| | | | | | | 24 21 14 | | | | | |
| Patient Consents to | | Exam | | Closed # | | SpO ₂ | | | | | |
| Assessment <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Treatment <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Conveyance <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Consent Withdrawn? <input type="checkbox"/> Y <input type="checkbox"/> N Patient has capacity? <input type="checkbox"/> Y <input type="checkbox"/> N | | MSC X 4 Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> % Burns | | <input type="checkbox"/> Q pen # <input type="checkbox"/> Pain <input type="checkbox"/> Wound <input type="checkbox"/> Foreign body <input type="checkbox"/> Abrasion <input type="checkbox"/> Erythema <input type="checkbox"/> Burns | | Room Air <input checked="" type="checkbox"/> O ₂ <input type="checkbox"/> 94 <input checked="" type="checkbox"/> 93 <input type="checkbox"/> 93 ETCO ₂ (mmHg) | | Norm Pale Norm Pale Norm Pale Cyanosed Sweating Cyanosed Sweating Cyanosed Sweating | | | |
| Allergies | | | | | | Peak flow | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unk | | | | | | Right Left Right Left Right Left | | | | | |
| Meds | | | | | | Breath Sounds | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unk | | | | | | Normal Abnormal Reduced Absent | | | | | |
| Med History | | | | | | BM | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unk | | | | | | 7.4 7.4 7.4 | | | | | |
| Last meal state time | | | | | | Temp °C | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unk | | | | | | 34.1 34.5 35.4 | | | | | |
| DINAR in place | | | | | | Pupils | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unk | | | | | | Reaction (Y/N) Size (N/C/D) | | | | | |
| List of Meds | | | | | | E V M E V M E V M | | | | | |
| | | | | | | GCS Score 2 3 5 2 3 5 2 2 5 | | | | | |
| | | | | | | GCS Total: 1st 10 2nd 10 3rd 9 | | | | | |
| | | | | | | NEWS2 Score: 1st 2nd 3rd | | | | | |
| | | | | | | Pain Score: 1st 2nd 3rd | | | | | |
| RTC | | Mark impact / damage / location | | | | FAST Assessment | | Rockwood Clinical Frailty Scale: | | | |
| <input type="checkbox"/> Driver Restrained <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Passenger Helmet worn <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M/cyclist Airbag/s deployed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Quad Bike Vehicle roll over <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Cyclist Ejected <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Cyclist Intrusion <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pedestrian Trapped <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Pedestrian Helmet damage <input type="checkbox"/> Y <input type="checkbox"/> N | | Mark helmet damage | | | | Facial Weakness <input type="checkbox"/> Y <input type="checkbox"/> N Side Affected L R Arm Weakness <input type="checkbox"/> Y <input type="checkbox"/> N Speech Impaired <input type="checkbox"/> Y <input type="checkbox"/> N | | Vomiting <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Fitting <input type="checkbox"/> Y <input type="checkbox"/> N Alcohol Suspected <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Drugs Suspected <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | | |

Case 2 Part 1 Facilitator Materials

Service Patient Report Form

1313456

Airway Management
 Headtilt/chin lift Jaw thrust Manual clearance
 Suction
 OPA N CRIC ET By (PIN) [][][][]
 IGEL NPA Size [][] . [][]
 Position Checked By [][][][] Achieved Y N
 Auscultation ETCO₂

Ventilation
 BVM Resuscitator Chest Decompression
 Venturi 28% Nebuliser By (PIN) [][][][]
 NRB Nasal Specs O₂ 15 Litres

IV Access Ext Jug EZ IO IV Achieved (Y/N) [] Flush (Y/N) []
 Size [][] G By (PIN) [][][][] Attempts [] X [] Y N

Equipment
 C-collar
 Spinal board
 KED
 Orthopaedic stretcher
 Vacuum Mattress
 Vacuum splint
 Box splint
 Traction splint
 Other splinting
 Frac straps
 Burns dressing
 Wound dressing
 Pelvic Splint
 Haemostatic Dressing
 Tourniquet
 Carry Chair
 Other(s) []

Drugs
 Activated Charcoal Diazepam rectal Morphine Sulphate
 Adrenaline 1:1000 Entonox Naloxone Narcan
 Adrenaline 1:10000 Furosemide Ondansetron
 Amiodarone Glucagon Oxygen
 Aspirin Glucose IV Paracetamol IV
 Atropine Glycerol Trinitrate GTN Paracetamol oral
 Benzylpenicillin Hydrocortisone Salbutamol
 Chlorphenamine Hypostop gel Sodium Chloride (0.9%)
 Dexamethasone Ipratropium bromide Tranexamic acid
 Diazepam IV Misoprostol Other []

Cardiac Rhythm/s: []
 12 Lead 3 Lead [] NSR
 Cardiac Arrest ROLE DNAR Traumatic Arrest

Rhythm
 VT VF Asystole PEA Other

Resus Witnessed CPR Defib
 By Other
 By Amb Crew
 No. Shocks [] X [] Energy (Joules) [][][] By (PIN) [][][][]

Rhythm outcome
 NSR Brady Tachy Other
 VT VF Asystole PEA

ROSC at any time ROSC at hospital handover

STEMI ECG Transmitted to:
 Patient has symptoms consistent with acute myocardial infarction. RVH ALT
 AND CCU Staff name: [][][][][]
 Less than 12 hours elapsed from onset of maximum pain
 AND Confirm ECG changes: Defib Number: [][][][]
 EITHER ST segment elevation of 1mm or more in at least two limb leads Accepted for pPCI
 OR ST segment elevation of 2mm or more in any two adjacent chest leads Time of decision re: pPCI [][] : [][]

Transported/Referred:
 ED Cath Lab Referred
 Hospital Dept Left at scene Other
 Time Standby placed: [] : [] Referral Accepted? Y N Hospital [] : []
 Patient Referred to: [] [] : []
 EMERGENCY DEPARTMENT
 Signature of Ambulance Attendant: []

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

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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 & 1X DOSE OF NALOXONE 2 LITRES/NO EFFECT.
 STANDBY CALL MADE -> ED UNIT.

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

CONFIDENTIAL

Case 2 Part 1 Facilitator Materials

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 | GP | | | | | | | | | | | | | | | | | | |
| Forename JAMES | | | | | | | | | | | | | | | | | | | | | |
| Dob | Age 23 | | | | | | | | | | | | | | | | | | | | |
| Sex M | MS | | | | | | | | | | | | | | | | | | | | |
| Occ. | | | | | | | | | | | | | | | | | | | | | |
| HCN 379 405 7365 | Tel Mobile/Other | Tel End Date | | | | | | | | | | | | | | | | | | | |
| Arrival Date/Time 27/11/22 1524 | Arrival Mode NIAS | Incident Type | Triage Date/Time 27/11/22 1524 | | | | | | | | | | | | | | | | | | |
| Ambul. Handover Date/Time 1524 | Accompanied By | | Nurse: BARBARA STREISAND | | | | | | | | | | | | | | | | | | |
| | | | Breach Time | ECR Consent Given | | | | | | | | | | | | | | | | | |
| NOK | | | Home Work | | | | | | | | | | | | | | | | | | |
| Presenting Complaint LOW GCS + ?OVERDOSE | | Anti-Coagulants | | | | | | | | | | | | | | | | | | | |
| Presentation Discriminator Inj. Mechanism | | SOCIAL WORK INVOLVEMENT: Time Sign Standby Call Received <input checked="" type="checkbox"/> Time: 1511 Time Sensitive Cons Sign Off | | | | | | | | | | | | | | | | | | | |
| | | PATIENT AT RISK OF LEAVING <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| I.V. Cannula Insertion Date Time Site Colour Cannulation: No of attempts <input type="checkbox"/> Inserted by Aseptic Technique Inserted By <input type="checkbox"/> Inserted in Emergency Dr <input type="checkbox"/> Nurse <input type="checkbox"/> Other <input type="checkbox"/> Replace in 24hr/when Patient is stable Signed | | <table border="1"> <thead> <tr> <th>Initial Intervention</th> <th>Required</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Bloods</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>IVA</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>Urinalysis</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>ICON</td> <td></td> <td></td> </tr> <tr> <td>ECG</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </tbody> </table> | Initial Intervention | Required | Completed | Bloods | <input checked="" type="checkbox"/> | | IVA | <input checked="" type="checkbox"/> | | Urinalysis | <input checked="" type="checkbox"/> | | ICON | | | ECG | <input checked="" type="checkbox"/> | | Patient Location RESUS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Initial Intervention | Required | Completed | | | | | | | | | | | | | | | | | | | |
| Bloods | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| IVA | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| Urinalysis | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| ICON | | | | | | | | | | | | | | | | | | | | | |
| ECG | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | |

Case 2 Part 1 Facilitator Materials

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
 & NP IN SITU.

B - RR 10
 SATS 100% on 15L non-rebreather mask
 SHALLOW BREATHING

Initial Plan

CHEST AUSCULTATION
 - GOOD A/E THROUGHOUT
 - NO APOPH SOUNDS
 NO OBVIOUS CHEST WALL INJURIES
 OR CHEST WALL TENDRNESS

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

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

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

NIERK 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?

| 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) | |

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

Case 2 Part 1 Facilitator Materials

| | | |
|-------------------|----------------|----------------|
| 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 | Perac | Ca |
| DDimer | Urea 7 | ALP (142) | PCO2 | Salic | Next (7.6) |
| INR 1 | Creat 70 | Bili 11 | Lac | Bic | CRP (57) |
| | | | | ALT (162) | |

| | | |
|------|--------|------------|
| 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

IMP/

PLW/

VBG @ 1530

Case 2 Part 1 Facilitator Materials

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, Create 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 CD 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"/> | Advice Sheet <input type="checkbox"/> | District Nurse Arranged <input type="checkbox"/> | | | | |
| Nok/NH Informed <input type="checkbox"/> | Signed | Date/Time | | | | |

Discussed With Name **DR BROOKS** Grade **ST7** Specialty **ICU/INTENS**

Time Bed manager informed _____ Specialty _____ Ward Ready at _____

Ambulance Requested Time: _____ Booking Ref. _____

Clinical Note Audit/X-Ray Report Outcome

| | | | |
|---|-----------|-----------------|---|
| Final Admit to Ward ICU Admission Verified By: TSAM Grade of Doctor: ST4 | Discharge | Refer OPD | Sign JET Grade ST4 Exam Finish Time 1830 Departure Time |
| | Refer GP | CBYL | |
| | ED Review | LBT | |
| | Transfer | Refused Rx | |
| | 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



**South Eastern Health
and Social Care Trust**

Write in CAPITAL LETTERS or use addressograph

Surname: Booker

First names: JAMES

Health and Care No: 379 405 7365 Identity

DOB: _____

Observation chart for the National Early Warning Score (NEWS2)

| NEWS key | FULL NAME <u>JAMES BOOKER</u> | DATE OF BIRTH | DATE OF ADMISSION <u>27/11/22</u> | | | | |
|---|-------------------------------|---------------|-----------------------------------|------------------------|-----------------------------|---|---|
| 0 1 2 3 | | | | | | | |
| | DATE TIME | | DATE TIME | | | | |
| A+B Respirations <small>Breath/min</small> | ≥25 | | 3 | | ≥25 | | 3 |
| | 21-24 | | 2 | | 21-24 | | 2 |
| | 18-20 | | | | 18-20 | | |
| | 15-17 | | | | 15-17 | | |
| | 12-14 | | | | 12-14 | | |
| | 9-11 | | | 1 | 9-11 | | 1 |
| ≤8 | | | 3 | ≤8 | | 3 | |
| A+B SpO ₂ Scale 1 <small>Oxygen saturation (%)</small> | ≥96 | | 1 | | ≥96 | | 1 |
| | 94-95 | | 2 | | 94-95 | | 2 |
| | 92-93 | | 3 | | 92-93 | | 3 |
| | ≤91 | | | | ≤91 | | |
| SpO₂ Scale 2* Oxygen saturation (%) <small>Use Scale 2 if target range is 96-92%, eg in hypotensive respiratory failure</small> | ≥97 on O ₂ | | 3 | | ≥97 on O ₂ | | 3 |
| | 95-96 on O ₂ | | 2 | | 95-96 on O ₂ | | 2 |
| | 93-94 on O ₂ | | 1 | | 93-94 on O ₂ | | 1 |
| | ≥93 on air | | | | ≥93 on air | | |
| | 88-92 | | | | 88-92 | | |
| | 86-87 | | 1 | | 86-87 | | 1 |
| | 84-85 | | 2 | | 84-85 | | 2 |
| | ≤83% | | 3 | | ≤83% | | 3 |
| Air or oxygen? | A=Air | | | | A=Air | | |
| | O ₂ L/min Device | | 2 | | O ₂ L/min Device | | 2 |
| C Pulse <small>Beats/min</small> | ≥131 | | 3 | | ≥131 | | 3 |
| | 121-130 | | 2 | | 121-130 | | 2 |
| | 111-120 | | | | 111-120 | | |
| | 101-110 | | | | 101-110 | | |
| | 91-100 | | 1 | | 91-100 | | 1 |
| | 81-90 | | | | 81-90 | | |
| | 71-80 | | | | 71-80 | | |
| | 61-70 | | | | 61-70 | | |
| | 51-60 | | 1 | | 51-60 | | 1 |
| | 41-50 | | | | 41-50 | | |
| | 31-40 | | 3 | | 31-40 | | 3 |
| ≤30 | | | | ≤30 | | | |
| D Consciousness <small>Score for 3 PV scored 0-3 as per the code 1=V, 2=P, 3=U</small> | Alert | | | | Alert | | |
| | Confusion | | | | Confusion | | |
| | V | | | | V | | |
| | P | | | 3 | P | | 3 |
| E Temperature <small>°C</small> | ≥39.1* | | 2 | | ≥39.1* | | 2 |
| | 38.1-39.0* | | 1 | | 38.1-39.0* | | 1 |
| | 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* | | 1 |
| ≤35.0* | | 3 | | ≤35.0* | | 3 | |
| 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 Score (0-10) | | | |
| Nausea Score (0-3) | | | | Nausea Score (0-3) | | | |

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

Case 2 Part 1 Facilitator Materials

Text:

Name: James Booker

HCN: 379 405 7365

Consultant: Dr Tibbs

27/11/2022

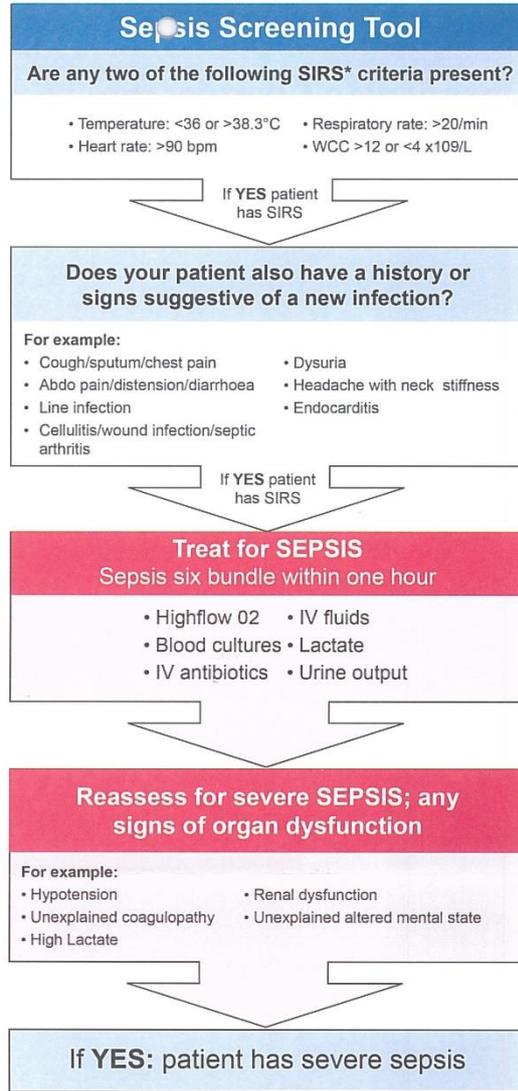
First set of observations in ED:

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

| Clinical Response to NEWS Triggers | | |
|--|--|--|
| NEWS score | Frequency of monitoring | Clinical response (Variance with response must be documented) |
| 0 | Minimum 12 hourly | <ul style="list-style-type: none"> Continue routine NEWS with every set of observations. |
| Total: 1-2 | Minimum 6 hourly | <ul style="list-style-type: none"> Inform registered nurse who must assess the patient |
| Total: 3-4 | Minimum 4 hourly | <ul style="list-style-type: none"> Registered nurse to decide if increased frequency of monitoring and/or escalation of clinical care is required. <p>NEWS of 4 or more? THINK SEPSIS</p> |
| 3 in 1 parameter | | Inform CCOT (on RVH site only) 0 ² |
| Total: 5 or more | Increased frequency to a minimum of 1 hourly | <ul style="list-style-type: none"> 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. <p>NEWS of 4 or more? THINK SEPSIS</p> |
| Total: 7 or more | Continuous monitoring of vital signs Minimum of half hourly recording | <ul style="list-style-type: none"> 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). <p>NEWS of 4 or more? THINK SEPSIS</p> |
| <p>Call medical team caring for the patient if you have any concerns about the patient regardless of the NEWS score</p> | | |

| Pain score | Nausea score |
|-----------------------|-------------------|
| 0-----10 | 0 = No nausea |
| 0 = No pain | 1 = Mild nausea |
| 10 = Worst imaginable | 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 (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 rebreathe 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 (x 10 ⁹ /L) |
| PLT | 155 | 150-450 (x 10 ⁹ /L) |
| RBC | 4.9 | 3.8-5.8 (x 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 (x 10 ⁹ /L) |
| LYMPH | 3.5 | 1.0-3.5 (x 10 ⁹ /L) |
| MONO | 0.6 | 0.2-0.8 (x 10 ⁹ /L) |
| EOSIN | 0.3 | 0.04-0.4 (x 10 ⁹ /L) |
| BASO | 0.09 | 0.01-0.1 (x 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 (μmol/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 | <21 (µmol/L) |
| ALP | *142 | 30-130 (U/L) |
| AST | *177 | <32 (U/L) |
| GGT | *75 | 6-42 (U/L) |
| ALT | *162 | <33 (U/L) |
| Albumin | 36 | 35-50 mg/L |

Coagulation Screen

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

Case 2 Part 1 Facilitator Materials

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

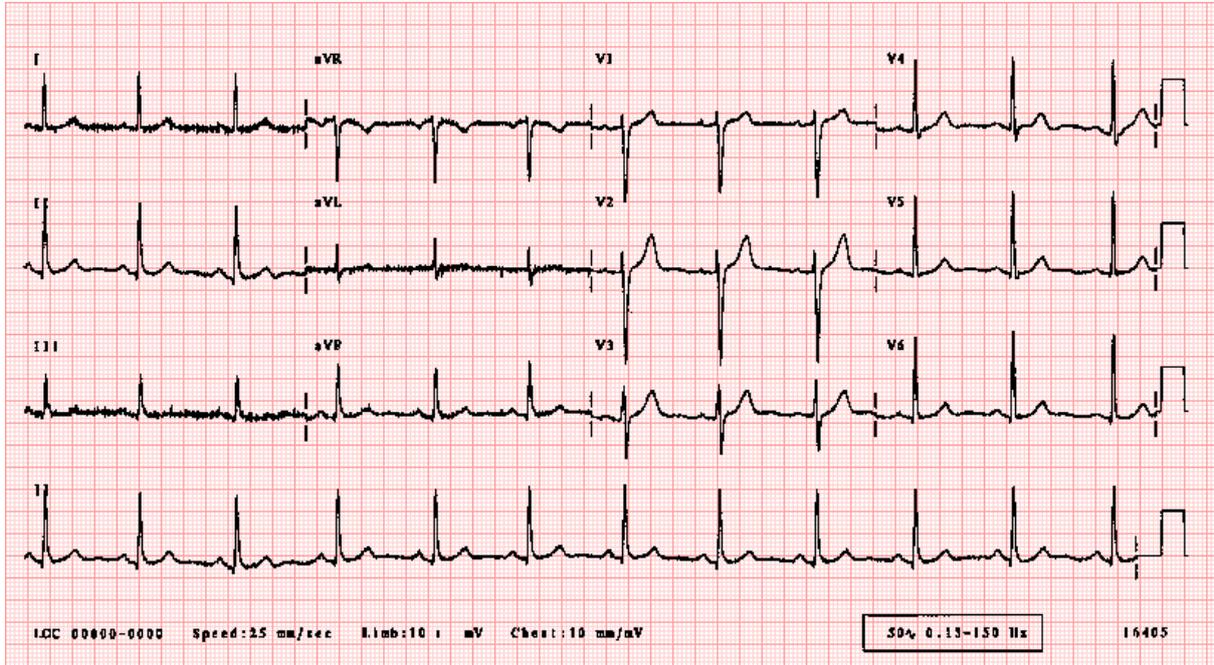
379 405 7365 BOOKER James (Male/23 years)

| | | |
|-------------------|---|----------------------|
| 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

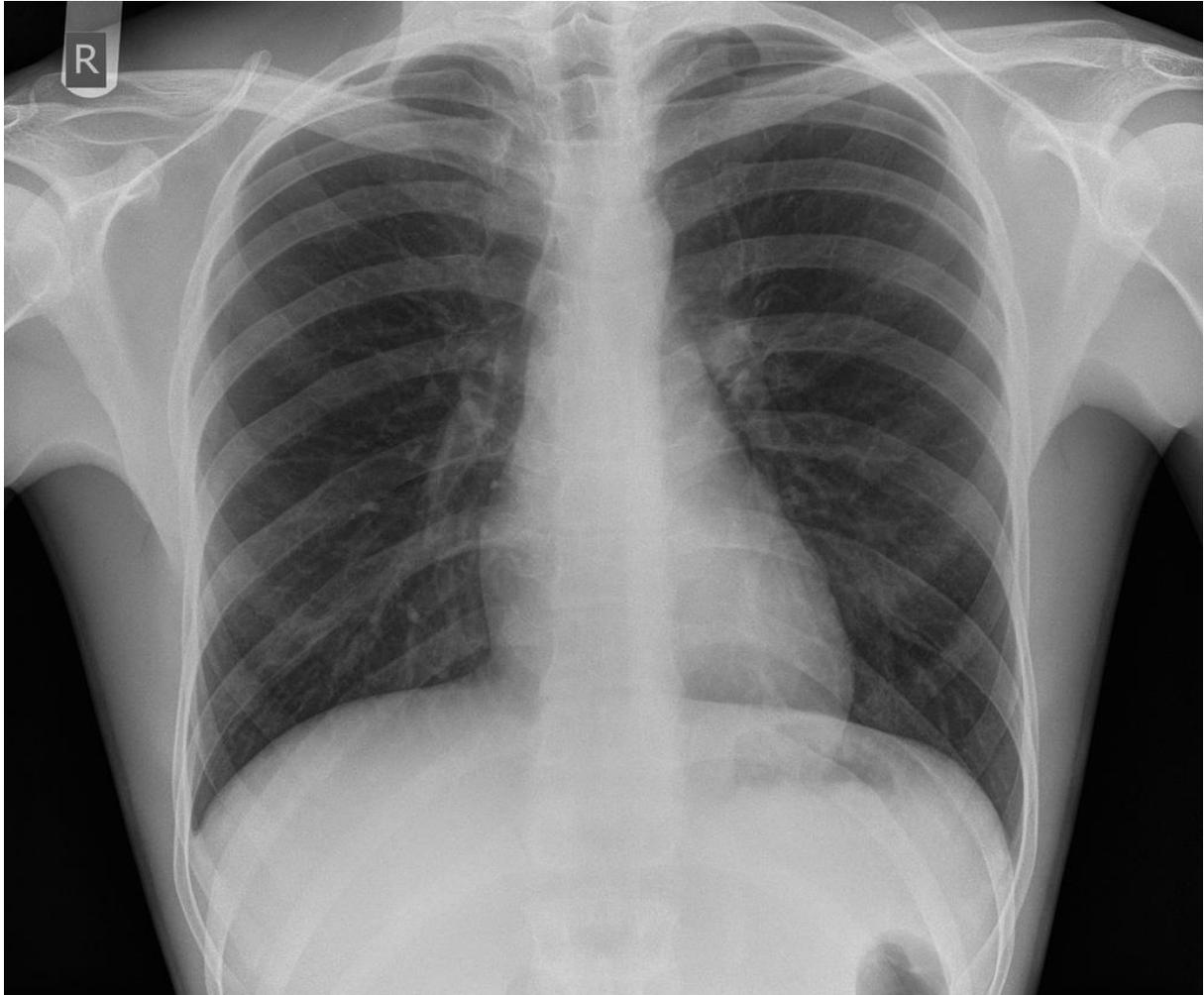
379 405 7365 BOOKER James (Male/23 years)



Case 2 Part 1 Facilitator Materials

Chest X-ray

379 405 7365 BOOKER James (Male/23 years)



CT brain



UNOCINI: Child Safeguarding Form

HSC 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 | | ID No. |
| Forename: JASMINE | | |
| Known As: JASMINE | | HCN: |
| Address: AS PER PATIENT | | Previous Address: |
| Postcode: | | Previous Postcode: |
| Telephone No: | | Locality: |
| Mobile No: | | Gender: FEMALE |
| Date of Birth: 04-01 | | GP Name: |
| GP Address: | | GP Tel No: |
| GP Postcode: | | GP Email Address: |
| School Name: | | School Tel No: |
| School Address: | | School Postcode: |
| Does the Child have a Disability? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If Yes, What Disability: (& source of diagnosis) | Other Special Needs: |
| Nationality: NORTHERN IRISH | | Ethnic Origin: |
| Religion: UNKNOWN | | Country of Origin: |
| Language Spoken: ENGLISH | | Communication Support: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Interpreter <input type="checkbox"/> | Signer <input type="checkbox"/> | Document Translator <input type="checkbox"/> |

January 2016

Page 1 of 5

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

| 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 | |
| <p>JAMES BOOKER ATTENDED ED WITH A REDUCED CONSCIOUS LEVEL & IS BEING TREATED FOR MIXED OVERDOSE CONCERNS AS HE HAS A DAUGHTER AT HOME, AS PER NOK</p> | |
| Section 2c: Immediate Actions | |
| Are Immediate /Actions necessary to safeguard the child(ren) or young person(s)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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

| 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 23 | 27 | 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)

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. PATIENTS 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Does the Child(ren) / Young Person(s) consent to the Referral? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

If NO, please explain
CHILD NOT IN DEPARTMENT

Parent/ Carer

| | |
|---|--|
| Is the Parents/ Carers aware that Referral has been made? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NOK - STACEY JONES |
| Do they consent to the Referral? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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



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

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

| CLINICAL NOTES | | ENTER | |
|-----------------------------------|---------------------------------|--|------------------------|
| | | A Full Name | |
| | | B Mr/s/Miss & Address | A: James Booker :D |
| | | C Consultant & Ward/Clinic | B: 379 405 7305 :E & F |
| | | D Hospital No. | |
| | | E S.M. or W. | |
| | | F Date of Birth | :G |
| | | G Occupation | |
| | | H In-Patient Admn Date | :H |
| Age: | Sheet no. | | |
| EACH ENTRY TO BE DATED AND SIGNED | | Diagnosis | |
| 27/11/22 | ATSP - 23 Yo Male | Needs intubation | |
| 18:30 | MPC found by Passerby on Street | ?OD | |
| Skemp | | | |
| ST3 Anaes | Arway - Patent | Nasopharyngeal, tolerably Vomiting around mouth but nil visible in oropharynx. | |
| | | No added Snoring or grunty | |
| | Breathly - RR 10 | Cnaborane given little/no effect) | |
| | SpO ₂ 100% | on ISL Non sedated | |
| | | No added Smb | |
| | VBG acceptable | CpH 7.357 PO ₂ 7.5 P(O ₂) 7.11) | |
| | CXR - clear | (NO signs of massive aspiration) | |
| | Circulation - HR 67 | old per pulses CRT 2. | |
| | | BP 105/65 MAP 78 | |
| | Disability - GCS - E2 | V2 Glucose 7.3 | |
| | | MS | |
| | PERL | temp 35°C | |
| | Exposure - NO suspected trauma, | wet clothes on arrival | |
| | Investigation - CXR clear | | |
| | Paracetamol 4 | CBC/coagulate (N) | |
| | Benzhexapines - detected | mild LFT impact | |

Form No M 100 (R S 7)

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 MAU for observation (tfx to BHSET 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

Skewer

SKEMPS

ST3 Anaesthetics

Text:

Impression Likely overdose

 Paracetamol and benzodiazepines

 ? opiate effect as low/normal RR

 Does not require intubation at present given

 Patent airway (with nasopharyngeal)

 GCS 9

 Oxygenating well

Plan Admit HDU for observation (t/f to BHSCT as only available bed)

 Observe at present

 No flumazenil

 Low threshold for intubation and ventilation if vomiting, obstructing or fall in GCS

 N-acetylcysteine treatment as per algorithm

 Review electronic care record and contact next of kin.

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 | James Booker |
| | | A Mr./s/Miss & | |
| | | B Address | A: 379 405 7365 :D |
| | | C Consultant & Ward/Clinic | B: :E & F |
| | | D Hospital No. | |
| | | E S.M. or W. | |
| | | F Date of Birth | :G |
| | | G Occupation | |
| | | H In-Patient Admn Date | :H |
| Age: | Sheet no. | | |
| 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 | apexic |
| SpO ₂ 97% RA | | BP 135/78 | |
| Clear | | Abd. SWT | |
| | | BS + | |
| Imp: No signs aspiration | | | |
| No further HDU support required | | | |
| P: Stop NAC | | | |
| Discharge to medical ward | | | |
| Psych referral when medically fit | | | |

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