

Delirium and Dementia – Simulation Scenario 2 -Ward Assessment

Patients Name: Robert Greycoat ('Bob')		
Patients Age / DOB: 78 year old male 23/02/1935		
Major Problem	Clinical / Medical New patient admission to ward Poor mobility. Visual impairment.	NTS Situational awareness Call for help Communication
Learning Goal	Medical/ clinical: Falls assessment Difference between delirium & dementia	
Narrative Description	<p>'Bob' Greycoat was admitted via A&E 1 day ago with an acutely swollen and painful right knee. The knee was aspirated and confirmed as a crystal arthropathy (gout). He has been commenced on colchicine and regular analgesia. He has long term diabetes - which he has problems managing and so the District nursing team support him. He was becoming increasingly immobile and on a routine visit which coincided with a rapid assessment team visit he was transferred to the ED and then admitted for complete assessment.</p> <p>It is 4.30pm and already dark on this Wednesday evening on the ward. Over the course of the afternoon, Mr Greycoat becomes more confused and agitated and he repeatedly tries to leave the ward. He has already pulled out his cannula.</p> <p>PMHx: memory problems – No formal diagnosis of dementia, HTN, #R NOF (6 years ago), Macular degeneration, Insulin dependent diabetes type 2. Resus status: Full DHx: NKDA. Bendroflumethiazide, Ramipril, Allopurinol, Ibuprofen, Omeprazole, Lanctus 30 units daily SHx: Lives with his wife and 'co-dependent' with ADLs. Volunteers do the shopping and patient mobilises by 'furniture walking'. Mr Greycoat is agitated and restless</p>	
Staffing	Faculty Control Room: 1 x technician 1 x debriefer 1 x telephone advice	Faculty Role Players: 1 x NA plant 1 x Actor (Patient)
Case Briefing	To All Candidates: 4.30pm, dark on this Wednesday evening on the acute admissions ward. Bob' Greycoat was admitted via A&E 1 day ago with an acutely swollen and painful right knee which has been diagnosed with gout. He is insulin dependent, lives with his wife and is for full resus. You have to undertake a mobility assessment.	Candidates : 1 x Physio/ OT (in first) 1 x acute nurse (comes in on intentional rounding) 1 x Doctor (on ward round)
Manikin preparation	None. Patient will be played by an actor. Wearing Pyjamas, slippers and a dressing gown.	
Room set up	As per general ward. Locker, bedside table with undrunk tea, Jug, water & cup, magazine, patients toiletries. Lots of things around bed. Needs bed in second bedspace with chair beside it.	
Simulator operation	Patient initially talking but confused and disorientated (AMTS 4/10) He becomes more agitated as he deteriorates. Improves if appropriate de-escalation techniques used.	

	Patient agitated restless and disorientated.
Props needed	Patient 1 (actor):Notes/ Patient records folder. New admission doc,

Observations: (if using a Manikin)

Initial

		PAR score
HR	105	1
O2 sats	98% RA	0
BP	145/85	0
Temp	37.5 C	1
RR	14	0
GCS	E=4 V=4 M=5 Total=14 Acutely confused	2
Total PAR Score		4

BM = 5.2

AMTS 4/10
Age x
Time x
Address (recall) x
Year x
Place x
2 people x
DOB - Correct
WWII – Correct
Monarch – Correct
20 to 1 - Correct

In the first 5-10 minutes

		PAR score
HR	120	2
O2 sats	98% on air	0
BP	158/101	0
Temp	37.9 C	1
RR	22	0
GCS	E=4 V=4 M=6 Total=14 Agitated ++	2
Total PAR Score		5

Routine bloods available if asked.

No regular drugs prescribed.

The patient is delirious, secondary to pain

The aim of this scenario is for candidates to:

- 1) Assess cause of delirium
- 2) Employ de-escalation techniques before medication. Appropriate communication will result in calming of the patient and negate the need for sedation. If verbal de-escalation not used or if poorly performed, then patient will become more agitated.

If scenario is not progressing well or is going off track another member of faculty can go in to assist, or telephone advice can be offered to provide additional information and management support.

Senior Nursing Assistant Plant Role

Scenario

It is 4.30pm Wednesday afternoon on the ward. You have been looking after Bob Greycoat, an 78 year old male, since he was transferred to the ward this morning from the acute admissions ward. He was admitted via A&E and diagnosed with acute gout in his right knee which was significantly affecting his mobility. He has been treated with analgesia and colchicine.

Over the course of this day, Mr Greycoat has become increasingly agitated and confused. He has been asleep all day and you woke him up as you noticed he has not had his afternoon cup of tea. Soon after became slightly sweaty and agitated. He has become more confused and is now requesting to leave the ward. Earlier you heard him say his mother was in the next bed but you thought he was joking. He has repeatedly tried to leave the ward and has already pulled out his cannula. You have called for help from the therapist who you know is coming over to conduct an assessment on him today.

The day has been too busy for you to ring his next of kin (his wife Mairaed) or to do the Urinalysis –he has only had admission bloods. You do not know anymore about his PMHx or his social setup. He has opened his bowels this morning.

Underlying diagnosis

Delirium

Instructions

You are taking his routine observations and you need to call for help_ you call the Therapist as you think he's a little agitated as he hasn't had his physio/ mobility assessment

You are a senior nursing assistant who can take ECG's, Bloods, etc and do things if you are asked exactly what to do. You can make appropriate suggestions of who to contact if need be. However, you are in charge of the linen and stores cupboards as well and they are in a mess after such a busy day therefore you are keen to handover and go and tidy up.

Delirium and Dementia – Simulation Scenario 2 –Ward Assessment

Patient Role

Bob Greycoat, 78 year old male

Scenario

It is 4.30pm Wednesday afternoon on the ward. You were admitted via A&E and diagnosed with acute gout in your right knee which was significantly affecting your mobility. You have been treated with analgesia and colchicine.

Over the course of the day you become increasingly agitated and confused and you are now expressing that you wish to leave the ward. You have already pulled out your cannula.

PMHx: unable to recall
DHx: unable to recall
Resus status: full
SHx: unable to recall

Underlying diagnosis

Delirium

Instructions

You are sweaty, confused and agitated. You do not recall where you are or how you got there.

If asked, you cannot recall the day, time or year but can recall your own name and DOB.

You do not pay attention to the person in front of you but respond to noises around you and focus on a different subject to the conversation, changing the subject frequently. You are fixed on wanting to leave the ward and go home.

You are unable to rationally discuss what would happen if you left or the consequences of your actions. You are pleasant and not aggressive initially but after about 2-3 minutes you become more frightened and nervous. You can get up and move around the ward, you do not like being blocked in by staff.

You hallucinate a little and respond to de-escalation by the therapist or Nurse candidate (if they show this)

Background: You live with your wife in a two bedrooms terraced house near the Ashmore estate in Kennington, SW8. It has a local 'pub' nearby where you both attend many social activities such as the Quiz and Bangers and mash nights; they have a small front terrace garden and back yard with a porch and single step up to the front door.

You miss your dog Nibbs and keep going back in your memory to when he was alive and wanting to walk him (you didn't have a knee problem then).

Delirium and Dementia – Simulation Scenario 2 -Ward

Wife (Betsy) on the phone role (if therapist requires more info)

Scenario

It is 4.30pm Wednesday afternoon. You receive a phone call from the hospital regarding Bob Greycoat, your husband, as you are listed as his emergency contact.

Mr Greycoat was admitted via A&E after an acute flare up of gout in his right knee which was significantly affecting his mobility. He has been treated with analgesia and colchicine. Over the course of the day he has become increasingly agitated and confused and he is now expressing that he wishes to leave the ward.

Underlying diagnosis

Delirium

Instructions

You are aware that Bob was admitted to hospital yesterday. You have been waiting for a phone call to say whether he was coming home today or not. You were unable to visit him in the hospital as you had the district nurse coming to dress your leg ulcers.

Bob lives with you in the small terraced house in Kennington. There is one step leading up to the front door. He gets around the house by furniture walking and is co-dependent on you for cooking and some cleaning. A volunteer brings shopping once a week and does odd jobs for you.

Recently you have found that Bob's memory is not very good, you feel that this is significantly worse over the last 4 weeks. He has high blood pressure and fractured his hip whilst walking your now deceased dog 6 years ago. He is under the ophthalmologist for macular degeneration and gets frustrated when he can't see things clearly.

He does not have any allergies and is on the following medication - Bendroflumethiazide, Ramipril, Allopurinol, Ibuprofen, Omeprazole and Lanctus 30 units daily

On-Call Medical SpR or SNP on the phone role

Scenario

It is 4.30pm Wednesday afternoon and you are on the East Wing reviewing another acutely unwell patient. You have been contacted regarding Bob Greycoat, an 78 year old male on ECU with worsening delirium.

Mr Greycoat was admitted via A&E after an acute flare up of gout in his right knee which was significantly affecting his mobility. He has been treated with analgesia and colchicine.

Over the course of the day he has become increasingly agitated and confused and he is now expressing that he wishes to leave the ward.

Underlying diagnosis

Delirium

Instructions

You are not available to attend immediately.

You want to know his current status (inc. observations and PAR score if able).

You want to know his relevant PMHx , SHx and any test results they have (DDx: delirium secondary to dehydration and constipation).

You want to know what steps have been taken so far, if any.

You can advise regarding the next steps of management and suitable people to contact (see attached trust guidelines). You emphasise avoiding pharmacological interventions unless absolutely necessary.

You will attend as soon as you can.

Delirium and Dementia – Simulation Scenario 2 –Ward Assessment

Blood Results (from earlier in the day)

Robert Greycoat , 78 year old male

Hb	12.2	Na	130	Bili	8
WCC	13.4	K	3.2	ALP	134
Plts	432	Ur	9.8	ALT	33
		Cr	125	Alb	34

Repeat BM: 6.2

ABG (if taken):

pH 7.45
pCO2 4.5
pO2 11.8
HC03 22
BE 0.2
Lactate 1.0

Urinalysis:

Glu Neg
Ket Neg
Pro Neg
Blood Neg
Leu Neg
Nit Neg

Pressure ulcer score: = 15

Pressure ulcer score: range:

<15, Low or high risk with no pressure damage – Standard foam mattress. Skin assessment and document each shift.

16-22, High Risk and Pressure Damage – Order and record information on ETRACE - Autologic /nimbus 3 mattress. Repositioning chart, Complete skin assessment each shift, Complete wound care plan.

>23, Very High Risk with or without pressure damage Order Autologic /nimbus 3. Complete skin assessment and repositioning chart. Record on etrace. Complete Care Plan. Consider chair cushion if sitting.

Stratify: total score 3 (agitated, visually impaired and unsteady on feet)

General pain score: 7

How would you score your pain?

No Pain- 0 1 2 3 4 5 6 7 8 9 10 Worst Possible

Robert Greycoat , 78 year old male

Abbey pain scale:

Abbey pain scale:

Q1: Vocalising – groaning – moderate (2)

Q2: Facial expression – grimacing – moderate (2)

Q3: Body language– guarding – mild (1)

Q4: Behavioural change – increased confusion, refusing to eat – severe (3)

Q5: Physiological change – TPR, BP outside normal limits – mild (1)

Q6: Physical change – skin tears, pressure areas, arthritis, previous injuries outside normal limits – moderate (2)

Total = 11

0-2 No pain	3-7 mild	8-13 moderate	14+ severe
----------------	-------------	------------------	---------------

chronic	Acute	Acute on Chronic
---------	-------	------------------

Final score: Moderate acute