

The College of Emergency Medicine

Patron: HRH The Princess Royal

7-9 Breams Buildings
London
EC4A 1DT

Tel +44 (0)207 404 1999
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www.collemergencymed.ac.uk

ACCS

Upper GI bleed

Emergency Medicine ACCS Simulation Course

Patients Name: Jonnie Walker

Patients Age / DOB: 57

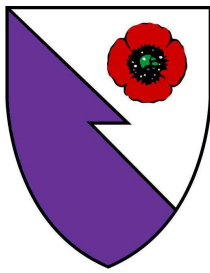
Major Problem	Medical Upper Gastrointestinal Bleed	NTS Situational Awareness Assertiveness Communication
Learning Goal	Recognition of a patient with severe haemorrhagic shock	
Narrative Description	57 year old man self presents to the ED with light-headedness. This started recently and is worse on standing. He drinks heavily and used to attend the liver clinic. The candidate should be (inappropriately) encouraged to transfer the unstable patient to endoscopy. Once the diagnosis is made, the operator should phone the room and ask for the patient to be transferred to endoscopy. A good candidate will be able to resist this and insist on better resuscitation before transfer and alternative location for emergency endoscopy, such as theatre or ICU. PMHx Arthritis left shoulder, takes diclofenac NKDA Smoker 30/day,	
Staffing	Faculty Control Room: 1 x Sim man controls 1 x Pt voice / nurse informer Faculty Role Players: 1 x Nurse	Candidates A&E Doctor A&E Senior nurse
Case Briefing	To All Candidates Self presenting patient brought into resus with fatigue and dizziness	To Role Players Gastro SpR ICU Consultant
Manikin preparation	Male patient sat up at 30 degrees No monitoring attached but all available including defibrillator. Cannulated. Mock malaena visible between the patients legs, but under the sheets (so the candidate has to make an explicit point of looking for this)	
Room set up	A&E resus Experienced nurse available to help	

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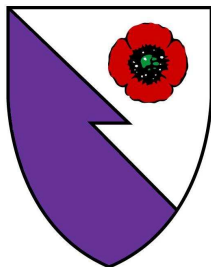
	A normal chest x-ray can be referred to if necessary
Simulator operation	Patient has a progressive tachycardia and decreasing blood pressure
Props needed	Defibrillator, Drugs: Diclofenac box Blood for administration Malaena (Filter Coffee Grounds make excellent malaena)

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Observations:

Initial

HR	90
O2 sats	96% on O2
BP	150/80
Temp	37.0
RR	12
GCS	E=4 V=5 M=6 15/15

Later

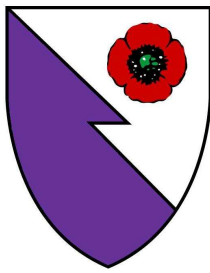
HR	120
O2 sats	96% on O2
BP	80/50
Temp	37.0
RR	18
GCS	E=4 V=5 M=6 15/15

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Upper GI bleed

Nurse Role

Scenario

A 57 year old man has self-presented to the ED with dizziness and fatigue of recent onset. He has underlying heavy alcohol abuse.

Underlying diagnosis

Upper GI bleed

Instructions

You are an experienced nurse who can contact anyone and find anything in your department.

You are able to make appropriate suggestions including getting help if needed.

Available is an ECG when you are asked to take one.

Patient Role

Scenario

A 57 year old man has self-presented to the ED with dizziness and fatigue of recent onset. He has underlying heavy alcohol abuse.

Underlying diagnosis

Upper GI bleed

Patient Instructions

You were fine until three days ago, when you started feeling dizzy. This is worst when you try to stand up. You have also lost energy. If directly questioned you think you might have passed black stool. During the encounter, you admit to soiling the bed

You have no known allergies

You smoke 3/day

You drink about 70 units ETOH / week

PMHx: Arthritis left shoulder

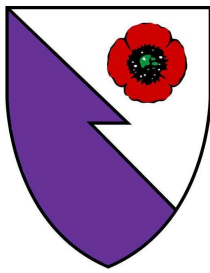
NKDA

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ACCS

Upper GI bleed

Gastroenterology SpR role

You have heard that there is a patient in the ED with an upper GI bleed, you phone after the candidate makes the diagnosis. You don't know how ill the patient is, but you want the emergency medicine team to transfer this patient up to the endoscopy suite quickly so you can do the procedure and then go home.

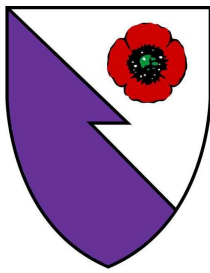
You need to push the candidate to transfer the patient. You will back down if the ED doctor refuses to transfer the patient because he is too unstable.

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Blood Results: Jonnie Walker Age 57 year old male

Hb	9.2	Na	134
WCC	12	K	3.8
Plt	87	Ur	19
MCV	105	Cr	87

ABG On Oxygen

pH	7.36
pO ₂	18.3
pCO ₂	3.9
HCO ₃	22
BE	2
Lactate	4.8

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