



TTPSS

TAG TEAM PATIENT
SAFETY SIMULATION



Impaired Respiratory Function

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Preface

It is recommended that educators refer to the TTPSS *Facilitator Guide* prior to the implementation of this simulation for more detailed and specific information.

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Simulation Overview

This simulation comprises two scenarios that focus on impaired respiratory function. Scenario 1 takes a foundational approach and focuses on the importance of accurately assessing, interpreting and responding to individual patient data in a systematic and timely way, emphasising the significance of the National Safety and Quality Health Service [NSQHS] *Standard 8 Recognising and responding to acute deterioration*. Scenario 1 also incorporates NSQHS *Standard 4, Medication safety*, and provides various opportunities for educators to incorporate learning moments regarding medication safety. Scenario 2 takes a more complex approach, and in addition to *Recognising and responding to acute deterioration* and *Medication safety*, emphasises the significance of planning and providing care that is respectful of the person's individual needs, values and life experiences, highlighting the importance of NSQHS *Standard 2, Partnering with consumers*.

Whilst these scenarios have been designed to focus on the abovementioned standards, educators are also encouraged to capitalise on the many opportunities to address *Standard 3, Preventing and controlling healthcare-associated infection*, and *Standard 6, Communicating for safety*.

The level of complexity of the simulation can also be increased for either scenario to meet the specific needs of learners through the use of Antagonist Cards. Each scenario incorporates 5 phases: Setup and Briefing, Act 1, Intermission, Act 2, Debrief.

Scenario 1

Learning outcomes

At the completion of Scenario 1 learners will be able to:

- Accurately assess, interpret and respond to individual patient data in a systematic and timely way
- Administer and monitor the therapeutic use of medications and respond appropriately to medication errors and adverse drug reactions
- Collaborate and communicate effectively with members of the healthcare team
- Reduce the risk of patients acquiring healthcare-associated infections

Key points from NSQHS Standards relevant to Scenario 1



Recognising and responding to acute deterioration

Highlighting the importance of:

- Accurately assessing the patient
- Documenting assessment using the appropriate tools
- Recognising acute deterioration
- Communicating and escalating the change in patient health status using ISBAR
- Understanding and responding to alteration in vital signs in a timely way
- Understanding the RN's role in response to deterioration



Medication safety

Highlighting the importance of:

- Adhering to the six rights of medication administration
- Monitoring the effect of the medication and documenting accordingly
- Practicing within scope of practice and seeking direct supervision for medication administration

Whilst this scenario focuses on the above standards, educators are also encouraged to capitalise on the many opportunities to address the following standards:



Healthcare associated infection

Highlighting the importance of:

- Preventing and controlling healthcare-associated infections
- Identifying and managing patients presenting with or at risk of infection



Communicating for safety

Highlighting the importance of:

- Documenting critical information and clinical concerns including plan of care
- Communicating changes in client health status
- Partnering with consumers to enable them to be actively involved in their own care

Preparatory reading materials for students

Before the simulation, send learners a *Participant Information Handout* that includes the following:

- General information about the simulation, including dates, times, and venue
- A brief overview of the TTPSS method including the simulation rules
- The prologue to the scenario along with the roles of cast members
- The NSQHSS Standards relevant to the scenario
- Preparatory reading materials and a summary of key points.

The TTPSS toolkit includes a modifiable template where details of dates, times, and venue can be inserted (see Appendix 4). The Facilitator should also provide students with copies of the Queensland Adult Deterioration Detection System (Q-ADDS) chart (or the equivalent for their State or Territory) and the ISBAR information sheet. These forms can be found in the Appendices of this document. Students should also be encouraged to visit the National Asthma Council Australia website, and access *What is asthma?* The link to this resource is below.



Preparatory reading materials

Recommended readings for educators

Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 4: Medication safety (October 2012)*. https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard4_Oct_2012_WEB.pdf

Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 9: Recognising and responding to clinical deterioration in acute health care (October 2012)*. <https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

Flenady, T., Dwyer, T., & Applegarth, J. (2017). Accurate respiratory rates count: So should you! *Australasian Emergency Nursing Journal*, 20, 45–47. DOI: <https://doi.org/10.1016/j.aenj.2016.12.003>

ISBAR information sheet (Appendix 7)

National Asthma Council Australia (2016). *What is asthma?* <https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>

Queensland Adult Deterioration Detection System (Q-ADDS) chart (Appendix 6)

Smith, J., & Rushton, M. (2015). How to perform respiratory assessment. *Nursing Standard*, 30, 7, 34–36.

Scenario 1 prologue

This scenario involves a nursing student caring for a patient in medical ward. The patient was admitted the previous night with a diagnosis of a chest infection requiring intravenous antibiotic therapy. The nursing student will be working with a Registered Nurse preceptor. The scenario provides the opportunity for learners to engage with the following:

- Clinical handover (given by the Director, guided by ISBAR),
- Safe administration of medication
- Various clinical assessments facilitating the recognition of acute deterioration
- The use of ISBAR to communicate concern, thereby responding to acute deterioration.

The setting is a medical ward. The information regarding the patient will be provided at the clinical handover given by the Director at the beginning of the scenario.

Environment

The simulation environment can be in any location deemed suitable, but the space must be appropriate for the number of learners.

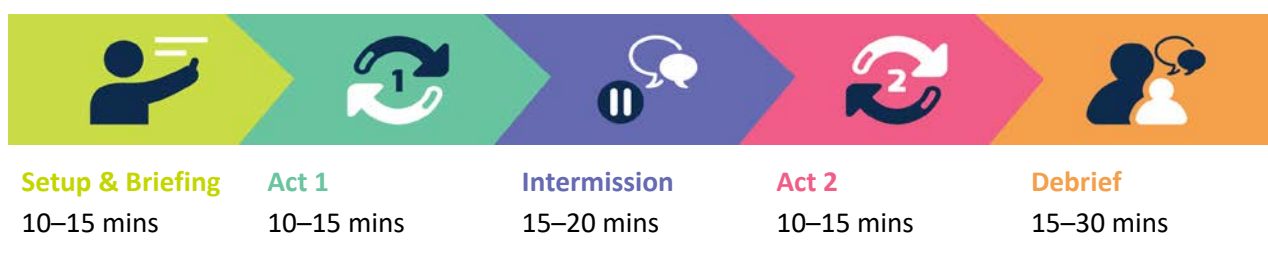
Roles

- The Director (played by the educator or facilitator)
- A nursing student
- A Registered Nurse (the student's preceptor and possible antagonist)
- One patient (Protagonist)
- Audience members

In this simulation learners will tag in and out of the nursing student and RN roles, resulting in many cast members playing one role.

Length of scenario

The total time required for this scenario is estimated to be two hours. This includes preparation, the simulation and debriefing. In keeping with the TTPSS pedagogy, each scenario is conducted twice with each taking approximately 15 minutes. A brief Intermission occurs between Acts 1 and 2 and the simulation concludes with a 30-minute Debrief. Whilst notional times are suggested below, the amount of time spent in each phase will be dependent on the learners' needs and the level of complexity of the scenario.



Simulation modality

It is recommended that a standardised patient or student in role take on the role of the patient, however the simulation modality for the patient may be changed depending on available resources.

Equipment

- Download the simulation resource pack from the online TTPSS toolkit, which includes:
 - Cue and Antagonist Cards
 - Cast members' identification tags
 - Briefing sheets for distribution to actors

- Phone
- Bed
- Chair
- Bedside table/trolley
- Vital sign equipment
- Patient hospital gown
- Hudson mask
- Nebuliser mask
- Inhaler device
- Oxygen tubing and connectors
- Hand hygiene (gel or alcohol)
- Portable nebuliser/access to wall sockets with air and oxygen outlets
- Medication access device (trolley/narcotics cupboard etc.)
- Patient ID bracelet with details corresponding to medication chart and records
- MIMS (hard copy or online access)

Documentation

Documentation for the scenario can be printed from the TTPSS Toolkit or the information can be transcribed onto context-specific clinical charts. Whilst suggested documentation annotations are included here, the information on the charts can be modified according to the local context and resources available. The following documentation requirements should be printed and collated into a patient chart to be used for the scenario.

- Falls Risk Tool
- Pressure Injury Risk Assessment Tool
- Medication chart
- Patient notes
- Early Warning Systems chart
- Asthma Action Plan

Falls risk assessment:

- Nil assistance required for mobilisation

Pressure Injury risk assessment:

- Score of 4 (low risk)

Medication Chart

Medication can be amended/ modified per specific scenario requirements. Examples of medications that may be included:

- NEB - Salbutamol 5mg/2.5 ml saline - qid
- NEB - Ipratropium bromide 500 micrograms/2 ml saline qid
- NEB - Budesonide 1 to 2 inhalations (200 micrograms to 400 micrograms) bd
- IV - Flucloxacillin 500 mg qid
- PO - PRN Ondansetron 4–8 mg qid, Max 24 mg/24hours
- PO - PRN Metoclopramide 10 mg tds, Max 30 mg/24hours
- PO - PRN Paracetamol 1 g qid, Max 4 g/24hours

Patient's notes

Medical Orders to be written in patient's chart

- Medication as per chart
- Diet as tolerated
- Notify if any concerns
- For medical review this AM
- Possible Chest X-ray

Observation Charts

Scenario 2

Early Warning Systems chart – Include one previous normal recording of vital signs as follows:

- Blood pressure 135/95 mmHg
- Pulse 98 BPM
- Respiratory rate 20/min
- Temperature 36.9°C
- Blood oxygen saturation level (SpO₂) 97%

Asthma Action Plan

To be completed before beginning scenario and given to the patient with their other briefing sheets.

- **When not well:**

4 puffs of reliever (salbutamol), or two puffs of preventer (budesonide) if you are unable to locate your reliever.

- **When symptoms get worse:**

Repeat this in four minutes if your symptoms have not been relieved.

Setup and Briefing



Director

Organise physical set-up

- Gather equipment (see list p.5)
- Ensure patient has gown and ID band
- Confirm patient chart is compiled and available (appropriate scenario option)
- Position patient according to brief, sitting on chair or sitting up in bed
- Set up desired classroom layout, e.g. horseshoe layout of chairs for audience and cast
- Provide the Protagonist with printed copies of the vital signs for this scenario, instructing them only to reveal the vital signs when the nurse actually takes their vital signs. They should receive two versions, clearly marked 'Vital Signs 1' and 'Vital Signs Repeat'
- Medication delivery equipment available and working

Welcome learners and outline the following:

Learning outcomes for this scenario

At the completion of Scenario 1 learners will be able to:

- Accurately assess, interpret and respond to individual patient data in a systematic and timely way
- Administer and monitor the therapeutic use of medications; and respond appropriately to medication errors and adverse drug reactions
- Collaborate and communicate effectively with other members of the healthcare team
- Reduce the risk of patients acquiring preventable healthcare-associated infections.

The NQSHS standards most relevant to this scenario



Recognising and responding to acute deterioration



Medication safety

Significance of scenario to patient safety

- Physiological signs of clinical deterioration are observable for many hours preceding adverse events such as respiratory or cardiac arrest, and if detected early, facilitate improved patient outcomes (Buist et al., 2002; Calzavacca et al., 2010)
- Recognising and responding to a patient who is clinically deteriorating is essential if optimal patient outcomes are to be achieved (ACSQHC, 2012)
- Two factors that contribute to undetected patient deterioration are inconsistent monitoring of vital sign observations and a lack of understanding regarding the significance of physiological changes patients exhibit preceding clinical decline (ACSQHC, 2012)
- Medication errors are the second most common type of incident reported in Australian hospitals, with error rates of over 18%
- 50% of medication errors are preventable through improved medication safety
- In Australian hospitals 38% of medication errors occur at the administration stage, indicating the critical need for nursing students to develop skills and knowledge about medication safety

The TTPSS approach

- Tag team is a group simulation that fosters inclusion of all learners who share responsibility for actions and outcomes by exchanging roles in the unfolding scenario by 'tagging'.

TTPSS rules

- Demonstrate professional behaviours (including the use of mobile devices)
- Imagine that the simulation is real
- Participate enthusiastically
- Provide meaningful, honest and constructive feedback to your peers
- Learn from what went well during the simulation and from the mistakes
- Maintain respect and confidentiality during and after the simulation (this includes taking and sharing photos and videos)
- Maintain a loud clear voice and think out loud when practical

TTPSS components

Roles

- The Director (played by the educator or facilitator)
- Cast – 3 to 4 people play each nursing role
- Audience members
- Patient (protagonist)

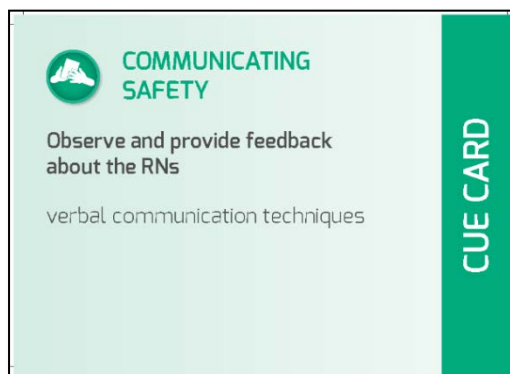
Structure

- Act 1
- Intermission
- Act 2
- Debrief

Tagging

- Tagging occurs when cast members exchange roles
- Tagging can be initiated by either the Director or the cast members
- Tagging can be initiated by the word 'TAG' and there may be a touch of hands
- When tagged, the new cast member takes over where the previous cast member left off

Cards



Cue Cards are given to audience members to provide direction about what they are to observe and provide feedback on.



Antagonist Cards are given by the Director to cast members to increase the complexity of the scenario and promote critical thinking and resilience.

Learners should be aware that Antagonist Cards will require cast members to act in a manner that may not reflect their usual practice.

Prepare the group for simulation

- Allocate learners to either audience member or cast member roles
- Ensure a minimum of 3 cast members are allocated to tagging for each of the student and the RN roles
- Orientate participants to the physical environment, documentation and equipment
- Distribute briefs to cast members
- Provide time for cast members to discuss scenario
- Distribute Cue Cards to the audience
- Remind learners to use loud clear voices and to think aloud when appropriate

Briefings

Audience members

Brief

You are required to observe the simulation and take notes as required. During the Intermission and Debrief you will be expected to provide feedback on specific aspects of the unfolding scenario. The focus of your feedback is on the Cue Card provided and related to the NQSHS Standards. Feedback should be constructive, supportive and focused on enhancing safe nursing practice.



Audience members observing the simulation and taking notes so that they are prepared to provide meaningful feedback during Intermission and Debrief

Nursing Student

Brief

Your role will be to play that of a nursing student. This role will be played out by any number of learners, depending on the tagging frequency. Each time a TAG occurs, the learner stepping into the role of the nursing student assumes the role of the nursing student from that point in time. It is intended that all previous communications, actions and responsibilities of the nursing student are known to the new learner. The concept behind tagging in and out is that one role is played by many people, lending different voices, thoughts and actions to one character. Your role is to provide care to Sam in response to identified needs under the direction of your preceptor.

Registered Nurse (Preceptor)

Brief Your role is to provide support to the nursing student who is allocated to care for this patient in the context of recognition and response to acute deterioration. Further clarification may be provided by the Director according to your level of experience. You will be further directed in your role through the provision of Antagonist Cards given to you by the Director during the course of the play. You are to follow the instructions on the Antagonist Card immediately if you are given one.

After handover, and as the scene opens

1. You send the nursing student off on alone to make sure the patient 'Sam Webb' is awake and ready for breakfast. You say that whilst you have other patients to look after, the student can report back to you if need be.
2. If the nursing student reports back to you with concern about Sam's condition, you ask the student to use ISBAR to relay their concern to you, and then you go back together to do either a first set of obs, or a repeat set of obs.

This role will be undertaken by a number of learners. Each time tagging occurs, the learner taking on the RN role takes over from where the previous one finished.



Nursing student and Registered Nurse familiarising themselves with the patient's chart

Scenario 1 – Vital signs 1

Vital Signs

Provided to the patient before beginning the scenario

(Only handed to the nursing student or RN once a vital sign assessment has been performed)

- Blood pressure 145/95 mmHg
- Pulse 98 BPM
- Respiratory rate 22/min
- Temperature 37.6°C
- Blood oxygen saturation level (SpO₂) 97%

Scenario 1 – Vital signs REPEAT

Vital Signs

Provided to the patient before beginning the scenario

(Only handed to the nursing student or RN when the vital sign assessment has been repeated)

- Blood pressure 145/95 mmHg
- Pulse 102 BPM
- Respiratory rate 26/min
- Temperature 37.6°C
- Blood oxygen saturation level (SpO₂) 94%

Protagonist (Patient)

Brief Please note the importance of remaining in character and only contribute to the scenario as per this brief. Do not add content because this will detract from the scenario.

Name Sam Webb

D.O.B. 01 January 1960

Situation You are sitting in the chair next to your bed, waiting for breakfast to be delivered. You are sitting with your hands on your knees, leaning forward. You are finding it a bit difficult to breathe, and you cannot speak in long sentences.

Background You are a patient in your late fifties who was admitted to hospital last night for IV antibiotics to manage a recently diagnosed chest infection. The only medical history you have is chronic asthma. The only regular medication you take is for this condition.

Assessment When asked how you are feeling, you speak in short, 4–5 word sentences and tell the nurse that you feel short of breath. When the nurse performs your vital signs, you hand them the vital signs sheet for Scenario 1, Vital Signs 1. If the vital signs are REPEATED when the nursing student returns with the RN, hand them the vital signs sheet for Scenario 1, Vital Signs REPEAT.

Asthma Action Plan Only discuss this with the student nurse/RN if you are asked about how you normally manage an exacerbation of asthma. If asked, you explain your Asthma Action Plan to the nurse.

Let's get started



Act 1 (10–15 minutes depending on level of complexity)

Having explained the significance of simulation in relation to patient safety, the Director ensures that:

- Learners understand their roles
- Members of the cast know who is on stage at the start of the scenario and who is off-stage and available to be tagged
- Tagging occurs approximately **every three minutes** throughout Act 1
- Tagging can be initiated by the cast or the Director and is not a reflection on performance but a strategy to optimise participation of cast members
- Cue Cards have been distributed to the audience and they understand their purpose
- Antagonist Cards are distributed to cast members throughout the play to increasing the complexity if required
- The Director will deliver a comprehensive handover using ISBAR to open each Act, to facilitate learners' understanding of effective communication
- Act 1 commences with the Director saying 'Begin' and concludes when the Director calls 'End'.

Handover to open the scene

Introduction	Sam Webb is a patient in their late fifties (male or female, depending on actor playing the role) admitted under Dr Jackman.
Situation	Sam was admitted to the medical ward last night, requiring IV antibiotics to treat a chest infection. Sam is for probable discharge later today, once community nurses can be arranged to continue the IV therapy at home.
Background	Sam has a background of chronic asthma, which is managed with corticosteroids and bronchodilators as required. These are Sam's only regular medications. No known allergies.
Assessment	Sam requires ongoing 4th hourly IVABs, regular respiratory assessments, and vital sign observations.
Recommendations	Sam will be reviewed by the medical team today and is scheduled for a chest X-ray this morning to check for any developing consolidation. It is breakfast time now, and Sam is sitting in the chair next to the bed waiting for breakfast.

Intermission (15–20 minutes)



After Act 1 concludes, the Director calls Intermission and uses Socratic questioning to facilitate reflection on and for practice.

- Audience members are asked to provide their observations of Act 1 with specific reference to their Cue Cards. The main focus should be on **feeding forward** and suggestions for how the simulation could be improved in Act 2.
- Cast members are then asked to respond to the suggestions given by the audience and to outline how they plan to improve their practice in Act 2.
- The students who were given the Antagonist Cards can then be asked to provide feedback about having to undertake the specified actions
- It is preferable that the learners, as a group, identify the challenges, but it may be necessary for the Director to prompt and provide guidance.
- The Intermission should be no longer than 15–20 minutes.



Intermission – the Director asks the audience about their observations

Act 2 (10–15 minutes)



Following Intermission, Act 2 commences. This is a repeat of Act 1 using the same structure and approach, but the key difference is that the performance of cast members should have improved, based on the feedback provided during the Intermission.

Debrief (30 minutes)



At the conclusion of Act 2 the Director facilitates a Debrief with reference to the learning outcomes and following Pendleton's Rules of Feedback:

1. Clarify the focus of the simulation by reviewing the Learning Outcomes
2. Ask the person who played the role of the 'patient' to share their perspective of the simulation
3. Ask the audience to outline, with reference to the Cue Cards, what went well in the situation and what could have been done differently
4. Ask the cast what went well in the situation and what could have been done differently
5. Ask the cast members who responded to the Antagonist Cards how they thought and felt about being asked to take the specified actions
6. Provide your views of the simulation and lead the group in a discussion of how their learning will inform their future nursing practice

To ensure the Learning Outcomes have been addressed, the Director may extend the discussion by referring to the 'What If' questions. The 'What If' questions prompt learners to consider how they will transfer their learning to their future practice.

Evaluation

Each simulation scenario is accompanied by two evaluation instruments, a Knowledge Acquisition Test (KAT) (Appendix 1) and the Satisfaction with Simulation Experience Scale (SSES) (Appendix 3). The KAT is to be given to learners before their simulation experience and again immediately following Debrief. The SSES is provided to learners following Debrief.



Scenario 2

Learning Outcomes

At the completion of Scenario 2, learners will be able to:

- Accurately assess, interpret and respond to individual patient data in a systematic and timely way
- Plan and provide care that is respectful of each person's individual needs, values and life experiences
- Administer and monitor the therapeutic use of medications and respond appropriately to medication errors and adverse drug reactions
- Use verbal and non-verbal communication to develop therapeutic relationships while at the same time maintaining professional boundaries
- Reduce the risk of patients acquiring preventable healthcare-associated infections
- Collaborate and communicate effectively with other members of the healthcare team

Key points from NSQHS Standards relevant to Scenario 2



Recognising and responding to acute deterioration

Highlighting the importance of:

- Accurately assessing the patient
- Documenting assessment using the appropriate tools
- Recognising acute deterioration
- Communicating and escalating the change in patient health status using ISBAR
- Understanding and responding to alteration in vital signs in a timely way
- Understanding the RN's role in response to deterioration



Partnering with consumers

Highlighting the importance of:

- Involving the consumer in partnerships to plan, design, deliver, measure and evaluate health care
- Communicating with patients to ensure partnerships are supported effectively
- Delivering information to consumers that is easy to understand and use
- Respecting the consumer's healthcare rights and provision of informed consent



Medication safety

Highlighting the importance of:

- Adhering to the six rights of medication administration
- Monitoring the effect of the medication and documenting accordingly
- Practicing within scope of practice and seeking direct supervision for medication administration

Whilst this scenario focuses on the above standards, educators are encouraged to capitalise on the many opportunities to address the following standards:



Healthcare associated infection

Highlighting the importance of:

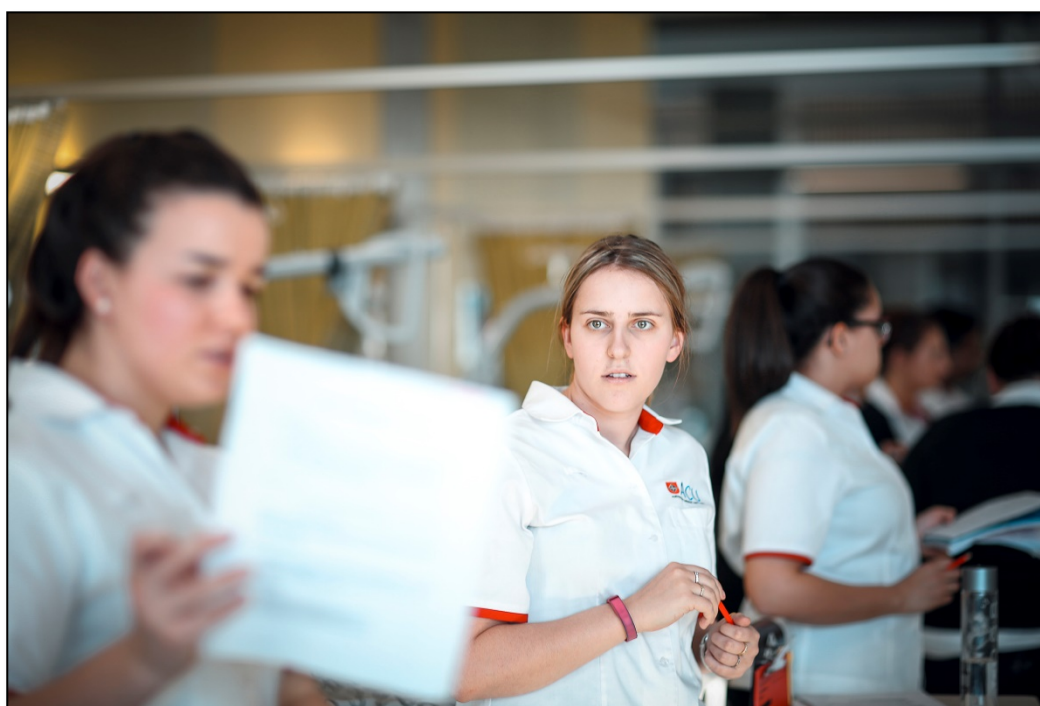
- Preventing and controlling healthcare-associated infections.
- Identifying and managing patients presenting with or at risk of infection



Communicating for safety

Highlighting the importance of:

- Documenting critical information and clinical concerns including plan of care
- Communicating changes in client health status
- Partnering with consumers to enable them to be actively involved in their own care



The Registered Nurse and the nursing student read the documentation before the simulation begins

Preparatory reading materials for students

Before the simulation, send learners a *Participant Information Handout* that includes the following:

- General information about the simulation, including dates, times, and venue.
- A brief overview of the TTPSS method including the simulation rules
- The prologue to the scenario along with the roles of cast members
- The NSQHSS Standards relevant to the scenario
- Preparatory reading materials and a summary of key points.

The TTPSS toolkit includes a modifiable template where details of dates, times, and venue can be inserted (see Appendix 4). The Facilitator should also provide students with copies of the Queensland Adult Deterioration Detection System (Q-ADDS) chart (or the equivalent for their State or Territory) and the ISBAR information sheet. Both can be found in the appendices of this document. Students should also be encouraged to visit the National Asthma Council Australia website, and access *What is asthma?* The link to this resource is below.

Recommended readings for educators

ISBAR information sheet (Appendix 7)

National Asthma Council Australia (2016). *What is asthma?*

<https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>

Queensland Adult Deterioration Detection System (Q-ADDS) chart (Appendix 6)

Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 2: Partnering with consumers (October 2012)*.

<https://www.safetyandquality.gov.au/wp-content/uploads/2011/02/NSQHS-Standards-Sept-2012.pdf>

Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 9: Recognising and responding to clinical deterioration in acute health care (October 2012)*.

<https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

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<https://doi.org/10.1016/j.aenj.2016.12.003>

Smith, J., & Rushton, M. (2015). How to perform respiratory assessment. *Nursing Standard*, 30, 7, 34–36.

Scenario 2 prologue

This scenario involves a nursing student caring for a patient on a medical ward. The patient was admitted the previous night with a diagnosis of a chest infection requiring intravenous antibiotic therapy. The nursing student will be working with a Registered Nurse preceptor. The scenario provides the opportunity for learners to engage with the following:

- Clinical handover (given by the Director, guided by ISBAR)
- Various clinical assessments facilitating the recognition of acute deterioration
- The use of ISBAR to communicate concern, thereby responding to acute deterioration

The setting is a medical ward. The information regarding the patient will be provided at the clinical handover given by the Director at the beginning of the scenario.

Environment

The simulation environment can be in any location deemed suitable, but the space must be appropriate for the number of learners.

Roles

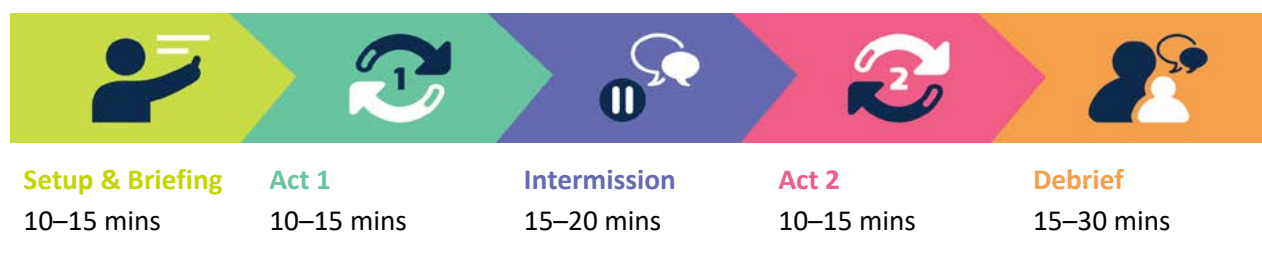
- The Director (played by the educator or facilitator)
- A nursing student
- A Registered Nurse (the student's preceptor and possible Antagonist)
- One patient (Protagonist)
- Audience members

In this simulation learners will tag in and out of the nursing student and RN roles, resulting in many cast members playing one role.

Length of scenario

The total time required for this scenario is estimated to be two hours. This includes preparation, the simulation and debriefing. In keeping with the TTPSS pedagogy, each scenario is conducted twice with each taking approximately 15 minutes. A brief Intermission occurs between Acts 1 and 2 and the simulation concludes with a 30-minute Debrief.

Whilst notional times are suggested below, the amount of time spent in each phase will be dependent on the learners' needs and the level of complexity of the scenario.



Simulation modality

It is recommended that a standardised patient or student in role take on the role of the patient, however the simulation modality for the patient may be changed depending on available resources.

Equipment

- Download the simulation resource pack from the online TTPSS toolkit, which includes:
 - Cue and Antagonist Cards
 - Cast members' identification tags
 - Briefing sheets for distribution to actors



- Phone
- Bed
- Chair
- Bedside table/trolley
- Vital sign equipment
- Patient hospital gown
- Hudson mask
- Nebuliser mask
- Inhaler device
- Oxygen tubing and connectors
- Hand hygiene (gel or alcohol)
- Portable nebuliser/access to wall sockets with air and oxygen outlets
- Medication access device (trolley/narcotics cupboard etc.)
- Patient ID bracelet with details corresponding to medication chart and records
- MIMS (hard copy or online access)

Documentation

Documentation for the scenario can be printed from the TTPSS Toolkit or the information can be transcribed onto context-specific clinical charts. Whilst suggested documentation annotations are included here, the information on the charts can also be modified according to the local context and resources available. The following documentation requirements should be printed and collated into produce a patient chart to be used for the scenario.

- Falls Risk Tool
- Pressure Injury Risk Assessment Tool
- Medication chart
- Patient notes
- Early Warning Systems chart
- Asthma Action Plan



Falls risk assessment:

- Nil assistance required for mobilisation

Pressure Injury risk assessment:

- Score of 4 (low risk)

Medication Chart

Medication can be amended/ modified per specific scenario requirements. Examples of medications that may be included:

- NEB - Salbutamol 5mg/2.5 ml saline - qid
- NEB - Ipratropium bromide 500 micrograms/2 ml saline qid
- NEB - Budesonide 1 to 2 inhalations (200 micrograms to 400 micrograms) bd
- IV - Flucloxacillin 500 mg qid
- PO - PRN Ondansetron 4–8 mg qid, Max 24 mg/24hours

- PO - PRN Metoclopramide 10 mg tds, Max 30 mg/24hours
- PO - PRN Paracetamol 1 g qid, Max 4 g/24hours

Patient's notes

Medical Orders to be written in patient's chart

- Medication as per chart
- Diet as tolerated
- Notify if any concerns
- For medical review this AM
- Possible Chest X-ray

Observation Charts

Scenario 2

Early Warning Systems chart – Include one previous normal recording of vital signs as follows:

- Blood pressure 135/95 mmHg
- Pulse 98 BPM
- Respiratory rate 20/min
- Temperature 36.9°C
- Blood oxygen saturation level (SpO₂) 97%

Asthma Action Plan

To be completed before beginning the scenario and given to the patient with their other briefing sheets.

- **When not well:**

4 puffs of reliever (salbutamol), or two puffs of preventer (budesonide) if you are unable to locate your reliever.

- **When symptoms get worse:**

Repeat this in four minutes if your symptoms have not been relieved.

Setup and Briefing



Director

Organise physical set-up

- Gather equipment (see list p. 20)
- Ensure patient has gown and ID band
- Confirm patient chart is compiled and available (appropriate scenario option)
- Position patient according to brief, sitting on chair or sitting up in bed
- Set up desired classroom layout, e.g. horseshoe layout of chairs for audience and cast
- Provide the Protagonist with printed copies of the vital signs for this scenario, instructing them only to reveal the vital signs when the nurse actually takes their vital signs.

Welcome learners and outline the following:

Learning outcomes for this scenario

At the completion of Scenario 2 learners will be able to:

- Accurately assess, interpret and respond to individual patient data in a systematic and timely way
- Plan and provide care that is respectful of each person’s individual needs, values and life experiences
- Administer and monitor the therapeutic use of medications and respond appropriately to medication errors and adverse drug reactions
- Reduce the risk of patients acquiring preventable healthcare-associated infections
- Collaborate and communicate effectively with other members of the healthcare team

The NQSHS standards most relevant to this scenario



Recognising and responding to acute deterioration



Partnering with consumers



Medication safety

Significance of scenario to patient safety

- Recognising and responding to a patient who is clinically deteriorating is essential if optimal patient outcomes are to be achieved (ACSQHC, 2012)
- Physiological signs of clinical deterioration are observable for many hours preceding adverse events such as respiratory or cardiac arrest, and if detected early, facilitate improved patient outcomes (Buist et al., 2002; Calzavacca et al., 2010).
- Two factors that contribute to undetected patient deterioration are inconsistent monitoring of vital sign observations and a lack of understanding regarding the significance of physiological changes patients exhibit preceding clinical decline (ACSQHC, 2012)
- Clinical benefits associated with patient-centred care include decreased mortality, decreased healthcare acquired infections, decreased admission rates and reduced length of stay
- Patients must be empowered to be involved in decisions and offered choices regarding their own healthcare (ACSQHC, 2012)
- Each patient's unique psychosocial, physical, emotional and cultural needs are considered and acknowledged (Feo & Kitson, 2016).
- Medication errors are the second most common type of incident reported in Australian hospitals, with error rates of over 18%
- 50% of medication errors are preventable through improved medication safety
- In Australian hospitals 38% of medication errors occur at the administration stage, indicating the critical need for nursing students to develop skills and knowledge about medication safety

The TTPSS approach

- Tag team is a group simulation that fosters inclusion of all learners who share responsibility for actions and outcomes by exchanging roles in the unfolding scenario by 'tagging'.

TTPSS rules

- Demonstrate professional behaviours (including the use of mobile devices)
- Imagine that the simulation is real
- Participate enthusiastically
- Provide meaningful, honest and constructive feedback to your peers
- Learn from what went well during the simulation and from the mistakes
- Maintain respect and confidentiality during and after the simulation (this includes taking and sharing photos and videos)
- Maintain a loud clear voice and think out loud when practical

TTPSS components

Roles

- The Director (played by the educator or facilitator)
- Cast – 3 to 4 people play each nursing role
- Audience members
- Patient (Protagonist)

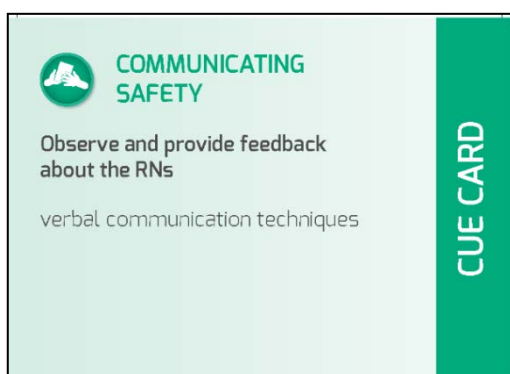
Structure

- Act 1
- Intermission
- Act 2
- Debrief

Tagging

- Tagging occurs when cast members exchange roles
- Tagging can be initiated by either the Director or the cast members
- Tagging can be initiated by the word 'TAG' and there may be a touch of hands
- When tagged, the new cast member takes over where the previous cast member left off.

Cards



Cue Cards are given to audience members to provide direction about what they are to observe and provide feedback on.



Antagonist Cards are given by the Director to cast members to increase the complexity of the scenario and promote critical thinking and resilience.

Learners should be aware that Antagonist Cards will require cast members to act in a manner that may not reflect their usual practice.

Prepare the group for simulation

- Allocate learners to either audience member or cast member roles
- Ensure a minimum of 3 cast members are allocated to tagging for each of the student and the RN roles
- Orientate participants to the physical environment, documentation and equipment
- Distribute briefs to cast members
- Provide time for cast members to discuss scenario
- Distribute Cue Cards to the audience
- Remind learners to use loud clear voices and to think aloud when appropriate

Briefings

Scenario 2 – Vital signs 1

Vital Signs

Provided to the patient before beginning the scenario

(Only handed to the nursing student or RN once a vital sign assessment has been performed)

- Blood pressure 165/95 mmHg
- Pulse 102 BPM
- Respiratory rate 28/min
- Temperature 36.9°C
- Blood oxygen saturation level (SpO₂) 94%

Scenario 2 – Vital signs REPEAT

Vital Signs

Provided to the patient before beginning the scenario

(Only handed to the nursing student or RN when the vital sign assessment has been repeated)

- Blood pressure 165/95 mmHg
- Pulse 109 BPM
- Respiratory rate 32/min
- Temperature 37.6°C
- Blood oxygen saturation level (SpO₂) 93%



The nursing student collecting vital signs

Nursing Student

Brief You are to play the role of a nursing student. This role will be played out by any number of learners, depending on the tagging frequency. Each time a TAG occurs, the learner stepping into the role of the nursing student assumes the role of the nursing student from that point in time. It is intended that all previous communications, actions and responsibilities of the nursing student are known to the new learner. The concept behind tagging in and out is that one role is played by many people, lending different voices, thoughts and actions to one character. Your role is to provide care to Sam in response to identified needs under the direction of your preceptor.



Nurses performing a medication check

Registered Nurse (Preceptor)

Brief Your role is to provide support to the nursing student who is allocated to care for this patient in the context of recognition and response to acute deterioration and partnering with consumers. Further clarification may be provided by the Director according to your level of experience. You will be further directed in your role through the provision of Antagonist Cards given to you by the Director during the course of the play. You are to follow the instructions on the Antagonist Card immediately if you are given one.

After handover, and as the scene opens

1. You send the nursing student off alone to make sure the patient 'Sam Webb' is awake and ready for breakfast. You say that whilst you have other patients to look after, the student can come and get you if need be.
2. If the nursing student reports back to you with concern about Sam's condition, you ask the student to use ISBAR to relay their concern to you, and then you go back together to either do a first set of obs, or a repeat set of obs.

This role will be undertaken by a number of learners. Each time tagging occurs, the learner taking on the RN role takes over from where the previous one finished.

Protagonist (Patient)

Brief	Please note the importance of remaining in character and only contribute to the scenario as per this brief. Do not add content as this will detract from the scenario.
Name	Sam Webb
D.O.B.	01 January 1960
Situation	You are sitting in the chair next to your bed waiting for breakfast to be delivered. You are sitting with your hands on your knees, leaning forward. You are finding it difficult to breathe, and you can only speak one word at a time. You are feeling anxious and your breathing is laboured.
Background	You are a patient in your late fifties who was admitted to hospital yesterday for IV antibiotics to manage a recently diagnosed chest infection. The only medical history you have is chronic asthma. The only regular medication you take is for this condition.
Assessment	When asked how you are feeling, you speak one word at a time tell the nurse that you feel like you can't breathe. When the nurse performs your vital signs, you hand over the vital signs sheet labelled Vital Signs 1. If the vital signs are REPEATED when the nursing student returns with the RN, hand them the vital signs sheet for Vital Signs 'REPEAT'.
Asthma Action Plan (Only handed to the nursing student or RN if you are asked how you normally manage your asthma)	Only discuss this with the nursing student/RN if you are asked about how you normally manage an exacerbation of asthma. If asked, you explain your Asthma Action Plan to the nurse. You tell the nurse that if you were experiencing an exacerbation of asthma, you would normally take four puffs of your reliever (salbutamol), or two puffs of your preventer (budesonide) if you were unable to locate your reliever. You would repeat this in four minutes if your symptoms had not been relieved. You tell the nurse that it helps if you sit up and lean over.

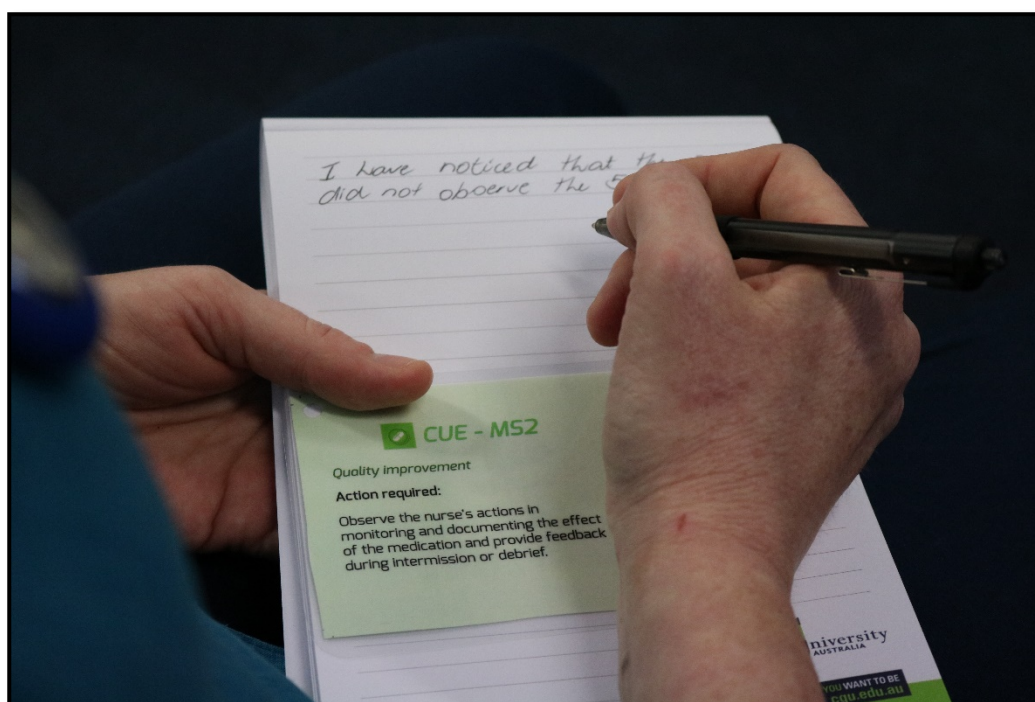


The patient (Protagonist) is centre stage

Audience members

Brief

You are required to observe the simulation and take notes as required. During the Intermission and Debrief you will be expected to provide feedback on specific aspects of the unfolding scenario. The focus of your feedback is on the Cue Card provided and related to the NQSHS Standards. Feedback should be constructive, supportive and focused on enhancing safe nursing practice.



Audience member taking notes based on their Cue Card

Let's get started



Act 1 (10–15 minutes depending on level of complexity)

Having explained the significance of simulation in relation to patient safety, the Director ensures that:

- All learners understand their roles
- Members of the cast know who is on stage at the start of the scenario and who is off-stage and available to be tagged
- Tagging occurs approximately **every three minutes** throughout Act 1
- Tagging can be initiated by the cast or the Director and is not a reflection on performance but a strategy to optimise participation of cast members
- Cue Cards have been distributed to the audience and they understand their purpose
- Antagonist Cards are distributed to cast members throughout the play and are meant to challenge learners by increasing the complexity of the Act
- The Director will deliver a comprehensive handover using ISBAR to open each Act, to facilitate learners' understanding of effective communication
- Act 1 commences with the Director saying 'Begin' and concludes when the Director calls 'End'

Handover to open the scene

Introduction	Sam Webb is a patient in their fifties (male or female, depending on actor playing the role), admitted under Dr Jackman.
Situation	Sam was admitted to the medical ward last night, requiring IV antibiotics to treat a chest infection. Sam is for probable discharge later today, once community nurses can be arranged to continue his IV therapy at home.
Background	Sam has a background of chronic asthma, which is managed with corticosteroids and bronchodilators as required. These are his only regular medications. No known allergies.
Assessment	Sam requires ongoing 4th hourly IVABs, regular respiratory assessments and vital sign observations.
Recommendations	Sam will be reviewed by the medical team today and is scheduled for a chest X-ray this morning to check for any developing consolidation. It is breakfast time now, and Sam is sitting in the chair next to the bed waiting for breakfast.

Intermission (15–20 minutes)



After Act 1 concludes, the Director calls Intermission and uses Socratic questioning to facilitate reflection on and for practice.

- Audience members are asked to provide their observations of Act 1 with specific reference to their Cue Cards. The main focus should be on **feeding forward** and suggestions for how the simulation could be improved in Act 2.
- Cast members are then asked to respond to the suggestions given by the audience and to outline how they plan to improve their practice in Act 2.
- The students who were given the Antagonist Cards can then be asked to provide feedback about having to undertake the specified actions
- It is preferable that the learners, as a group, identify the challenges, but it may be necessary for the Director to prompt and provide guidance.
- The Intermission should be no longer than 15–20 minutes.



Intermission – the Director asks the audience about their observations

Act 2 (10–15 minutes)



Following Intermission, Act 2 commences. This is a repeat of Act 1 using the same structure and approach, but the key difference is that the cast members' performance should have improved based on the feedback provided during the Intermission.

Debrief (30 minutes)



At the conclusion of Act 2 the Director facilitates a Debrief with reference to the learning outcomes and following Pendleton's Rules of Feedback:

1. Clarify the focus of the simulation by reviewing the Learning Outcomes
2. Ask the person who played the role of the 'patient' to share their perspective of the simulation
3. Ask the audience to outline, with reference to the Cue Cards, what went well in the situation and what could have been done differently
4. Ask the cast what went well in the situation and what could have been done differently
5. Ask the cast members who responded to the Antagonist Cards how they thought and felt about being asked to take the specified actions
6. Provide your views of the simulation and lead the group in a discussion of how their learning will inform their future nursing practice

To ensure the Learning Outcomes have been addressed, the Director may extend the discussion by referring to the 'What If' questions. The 'What If' questions prompt learners to consider how they will transfer their learning to their future practice.

Evaluation

Each simulation scenario is accompanied by two evaluation instruments, a Knowledge Acquisition Test (KAT) (Appendix 2) and the Satisfaction with Simulation Experience Scale (SSES) (Appendix 4). The KAT is to be given to learners before their simulation experience and again immediately following Debrief. The SSES is provided to learners following Debrief.



References

- Australian Commission on Safety and Quality in Health Care (2008). *Recognising and responding to clinical deterioration: Background paper*. <https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/BackgroundPaper.pdf>
- Australian Commission on Safety and Quality in Health Care (2010). *National consensus statement: Essential elements for recognising and responding to clinical deterioration*. https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/national_consensus_statement.pdf
- Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 2: Partnering with consumers*. https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard2_Oct_2012_WEB.pdf
- Australian Commission on Safety and Quality in Health Care (2012). *Safety and quality improvement guide Standard 9: Recognising and responding to clinical deterioration in acute health care (October 2012)*. <https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>
- Australian Commission on Safety and Quality in Health Care (2017). *National safety and quality health service standards* (2nd ed.). <https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>
- Australian Commission on Safety and Quality in Health Care (2017). *Recommendations for terminology, abbreviations and symbols used in medicines documentation*. <https://www.safetyandquality.gov.au/wp-content/uploads/2017/01/Recommendations-for-terminology-abbreviations-and-symbols-used-in-medicines-December-2016.pdf>
- Australian Commission on Safety and Quality in Health Care (2018). <http://www.safetyandquality.gov.au/>
- Australian Government Therapeutic Goods Administration (2017). *Medicines*. <http://www.tga.gov.au/medicines>
- Feo, R., & Kitson, A. (2016). Promoting patient-centred fundamental care in acute healthcare systems. *International Journal of Nursing Studies*, 57, 1–11.
- Flenady, T., Dwyer, T., & Applegarth, J. (2017). Accurate respiratory rates count: So should you! *Australasian Emergency Nursing Journal*, 20, 45–47. DOI: <https://doi.org/10.1016/j.aenj.2016.12.003>
- Levett-Jones, T., Andersen, P., Reid-Searl, K., Guinea, S., McAllister, M., Lapkin, S., Palmer, L. & Niddrie, M. (2015). Tag team simulation: An innovative approach for promoting active engagement of participants and observers during group simulations. *Nurse Education in Practice*, 15, 345–352. [http://www.nurseeducationinpractice.com/article/S1471-5953\(15\)00061-X/pdf](http://www.nurseeducationinpractice.com/article/S1471-5953(15)00061-X/pdf) MIMS Australia homepage, <http://www.mims.com.au/>
- National Asthma Council Australia (2016). *What is asthma?* <https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>
- Smith, J., & Rushton, M. (2015). How to perform respiratory assessment. *Nursing Standard*, 30, 7, 34–36.

Appendices

Appendix 1 – scenario 1 resources

Cue Cards Scenario 1

Please note: The **Cue Cards** given to audience members provide direction about what they are to observe and provide feedback on. The Facilitator should select cue cards that are most relevant to the learning outcomes and purpose of the simulation. Not all cue cards are required.



Medication Safety

Observe and provide feedback about how the learners:

- Demonstrate safe and appropriate administration of medications (orally, IM, SCI and IV) making appropriate checks (e.g. 6 rights)
- Work within own scope of practice with regards to medication administration



Recognition and Response to Acute Deterioration

Observe and provide feedback about how the learners:

- Uses early warning systems and charts appropriately
- Recognises and responds appropriately to acute clinical deterioration



Preventing and Controlling Healthcare-associated Infection

Observe and provide feedback about how the learners:

- Attempt to prevent health care associated infections
- Educate patients and visitors about infection control practices



Communicating for Safety

Observe and provide feedback about how the learners:

- Provide clear and coherent handover reports to different members of the healthcare team
- Communicate in a respectful, responsive and courteous manner with all team members

Antagonist Cards Scenario 1



Recognising and Responding to Acute Deterioration

- **RN (Preceptor)** - When the nursing student asks you to come and review Sam Webb, you refuse, saying 'Just get breakfast out, otherwise everything will be behind all day'. If the student insists and says that the patient's vital signs look a bit off, the RN asks what they are. Then, regardless of what the vitals are, the RN replies: 'That's fine for an asthmatic'.
- **RN (Preceptor)** - When the nursing student asks you to come and review Sam Webb, you attend the patient with the student and then the first thing you say is 'Help me get Sam into bed, we need to lay the patient down.'
- **RN (Preceptor)** - When the student nurse goes to document the repeat set of vital signs, you interrupt the student and say, 'There's no time for that, the patient needs medication, not documentation.'
- **RN (Preceptor)** - When the student nurse uses ISBAR to communicate concern about the patient, you interrupt and say, 'There is no need to go through that rigmarole, that's not important, just tell me where the patient is'.



Medication Safety

- **RN (Preceptor)** – Tell the nursing student that you do not need to supervise the administration of medications with them and leave the room.
- **RN (Preceptor)** – Tell the nursing student to sign the medication chart before administering the medications.
- **RN (Preceptor)** – Tell the nursing student that you have total confidence in them, and that they can go ahead and give the medication while you attend to the patient in the opposite bed.



Preventing and Controlling Healthcare-associated Infection

- **RN (Preceptor)** - Advise the nursing student that the use of hand gel will not be required throughout care of this patient, because hand gel is only used on soiled hands
- **RN (Preceptor)** - Advise the nursing student that because this is a clean patient, the five moments of hand hygiene do not apply



Communicating for Safety

- **RN (Preceptor)** - Advise the nursing student that they do not need to keep the patient informed regarding their treatment
- **RN (Preceptor)** - Advise the nursing student that students should be seen and not heard

'What if' questions Scenario 1

Please note: The '**What if**' questions can be used when needed during the Debrief to prompt learners to consider how they will transfer their learning to their future practice.



Recognising and Responding to Acute Deterioration

- What if the RN fails to communicate findings using ISBAR?
- What if the RN takes no action to escalate?
- What if the nursing student escalated care? Is that appropriate?
- What if the RN documents findings but does not take action correctly according to the trigger system?
- What if the RN instructs the nursing student that it is not important to add up the Q-ADDS?
- What if you are really worried about the patient's clinical appearance, but the Q-ADDS score is within normal ranges?



Medication Safety

- What if the patient does not have the correct ID but the Registered Nurse says proceed?
- What if the patient refuses medication but the Registered Nurses says you must force the patient to take it or hide it in their meal?
- What if the order is not clear but the Registered Nurse says its fine?
- What if the Registered Nurse insists that the nursing student administers medication without supervision?
- What if the Registered Nurse asks the student to sign the chart before administering the medications?
- What if the Registered Nurse asks the nursing student to administer medication by a route that that they have not been taught about?
- What if the Registered Nurse advises the student that they do not have time to look up the medication at the time of administering but the student can do later in the shift?
- What if the patient verbalises that they have an allergy to the prescribed medication?
- What if the patient cannot verbalise how much pain they are in? How do you know which and how much medication to administer?

Knowledge Acquisition Test - Scenario 1

Please circle only one answer from the numbered selection after each question

1. When performing vital sign observations the undergraduate nursing student discovers that the patient's respiratory rate is higher than it should be. The nursing student should:

- a) complete the full round of observations, ensuring a total score is included, and then report this to the RN preceptor
- b) immediately report this abnormality to the RN preceptor
- c) tell the patient to lay down and relax
- d) write the respiratory rate down as normal, in case you counted wrong

1. a

2. b

3. c

4. d

2. Total early warning score is 2. What is your response?

- a) No action
- b) Notify team leader
- c) Change the required observation interval to 4th hourly
- d) Notify team leader and change the observations to 4th hourly

1. a

2. b

3. c

4. d

3. Undergraduate nursing students can administer medication to a patient

- a) Only if the RN has prepared the medication for the student
- b) Only when the RN is nearby the student
- c) Only if the RN has time to be close by, indirectly supervising
- d) Only when the RN has checked the medication and provides direct supervision

1. a b c d

2. b c d

3. c d

4. d

4. The six rights of medication administration include

- a) The right patient
- b) The right time
- c) The right route
- d) The right drug
- e) The right dose
- f) The right documentation

- 1. a b c d
- 2. all the above**
- 3. a b
- 4. a

5. When recording the patient's respiratory rate on the chart

- a) Count for 15 second and multiply by four
- b) Count for 30 seconds and double
- c) Count for 60 seconds
- d) Approximate the rate

- 1. a
- 2. b
- 3. c**
- 4. d

6. The best position for a person with shortness of breath is

- a) supine
- b) flat
- c) left lateral
- d) sitting

- 1. a
- 2. a, b
- 3. b, c
- 4. d**

7. Ventolin is administered 'PRN' as prescribed on the medication chart to relieve the patient's shortness of breath. The student nurse will

- a) Reassess the patient in four minutes
- b) Reassess the patient in four hours
- c) Record the intervention on the early warning system chart
- d) Notify the doctor

- 1. a, c
- 2. b, c
- 3. c, d
- 4. d

8. A clinician does not need to perform hand hygiene as long as they wear gloves when performing any procedure on patients.

- 1. True
- 2. **False**

9. An example of the Recommendation component of the ISBAR handover is

- a) "Sam is a 56 year old male, admitted under Doctor Jones"
- b) "He was admitted last night"
- c) "He has had PRN Ventolin via nebuliser with little improvement"
- d) **" His condition is worsening and I would like a review"**

- 1. a
- 2. b
- 3. c
- 4. **d**

10. Before administering salbutamol,

- a) Check the patient's name band
- b) Review the patient's heart rate
- c) Advise the patient to rinse their mouth out afterwards
- d) Ask the patient to hold their breath for 30 seconds

- 1. **a**
- 2. b
- 3. c
- 4. d

Appendix 2 – scenario 2 resources

Cue Cards Scenario 2

Please note: The **Cue Cards** given to audience members provide direction about what they are to observe and provide feedback on. The Facilitator should select cue cards that are most relevant to the learning outcomes and purpose of the simulation. Not all cue cards are required.



Medication Safety

Observe and provide feedback about how the learners:

- Demonstrate safe and appropriate administration of medications (orally, IM, SCI and IV) making appropriate checks (e.g. 6 rights)
- Work within own scope of practice with regard to medication administration



Recognition and Response to Acute Deterioration

Observe and provide feedback about how the learners:

- Use early warning systems and charts appropriately
- Recognise and respond appropriately to acute clinical deterioration



Partnering with Consumers

Observe and provide feedback about how the learners:

- Work in partnership with the person by including them in decisions and plans related to their health, safety, wellbeing and self-care
- Advocate for people, when required, to ensure that their values, needs and preferences are upheld



Preventing and Controlling Healthcare-associated Infection

Observe and provide feedback about how the learners:

- Attempt to prevent health care associated infections
- Educate patients and visitors about infection control practices



Communicating for Safety

Observe and provide feedback about how the learners:

- Provide clear and coherent handover reports to different members of the healthcare team
- Communicate in a respectful, responsive and courteous manner with all team members

Antagonist Cards Scenario 2



Recognising and Responding to Acute Deterioration

- **RN (Preceptor)** - When the nursing student asks you to come and review Sam Webb, you refuse, saying 'Just get breakfast out, otherwise everything will be behind all day'. If the student insists and says that the patient's vital signs look a bit off, the RN asks what they are. Then regardless of what the vitals are, the RN replies: 'That's fine for an asthmatic'.
- **RN (Preceptor)** - When the nursing student asks you to come and review Sam Webb, you attend the patient with the student and then the first thing you say is 'Help me get Sam into bed, we need to lay the patient down.'
- **RN (Preceptor)** - When the nursing student goes to document the repeat set of vital signs, you interrupt the student and say, 'There's no time for that, the patient needs medication, not documentation.'
- **RN (Preceptor)** - When the nursing student uses ISBAR to communicate concern about the patient, you interrupt the student and say, 'There is no need to go through that rigmarole, that's not important, just tell me where the patient is.'



Medication Safety

- **RN (Preceptor)** – Tell the nursing student that you do not need to supervise the administration of medications with them and leave the room.
- **RN (Preceptor)** – Tell the nursing student to sign the medication chart before administering the medications.
- **RN (Preceptor)** – Tell the nursing student that you have total confidence in them, and that they can go ahead and give the medication while you attend to the patient in the opposite bed.



Partnering with Consumers

- **RN (Preceptor)** - When the student nurse involves Sam Webb in the discussion and asks him what they would normally do if they have an asthma attack, you say 'Oh, they wouldn't know, we're the experts, they'll get what we give them.'
- **RN (Preceptor)** - When the student nurse involves Sam Webb in the discussion, Sam can only speak in very short sentences. You get frustrated with how long it is taking and say 'Oh, it doesn't matter, we don't have time for this.'



Preventing and Controlling Healthcare-associated Infection

- **RN (Preceptor)** - Advise the nursing student that the use of hand gel will not be required throughout care of this patient, because hand gel is only used on soiled hands
- **RN (Preceptor)** - Advise the nursing student that because this is a clean patient, the five moments of hand hygiene do not apply



Communicating for Safety

- **RN (Preceptor)** - Advise the nursing student that they do not need to keep the patient informed regarding their treatment
- **RN (Preceptor)** - Advise the nursing student that students should be seen and not heard

“What if” questions Scenario 2



Recognising and Responding to Acute Deterioration

- What if the RN fails to communicate findings using ISBAR?
- What if the RN takes no action to escalate?
- What if the nursing student escalated care; is that appropriate?
- What if the RN documents findings but does not take action correctly according to the trigger system?
- What if the RN instructs the nursing student that it is not important to add up the Q-ADDS?
- What if you are really worried about the patient’s clinical appearance, but the Q-ADDS score is within normal ranges?



Partnering with Consumers

- What if the RN or nursing student had not asked the patient if they had an asthma plan?
- What if the patient said they get better results from a medication regime other than what was ordered for them?
- What if the patient refused to follow their asthma plan?



Medication Safety

- What if the patient does not have the correct ID but the Registered Nurse says proceed?
- What if the patient refuses medication but the Registered Nurse says you must force the patient to take it or hide it in their meal?
- What if the order is not clear but the Registered Nurse says its fine?
- What if the Registered Nurse insists that the nursing student administers medication without supervision?
- What if the Registered Nurse asks the student to sign the chart before administering the medications?
- What if the Registered Nurse asks the nursing student to administer medication by a route that that they have not been taught about?
- What if the Registered Nurse advises the student that they do not have time to look up the medication at the time of administering but the student can do later in the shift?
- What if the patient verbalises that they have an allergy to the prescribed medication?

Knowledge Acquisition Test - Scenario 2

Please circle only one answer from the numbered selection after each question

1. An example of the Recommendation component of the ISBAR handover is
 - a) "Sam is a 56 year old male, admitted under doctor Jones"
 - b) "He was admitted last night"
 - c) "He has had PRN Ventolin via nebuliser with little improvement"
 - d) " His condition is worsening and I would like a review"**
 1. a
 2. b
 3. c
 - 4. d**

2. When escalating concern, the process to follow includes using ISBAR in the following manner:
 - a) Introduction, Safety issues, Background, Assessment, Recommendations
 - b) Introduction, Special circumstances, Background, Allergies, Recommendations
 - c) Introduction, Situation, Background, Allergies, Recommendations
 - d) Introduction, Situation, Background, Assessment, Recommendations
 1. a
 2. b
 3. c
 - 4. d**

3. A clinician visits a patient to discuss their treatment plan; hand hygiene is performed before approaching the patient. The clinician does not come into contact with the patient, only touching the chart and bedrails. In this case, hand hygiene is not required when the clinician leaves the cubicle because they washed their hands before approaching the patient.
 1. True
 - 2. False**

4. When performing vital sign observations the undergraduate nursing student discovers that the patient's respiratory rate is higher than it should be. The nursing student should:
 - a) complete the full round of observations, ensuring a total score is included, and then report this to the RN preceptor
 - b) immediately report this abnormality to the RN preceptor
 - c) tell the patient to lay down and relax
 - d) write the respiratory rate down as normal, in case you counted wrong
 1. a, b, c
 2. b, c d
 - 3. a**
 4. d

5. How might clinicians work in partnership with a patient?
- a) Explain the decisions that have been made for the patient
 - b) Phone the patient's family and explain the treatment plan to them
 - c) Tell the patient everything is going to be alright in a vague statement
 - d) Include the patient in decisions and plans related to their health
- 1. a
 - 2. b
 - 3. c
 - 4. d**
6. If an undergraduate nursing student does not agree with an instruction from the RN preceptor, the most appropriate INITIAL action would be:
- a) Tell the RN you don't agree with that instruction and refuse to carry it out
 - b) Carry out the instruction and then complain about it to the patient and or your peers
 - c) Ignore the RN's instructions and do what you think is the right action
 - d) Ask a probing question of the RN
- 1. a
 - 2. b
 - 3. c
 - 4. d**
7. The nurse can escalate concern even if the vital signs are within normal limits under the following circumstances:
- a) The patient tells the RN that something isn't right, and they are feeling worse
 - b) The RN has not had time to assess the patient
 - c) The patient's family member says they think the patient is getting worse
 - d) The patient keeps complaining that they haven't been seen by a specialist yet
- 1. a b
 - 2. a c d
 - 3. b d
 - 4. a c**

8. Undergraduate nursing students can administer medication to a patient

- e) Only if the RN has prepared the medication for the student
- f) Only when the RN is nearby the student
- g) Only if the RN has time to be close by, indirectly supervising
- h) Only when the RN has checked the medication and provides direct supervision

5. a b c d

6. b c d

7. c d

8. d

9. The six rights of medication administration include

- g) The right patient
- h) The right time
- i) The right route
- j) The right drug
- k) The right dose
- l) The right documentation

5. a b c d

6. all the above

7. a b

8. a

10. Total early warning score is 2. What is your response?

- e) No action
- f) Notify team leader
- g) Change the required observation interval to 4th hourly
- h) Notify team leader and change the observations to 4th hourly

5. a

6. b

7. c

8. d

Appendix 3

Satisfaction with Simulation Experience Scale (SSES)

SATISFACTION WITH SIMULATION EXPERIENCE SCALE (SSES)

(Adapted for TTPSS)

Below you will find a list of statements. Read each statement and then select the response that best indicates your level of agreement.

- Please answer every item, even if one seems similar to another one
- Answer each item quickly, without spending too much time on any item

Briefing						
1	The learning outcomes for TTPS were clear	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
2	Readings and pre-simulation activities were provided	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
3	The facilitator explained how TTPS was organised and managed	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
4	I understood my role	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Patient Safety						
5	The simulation developed my knowledge and skills specific to patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
6	The simulation developed my clinical decision-making ability in relation to patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
7	The simulation enabled me to demonstrate my knowledge and clinical skills specific to patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
8	The simulation helped me to recognise critical aspects of patient safe care	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
9	The simulation provided an opportunity for me to engage in critical thinking	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
10	This was a valuable learning experience	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
11	The simulation felt real	Strongly disagree	Disagree	Unsure	Agree	Strongly agree

Clinical Practice						
12	The simulation tested my clinical ability	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
13	The simulation helped me to apply what I have learned previously	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
14	The simulation helped me to recognise my strengths and weaknesses	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
15	The simulation has developed my confidence	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
16	As a result of the simulation I feel more prepared for clinical practice	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
17	The Cue Cards were useful to facilitate learning	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Debrief						
18	Constructive criticism was provided during Intermission and Debriefing	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
19	The facilitator summarised important issues during Intermission and Debrief	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
20	I had the opportunity to reflect on and discuss my role during the debriefing	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
21	We were provided with opportunities to ask questions	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
22	I received feedback that helped me to develop my understanding of patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
23	Reflecting on and discussing the simulation enhanced understanding of patient safety	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
24	The facilitator's questions helped me to learn	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
25	The Antagonist cards were an effective learning strategy	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
26	The facilitator made me feel comfortable and at ease during the debriefing	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
27	I was encouraged to participate in the debrief	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
28	The 'What if' questions were an effective learning strategy	Strongly disagree	Disagree	Unsure	Agree	Strongly agree

Do you have any comments about the Tag Team Patient Safety Simulation experience?

.....

Appendix 4

Preparatory readings for students

Student Handout

Simulation Three - Scenario 1 Impaired Respiratory Function

Preparing undergraduate nurses for the workforce in the context of patient safety through innovative simulation.

This simulation will be conducted using an approach called Tag Team Patient Safety Simulation. This is a unique approach designed to facilitate engagement of all learners in the simulation and the development of technical and non-technical skills that graduates require to be work-ready upon graduation.

Simulation Three – Impaired Respiratory Function

Scenario 1 Prologue

This scenario involves a nursing student caring for a patient in medical ward. The patient was admitted the previous night with a diagnosis of a chest infection requiring intravenous antibiotic therapy. The nursing student will be working with a registered nurse preceptor. The scenario provides the opportunity for learners to engage with the following:

- Clinical handover (given by the Director, guided by ISBAR)
- Various clinical assessments facilitating the recognition of acute deterioration
- Safe medication administration
- The use of ISBAR to communicate concern, thereby responding to acute deterioration

The setting is a medical ward. The information regarding the patient will be provided at the clinical handover given by the director at the beginning of the scenario. This specific scenario will involve multiple learners fulfilling the following roles, tagging in and out, resulting in many voices playing a continual role.

- The Director (played by the educator or facilitator)
- A nursing student
- A registered nurse (the student's preceptor and possible antagonist)
- One patient (protagonist)
- Audience members



Simulation Session

Date.....
Time
Venue

Simulation Rules

- Demonstrate professional behaviours (including the use of mobile devices)
- Imagine that the simulation is real
- Participate enthusiastically
- Provide meaningful, honest and constructive feedback to your peers
- Learn from what went well during the simulation and from the mistakes
- Maintain respect and confidentiality during and after the simulation (this includes taking and sharing photos and videos)



Learning Outcomes

At the completion of Scenario 1, learners will be able to:

- Accurately assess, interpret and respond to individual patient data in a systematic and timely way
- Administer and monitor the therapeutic use of medications; and respond appropriately to medication errors and adverse drug reactions
- Collaborate and communicate effectively with members of the healthcare team
- Reduce the risk of patients acquiring healthcare-associated infections

This scenario focuses on the NSQHS Standard:



Recognising and Responding to acute deterioration



Medication Safety

Required readings for students to access prior to Scenario 1

ISBAR information sheet

National Asthma Council Australia, (2016). *What is asthma?*

<https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>

Queensland Adult Deterioration Detection System (Q-ADDS) chart

Recommended resources

Australian Commission on Safety and Quality in Health Care, <http://www.safetyandquality.gov.au/>

Australian Commission on Safety and Quality in Health Care. *Safety and Quality Improvement Guide Standard 2: Partnering with Consumers* (October 2012). Sydney. ACSQHC, 2012,

<https://www.safetyandquality.gov.au/wp-content/uploads/2011/02/NSQHS-Standards-Sept-2012.pdf>

Australian Commission on Safety and Quality in Health Care. *Safety and Quality Improvement Guide Standard 4: Medication Safety* (October 2012). Sydney. ACSQHC, 2012,

https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard4_Oct_2012_WEB.pdf

Australian Commission on Safety and Quality in Health Care. *Safety and Quality Improvement Guide Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care* (October 2012). Sydney. ACSQHC, 2012, <https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

Flenady, T., Dwyer, T., & Applegarth, J. (2017). Accurate respiratory rates count: So should you! *Australasian Emergency Nursing Journal*, 20(1), 45-47. doi:<http://dx.doi.org/10.1016/j.aenj.2016.12.003>

ISBAR information sheet (Appendix 8)

National Asthma Council Australia, (2016). *What is asthma?*

<https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>

Queensland Adult Deterioration Detection System (Q-ADDS) chart (Appendix 7)

Ramasamy S, Baysari MT, Lehnbohm EC, and Westbrook JI, 2013, *Double-checking medication administration*, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, on behalf of the Australian Commission on Safety and Quality in Health Care.

<https://www.safetyandquality.gov.au/wp-content/uploads/2013/12/Evidence-briefings-on-interventions-to-improve-medication-safety-Double-checking-medication-administration-PDF-888KB.pdf>

Smith, J, and Rushton, M, 2015. How to perform respiratory assessment. *Nursing Standard*. 30, 7, 34-36.



Appendix 5

Asthma Action Plan

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor



NAME _____ DATE _____ NEXT ASTHMA CHECK-UP DUE _____	DOCTOR'S CONTACT DETAILS _____ _____ _____	EMERGENCY CONTACT DETAILS Name _____ Phone _____ Relationship _____
---	--	--

WHEN WELL <i>Asthma under control (almost no symptoms)</i>	ALWAYS CARRY YOUR RELIEVER WITH YOU
<p>Your preventer is: _____ (NAME & STRENGTH)</p> <p>Take _____ puffs/tablets _____ times every day</p> <p><input type="checkbox"/> Use a spacer with your inhaler</p> <p>Your reliever is: _____ (NAME)</p> <p>Take _____ puffs _____</p> <p>When: You have symptoms like wheezing, coughing or shortness of breath</p> <p><input type="checkbox"/> Use a spacer with your inhaler</p>	<p>Peak flow* (if used) above: _____</p> <p>OTHER INSTRUCTIONS (e.g. other medicines, trigger avoidance, what to do before exercise)</p> <p>_____</p> <p>_____</p> <p>_____</p>

WHEN NOT WELL <i>Asthma getting worse (needing more reliever e.g. more than 3 times per week, waking up with asthma, more symptoms than usual, asthma is interfering with usual activities)</i>	ALWAYS CARRY YOUR RELIEVER WITH YOU
<p>Keep taking preventer: _____ (NAME & STRENGTH)</p> <p>Take _____ puffs/tablets _____ times every day</p> <p><input type="checkbox"/> Use a spacer with your inhaler</p> <p>Your reliever is: _____ (NAME)</p> <p>Take _____ puffs _____</p> <p><input type="checkbox"/> Use a spacer with your inhaler</p>	<p>Peak flow* (if used) between _____ and _____</p> <p>OTHER INSTRUCTIONS (e.g. other medicines, when to stop taking extra medicines)</p> <p><input type="checkbox"/> Contact your doctor</p> <p>_____</p> <p>_____</p> <p>_____</p>

IF SYMPTOMS GET WORSE <i>Asthma is severe (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)</i>	ALWAYS CARRY YOUR RELIEVER WITH YOU
<p>Keep taking preventer: _____ (NAME & STRENGTH)</p> <p>Take _____ puffs/tablets _____ times every day</p> <p><input type="checkbox"/> Use a spacer with your inhaler</p> <p>Your reliever is: _____ (NAME)</p> <p>Take _____ puffs _____</p> <p><input type="checkbox"/> Use a spacer with your inhaler</p>	<p>Peak flow* (if used) between _____ and _____</p> <p>OTHER INSTRUCTIONS (e.g. other medicines, when to stop taking extra medicines)</p> <p><input checked="" type="checkbox"/> Contact your doctor today</p> <p>Prednisolone/prednisone:</p> <p>Take _____ each morning for _____ days</p> <p>_____</p> <p>_____</p> <p>_____</p>

DANGER SIGNS <i>Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)</i>	ALWAYS CARRY YOUR RELIEVER WITH YOU
<p>DIAL 000 FOR AMBULANCE</p> <p>Call an ambulance immediately Say that this is an asthma emergency Keep taking reliever as often as needed</p>	<p>Peak flow (if used) below: _____</p>



www.nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

Appendix 6

Queensland Adult Deterioration Detection System (Q-ADDS)

TRAINING ONLY

Queensland Government (Affix identification label here)

URN: _____ Family name: _____
 Given name(s): _____
 Address: _____
 Date of birth: _____ Sex: M F I

Adult

Date: _____ Time: _____

Respiratory Rate (breaths / min)
 Measure for a full minute

O₂ Saturation (%)

Oxygen* (L/min or % delivered)

Blood Pressure (mmHg)

Systolic BP score

Heart Rate (beats / min)

Temperature (°C)

Consciousness

Modifications in use

TOTAL Q-ADDS SCORE

Interventions (e.g. A)

Initials: _____

Score Legend

(Affix identification label here)

URN: _____
 Family name: _____
 Given name(s): _____
 Address: _____
 Date of birth: _____ Sex: M F I

Emergency call if:

- Airway Threat
- Respiratory or cardiac arrest
- Q-ADDS Score ≥8
- O₂ saturation <90% without response to oxygen
- Seizure >2 minutes
- Seizure score of 3 (severe)
- You are concerned about the patient but they do not fit the above criteria

Actions Required for Rural and Remote Facilities

Q-ADDS Observations (min. frequency) | Notify | 1650 Remove Services Queensland Escalate (if review delayed / concern) | Intra-hospital Escort

0 8 hourly | Team Leader

1-5 4 hourly | Team Leader
Medical Officer within 60 minutes

4-5 1 hourly | Team Leader
Local doctor to review within 30 minutes
Local doctor to discuss with relevant medical officer at hospital / tertiary facility

6-7 ½ hourly | Local doctor to discuss with relevant medical officer at hospital / tertiary facility

8 or E 10 minutely | Local doctor to attend immediately
Inform Team Leader and Team Leader must notify RSCG on 1300 799 127

Interventions Relating to observations from page 2 or the Pain at Rest Table on page 4

If an intervention is administered, record here and note letter in Intervention row on page 2 in appropriate time column

A
B
C
D
E
F
G

Page 2 of 4

Page 3 of 4

TRAINING ONLY

Queensland Government (Affix identification label here)

URN: _____ Family name: _____
 Given name(s): _____
 Address: _____
 Date of birth: _____ Sex: M F I

Queensland Adult Deterioration Detection System (Q-ADDS)
 For rural and remote facilities

General Instructions

Modifications for Patients with Chronic Abnormal Physiology

Temporary Modifications

Temporary Modification 1

Temporary Modification 2

Temporary Modification 3

Modifying Doctor Name

Authorising Doctor Name

Start Date: _____ Time: _____
 Cease Date: _____ Time: _____
 Contact number: _____

Page 1 of 4

Queensland Government (Affix identification label here)

URN: _____ Family name: _____
 Given name(s): _____
 Address: _____
 Date of birth: _____ Sex: M F I

Pain and Sedation Assessment

Pain Score at Rest

Functional Activity Scale (FAS) Score

Sedation Score

Additional Observations

Height (cm) _____
 Bowel _____
 Passed urine _____
 Weight (kg) _____

Other (e.g. urinalysis) _____

Page 4 of 4

REMEMBER

ISBAR

Clinical conversations should be clear, focussed and the information relevant.

Poor communication risks patient safety and contributes to adverse outcomes.

I – Introduction

- “I am..... (name and role)”
- “I am calling from”
- “I am calling because.....”

S – Situation

- “I have a patient (age and gender) who is
a) stable but I have concerns
b) unstable with rapid/slow deterioration”
- “The presenting symptoms are.....”

B – Background

- “This is on a background of.....”
- (give pertinent information which may include:
Date of admission/ presenting symptoms/ medications/
recent vital signs/test results/status changes)

A – Assessment

- “On the basis of the above:
 The patients’ condition is
- And they are at risk of
- And in need of”

R – Recommendation

- Be clear about what you are requesting.
e.g. “This patient needs transfer to/review
- Under the care of.....
- In the following timeframe”