

UNSTABLE ATRIAL FIBRILLATION (METI HPS, ECS or Laerdal SimMan)

Patient ID:

76 yo male.. CC: Chest Pain PMHx: AF, HTN Wt. 90kg NKDA

| <u>STATE NAME</u> | <u>PATIENT STATUS</u> | <u>ACTIONS DESIRED</u> | <u>TRANSITIONS</u> |
|------------------------|--------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Baseline | Standard Man | | Start simulation |
| Presenting State | 37.5 140 110/60 14 98% rhythm override: AF | Recognized unstable afib | If sync cardioversion go to Stabilized If unsync cardioversion go to VF arrest Go to Unstable AF after history obtained |
| Unstable AF | 180 80/40 16 96% rhythm override: AF | Synchroized cardioversion | If sync cardioversion go to Stabilized If unsync cardioversion go to VF arrest If diltiazem ordered go to Severely Decompensated |
| Severely Decompensated | 164 60/30 20 92% rhythm override: AF | Synchronized cardioversion | If sync cardioversion go to Stabilized If unsync cardioversion go to VF arrest |
| V Fib Arrest | 0 0 0 Rhythm override: VF | Defibrillation | |
| Stabilized | | Admit telemetry (if resuscitated from VT/VF arrest) | |

Treatments needed:

Hemodynamic resuscitation: Synchronized cardioversion

1. Requires 2 attempts (to ensure trainees are resetting to 'sync' mode after each attempt)
2. If unsynchronized - causes VF

Simulation Setup

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Moulage: None

Multimedia: CXR, ECG (AF), ECG (NSR)