

Overdose – Calcium Channel Blocker:

Set-up:	
Lines/access:	18G R ACF, 20G L Hand
Infusions:	0.9% Saline 1L bag running
Airway:	Self Ventilating, FM 15L NRBM
Other:	Airway trolley Defibrillator

Clinical Setting:

I: You are the ICU trainee called by the EM StR to review a patient in resus

S: Called to see a patient who is hypotensive and bradycardic

B: 59M brought in by ambulance after wife called to found him unresponsive. Paramedics report multiple empty blister packs at scene

A: Bradycardic, hypotensive, reduced GCS

R: Called for help

Potential Clinical Course:

- Initially **A** SV, **B** SpO₂ 95% on 15L NRBM, quiet bases **C** HR 40bpm SR, BP 70/50, **D** E3V4M4 **E** Gas shows raised glucose, lactic acidosis, reduced PaO₂
- Initial assessment patient lying on trolley, overdose of antihypertensive – need to ask what the anti-hypertensive was – overdose of 67 CCB (verapamil)
- Examination reveals reduced breath sounds at both lung bases, sinus bradycardia on monitor and hypotension – fluids being prepared by ED nurse
- Fluid bolus given to support BP + atropine
- Initial slight improvement – Recognises early need for vasopressor requirement, can give calcium
- ABG done, metabolic acidosis, raised lactate, reduced pO₂, hyperglycaemic
- No improvement with other therapies including vasopressors/adrenaline
- Need to institute external pacing
- Haemodynamic variables and GCS improve on institution of external pacing

Info Sheet For Faculty

- Initial settings:
 - SpO₂ 95% on 15L NRBM
 - RR 24/min
 - Quiet bases R & L
 - HR 40bpm SR
 - BP 70/40
 - Consider reduced GCS (E3V4M5)

- After a fluid bolus:
 - SpO₂ 95% on 15L NRBM
 - HR 43bpm SR
 - BP 85/45

- Progress to:
 - SpO₂ 92%
 - HR 35bpm SR
 - BP 60/30

- On Pacing:
 - SpO₂ 95%
 - HR 60 – pacing spikes seen on monitor
 - BP 90/60
 - GCS improves to E4V5M6

Faculty Roles:

Bedside Nurse 1:

- You are an ED Nurse
- You are looking after a 59M who has come in with an overdose
- The ED StR is now with a major trauma patient so it is just the 2 of you
- You follow directions well but are not very proactive
- You point out if the patient worsens or improves to the doctor
- You offer information when asked (e.g. what drug the overdose was with) otherwise can be very vague
- You remind the StR that things can take time e.g. setting up infusions and not much help around

Telephone Assistance (Cardiology/Critical Care):

- You are 30 minutes away and external pacing can't wait that long
- If participant inexperienced with external pacing you help talk them through it in real time