

SAMPLE
Emergencies in the Community Pharmacy - Human Patient Simulation
De-briefing KEY/Grading Rubric

Rationale and Competency Based Outcomes:

Recognition and appropriate treatment of medical emergencies is an important patient care skill for pharmacists. It is essential that the pharmacist utilizes appropriate assessment skills and clinical knowledge in order to provide the highest level of patient care. Through human patient simulation scenarios, this lab will provide opportunity for student pharmacists to recognize and implement appropriate treatment for emergencies in the community pharmacy.

Following successful completion of the *Emergencies in the Community Pharmacy Lab*, student pharmacists will be able to demonstrate significant progress in the following WSU College of Pharmacy Competency Based Outcomes:

Drug Knowledge:

- Apply principles of clinical practice guidelines, and drug treatment algorithms for various disease states and their interpretation in the clinical setting. (1c-8)

Communication:

- Demonstrate proficiency in verbal communication with the use of common and appropriately selected medical terminology that is used in patient care. (2a-2)

Professionalism:

- Consistently maintain a professional demeanor; acquire strategies and demonstrate the ability to effectively multi-task and manage stressful situations when providing professional services and when communicating with patients, other health care providers, and co-workers. (3a-6)

Medication Therapy Management:

- Provide appropriate recommendations to solve identified problems, based on thorough, objective, and sound clinical judgments. (5c-2)
- Verify accuracy and dispense or administer medications, including immunizations. (5d-6)

Learning Objectives:

- Correctly assess patient by identifying the emergency in a timely manner.
- Implement emergency procedure for specific emergency as outlined in the required reading.
- Correctly utilize the contents of the patient's prescription and OTC medications.
- Administer appropriate intervention/treatment for specific patient.
- Provide patient with appropriate follow-up instructions.

Debriefing Key and Grading Scale – Asthma

Essential Elements to Evaluate – All Groups	Key	Notes/Key Objective(s):
Group Assessment		
Responsibilities of the Individual and Team SimMan® etiquette, preparedness, professionalism, and respect P/F	<input type="checkbox"/> Followed guidelines during simulation (i.e. no drinks, gum, pens, etc.) <input type="checkbox"/> Practiced appropriate blood borne pathogen precautions <input type="checkbox"/> All were respectful to classmates and facilitators <input type="checkbox"/> All participated <i>professionally</i> in simulation and debriefing <input type="checkbox"/> Group communication was adequate to function as a team during an emergency situation	- Each group can be graded as a whole - Note below only those students who are deficient in any area -Each team member contributed to discussion - Difference of opinion was expressed as constructive and professional
Patient Assessment: Correctly assess patient by identifying emergency in a timely manner		
Physical Assessment Patient Symptoms P/F **If students fail to communicate with patient have SimMan® continue to complain of chest pressure or suffocation to prompt students into asking	<input type="checkbox"/> <u>Appropriate assessment questions asked (OLDCART)</u> <input type="checkbox"/> <u>Symptoms noted:</u> Pressure in chest, wheezes, sense of suffocation, and increased respiratory effort.	Symptoms (question patient about symptoms) - O = onset - L = location - D = duration - C = characteristics - A = aggravating factors - R = remitting factors - T = treatment
Documentation of Patient Medical History **Patients History will vary depending on scenario P/F	<input type="checkbox"/> Changes in Health Status assessed <input type="checkbox"/> Allergies Assessed (Penicillin and bee stings) <input type="checkbox"/> Type of allergic reaction assessed (Penicillin causes a rash and the bee stings cause swelling) <input type="checkbox"/> Amoxicillin in the past with no issue <input type="checkbox"/> Patient notes latex exposure sometimes triggers asthma; just came back from the dentist <input type="checkbox"/> Home Medications reviewed/assessed (albuterol inhaler) <input type="checkbox"/> Others? <input type="checkbox"/> Did not omit relevant information	Students should assess for changes in health status, allergies, home medications, and any medications that the patient has taken prior to arrival. (**All these should be assessed prior to any medications being given) Patient just returned from the dentist – possible latex exposure (potential asthma trigger)

<p>Emergency Correctly Identified Scenario 1: MI (NKDA) Scenario 2: Allergy Scenario 3: Stroke Scenario 4: Asthma Scenario 5: Hypoglycemia</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Time Frame: _____</p>	<p>Patient will start exhibiting the corresponding sign/symptoms related to the scenario</p> <p>Scenario 4: Asthma: patient will exhibit pressure in chest, sense of suffocation, nonproductive cough, expiratory wheezes, prolonged expiratory phase, patient complaining of difficulty breathing, an increased respiratory effort with increased RR, chest distension, and bluish lips.</p>
<p>Implement emergency procedure correctly. Locate and correctly utilize contents of community patient’s prescription bag. Administer appropriate intervention/treatment for specific patient</p>		
<p>Student pharmacists expected to correctly implement community pharmacy’s emergency protocol.</p>	<p><input type="checkbox"/> Stop questioning</p> <p><input type="checkbox"/> Place patient in comfortable upright position</p> <p><input type="checkbox"/> Call 911 (if appropriate)</p>	<p><u>Vitals:</u> BP 130/80, HR 118, RR 28; Glucose 140; wheezing, coughing, hard to talk as time goes on</p>
<p>Scenario 4: Asthma: patient will exhibit pressure in chest, sense of suffocation, nonproductive cough, expiratory wheezes, prolonged expiratory phase, patient complaining of difficulty breathing, an increased respiratory effort with increased RR, chest distension, and bluish lips; difficulty talking.</p> <p>Appropriate doses are: Albuterol Inhaler: acute bronchospasm: 4–8 inhalations every 20 minutes for up to 4 hours, then 4–8 inhalations every 1–4 hours as needed Epipen: 0.3 mg SC or IM every 20 minutes to 4 hours for asthma</p>	<p><input type="checkbox"/> Administer albuterol inhaler</p> <p><input type="checkbox"/> Administer Epipen If patient becomes unresponsive</p> <p><input type="checkbox"/> Monitor vital signs</p> <ul style="list-style-type: none"> o Pulse o Respiratory Rate o BP o Skin o other <p><input type="checkbox"/> Reassure/calm patient</p>	<p>Albuterol: bronchodilator</p> <p>Epinephrine: alpha agonist; bronchodilation;</p>
<p>Provide patient with appropriate follow-up instructions.</p>		
<p>Follow-up instructions and patient education</p> <p>P/F</p>	<p><input type="checkbox"/> Medical referral (if indicated)</p> <p><input type="checkbox"/> Instructions for medications</p> <p><input type="checkbox"/> Implications for future treatment</p>	