



# GLOBAL EMERGENCY MEDICAL REGISTRY

## Shock Case (Anesthesia Bleeding) Documentation Form

Candidate (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Examiner (Instructor Name Printed): \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Note: Examiner will use or modify a simulator shock case to reflect Sinus Tachycardia at 100 with a MAP less than 60 mmHg, SpO2 88%, EtCO2 45, and an unresponsive (or responsive to unresponsive) patient who was interacting but became unresponsive; the examiner may conclude the case following proper care by having patient return to stable with all vital signs returning to normal range. Patient was undergoing moderate sedation with propofol, when it is noted that there is in excess of 700ml of blood in the suction container and the patient is no longer interactive.

PASS \_\_\_\_\_ Fail \_\_\_\_\_

Task	Correct	Incorrect
Identifies Hypotensive state		
Identifies unstable patient condition		
Assures proper oxygenation of the patient		
Identifies need for additional treatment and establishes IV above the level of the diaphragm		
Utilizes 20 ml/kg bolus of balanced 24-50 SID IV fluid to improve MAP		
If available, blood administration – 1 unit “O” blood		
Reassess patient after each intervention and a minimum of every two minutes		

Note: any “incorrect” represents a skill failure

### Critical Failure Criteria

Failure to establish oxygenation for the patient
Failure to take appropriate medication and/or fluid bolus intervention
Failure to identify unstable patient
Failure to manage the patient as a competent provider
Exhibits unacceptable affect with patient or other personnel
Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on the bottom or back of this form.