

Project Breakdown/Storyboard

This storyboard shows the initial proof of concept for this project.

Scene 1: Emergency Department, patient admission. Paramedic handover to ED AKM

Characters: 4 people with mics

Patient (we are struggling with this – mannequin?)

ED Doctor

ED nurse

Paramedic

Scene:	Patient admitted to ED bay. Stroke docs alerted to imminent arrival of patient to ED
Purpose:	To show speed at which a patient is judged to need attendance of stroke team. Time is Brain
Description:	<p>Time zero: Paramedic phone to ED - ED RAP alert sheet (completed with simulated data) ED doc receiving call audio of both sides of conversation.</p> <p><i>Transition this with ED doctor using beep then pop-up of Stroke doc and nurse receiving beep and grabbing kit to head off to ED.</i></p> <p>Time 1 min: bleep going off on stroke ward for doctor & nurse (standard voice alert: RAP call to ED resusc – ETA 10 minutes, repeated 3 times; Stroke doctor & nurse get up and leave their room with the thrombolysis bag)</p> <p>Time 5min: Patient arrival on trolley with paramedic & Handover from paramedic to ED nurse (double check of RAP sheet information)</p> <p>Time 7 min: Patient on ED trolley & initial patient assessment in ED, ending in arrival of Stroke RAP team</p>
Visual:	<p><i>Possible on screen clock running throughout this – not in real time but cutting as scene unfolds</i></p> <p>Interior of assessment bay – camera is placed in empty bay. Patient on trolley enters bay pushed by porter/ambulance crew*. Stroke team arrives.</p>

	<p><i>* we will need these people as extras if we don't use just the paramedic</i></p> <p>Initial assessment – including obs, BM check, connected to monitor with cardiac trace visible; basic assessment (patient not talking and clear weakness to right side)</p> <p>JD to place cannula & take blood tests (in scene video of why this is important)</p>
Audio:	<p>Ambient ED – sirens, voices, etc. Any hand over dialogue.</p> <p>Distracting other ED activity – cardiac arrest call?</p> <p>Dialogue between stroke team members.</p>
Text:	<p>Possible description of the patient and the circumstances of the emergency callout if this cannot be provided by ED handover.</p> <p>Question sets – to be confirmed. Could include signs of stroke, optimum times for intervention, first moves Stroke team should make.</p> <p>a) Ideal content of handover: Clinical video of simulated handover</p> <p>b) Short interview video – Dr Mistri summarising the following Q&A:</p> <ol style="list-style-type: none"> 1. What is the role of the ED nurse? > Confirm key facts: onset time, FAST, BP, BM, ABC; alert RAP team (if not already done) 2. What is the role of the ED doctor? > Rapid assessment of stability (look at EWS, sats, ABC), confirmation of stroke, referral to RAP team (if not already done) 3. What are the key principles of management at first contact? > Confirm stroke diagnosis, time of onset, refer promptly (TIME IS BRAIN) 4. What not to do? > Do not waste time with interventions that are not essential for early management decisions: ECG, detailed history, detailed examination, difficult cannula
Other	<p>Possible hot-spots in addition to question sets might be short interview with ED specialist or similar about admission of suspected stroke patients. Throughout the whole scene you</p>

	<p>may want to have charts and notes available, close up of monitors etc.</p> <p>HOTSPOT Locations</p> <ol style="list-style-type: none"> 1. Monitor – showing a rapid irregular heart beat 140/min, and a discussion as to the doctors assessment 2. Patient head: assessment of GCS, consideration of airway issues & ITU referral 3. Patient neurological examination: Video of rapid neurological assessment: awake, eyes open, not talking, clearly weak on right side, with normal movement of left side 4. Basic systems auscultation (heart rate/rhythm, CCF, chest infection, trauma) – can the video simulate auscultatory sounds (heart rate at 140/min, irregular rhythm; crackles in the right lung base suggesting infection) <i>I expect we can we can pinch them from clinical videos online if they exist</i>
Assessment	<p>Whether questions were answered correctly.</p> <p><i>In scene questions – we need to pin down what footage is required here.</i></p> <p>When would you consider heart rate control? (HR>140/min or complications like CCF)</p> <p>What are the two agents you would consider using for HR control? (IV Labetalol if BP high; IV digoxin if BP not high)</p> <p>What do the chest auscultatory findings suggest? (infection as unilateral crackles, bilateral would suggest acute heart failure or other chronic lung disease)</p> <p>What initial action is required? (IV Ab, IVI, sepsis screen)</p>