

In Situ Simulation Training for a Better Interprofessional Team Performance in Transferring Critically Ill COVID-19 Patients: A Prospective Randomized Control Trial

<p>Scenario 1:</p> <p>Male, 56 years old, 70 kg.</p> <p>Post code blue with ARDS due to Pneumonia Probable COVID-19 + Controlled Hypertension + Diabetes Mellitus type 2.</p> <p>The patient is planned to be transferred from ED to ICU. He was already intubated with 7.5 ETT with 21 cm in depth. The patient received midazolam 1mg/hr and Morphine 0,5 mg/hr with peripheral IV access (abbocath no.20)</p> <p>Vital Sign:</p> <p>BP 100/60 mmHg (on NE 0,05 mcg/kg/min)</p> <p>RR: 12x/m on manual ventilation</p> <p>SpO2 99% on manual ventilation BVM 15LPM</p> <p>HR: 118x/m regular</p>	<p>Physical Exam:</p> <p>Consciousness: DPO</p> <p>Thorax's movement symmetrical +/- rhonchi +/-</p> <p>Haemodynamic stable with NE</p> <p>NGT and urine catheter was already in place</p> <p>Urine: 70 cc (in 2 hours), initial urine has been removed.</p> <p>NGT: Minimal production</p> <p>Lab Results:</p> <p>Leukocyte: 4700/uL</p> <p>Hb: 11,2 g/dL</p> <p>Ht: 34%</p> <p>Platelet: 134.000/uL</p> <p>Neutrophyle: 70% (Normal value: 40-80)</p> <p>Lymphocytes: 15% (Normal value:20-40)</p> <p>AGD (pre-intubated with NRM 15LPM)</p> <p>pH: 7,34</p> <p>pCO₂: 46</p> <p>pO₂: 90</p> <p>HCO₃:30</p> <p>GDS 157</p> <p>Xray:</p> <p>- Bilateral consolidation at the base of the lung</p>	<p>Task:</p> <ul style="list-style-type: none"> • Preparing the tools and PPE donning • Prepare the patient for transfer • Fill the transfer form • Confirm with the intensivist and ICU before transferring the patient
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	<p>- The tip of the ETT around 4.7 cm di over the carina</p> <p>PCR: Ongoing</p> <p>Therapy</p> <p>IVFD NaCL 0,9% 500cc/12 hr</p> <p>IVFD Azitromisin 1x500mg IV</p> <p>Ceftriaxone 2x2gr IV</p> <p>Vit C 1x1gr IV</p> <p>NE 0,05mcg/kg/min</p> <p>Midazolam 1mg/hr</p> <p>Morfin 0,5mg/hr</p> <p>Novorapid 10iu-10iu-10iu SC</p> <p>Lantus 8 iu (every 22.00) SC</p> <p>PO amlodipine 1x10mg</p>	
<p>During transfer:</p> <p>The patient is stable during transfer, IV line, NGT, urine catheter, and ETT are all secure</p> <p>Vital Sign:</p> <p>BP 110/70 mmHg</p> <p>RR: 12x/m on venti</p> <p>SpO2 99%</p> <p>HR: 120x/m regular</p> <p>The monitor's alarm suddenly goes off due to sudden detachment of the ECG monitor and peripheral saturation from the patient.</p>	<p>The transfer is accompanied with 1 doctor and 2 nurses with PPE level 3.</p> <p>The patient is transferred with portable ventilator (PC 12, FiO2 60%, PEEP 5, Rate 12)</p> <p>Task:</p> <ul style="list-style-type: none"> • Monitor the patient every 5 minutes. • Stop the transfer process when the alarm ringing, search for the causes and handle the cause. 	

<p>Arrive at the ICU:</p> <p>The patient is stable, IV line, NGT, urine catheter and ETT are secure. <i>secure</i></p> <p>Vital Sign:</p> <p>BP 110/70 mmHg</p> <p>RR: 12x/m on venti</p> <p>SpO2 99%</p> <p>HR: 120x/m regular</p>	<p>Task:</p> <ul style="list-style-type: none">• Connect the ETT to the ICU ventilator and check the airway and breathing• Transfer the continuous drug delivery via syringe pump by transferring the drug to the ICU's syringe pump.• Re-evaluate the ABC and the patency of the access on the patient.• Use SBAR when the team handover the patient• Doffing PPE in a different room
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<p>Scenario 2:</p> <p>65 years old woman, 70 kg was referred to your ED Sepsis+Covid-19 +CHF+DM-tipe 2.</p> <p>The patient's condition worsened when she was being observed in ED (WOB increased, desaturation and hypotension)</p> <p>Code blue was then activated. Afterwards, the patient was intubated and planned to be transfer to the ICU.</p> <p>The patient received midazolam 2mg/hr dan Morfin 0,5mg/hr with peripheral IV access (abbocath no.20) and femoral access (abbocath no.18)</p> <p>Vital Sign</p> <p>BP 110/70 mmHg (On NE 0,1mcg/kg/min + Dobutamine 5mcg/kg/min)</p> <p>RR: 18x/m on bagging manual</p> <p>SpO2 99% on Bagging BVM 15LPM</p> <p>HR: 120x/m regular</p>	<p>Physical Examination:</p> <p>Consciousness: DPO</p> <p>Thorax's movement symmetrical +/- rhonchi +/-</p> <p>The patient's hemodynamics parameters are all stable with NE + dobutamine</p> <p>NGT and urine catheter was placed</p> <p>Urine: 70 cc (in 2 hours), initial urine has been removed.</p> <p>NGT: Minimal production</p> <p>Lab results:</p> <p>Leukocyte: 18000/uL</p> <p>Hb: 12 g/dL</p> <p>Ht: 37%</p> <p>Platelet: 150.000/uL</p> <p>Neutrophyle: 86% (N: 40-80)</p> <p>Lymphocyte: 20% (N:20-40)</p> <p>Lactate: 3,0</p> <p>Random Blood Sugar: 183</p> <p>AGD (before intubation with NRM 15LPM)</p> <p>pH: 7,32</p> <p>pCO2: 45</p> <p>pO2: 111</p> <p>HCO3: 28</p>	<p>Task:</p> <ul style="list-style-type: none"> • Preparing the tools and PPE donning • Prepare the patient for transfer • Fill the transfer form • Confirm with the intensivist and ICU before transferring the patient
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	<p>CT scan dan PCR: Confirmed COVID-19</p> <p>Therapy NaCL 0,9% 500cc/12 hr IVFD Azitromisin 1x500mg IV Meropenem 3x1gr IV Vit C 1x1gr IV NE 0,1mcg/kg/min dobutamine 5mcg/kg/min Midazolam 2mg/hr Morfin 0,5mg/hr PO etformin 3x500mg PO captopril 3x25mg PO Candesartan 1x16mg</p>	
<p>During transfer: The patient is stable during transfer, IV line, NGT, urine catheter, and ETT are all secure</p> <p>Vital Sign: BP 110/70 mmHg RR: 12x/m on venti SpO2 99% HR: 120x/m regular</p> <p>The monitor's alarm suddenly goes off due to sudden detachment of the</p>	<p>The transfer is accompanied with 1 doctor and 2 nurses with PPE level 3.</p> <p>The patient is transferred with portable ventilator (PC 12, FiO2 60%, PEEP 5, Rate 12)</p> <p>Task:</p> <ul style="list-style-type: none"> • Monitor the patient every 5 minutes. • Stop the transfer process when the alarm ringing, search for the causes and handle the cause. 	

ECG monitor and peripheral saturation from the patient.	
<p>Arrive at the ICU:</p> <p>The patient is stable, IV line, NGT, urine catheter and ETT are secure.</p> <p>Vital Sign:</p> <p>BP 110/70 mmHg</p> <p>RR: 12x/m on venti</p> <p>SpO2 99%</p> <p>HR: 120x/m regular</p>	<p>Task:</p> <ul style="list-style-type: none">• Connect the ETT to the ICU ventilator and check the airway and breathing• Transfer the continuous drug delivery via syringe pump by transferring the drug to the ICU's syringe pump.• Re-evaluate the ABC and the patency of the access on the patient.• Use SBAR when the team handover the patient• Doffing PPE in a different room

<p>Scenario 3:</p> <p>Male, 48 years old, 70 kg, post code blue with impending respiratory failure + pneumonia <i>probable</i> covid 19 + Renal Tumor dextra pro Nephrotomy and biopsy</p> <p>The patient was intubated with ETT no. 7,5 21 cm in depth.</p> <p>The patient received midazolam 1mg/hr dan Morfin 0,5 mg/hr with peripheral access IV (abbocath no.20)</p> <p>Vital Sign</p> <p>TD 120/80 mmHg (On NE 0,05 mcg/kg/min)</p> <p>RR: 18x/m on manual ventilation</p> <p>SpO2 97% on manual ventilation BVM 15LPM</p> <p>HR: 117x/m regular</p>	<p>Physical exam:</p> <p>Consciousness: DPO</p> <p>Thorax's movement symmetrical +/- rhonchi +/-</p> <p>The patient's hemodynamics are all stable with NE + dobutamine</p> <p>NGT and urine catheter was placed</p> <p>Urine: 70 cc (in 2 hours), initial urine has been removed.</p> <p>NGT: Minimal production</p> <p>Lab results:</p> <p>Leukocyte:8100</p> <p>Hb:10,7</p> <p>Ht: 32</p> <p>Platelet: 145.000</p> <p>Neutrophyle: 75</p> <p>Lymphocyte:18</p> <p>Random Blood Sugar: 129</p> <p>AGD (preintubasi dengan NRM 15LPM)</p> <p>pH: 7,32</p> <p>pCO2: 38</p> <p>pO2: 235</p> <p>HCO3:26</p> <p>Rapid Test: IgM dan IgG POSITIF,</p>	<p>Task:</p> <ul style="list-style-type: none"> • Preparing the tools and PPE donning • Prepare the patient for transfer • Fill the transfer form • Confirm with the intensivist and ICU before transferring the patient
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	<p>PCR: Belum ada hasil</p> <p>Xray:</p> <ul style="list-style-type: none"> - terdapat gambaran konsolidasi bilateral di kedua lapang paru bawah - ETT dengan tip sekitar 4.7 cm di atas carina <p>Therapy</p> <p>IVFD NaCL 0,9% 500cc/8 hr</p> <p>IVFD Levofloxacin 1x750mg</p> <p>Ceftriaxone 2x1gr IV</p> <p>NE 0,05mcg/kg/min</p> <p>Midazolam 1mg/hr</p> <p>Morfin 0,5mg/hr</p> <p>Vip Albumin 3x1</p>	
<p>During transfer:</p> <p>The patient is stable during transfer, IV line, NGT, urine catheter, and ETT are all secure</p> <p>Vital Sign:</p> <p>BP 110/70 mmHg</p> <p>RR: 12x/m on venti</p> <p>SpO2 99%</p> <p>HR: 110x/m regular</p> <p>The monitor's alarm suddenly goes off due to sudden detachment of the ECG monitor and peripheral saturation from the</p>	<p>The transfer is accompanied with 1 doctor and 2 nurses with PPE level 3.</p> <p>The patient is transferred with portable ventilator (PC 12, FiO2 60%, PEEP 5, Rate 12)</p> <p>Task:</p> <ul style="list-style-type: none"> • Monitor the patient every 5 minutes. • Stop the transfer process when the alarm ringing, search for the causes and handle the cause. 	

patient.	
<p>Arrive at the ICU:</p> <p>The patient is stable, IV line, NGT, urine catheter and ETT are secure.</p> <p>Vital Sign:</p> <p>BP 110/70 mmHg</p> <p>RR: 12x/m on venti</p> <p>SpO2 99%</p> <p>HR: 120x/m regular</p>	<p>Task:</p> <ul style="list-style-type: none">• Connect the ETT to the ICU ventilator and check the airway and breathing• Transfer the continuous drug delivery via syringe pump by transferring the drug to the ICU's syringe pump.• Re-evaluate the ABC and the patency of the access on the patient.• Use SBAR when the team handover the patient• Doffing PPE in a different room

Scenario 4:	Physical Examination:	Task:
<p>Male, 54 years old, 70 kg, post code blue with Hypovolemic Shock ec Hematemesis Melena+ Pneumonia probable covid 19 +DM-type 2 is going to be transferred from ED to the ICU</p> <p>Vital Signs:</p> <p>BP 100/70 mmHg post loading 250cc Nacl 0,9% (On NE 0,1 mcg/kg/min + Dobutamin 5mcg/kg/min)</p> <p>RR: 12x/ mnt on ETT no 7,5</p> <p>SpO2 97% (FiO2 50%, PEEP 5)</p> <p>HR: 114 x/m regular</p> <p>Peripheral IV access with abbocath No. 20</p> <p>IV Femoral access with abbocath No. 18</p>	<p>Physical Examination:</p> <p>Consciousness: GCS E3M5V4 (before intubation)</p> <p>Airway: ETT clear</p> <p>Thorax's movement symmetrical +/- rhonchi +/-</p> <p>Patient's hemodynamic parameters are stable with NE and dobutamine</p> <p>NGT and urine catheter were placed</p> <p>Urine: 200 cc (in 2 hours)</p> <p>NGT: production: 50cc black-colored liquid</p> <p>Lab results:</p> <p>Leukocytes: 12.000</p> <p>Hb: 10,1</p> <p>Ht: 28</p> <p>Platelet: 142.000</p> <p>Neutrophyle: 81</p> <p>Lymphocyte: 16</p> <p>Lactate: 3</p> <p>Random Blood Sugar: 190</p> <p>AGD (NRM 10LPM before intubation)</p> <p>pH: 7,309</p> <p>pCO2: 60</p> <p>pO2: 158</p>	<ul style="list-style-type: none"> • Preparing the tools and PPE donning • Prepare the patient for transfer • Fill the transfer form • Confirm with the intensivist and ICU before transferring the patient

	<p>HCO3:33</p> <p>CT scan thorax: <i>probable</i> COVID-19</p> <p>Rapid Test IgM dan IgG POSITIF</p> <p>PCR: ongoing</p> <p>Theraphy</p> <p>IVFD NaCL 0,9% 500cc/8jam</p> <p>IVFD Azitromisin 1x500mg</p> <p>Ceftriaxone 2x1gr IV</p> <p>Omeprazole 2x40mg IV</p> <p>Vit C 1x1gr IV</p> <p>NE 0,1mcg/kg/min</p> <p>Dobutamin 5mcg/kg/min</p> <p>SC Novorapid 3x18iu</p> <p>SC Lantus 1x10iu</p> <p>PO Sucralfat 3x15cc</p>	
<p>During transfer:</p> <p>Desaturation during transfer. ETT Clear, Jalur IV secure. Rh +/-</p> <p>TD 105/70 x/mnt</p> <p>RR 12x/ mnt on venti</p> <p>SpO2 92% with FiO2 venti 50% PEEP 5</p> <p>HR: 120x/m regular</p>	<p>Transfer accompanied by 1 doctor and 2 nurses with PPE level 3</p> <p>Task:</p> <ul style="list-style-type: none"> • Stop the transfer process when the alarm sounds • Increase FiO2/ PEEP → SaO2 95-96% 	
<p>Arrived at the ICU:</p> <p>Pasien stable. IV line <i>secure</i></p>	<p>Task:</p> <ul style="list-style-type: none"> • Transfer continuous drugs in the syringe pump transfer to ICU syringe pump 	

<p>Vital sign:</p> <p>TD 100/70 mmHg</p> <p>RR: 12x/m on Venti</p> <p>SpO2 96%</p> <p>HR: 120x/m regular</p>	<ul style="list-style-type: none">• Recheck patient's ABC and all the lines installed on the patient• Hand over the patient with SBAR<ul style="list-style-type: none">• <i>Doffing</i> APD in different room
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Scenario 5	Examination:	Task:
<p>Female patient, aged 59 years old, body weight 70 kg, post code blue with a diagnosis of septic shock, severe CAP, probable COVID-19, and Diabetes Mellitus.</p> <p>Patient is planned to be transferred from Kiara's ER to Kiara's ICU.</p> <p>BP 110/70 mmHg (on NE 0.05 mcg/kg/min)</p> <p>RR 12x/min on ETT no 7 lip limit 21</p> <p>spO2 97%</p> <p>HR 120x/min regular</p> <p>Abocath peripheral IV access no. 20</p> <p>Access IV femoral abocath no. 18</p>	<p>Awareness: GCS E3M5V3 (before intubated)</p> <p>Patent airway</p> <p>Symmetrical thorax motion, rhonchi +/-</p> <p>Hemodynamically stable with support</p> <p>NGT and urine catheter inserted</p> <p>Urine: 200 cc</p> <p>NGT: minimal production</p> <p>Laboratory Results</p> <p>WBC: 14.900</p> <p>Hb: 10</p> <p>Ht: 28</p> <p>Tr: 150.000</p> <p>Neutrofil: 86.8</p> <p>Lymphocyte: 7,3</p> <p>Blood glucose test: 142</p> <p>BGA (on NRM 12LPM)</p> <p>pH: 7,31</p> <p>pCO2: 45</p> <p>pO2: 112</p> <p>HCO3:35</p> <p>Thorax CR: probable COVID-19</p> <p>Rapid Test IgM dan IgG POSITIVE</p> <p>PCR: no results yet</p>	<ul style="list-style-type: none"> • Prepare tools and PPE donning • Preparing the patient • Intubate the patient before transfer • Fill in the transfer form • Confirmation to Kiara's intensivist and ICU

	<p>Therapy</p> <p>IVFD NaCL 0,9% 500cc/8hrs</p> <p>IVFD Azitromisin 1x500mg</p> <p>Drip PCT 3x1gr IV</p> <p>Inj Meropenem 3x1gr IV</p> <p>Inj Vit C 1x1gr IV</p> <p>Drip NE 0,1mcg/kg/min</p> <p>Drip Dobutamin 5mcg/kg/min</p> <p>Inh Ventolin/8 jam</p> <p>SC Novorapid 3x10iu</p> <p>PO NAC 3x200mg</p>	
<p>During Transfer:</p> <p>Patient has decreased blood pressure, and undetected saturation. IV line is <i>secure</i></p> <p>Vital Sign:</p> <p>BP 85/40 mmHg (Alarm sign)</p> <p>RR: 12 x/min on ventilator</p> <p>SpO2 <i>????</i> %</p> <p>HR: 115x/m regular</p>	<p>Transfer accompanied by 1 doctor and 2 nurses using PPE level 3</p> <p>Task:</p> <ul style="list-style-type: none"> • Stop the transfer process when the alarm sounds • Raise NE/dobutamine dose → BP rises to 95/60 mmHg 	
<p>Patient arrive at ICU:</p> <p>Patient is stable on arrival in the iCU. IV line is secure</p> <p>Vital signs:</p> <p>BP 100/70 mmHg</p> <p>RR: 12x/min on venti</p> <p>SpO2 96%</p>	<p>Task:</p> <ul style="list-style-type: none"> • Transfer continuous drugs in the syringe pump transfer to ICU syringe pump • Recheck patient's ABC and all the lines installed on the patient • Hand over the patient with SBAR • <i>Doffing</i> APD in different room 	

HR: 115x/m regular	
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<p>Scenario 6</p> <p>Female patient, aged 32 years old, body weight 70 kg, referred from type B hospital to Kiara's ER with diagnosis of Confirmed COVID-19, pneumonia, and Asthma. In Kiara's ER, patient complained of increasing shortness of breath and tends to be hemodynamically unstable during examination in the ER. After being treated in ER, patient planned to be transferred to ICU for further treatment.</p> <p>Vital signs: BP 102/63 mmHg (On NE 0,05 mcg/kg/min) RR: 12x/mnt on ETT no 7 SpO2 97% HR: 128x/m regular</p> <p>Abocath peripheral IV access no. 20 Access IV femoral abocath no. 18</p>	<p>Pemeriksaan:</p> <p>Awareness: GCS E4M6V5 (before intubated)</p> <p>Patent airway</p> <p>Symmetrical thorax motion, rhonchi +/+</p> <p>Hemodynamically stable with support</p> <p>NGT and urine catheter inserted</p> <p>Urine: 200 cc</p> <p>NGT: minimal production</p> <p>Laboratory Findings: WBC: 13.000 Hb: 15 Ht: 45 Tr: 210.000 Neutrofil: 78 Lymphocyte: 18 GDS: 143</p> <p>BGA(NRM 10LPM) pH: 7,31 pCO2: 53 pO2: 230 HCO3:36</p> <p>Thorax CT: ground glass appearance in both lungs</p> <p>Rapid Test IgM dan IgG POSITIVE</p>	<p>Task:</p> <ul style="list-style-type: none"> • Prepare tools and PPE <i>donning</i> • Preparing the patient • Intubate the patient before transfer • Fill in the transfer form • Confirmation to Kiara's <i>intensivist</i> and ICU
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	<p>PCR: Positive</p> <p>Therapy</p> <p>IVFD NaCL 0,9% 500cc/8hrs</p> <p>IVFD Azitromisin 1x500mg</p> <p>Drip PCT 3x1gr IV</p> <p>Inj Ceftriaxone 2x1gr IV</p> <p>Inj methylprednisolone 2x80mg IV</p> <p>Drip NE 0,05mcg/kg/min</p> <p>Inh Ventolin/8 hrs</p>	
<p>During transfer:</p> <p>Patient has decreased blood pressure, and undetected saturation. IV line is <i>secure</i></p> <p>Vital signs:</p> <p>TD 85/51mmHg (Alarm aounds)</p> <p>RR: 12x/m</p> <p>SpO2 ???? %</p> <p>HR: 130x/m regular</p>	<p>Transfer accompanied by 1 doctor and 2 nurses using PPE level 3</p> <p>Task:</p> <ul style="list-style-type: none"> • Stop the transfer process when the alarm sounds <p>Raise NE/dobutamine dose → BP rises to 95/55 mmHg</p>	
<p>Patient arrive at ICU:</p> <p>Patient is stable on arrival in the iCU. IV line is secure</p> <p>TTV:</p> <p>BP 105/68 mmHg</p> <p>RR: 12x/m</p> <p>SpO2 96%</p> <p>HR: 120x/m regular</p>	<p>Task:</p> <ul style="list-style-type: none"> • Transfer continuous drugs in the syringe pump transfer to ICU syringe pump • Recheck patient's ABC and all the lines installed on the patient • Hand over the patient with SBAR • <i>Doffing</i> APD in different room 	

<p>Scenario 7</p> <p>Male patient, aged 72 years old, body weight 79 kg, with diagnosis of Confirmed COVID-19, and COPD. Patient complained of shortness of breath in the ER. After being treated in ER, patient planned to be transferred to ICU for further treatment.</p> <p>Vital signs:</p> <p>BP 92/57 mmHg (On NE 0,05 mcg/kg/min)</p> <p>RR: 18x/mnt on ETT no 7</p> <p>SpO2 93&</p> <p>HR: 118x/m regular</p> <p>Abocath peripheral IV access no. 20</p> <p>Access IV femoral abbocath no. 18</p>	<p>Pemeriksaan:</p> <p>Awareness: GCS E4M4V5 (before intubated)</p> <p>Patent airway</p> <p>Symmetrical thorax motion, rhonchi +/- wheezing +/-</p> <p>Hemodynamically stable with support</p> <p>NGT and urine catheter inserted</p> <p>Urine: 300 cc</p> <p>NGT: minimal production</p> <p>Laboratory Findings:</p> <p>WBC: 18.000</p> <p>Hb: 14,6</p> <p>Ht: 42</p> <p>Tr: 316.000</p> <p>Neutrofil: 78</p> <p>Lymphocyte: 18</p> <p>GDS: 147</p> <p>BGA(NRM 10LPM)</p> <p>pH: 7,31</p> <p>pCO2: 53</p> <p>pO2: 230</p> <p>HCO3:36</p> <p>Thorax CT: pneumonia bilateral</p>	<p>Task:</p> <ul style="list-style-type: none"> • Prepare tools and PPEdonning • Preparing the patient • Intubate the patient before transfer • Fill in the transfer form • Confirmation to Kiara's intensivist and ICU
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	<p>Rapid Test IgM dan IgG POSITIVE</p> <p>PCR: Positive</p> <p>Therapy</p> <p>IVFD NaCL 0,9% 500cc/8hrs</p> <p>IVFD Azitromisin 1x500mg</p> <p>Drip PCT 3x1gr IV</p> <p>Inj Ceftriaxone 2x1gr IV</p> <p>Inj methylprednisolone 2x80mg IV</p> <p>Drip NE 0,05mcg/kg/min</p> <p>Inh Ventolin/8 hrs</p>	
<p>During transfer:</p> <p>Patient has decreased saturation on transfer. ETT clear, path IV is secure. Rh +/- Wh +/-</p> <p>Vital signs:</p> <p>TD 85/51mmHg (Alarm aounds)</p> <p>RR: 12x/m</p> <p>SpO2 77 %</p> <p>HR: 143x/m regular</p>	<p>Transfer accompanied by 1 doctor and 2 nurses using PPE level 3</p> <p>Task:</p> <ul style="list-style-type: none"> • Stop the transfer process when the alarm sounds • Raise FIO2/peep → saturation rises 95% 	
<p>Patient arrive at ICU:</p> <p>Patient is stable on arrival in the iCU. IV line is secure</p> <p>TTV:</p> <p>BP 105/68 mmHg</p> <p>RR: 12x/m</p> <p>SpO2 96%</p>	<p>Task:</p> <ul style="list-style-type: none"> • Transfer continuous drugs in the syringe pump transfer to ICU syringe pump • Recheck patient's ABC and all the lines installed on the patient • Hand over the patient with SBAR • <i>Doffing</i> APD in different room 	

HR: 120x/m regular	
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<p>Scenario 8</p> <p>Male patient, aged 58 years old, body weight 54 kg, with diagnosis of Confirmed COVID-19, and Lung cancer. Patient complained of shortness of breath in the ER. After being treated in ER, patient planned to be transferred to ICU for further treatment.</p> <p>Vital signs: BP 102/69 mmHg (On NE 0,05 mcg/kg/min) RR: 21x/mnt on ETT no 7.5 SpO2 93% HR: 112x/m regular</p> <p>Abocath peripheral IV access no. 20 Access IV femoral abocath no. 18</p>	<p>Pemeriksaan:</p> <p>Awareness: GCS E4M4V4 (before intubated) Patent airway Symmetrical thorax motion, rhonchi +/- Hemodynamically stable with support NGT and urine catheter inserted Urine: 250 cc</p> <p>NGT: minimal production</p> <p>Laboratory Findings: WBC: 8.000 Hb: 9.3 Ht: 42 Tr: 316.000 Neutrofil: 78 Lymphocyte: 18 GDS: 147</p> <p>BGA(NRM 10LPM) pH: 7,31 pCO2: 53 pO2: 230</p>	<p>Task:</p> <ul style="list-style-type: none"> • Prepare tools and PPE donning • Preparing the patient • Intubate the patient before transfer • Fill in the transfer form • Confirmation to Kiara's intensivist and ICU
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	<p>HCO3:36</p> <p>Thorax CT: pneumonia bilateral</p> <p>Rapid Test IgM dan IgG POSITIVE</p> <p>PCR: Positive</p> <p>Therapy</p> <p>IVFD NaCL 0,9% 500cc/8hrs</p> <p>IVFD Azitromisin 1x500mg</p> <p>Drip PCT 3x1gr IV</p> <p>Inj Ceftriaxone 2x1gr IV</p> <p>Inj methylprednisolone 2x80mg IV</p> <p>Drip NE 0,05mcg/kg/min</p>	
<p>During transfer:</p> <p>Patient has decreased saturation on transfer. ETT clear, path IV is secure. Rh +/+ Wh +/+</p> <p>Vital signs:</p> <p>TD 85/51mmHg (Alarm aounds)</p> <p>RR: 12x/m</p> <p>SpO2 77% 72%</p> <p>HR: 143x/m regular</p>	<p>Transfer accompanied by 1 doctor and 2 nurses using PPE level 3</p> <p>Task:</p> <ul style="list-style-type: none"> • Stop the transfer process when the alarm sounds • Raise FIO2/peep → saturation rises 94% 	
<p>Patient arrive at ICU:</p> <p>Patient is stable on arrival in the iCU. IV line is secure</p> <p>TTV:</p>	<p>Task:</p> <ul style="list-style-type: none"> • Transfer continuous drugs in the syringe pump transfer to ICU syringe pump • Recheck patient's ABC and all the lines installed on the patient • Hand over the patient with SBAR • <i>Doffing</i> APD in different room 	

BP 115/70 mmHg RR: 12x/m SpO2 96% HR: 90x/m regular	
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