Scenario Development				
Date of Development:	December 2019 / January 2020			
Scenario Developer(s):	Bosco G, Paganini M, Mormando G, Garetto G			
Affiliations/Institutions(s):	Department of Biomedical Sciences (DSB) and Department of Medicine, University of Padova (Padova, Italy);  ATIP Hyperbaric Treatment Center (Padova, Italy)			
Contact E-mail:	simulazione.dimed@unipd.it			
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Revised By:	Fabris F, Camporesi M			
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## List of abbreviations

**BP: Blood Pressure** 

CRM: crisis resource management

DCI: decompression illness

GCS: Glasgow Coma Scale

HBOT: Hyperbaric Oxygen Therapy

HR: Heart Rate

O2: oxygen

RR: Respiratory Rate

EMS operations centre: Emergency Medical Services operations centre

# Case Summary 05: Shaky depths

Scenario Title:	Shaky depths	
Keywords:	Seizure, syncope, breath-hold diving	
Brief Description of Case:	"Taravana/Samba" in a breath-hold diver	

Goals and Objectives				
Educational Goal:	Recognition and management of the disease			
Medical Objectives:	Recognize condition  Administer oxygen  Call for help on-site and call EMS Operations Centre.  Ask for transfer to the nearest facility with hyperbaric treatment capability.			
No CRM objectives				

Learners, Setting, and Personnel						
Target Learners:	☐ Junior Learners	X Senior Learners		x Staff		
	x Physicians x Nu		irses	□ RTS	X Inter-professional	

	x Other Learners: Trainees in Diving and Hyperbaric Medicine			
Location:	☐ Sim Lab	x In Situ	☐ Other:	
Recommended Number of Facilitators:	Instructors: 2			
	Confederates: 1 divermaster, one breath-hold diver, one bystander			
	Sim Techs: 1			

## Initial Patient Information

Patient Chart				
Patient Name: Gianluca	Age: 27	Gender: M	Weight: 68	
Presenting complaint: neurologic syndrome after re-emersion from a breath-hold dive				
GCS: (E3 V4 M6) 13				
Allergies: not known				
Past Medical History: no diseases				

## Extra Patient Information

Physical Exam				
Cardio: normal	Neuro: confused but follow simple commands, open eyes when called, right leg shaking			
Resp: normal	Head & Neck: normal			
Abdo: normal	MSK/skin: normal			
Other: /				

# Technical Requirements/Room Vision

Patient
☐ Mannequin (specify the type and whether infant/child/adult)
X Standardized Patient
□ Task Trainer
☐ Hybrid
Special Equipment Required, Required Medications, Moulage
Mobile phone Oxygen cylinder and non-rebreathing mask

Swimsuit
Monitors at Case Onset
☐ Patient on a monitor with vitals displayed
X Patient not yet on a monitor
Patient Reactions and Exam
Right leg shaky, then stops but numbness and motor deficit.

# Confederates and Standardized Patients

Confederate and Standardized Patient Roles and Scripts		
Divemaster	Supportive - He rescues the diver from water, asks to bring O2 and calls EMS	

Scenario States, Modifiers, and Triggers							
Patient State/Vitals	Patient Status	Learner Actions, Modifiers & T Move to Next State	Facilitator Notes				
1. Baseline State GCS: 13	Rescued by the divemaster. Confused but follow simple commands, open eyes when called, right leg shaking	Ask what happened to the divemaster     Ask the patient's symptoms and past medical history.     Suspect "taravana" syndrome and ask for oxygen cylinder + non-rebreathing mask	Modifiers and Triggers  Ask for oxygen → continue to point 2  Not oxygen → stop scenario after 3 minutes.	-			
2.	Less confused with oxygen, stop shaking, says feeling numbness and motor deficit in the right leg.	<ul> <li>Confirm taravana with the possible complication of DCI</li> <li>A phone call to EMS operations center</li> <li>Ask for a transfer to an ED with HBOT capability.</li> </ul>	Modifiers and Triggers End scenario	-			

#### Facilitator Cheat Sheet & Debriefing Tips

- The facilitator asks the team, "How did you feel? What are the emotions you felt?"
- Brief Case Summary
- The facilitator invites the team to produce a "Plus/Delta/Solutions" chart describing: "what went well" (Plus); "what could be improved" (Delta); "what we will do next time" (Solutions).
- To help the team, the facilitator asks questions such as: "What actions or things would you perform again in the same clinical case in reality tomorrow"?
- Address the critical points (e.g., assessing the patient's level of consciousness, decompression when necessary, assessing possible causes of illness, etc.).
- Discuss errors or lack of actions and reflect on the causes to find solutions
- Conclusions on positive things done and answers found to possible errors

#### References

- 1. Bosco G, Rizzato A, Martani L, Schiavo S, Talamonti E, Garetto G, Paganini M, Camporesi EM, Moon RE. Arterial Blood Gas Analysis in Breath-Hold Divers at Depth. Front Physiol. 2018 Nov 5;9:1558. doi: 10.3389/fphys.2018.01558.
- 2. Lindholm P, Lundgren CE. The physiology and pathophysiology of human breath-hold diving. J Appl Physiol (1985). 2009 Jan;106(1):284-92. Doi: 10.1152/japplphysiol.90991.2008. Epub 2008 Oct 30. PMID: 18974367.