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| **Scenario Information**  |
| **Case Name/Topic**  | HOBIT Longitudinal Simulation(ED, ICU, HBO Chamber) |
| **Target Audience/Learners** | HOBIT Study Sites |
| **Date of Scenario** | April 2018 |
| **Authors/Points-of Contact** | ISEC (Interdisciplinary Simulation Education Center)Lisa Brown, RN, Simulation ManagerGlenn Paetow, MD, Simulation FellowMindi Driehorst, RN MSN, Simulation Education Specialist |
| **Authorized to share scenario** | [x]  Internally (HCMC) [x]  Externally |

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| **Overview of Simulation Scenario** |
| **Case Summary**   |
|  The scenario starts post stabilization in the ED with a 55 year old male, Thomas Accord, a MVC Trauma patient with severe TBI. Prior to leaving the ED, the patient’s adult sister, Lynn, arrives. The team will determine the patient meets HOBIT inclusion Criteria, will be consented into the HOBIT study and randomized to be in 2 ATA HBO treatment protocol. The patient will be transferred to SICU, post OR for Splenectomy and exploratory Lap and post hand-off to the MD and nursing team. In the SICU, the MD (primary and neurosurgery) and nursing team will place a ventriculostomy, brain tissue oxygenation monitor and perform myringotomy. In addition, RN and RT will work together to further stabilization patient and optimize CPP, perform safety HBO checks and tasks and prep the patient for transport per the HOBIT study checklist.The team will transfer the patient to the institutions HBO Chamber for first treatment within study time deadline. The nursing and MD teams will hand-off care, finalize HBO safety and safety pause per institution. Treatment will begin in chamber according to treatment protocol. Post treatment, the patient will be prepped and safely transported back to ICU with emphasis of care on optimizing ventilation and CPP. Team member will integrate HOBIT study protocols and checklists into critical care and HBO prep and safety as well as demonstrate hand off and communication between units and disciplines. |
| **Primary Objectives** |
| 1 | Demonstrate integration of HOBIT resources in the routine care of severe TBI patient ( HOBIT Checklist, Safety Pause, inclusion/exclusion criteria & study protocols) |
| 2 | Demonstrate effective communication with emphasis on optimizing care of HOBIT study patient cross unit and disciplines |
| 3 | Post simulation and debrief: Identify/recognize/document all identified gaps in knowledge, equipment issues or process/operations. (Document these on Latent Risk Threat Document at end of scenario document) |

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| **Critical Action Checklist** |
| **EX** | **USE HOBIT Checklist to verify completion of each of the below- Debriefer keeps track of these with assistance of sim staff.** | **Notes** |
|  | Determine patient meets HOBIT inclusion Criteria- Reviews study documents |  |
| 1. **2**
 | Assume care of patient and determine next steps- SICU or OR then SICU |  |
|  | Obtain Consent from LAR (can be pre OR or post OR in SICU, in clear manner; answering patient’s families questions) |  |
|  | ommunicates to entire team the patient is enrolled in study and deadline time to first HBO treatment. (ICU or ED to HBO)  |  |
|  | Determination and communication of Treatment group allotment to HBO and Primary team |  |
|  | Arrival in ICU post OR:MD team determines need for ventric and LICOX (VS: MAP 75, CPP 65, ICP 15 to 16, HR 110, Licox at 25.  |  |
|  | ICU RN preps patient for HBO treatment using checklist |  |
|  | RT preps patient for HBO Treatment using checklist |  |
|  | ICU MD Determines patient is safe and ready to go to HBO |  |
|  | Transport team preps for transport |  |
|  | Report from ICU and RT to HBO MD and RN |  |
|  | HBO team completes final checks/safety pause: |  |
|  | HBO treatment protocol chamber pressurized and treatment started prior to deadline of study(2 ATA treatment protocol) |  |
|  | Post Treatment transportation prep and hand off arrival back to ICU |  |
|  | In ICU –Post Hyperbaric Care |  |
|  | Completion of HOBIT checklist documentation by all staff |  |

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| **Actors & Roles** |
| **Role** | **Playing the part?** | **What will they do?**. |
| Lynn- **Patient’s adult sister**, next of kin | Site to determine | Reliable historian for brother’s medical history. Asks appropriate questions of concern regarding brother. Clarifies any parts of the consent and study discussions that were challenging for learners or not explained well. Can become more difficult to deal with if learners not challenged. |
| **Confederate roles: in each are**:ED- RTICU- Neuro MDHBO- HBO assisting RN | Site to determine (can be one person)  | Act as confederate prompting and assisting when team struggling or can act as a distractor to challenge the learners if learners doing well. |
| **Sim Jockey****(**runs simulator, set up/ environment) | Sim Staff or trained person | Run simulator and assist as needed.\**If no high fidelity simulator- a person will need to verbalize all assessment findings, VS etc out loud. Dummy can be used as a prop with all scenario specific equipment and supplies attached or interacting with patient in as realistic fashion as possible.* |
| **Debriefer(s)**  | Trained sim staff, Pi site coordinator, management and/or study personnel | **Preferred:** trained debriefer + subject matter experts. Role is to debrief the simulation**Keep track and check off Critical Action Checklist and HOBIT checklist for Debrief** |
| **LRT documenter** | HOBIT person- assigned by sites | Document the LRTs and summarize them in debrief and seeking learners identified solutions. Turn into PI Coordinator |
| **Intended Learners** | Direct Patient Care staff and providers in ED, ICU, HBO, RT, Neurosurgery, Research Coordinator | ED MD/ProviderNeuro SurgeryTrauma SurgeryOR (per institution)ED, ICU and HBO RNs and AssistantsRTHBO TechnicianHBO MDResearch Coordinator |

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| **Information Available to Learners**  |
| Scene Intro  | 55 year old belted MVA, Thomas Accord arrives at 0700 via EMS to stabilization ED room. Patient presents with a GCS of 6, Left pneumo/hemothorax. Chest tube placed with 200 CC blood in pleural vac. Patient hypotension intermittently relieved with 3 liters NS, 2 units of RBCs, 2 FFPs. Patient on norepinephrine gtt at 0.03mcg/kg/min. Patient was orally intubated with 7.5 ETT tube at 24 @lip. Vent settings are: 15, 500, 50% and PEEP 5. X-rays reviewed left tibia fracture. Splints planned to by Ortho and later an ORIF of both. + Fast suspected Spleen laceration. Pan CT shows active bleeding from spleen laceration. Head CT shows bilateral frontal contusions. Arterial and central access obtained. Patient in process of being prepped to be transported to either OR for splenectomy and exploratory lap or to ICU for ventriculostomy. Trauma surgery and research coordinator are also present with RN and ED team to discuss next steps, make a decision on next disposition. Adult sister Lynn has arrived and has just received an RN report and is in the waiting room. The site has been approved for HOBIT study and ready to enroll patients. The sister Lynn has asked to see her brother prior to going up to ICU. |
| **Additional Information for Learners** |
| Chief Complaint | Severe TBI and Splenic Laceration |
| EMS report- Ambulance 10 minute transfer | “This is Thomas Accord, driver in MVA T-boned at intersection estimated highway speeds with major damage to left front door of car. The patient was found have decreased LOC, withdrawing to pain and moaning at site. Initial GCS of 8. Tender rigid abdomen noted, C-collar applied. Initially: BP 75/48, RR 20s/30s, 02 sats 92% on 15 liters face mask. Pt became unresponsive and apneic. Inserted King airway, no complications, 18 gauge IV X 2, 1 liter fluids infused. Ketamine given for sedation. Pre-hospital VS HR: 135 Sinus tachycardia, 95/48, sats 92%. Current GCS 6. |
| History of Present Illness  | MVC T-bone highway speeds |
| Past Medical/Surgical History | Initially unknown. Adult sister reveals history of hypertension and arthritis. On Lisinopril and NSAIDS prn for arthritis hips |
| Medications | Unknown |
| Allergies | NKDA |
| Family/Social History | Initially unknown, single, construction manager |
| Scenario conditions/resources  | Normal resources for institution site |
| Initial Vitals | BP: 100/55 HR: 120 RR: per BVM/vent SpO2: 95-97% Temp: 37.6 rectal |
| Physical Exam  | * 1. General: Sedated, responds to pain if break in sedation
	2. Neuro: Pupils, equal, mild sluggish response GCS 6. Withdraws to pain
	3. HENT: WNL
	4. Eyes: lacerations sutured & dressed
	5. Chest/Pulm: Intubated and on vent, Left chest tube in place draining sanguineous fluid
	6. CV: Sinus Tachy
	7. Abd: Slightly rigid
	8. Back: WNL
	9. Ext: bruised left leg, appears fractured- splinted; left arm bruising and lacerations dressed.
	10. Skin: Bilateral Skin lacerations, multiple abrasions
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| **Scenario Branch Points** |
| **Determine patient meets HOBIT inclusion Criteria**  | **If yes →**  | RT will ask how this was determined, “can you show me the inclusion criteria” and I am still unfamiliar with it.” |
| **If no →**  | PI site coordinator will call in and ask “how the eligibility determination is going?” |
| **If still no →**  | PI site coordinator will call in or come in & instruct the research person why the patient meets criteria or by reviewing the paper or electronic inclusion/exclusion criteria and patient.  |
| **Assume care of patient and determine next steps- SICU or OR then SICU** | **Appropriate→**  | MD teams will discuss treatment goals and teams will determine patient’s need to go to OR and get to ICU for ventric patient with in the treatment time |
| **Inappropriate→**  |  IF team is Indecisive or disagreements exist and decision not reached by 3-5 minute, RT or PI will call in and state, hey I am concerned about this guy and timing with in study deadlines to chamber. Ask them to determine next steps now.  |
| **Still Inapprop→**  | BP drops to 70/40, HR 145 due to need to go to OR and ED Charge RN calls into room announcing 3 more stabilization cases arriving in 5 minutes and need the bay turned over. |
| **Obtain Consent from LAR** (can be pre OR or post OR in SICU, in clear manner; answering patient’s families questions) | **If yes →**  | No change; Lynn will confirm understanding |
| **If no →**  | PI Coordinator will call in requesting they get consent from LAR. If consenting process is delivered in confusing manner, then Lynn will ask questions to clarify any missing discussion points or poorly explained |
| **If still no →**  | Discuss in Debrief |
| **Communicate to entire team the patient is enrolled in study and deadline time to first HBO treatment.** (ICU or ED to HBO.  | **If yes →**  | No change |
| **If no →**  | RT will prompt RNs in ED that he/she “wonders if they should let HBO RNS know or MDs know about the patient being included in HOBIT study as he heard they had a really busy day today from other RT assigned there.” |
| **If still no →**  | RT will ask, How long does this guy have to get to HBO today? I need to let oncoming RT this at change of shift |
| **Determination and communication of Treatment protocol randomization to HBO and Primary team** | **If yes →**  | NA |
| **If no →**  | HBO assisting RN will ask after communication to HBO via phone or pager, what time the patient is supposed to have his first dive?” and will prompt the HBO team to call the team back to clarify. |
| **If still no →**  | NA |
| Arrival in ICU post OR:**MD team determines need for ventric and LICOX (VS: MAP 75, CPP 65, ICP 15 to 16, HR 110, Licox at 25.**  | **If yes →**  | Licox monitor attached and displays normal readings. Ventric set up/drainage system is applied and reading is 15  |
| **If no →**  | MD will ask team to place ventric and licox (or other brain tissue oxygenation monitoring system) stating the HBO chamber is ready for them |
| **If still no →**  |  |
| **ICU RN preps patient for HBO treatment.**Refer to HOBIT checklist | **If yes →**  | NA |
| **If no →**  | HBO will call and ask if patient ready to be transported and that the HBO RN is on their way. HBO will ask if they have changed the tubing yet, removed petroleum chest tube dressing and have enough meds for case and transport |
| **If still no →**  | Optional: HBO can prompt what is missing (i.e: have you changed the IV tubing yet?”)OR Will be address in HBO chamber |
| **RT preps patient for HBO Treatment**Refer to HOBIT checklist | **If yes →**  | NA |
| **If no →**  | MD will ask the RT what special prep needs to occur on checklist per RT |
| **If still no →**  | Will address in HBO chamber when discovered by HBO team |
| **ICU MD Determines patient is safe and ready to go to HBO**Refer to HOBIT checklist | **If yes →**  | MD will ask what paralytic meds will be brought with on transport and if they what parameters they will monitor on transport. |
| **If no →**  | MD will ask what the wait is all about and how when they will be ready to transport patient |
| **If still no →**  | Neuro will state that HBO MD paged him requesting the team to transport patient to Chamber and only 30 minutes left to get the patient to chamber. |
| **Transport team preps for transport**Refer to HOBIT checklist | **If yes →**  | VS remain stable- end tidal 40 mmHg |
| **If no →**  | MD will ask what the goal End Tidal is? And how the patient is doing? |
| **If still no →**  | Patient’s BP will drop by 10 points making MAP and CPP out of normal range and  |
| **Report from ICU and RT to HBO MD and RN**(Reviews documentation on HOBIT Checklist) | **If yes →**  | Assisting HBO RN will review the HOBIT checklist clipboard and ask those who did not fill it out, to fill out it. |
| **If no →**  | Assisting RN will ask any questions regarding missing items on HOBIT checklist to ICU RN, MD or RT.  |
| **If still no →**  | Discuss in debrief |
| **HBO team completes final checks/safety pause:**(follows all points on facilities safety pause) | **If yes →**  | Proceeds as normal; no changes to VS |
| **If no →**  | Mitigation procedure will occur for ring found on patient hand by HBO Assisting RN. All other missing safety precautions related to HBO safety will be noticed by assisting RN and the team will need to correct it. Will use checklist and point them out 1:1 until all addressed)  |
| **If still no →**  | HBO Assisting RN will state, I think we better review this checklist in detail and get everything addressed and we only have 10 more minutes! |
| HBO treatment protocol chamber pressurized and treatment started prior to deadline of study(2 ATA treatment protocol) | **If yes →**  | NA- HBO case will go uneventful and time lapse will occur to end of treatment, prompting to tech to verbalize when at surface and settings to get to surface. |
| **If no →**  | HBO RN will prompt any correction. |
| **If still no →**  | Discuss in debrief |
| **Post Treatment transportation prep and hand off arrival back** **in ICU**Refer to HOBIT checklist | **If yes →**  | NA |
| **If no →**  | Patient BP will drop by 10 points, HR increase by 15 and respond to increase in levophed  |
| **If still no →**  | Same and patient’s condition won’t change- Scenario end |
| **Completion of HOBIT checklist** documentation by all staffRefer to HOBIT checklist | **If yes →**  | Checklist to be collected by facilitator and reviewed in the debrief with review of each part of the sim. |
| **If no →**  |
| **If still no →**  |

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| **Stimuli for Day of Scenario** |
| **Labs** | CBC, BMP, Mg, Phos, Troponin, LFTs, Lactate, UA, UTOX |
| **EKG** | Sinus Tach |
| **Radiology** | CXR, , Leg XRAY, CT head |
| **Ultrasound** | Cardiac, Lung and Fast |
| **Physical Exam Pictures** | None |
| **Miscellaneous** | HOBIT Consent, Checklist, Safety pause checklists, access to HOBIT study information or website to include protocol, Consent, or other needed resources. |

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| **Debriefing Plan**1. **Watch:** [**High-Fidelity, Case-based Simulation Debriefing Video**](https://vimeo.com/33991081)
2. **Read:** [**Supplementary Debriefing Quick Reference Guide**](https://docs.google.com/document/d/1EbtQGRhKIbDsMve12npeUJ9HqX_oJUQw2a9zanC5HEY/edit?usp=sharing)
 |
| Method  | Group debrief |
| Materials | HOBIT study materials, LRT Checklist filled out by research PI or assigned staff |
| **Reaction Phase Questions** | 1. How did you feel about the case?
 |
| **Understanding Phase Questions** | 1. What was going through your mind when you first saw the patient...? Review each unit progression with each team member, reviewing the checklist. Allowing time for questions from each or discussion from each person.
2. Do you have an approach you use every time you see someone with…?
3. I noticed that… what was going through your mind at that point?
4. Were there identified equipment or process issues?
5. Were there any process or operational issues?
6. Were there any knowledge gaps?
7. What solutions do you have for the above identified?
 |
| **Summary Phase Questions** | 1. What main learning point can you take away from this scenario and apply to your clinical practice in the future?
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| **Post Survey Link** |  **TBD** |

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| **HCMC Simulation Center Equipment Checklist** |
| **Scenario** | HOBIT Scenario 1- Longitudinal HOBIT Study |
| **Patient Name** | Thomas Accord, 12/3/63 NKDA |
| **Setting/****Environment** | ED Stab area, ICU, HBO (mono place or multi place) |

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| **Equipment Needed** |
| On | Avail | **Mannequin**  | On | Avail | **Body Fluids** | On | Avail | **Confederates/ checklists:**  |
| **x** |  | High Fidelity Adult Simulator on gurney  |  |  |  |  | **x** | Adult Sister Lisa |
|  |  |  |  |  |  |  | **X**  | HOBIT Study Confederate if ?s |
|  | **X** | ICU Bed and room |  |  |  |  | **X** | Safety pause checklist, Hobit Study Checklist and HOBIT/SIREN website can be accessed and available if learners request it |
|  | **X**  | HBO Gurney (if monoplace) |  |  |  |  |  |    |
|  |  |  |  |  |  |  |  |       |
|  |  |  |  |  | **Urine** |  |  |  |
|  |  |  | **x** |  | ☐ Foley  | On | Avail | **Mannequin Status** |
|  |  |      |  |  | Qual-  clear yellow | **X** |  | Male  |
|  |  |  |  |  | Quan     250 | **X** |  | Position:      Supine |
|  |  |  |  |  |  | **X** |  | ID bracelet: Thomas Accord 12/12/64 |
| On | Avail | **Monitor**  |  |  |  | **X** |  | Allergy bracelet: NKDA |
| **x** |  | EKG, pulse X, NIBP |  |  |  | **X** |  | ☐ Gown |
| **x** |  | ABP and CVP |  |  |  | **X** |  | Soft wrist restraints |
| **x** |  | Transport Monitor | **x** |  | Blood in CT 200 at start- 250 if checked in HBO | **X** |  |  ☐ Upper: left lower arm splint     |
|  | **x** | Temp- 17.8 Rectal |  |  |        | **X** |  |  ☐ Lower: Splint on left leg and  |
| **x** |  | Arterial Line |  |  |       | **X** |  |  Ring on right hand, can’t be removed (use rubber band for ring if none available) |
| **x** |  | Central Line |  |  |       | **X** |  | Wig:  male     |
| **X** | **X** | End Tidal monitoring | On | Avail | **Equipment, Tubes** |  |  |        |
|  | **x** | Ventric- once verbalization of placement (straw colored CSF) in ICU | **x** |  | NG tube- LIS |  |  |  |
|  | **X** |     Licox- once verbalize placement in ICU | **x** |  | Chest tube- 32 French tube in left chest with collection device | **x** |  | Dressings:  Dressing to left arm repaired lac to right bicep. Dressing to left forehead laceration. Shadowed bloody drainage.Dressing to left chest at CT site |
|  |  |  | **x** |  | Foley catheter |  | **x** | kerlex wrap & tape to wrap patient’s head for when LICOX and Ventric are “placed” (decision to place them)  |
|  |  |  |  |  |  |  | **X** |  E consent or consent form for Research Coordinator and MD for LAR consent  |
| On | Avail | **Oxygen Delivery Devices** |  | **X** | Heimlich Valve for CT |  |  |       |
| **x** |  | Adult ventilator |  | **X** | 4 X 4 s for redressing CT and tape for ring mitigation |  |  | Moulage:     multiple abrasions |
|  | **X**  | Transport ventilator |  |  |  |  |  |     200 to 250 blood in CT container  |
| **x** |  | Intubated with 7.5 ETT tube 24 @lip |  |  |  |  |  |  |
|  |  |      | On | Avail | **Equipment, Other** |  |  |  |
|  |  | Vent: Mode: AC  TV 500   Rate  16     FiO2  50     PEEP   5   Vent Type: AC |  | **x** | Glucometer |  |  |  |
|  | **x** | Ultrasound |  |  |  |
|  |  |  |  | **x** | Cervical Collar |  |  |  |
|  |  |  | **x** | Backboard |  |  |  |
| On | Avail | **Intubation Equip.** |  | **X** | Clipboard with consent forms, study consent forms, copies of HOBIT checklist and safety pause.  |  |  |  |
|  | **X** | Routine Airway equipment for emergencies  |  | **x** | Code Cart |  |  |  |
|  |  |  |  | **x** | Airway Cart |  |  |  |
|  |  |  | On | Avail | **Procedures** |  |  |  |
|  | **x** | BVM |  | **x** | Needle thoracostomy |  |  |  |
|  |  |  |  | **x** | Chest Tube |  |  |  |
|  |  | ETCO2 detector |  | **X** | 16 gg angiocatheter |  |  |  |
|  |  | Bulb detection device |  |  |  |  |  |  |

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| **Medications Needed** |
| **On** | **Avail** | **IV access and Fluids**  | **On** | **Avail** | **Cardiovascular** | **On** | **Avail** | **Narcotic/Analgesics** |
|  |  |  |  |  | *Anti-arrhythmic* | **x** | **x** | Fentanyl 50 mcg/mL (CADD pump on + IV injection available for HBO chamber) |
| **x** |  | Saline lock X 2 |  |  | Adenosine 3 mg/mL |  |  |  |
| **x** |  | Pump Type: Six Large volume |  |  | Amiodarone 30 mg/mL |  | **x** | Dilaudid  |
|  |  |  |  |  | Atropine 0.4 mg/mL |  |  |    |
| **x** |  | Right IJ Trauma Central line  |  |  | Digoxin 0.25 mg/mL |  |  |  |
| **x** |  | Right radial Art line |  |  | Lidocaine 1 mg/mL  |  |  |  |
|  |  | IVF     NS @ 100   |  |  | Procainamide 500 mg/mL |  |  | **Sedative/Hypnotic** |
|  |  | Propofol @40mcq/kg/min |  |  | *Beta-blocker* |  | **x** | Diazepam 2 mg/mL |
|  |  | Norepi drip @ 0.03 mcg/kg/min |  |  | \*Esmolol 10 mg/mL |  | **x** | Lorazepam 1 mg/mL |
|  |  |  |  |  | Labetalol 5 mg/mL |  |  | Midazolam1 mg/mL |
|  |  |  |  |  | Metoprolol 1 mg/mL |  |  |  |
|  |  |  |  |  | Propranolol 1 mg/mL |  |  | **Intubation Induction** |
|  |  |  |  |  | *ACE Inhibitor* |  | **x** | Etomidate  |
|  |  |  |  |  | Captopril |  | **x** | Ketamine 50 mg/mL |
| **x** |  | Blood product--     PRBs  |  |  |  |  | **x** | Propofol 10 mg/mL |
|  |  |       |  |  | *Calcium channel blocker* |  |  |  |
|  |  | Other: |  |  | Diltiazem 5 mg/mL |  |  |  |
|  |  |  |  |  | \*Nifedipine |  |  |  |
|  |  |  |  |  | \*Nimodipine |  |  |  |
|  |  |  |  |  | Verapamil 2.5 mg/mL |  |  | **Paralytic** |
|  |  |  |  |  |  |  | **x** | Atracurium 10 mg/mL |
| **Paper** | **Electronic** | Stimuli Provide Paper or Electronic when asked |  |  | *Inotrope/Pressor* |  |  | Cisatracurium 2 mg/mL |
|  | **x** | BMP, LFTs, Troponin, Coags, CBC Plt, UA, Tox, CK, repeat HbB in SICU, Glucose in SICU |  |  |  |  |  | Pancuronium 1 mg/mL |
|  | **x** | EKG |  |  **x** | Epinephrine |  |  | Rocuronium 10 mg/mL |
|  | **x** | Hospital  |  |  |  |  | **x** | Succinylcholine 20 mg/mL |
|  |  |  |  | **x** | Norepinephine |  | **x** | Vecuronium 1 mg/mL |
|  | **x** | Cardiac, Lung, FAST US |  | **x** | Phenylephrine |  |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **x** | X-ray Chest , arm, leg |  | **x** | Dopamine |  |  |  |
|  | **X** | CT- head |  |  | Dobutamine |  |  |  |
|  |  | MRI |  |  |  |  |  | **Reversal Agents** |
|  |  |  |  |  | *Anti-hypertensive* |  |  | Edrophonium 10 mg/mL |
|  |  |  |  |  | Nitroglycerin |  |  | Flumazenil 0.1 mg/mL |
|  |  |  |  |  | Nitroprusside  |  |  | Glycopyrrolate |
|  |  |  |  |  |  |  |  | Naloxone 1 mg/mL  |
|  |  |  |  |  | **Miscellaneous** |  |  | Neostigmine 1 mg/mL |
|  |  |  |  |  | \*Albuterol |  |  |  |
|  |  |  |  | **x** | Calcium chloride 10 mg/mL |  |  |  |
|  |  |  |  | **x** | \*Calcium gluconate |  |  | **Anti-emetic** |
|  |  |  |  | **x** | Na bicarbonate 1 mEq/mL |  |  |       |
|  |  |  |  | **x** | \*Solu-Cortef 125 mg/mL |  |  |       |