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Coaching for Disclosure: The IPEP-CRICO/RMF Program

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Introduction

- Background
- Sponsors
- Educational Approach
- Structure
- Faculty

Presentation of Training Scenario (next page) and Characteristic Responses

- Dilemmas
- Challenges
- Pitfalls

Lessons Learned

Case for Enactment

A 45-year-old woman is admitted to the oncology ward at your hospital following an exploratory laparotomy and lysis of adhesions for a small bowel obstruction. She has a history of colon cancer, currently in remission following surgical resection and chemotherapy two years ago. She is otherwise healthy.

As Dr. Jones, the surgical intern, hands the post-op orders to the nurse at the bedspace, the nurse asks why he wrote for so much morphine (5.0 mg/hr). He replies that the patient has a high tolerance for opioids and that she required multiple boluses in the PACU before coming back to the ward.

The nurse does not notice the decimal point on the morphine order, and begins the infusion at 50 mg/hr at about noon. Three hours later, the nurse responds to an alarm from the room and finds the patient apneic, bradycardic, and desaturated. She calls a code and initiates mask ventilation. When the code team responds they find the patient apneic but not pulseless. When the code leader learns that the patient is on a morphine infusion, she stops the infusion and orders naloxone, 400 mcg IV. The patient responds and begins to breathe on her own. She is transferred to the ICU for monitoring and observation. By early that evening she is doing well, sitting up in a chair, and expected to make a full recovery.

While the surgical houseofficer believes he wrote the order correctly, the nurse does not feel that she is completely to blame. Hospital policy prohibits the use of trailing zeros, so the nurse was not primed to "see" the decimal point. Furthermore, the nurse had been appropriately assertive and had questioned the order, and had been reassured that the patient needed a larger dose than normal. Finally, since this is an oncology ward, infusions at this high of a dose are occasionally needed.

Early that evening, the hospital "coach" assembles a group to plan for the conversation with the patient and her husband. Among those who may be invited are the patient's attending, the surgical intern, the bedside nurse, the unit charge nurse, and the social worker.

The patient's husband has arrived, and is sitting next to his wife in the ICU, awaiting a meeting with the clinicians.