



AB192. SOH22ABS012. The need for simulation emergency training among non-emergency staff in pain medicine—a case report

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Background: Pain is the most common reason that patients seek medical attention, yet as a discipline pain medicine is still a relatively new field. Pain clinics are a vital asset in chronic pain management, however, they are often in peripheral locations without access to advanced emergency care. Although headed by an anaesthesiologist, pain clinics are made up of multidisciplinary staff often with a relatively sparse amount of emergency training and exposure. Subarachnoid haemorrhage (SAH) is an example of a medical emergency in which appropriate training, correct diagnosis and rapid treatment can significantly reduce the median case fatality. We present a case of SAH which had optimum outcomes through appropriate training.

Case Description: A 66-year-old, female patient with chronic shoulder pain presented to South Infirmiry-Victoria Hospital for an elective subacromial corticosteroid injection. She had multiple comorbidities, including a previous haemorrhagic stroke secondary to an arteriovenous malformation (AVM). After cleaning and draping, prior to the administration of the steroid injection, a severe headache was reported by the patient. Consciousness was quickly lost, and her Glasgow Coma Scale (GCS) dropped to 8. Monitoring was applied, and she remained haemodynamically stable. It was suspected very early that she had had an acute cerebrovascular event, which allowed for a prompt intubation and initiation of neuroprotective measures. Urgent CT confirmed a Fisher grade 4 SAH. Rapid transfer to a neurosurgical centre facilitated endovascular coiling, which subsequently allowed the

patient to make a full recovery.

Conclusions: SAH arising from a ruptured aneurysm has a median case fatality of approximately 44% and can often be misdiagnosed leading to unfavourable outcomes. This case highlights how a quick diagnosis and good anaesthetic management are vital for successful outcomes in SAH. We describe why it is vital that all staff in pain services are skilled in resuscitation. We argue that enhanced healthcare worker training through simulations and educational sessions can have a profound impact on patient mortality and recovery.

Keywords: Simulation training; pain medicine; subarachnoid haemorrhage (SAH); emergency; case report

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Footnote

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