



## Dialysis Emergencies OSCE

### Scenario 1. Air Embolism

Dr. \_\_\_\_\_

I've been having trouble with Mrs. White's catheter really pulling negative since she got on, and now the venous air alarm is going off and there are bubbles in the venous trap. She's a little short of breath and dizzy. What do you want me to do?

1. \_\_\_\_\_ Stop dialysis                      \_\_\_\_\_ Continue dialysis  
**STOP (Fatal)**
2. \_\_\_\_\_ Give back the blood      \_\_\_\_\_ Clamp the lines. Don't give back the  
**STOP (Fatal)**    blood.
3. **FELLOW WILL BE COMING IMMEDIATELY. Y\_\_\_\_\_ N\_\_\_\_\_**  
**FATAL**
4. OK. I've already done that. Do you want anything else?  
\_\_\_\_\_ High flow, high % O<sub>2</sub>.  
\_\_\_\_\_ Put patient on the left side, with the head down.  
\_\_\_\_\_ Vitals/EKG Monitoring  
\_\_\_\_\_ Crash Cart  
\_\_\_\_\_ Other.  
**STOP**

Tell the fellow this is an OSCE and that you have a few more questions about the scenario. If not already there, ask him to meet you at your location. Circle the answers.

1. What is the most likely cause of these symptoms and signs? Venous air embolism; Other \_\_\_\_\_
2. What are some ways that air embolism can be produced during dialysis? Leak into system at catheter (after air detector); failure of air detector; "air rinse" or other intervention that allows infusion after disabling air detector.

3. Why do you place the patient on the left side with the head down in this scenario?  
To keep the air in the right heart (atrium and ventricle) and out of the pulmonary circulation. Other \_\_\_\_\_
  
4. What use high concentrations of O<sub>2</sub>? It allows for faster reabsorption of the air (mostly nitrogen) from the blood. Other \_\_\_\_\_