

2024 The Shock Escape Room:

This is a paper-based escape Room with "locked" rooms. Each room will have "activities" that you must complete. The correct answers to these activities are entered as the "key code" to open the lock and move to the next room. There are 5 rooms in total.

DIRECTIONS:

You MUST answer ALL questions correctly, in order, to determine the key. The "key code" for each room is created from the question answer letter. The key code should be in all CAPS, no lower-case letters, no commas, and no spaces. For example: ACBD.

Once you have determined the code for the first three Sample Questions, please have a group representative come to me and tell me the code. If correct, you will be given the next room you need to escape.

To get out of room #1, please answer the following questions:

#1. I have read the directions carefully and understand them.

- A. Yes
- B. No
- C. Uhm...maybe?

#2. I understand that the codes are all LETTERS and to get the answer right you must input them as ALL CAPS with no spaces

- A. What am I supposed to be doing? (Return to the directions....)
- B. I'm confused
- C. Nope spaced off :(
- D. Got it!

#3. This is better than having to sit through another lecture

- A. False
- B. True

Escape Room #2

Ms. Reyes, a 34-year-old female, with a history of Diabetes Mellitus Type 2 and hyperlipidemia, has presented to ER with complaints of nausea. Her roommate reports Ms. Reyes has had vomiting and diarrhea x 3 days. Ms. Reyes was brought in to the emergency room due to increasing confusion and disorientation. Assessment reveals- BP 90/50, HR 130 and regular, RR 20, Temp 37°C, O2 sat 91% on room air. Ms. Reyes reports she is thirsty, has chapped lips, cap refill > 4 sec, drowsy, orientated to name only.

Q#1: The nurse knows that the following assessment findings require further intervention/monitoring?

- A. BP, HR, RR, temp
- B. O2 sat, HR, BP, LOC
- C. LOC, HR, BP, Temp
- D. LOC, BP, Temp, RR

Q#2. Based on the history of her present illness as well as the signs and symptoms listed above, what is the primary problem with Ms. Reyes?

- A. Preload
- B. Systemic vascular resistance
- C. Heart Rate
- D. Contractility of the heart

Q#3. The nurse suspects Ms. Reyes is having which type of shock?

- A. Hypovolemic shock
- B. Hemodynamic shock
- C. Distributive shock
- D. Septic shock

Q#4. Based on the nurse's suspected type of shock, what diagnostics would the nurse anticipate being ordered for this patient?

- A. CXR, Chest CT, ultrasound
- B. Blood Cultures x 2, Lactate, WBC count
- C. ECG, CXR, Angiogram
- D. BUN, Creatinine, Lactate, Central venous pressure

Q#5. Based on the nurse's suspected type of shock, what interventions should the nurse anticipate doing for this patient?

- A. Providing supplemental O2, inserting 2 IV lines, administering a NS bolus
- B. Preparing for intubation, starting norepinephrine
- C. Administering epinephrine and hydrocortisone
- D. Administering antibiotics, administering NS bolus, starting norepinephrine

Escape Room #3

Max Gibbs is an 85-year-old man admitted to ER with a stab wound to the upper Right abdomen/lower right chest during a mugging. On Admission, Mr. Gibbs' vital signs were BP: 70/50, HR 125, Resp: 34, Temp 36.8 C. He weighs 100kg.

Mr. Gibbs had a chest tube inserted and went to the OR where a right thoracotomy and right abdominal laparotomy were performed. A lacerated intercostal artery was ligated. The liver and the duodenum were found to be lacerated. Extensive hemorrhage and leaking of intestinal contents were apparent after opening the peritoneum. Mr. Gibbs's injuries were repaired, the peritoneal cavity was irrigated with antibiotic solution, and incisional drains were placed in the duodenum. During surgery, Mr. Gibbs received 6 units of PRBCs and an additional 3 liters of Lactated Ringer's IV fluid. A right radial arterial line was inserted.

Following surgery, Mr. Gibbs was sent to ICU with full ventilator support. Vital signs and ABG are as follows:

BP: 92/40, HR: 114, Resp:12, Temp 35.8 C

ABGs: pH 7.35, PCO₂ 45, HCO₃ 24, PO₂ 84, WBC 13.6, Hgb: 11.0, lactate 4.0, Elevated Procalcitonin

Q#1. Based on Mr. Gibbs' condition and history, what type of shock is Mr. Gibbs most likely to develop?

- A. Hypovolemic shock
- B. Distributive shock
- C. Cardiogenic shock
- D. Obstructive shock

Q#2. Based on the above assessment data. What should the nurse suspect is the major contributing factor?

- A. Receiving the antibiotic solution
- B. Intestinal content leakage
- C. Extensive hemorrhage
- D. Chest tube insertion

Q#3. On POD# 3, Mr. Gibbs' shock progresses, based on the above questions, what are the expected assessment findings that help confirm the type of shock Mr. Gibbs is developing?

- A. Tachycardia, diminished heart sounds
- B. Decreased LOC, hypoxemia, fever
- C. Hypotension, warm skin, bradycardia
- D. Distended neck veins, muffled heart sounds, hypotension

Escape Room #4

Elliot Page is a 41-year-old patient admitted with an Acute MI. Patient weighs 198 lbs. On assessment, the nurse notes that Elliot's HR is 118 and regular, RR 28, BP 89/52, skin pale, cool, and clammy. Elliot opens eyes to voice but appears very drowsy. Peripheral pulses are 1+ bilaterally.

Q#1. Based on the above assessment data, what type of shock is Mr. Page experiencing?

- A. Hypovolemic
- B. Cardiogenic
- C. Obstructive
- D. Distributive

Q#2. Based on the above type of shock, what medication would the nurse anticipate being prescribed for Elliot?

- A. Epinephrine
- B. Dobutamine
- C. Morphine
- D. Vancomycin

Q#3. Elliot was also started on norepinephrine due to falling BP. What patient information would the nurse give to Elliot regarding norepinephrine?

- A. It causes your blood vessels to become narrow thus increasing your BP
- B. It causes the heart muscle to squeeze the blood out to the body
- C. It causes the blood clot in your heart to shrink
- D. It slows your heart rate to allow for the heart to pump more effectively

Q#4. Elliot continues to decline. What signs and symptoms should the nurse expect to find?

- A. Warm flushed skin, crackles in lung fields, decreased BUN and creatinine
- B. Strong peripheral pulses, bradycardia, crackles in lung fields
- C. Dyspnea, crackles in lung fields, prolonged capillary refill
- D. Systolic BP less than 90, urinary output greater than 30 mL/hr, dyspnea

Escape Room #5

Kim Lee is a 22-year-old involved in a motor vehicle crash (MVC) earlier today. Kim suffered bilateral chest trauma. When the nurse enters the room, Kim states breathlessly that she “cannot breathe”. Kim’s vital signs are: 80/56, HR 138, RR 32, diminished radial pulses, skin is pale, cool and clammy. Auscultation reveals diminished breath sounds bilaterally. Neck veins are distended.

Q#1. Based on the above information, what type of shock is Kim experiencing?

- A. Hypovolemic
- B. Obstructive
- C. Cardiogenic
- D. Distributive

During further assessment Kim becomes unresponsive. No pulse or respirations noted on assessment. The cardiac monitor reveals:



Q#2. Based on this information, what should be the nurse’s priority action?

- A. Repeat Kim’s VS
- B. Raise the HOB
- C. Start CPR
- D. Administer oxygen

Q#3. In trying to determine the cause of Kim’s condition, the nurse considers which of the following to be the cause?

- A. Infection from the chest trauma
- B. Hemorrhaging from ruptured spleen
- C. Cardiac tamponade from chest hitting the steering wheel
- D. Tension pneumothorax from chest hitting the steering wheel

Q#4. What is the first intervention the nurse anticipates being ordered for this patient?

- A. Administer epinephrine
- B. Administer 2L NS bolus
- C. Administer oxygen
- D. Administer norepinephrine

Shock Escape Room KEY:

To open the door to escape room #1, the Code is: ADB

Escape Room #2's code: BAADA

Escape Room #3 code: BBB

Escape Room #4 code: BBAC

Escape Room #5 code: BCCA