

<b>Scenario:</b> Gastroenteritis	<b>Patient:</b> Kylie, 12 month old girl	<b>Simulator:</b> Zara
<b>Case Summary:</b> <p>12 month old girl, presents at triage with vomiting &amp; diarrhoea for past 3 days, pale, floppy &amp; very drowsy, taken into resus &amp; given a cat 1</p> <p>She needs urgent fluid resuscitation and IV access cannot be obtained. An intraosseous line will need to be inserted and an appropriate fluid bolus given.</p>		<b>Participant Briefing:</b> <p>Triage nurse hands over;</p> <p>“This is Zara, a 12 month old girl, Mum stated she has had vomiting and diarrhoea for last 3 days, and hasn’t had held anything down for the last 5 hours. She’s has been sleeping and has had dirty nappies since yesterday. She looks unwell to me.</p>
<b>Clinical Issues</b>		<b>Human factors / Non technical issues</b>
<ul style="list-style-type: none"> <li>• Assessment of the unwell child with dehydration</li> <li>• Insertion of Intraosseous access</li> <li>• Administration of IO fluid boluses</li> </ul>		<ul style="list-style-type: none"> <li>• The unexpected arrival of an unwell child</li> <li>• Team communication</li> <li>• Communication with child &amp; parent</li> </ul>
<b>Learning Objectives:</b> <ul style="list-style-type: none"> <li>• Communicate with parent in an effective and empathetic manner</li> <li>• Demonstrate a structured assessment of a child with sepsis</li> <li>• Demonstrate insertion of intraosseous access and commence IO fluid bolus</li> <li>• Interpret findings &amp; manage appropriately</li> <li>• Communicate effectively in a team</li> </ul>		
<b>Faculty Actors:</b> Triage nurse to provide clinical handover of the child as above.  Parent appropriately concerned, provides clear answers to medical questions, but not obstructive to team’s management		
<b>Patient Moulage:</b> Zara dressed in pyjamas, vomit bag next to patient (or in mothers hands)		

Equipment		
EdWISE Paediatric box, AV set up and Zara baby manikin Normal saline x 1 500ml bags + giving sets for paediatrics EZ-IO available and functioning, including multiple needle sizes Local clinical documentation notes – resus chart, observation chart, triage chart		
Patient presentation	Expected response by participants	Faculty /Actors Notes
<b>Initial Presentation</b> Zara floppy & lethargic, opening eyes to mums voice momentarily only. Intermittent groaning HR 190, RR 40, shallow Sao2 92% to 97% with O2 Temp 38.5 CR 5secs BP 80/56 Dry mucous membranes if asked Sunken fontanelle (not on this manikin, will need pointing out)	Triage nurse calls for team Team arrives and receives handover Introductions to parent, explain who they are, asks for further history Team assume roles Call for help if appropriate Structured approach to assessment. Full monitoring Airway patent Breathing: bilateral expansion Equal AE Circulation: attempt IV access x 1 No veins seen for access Insert IO, bloods taken for BSL, UEC's FBC & blood culture. Fluid bolus 20mls/kg NS	<b>Handover from triage nurse, who then returns to triage.</b> “This is Zara, a 12 month old girl, Mum stated she has had vomiting and diarrhoea for last 3 days, and hasn’t had held anything down for the last 5 hours. She’s has been sleeping and has had dirty nappies since yesterday. She looks unwell to me.”  <b>History from Mum if requested:</b> Normal term baby, nil illnesses till 3 days ago, NKDA, IUTD, nil known sick contacts. Should point out “dip” in head (for the fontanelle) Question if IO hurts when about to use drill. If telephone assistance requested should be useful as required.
<b>Progression</b> HR 170, BP 80/57 RR 32, temp 38.6 Sao2 100% pale, CR 4 secs	Reassessment ABC’s following fluid bolus 2nd bolus IV 20mg/kg NS Consider other differentials Consider antibiotics Head to Toe secondary assessment – nil else to note	

<p><b>Ongoing condition</b> HR 140, RR 36, Sao2 100% pink, CR 3 secs Opening eyes to voices</p>	<p>Discuss ongoing management plan Consider appropriate place to care for child – NETS may need to be contacted</p>	<p>Update for Mum, answer questions</p>
<p><b>Debrief Guide</b></p>		
<p><b>Key clinical issues</b> Recognition and early structured assessment of the unwell child. Skill – insertion of intraosseous access Skill – setting up and administering fluids to a child</p>	<p><b>Key non technical issues</b> Teamwork and communication. Communication with mother.</p>	

*This project was possible due to funding made available by Health Workforce Australia*

*This project was possible due to funding made available by Health Workforce Australia*