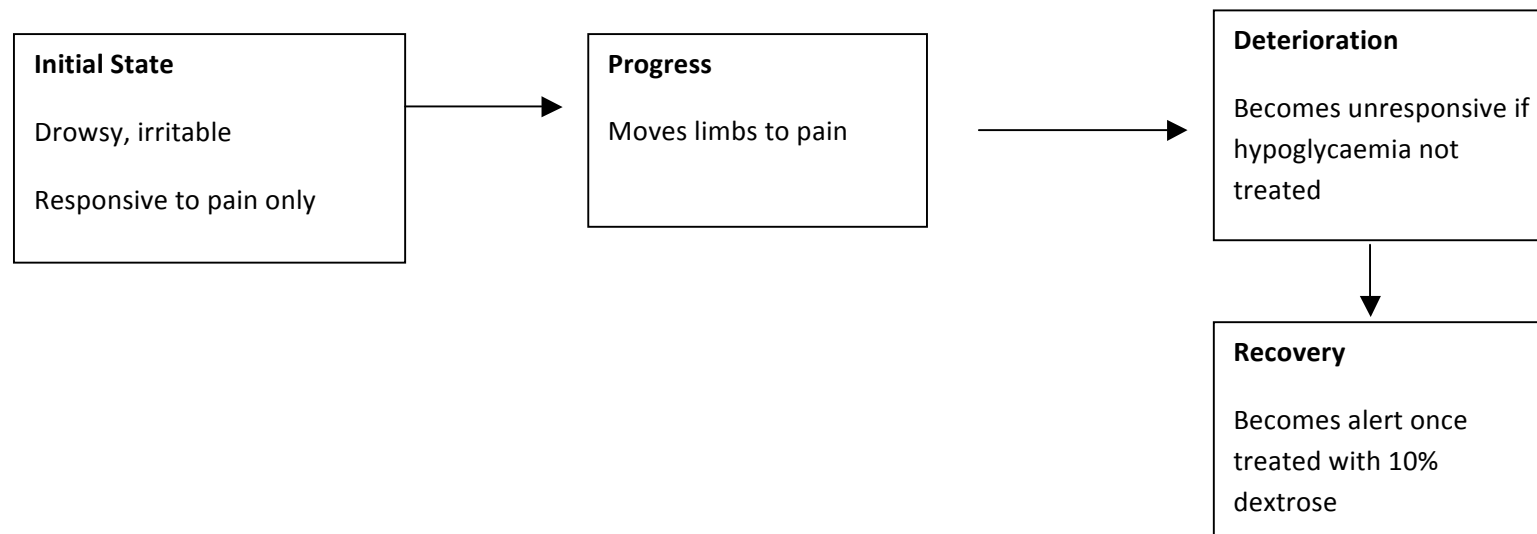


Scenario: Altered Level of Consciousness	Patient: 4 year old girl, Rose	Simulator: Marvin
Case Summary: 4 year old girl, Rose, presents with an altered level of consciousness having accidentally ingested grandmother's metformin tablets. The team need to perform a structured approach to her assessment, find the hypoglycaemia and commence treatment for this.		Participant Briefing: Rose has been brought in by her parents unusually drowsy.
Clinical Issues		Human factors / Non technical issues
<ul style="list-style-type: none"> • Structured approach to history taking, examination and management • Demonstrate DRS-ABCDE approach 		Communication, team work, crisis resource management
Learning Objectives: Communicate with child & parent appropriately Conduct a structured approach to history taking, examination and management Demonstrate a structured assessment of a child Interpret findings and institute appropriate emergency treatment		
Faculty Actors: Parent voice (in the sim centre) Faculty nurse with participants		
Patient Moulage: Play clothes		
Equipment & Props: EdWISE Paediatric Box and Manikin 10% glucose Local charts and documentation		

Patient presentation	Expected response by participants	Faculty /Actors Notes
<p>Initial Presentation Rose is lying on the bed, sleeping Maintaining own airway HR 180 RR 24 SPO2 98% NIBP 90/70 Temp 37.2 Breath sounds - normal</p>	<p>Introduce self to parent and explain what they will do</p> <p>Simultaneous history, examination using structured approach</p>	<p>Rose is drowsy, does not speak, groans now and then Parent gives history – Rose has been well till about an hour ago when she became very sleepy and unresponsive. Was well when woke up, had breakfast and has been playing with 6 year old brother in their grandmother’s room all morning. No one has been ill, no past history of any illness. Not on any medications. No fevers or rashes. Grandmother is a diabetic on metformin</p>
<p>Progression Responds to pain with groaning Moves limbs to pain</p>	<p>Rapid re-assessment AVPU Bedside tests, BSL 1.5</p>	<p>Faculty nurse to prompt for BSL if participants do not ask for a BSL. BSL given as 1.5</p> <p>Parent to inform participants of medications in the house if asked. Grandmother is on metformin</p>
<p>Deterioration Becomes unconscious and unresponsive if hypoglycaemia is not corrected</p>	<p>Treat hypoglycaemia with 10% dextrose 2mls/kg</p>	<p>Faculty nurse to prompt if participants do not treat with dextrose</p>
<p>Recovery Child recovers with glucose therapy.</p>	<p>Advise on tablet security Call to toxicology if team unclear of other toxicities or management of metformin ingestion.</p>	

Debrief Guide	
<p>Key clinical issues</p> <p>Systematic approach to assessment</p> <p>Importance of BSL in the assessment of the child</p> <p>Consideration of underlying causes of hypoglycaemia – metformin, metabolic disturbances, other drugs</p> <p>Management of hypoglycaemia – when to use IV vs oral glucose replacement</p>	<p>Key non technical issues</p> <p>Communication with parent and nurse</p> <p>Team Work</p>



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EdWISE Scenario

P4 –Recognition of a Sick Baby & Child in the Emergency Department

18th January 2013

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