

<b>Scenario:</b> Case Management – Sepsis	<b>Patient:</b> 9 month old girl	<b>Simulator</b> Zara
<b>Case Summary:</b> 9 month old girl presenting with fever, requiring triage to recognise critical illness and need for early rapid management. Team to use a structured approach to assess and commence early antibiotic and fluid therapy. Despite intervention Zara deteriorates and needs higher level care.		<b>Participant Briefing:</b> Zara, 9 month old girl has been brought into the emergency department by her parent. She is at triage.
<b>Clinical Issues</b>		<b>Human factors / Non technical issues</b>
<ul style="list-style-type: none"> <li>• Recognition of serious bacterial illness in children demonstrating a structured approach.</li> <li>• Management of sepsis in paediatrics.</li> </ul>		<ul style="list-style-type: none"> <li>• Presentation bias</li> <li>• No time to prepare</li> <li>• Communication within teams</li> </ul>
<b>Learning Objectives:</b>		
<p><b>Communicate</b> with parent appropriately  <b>Demonstrate</b> a structured assessment of a child with sepsis  <b>Interpret</b> findings &amp; manage appropriately  <b>Communicate effectively in a team</b></p>		
<b>Faculty Actors:</b> Parent		
<b>Patient Moulage:</b> Petechial rash to abdomen & legs (created with make up spots – [please do when no participants are able to see])		

<b>Equipment &amp; Props:</b> EdWISE Paediatric box Zara mannikin		
Patient presentation	Expected response by participants	Faculty /Actors Notes
<b>Initial Presentation</b> Baby lethargic & crying intermittently HR 170, RR 36, Sao2 92% Temp 38.5 CR 4secs BP 106/71 Petechial rash on abdomen & legs	Triage nurse to assess child  Triage nurse will take HR, RR, Temp, CR, BP, & use triage tool to assign category  Recognition of critically ill child and transfer child to the resuscitation bay  Allocate staff member to care of mother	Mother concerned, but not overly so.  History from Mum if requested:  Normal term baby, nil illnesses till yesterday, runny nose, miserable during the night, not drinking much, last wet nappy last night, older brother & Dad have colds too. IUTD.

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<p><b>Progression</b>          HR 190,          BP 89/52          RR 40          temp 39.6          Sao2 100% pale, mottled CR 4 secs,          petichial rash over abdomen &amp; leg          becomes drowsy progressing to          unresponsive</p>	<p>IV access          Septic screen          IV fluid boluses          IV antibiotics            Senior input requested</p>	<p>Mum very distressed            Faculty at sim centre are the phone resources and provide assistance</p>
<p><b>Progression</b>          HR 130          RR 16 &amp; shallow,          Sao2 85% pale mottled          CR &gt;4secs          BP 75/40          central cyanosis    <i>VBG: pH 7.30, Pco2 42, Po2 45, Bic          16, BE -7 Lactate 9 BSL 7mmols</i></p>	<p>Prepare for intubation if appropriate          resources available, or support with BVM          Further fluid resuscitation, consider          inotropes            Plan for ongoing care – paediatricians, NETS</p>	<p>Mother notices child is more pale and blue around the lips.</p>
<p><b>Debrief Guide</b></p>		
<p><b>Key clinical issues</b>          Principles of triage in paediatrics          Early recognition and management of sepsis – antibiotics and IV fluids          Response to rapid clinical deterioration</p>	<p><b>Key non technical issues</b>          Teamwork and communication.          Communication with mother.          Utilisation of external resources.</p>	