

<b>Subject Topic</b>	<b>EdWISE PROGRAM - OUTLINE OF AIRWAY SIMULATION MODULE</b>
<b>Framework Profile</b>	<b>Programme:</b> EdWISE <b>Module A4.1: Case management</b>
<b>Associated E-Learning tutorials</b>	
<b>Simulation learning objectives</b>	<ul style="list-style-type: none"> <li>• Preparation and equipment drill for challenging airways</li> <li>• Specific problems likely to be encountered in paediatric patients</li> <li>• Situations when there is a potential for failed intubation with RSI</li> <li>• Case management: Difficult intubation in paediatrics</li> </ul>
<b>Target Group</b>	All
<b>Delivery method</b>	Brief power point and facilitated discussion. Two immersive scenarios utilising the high fidelity mannequin and faculty actor
<b>Timeframe</b>	60 mins

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<p><b>Resources for session</b></p>	<p>Projector screen &amp; computer          Video conference unit</p> <p>Paediatric mannequin          Oropharyngeal airway X3 sizes          Nasopharyngeal airways X2 sizes          Stethoscope          Oxygen masks – nasal prongs, Hudson, NRB          Bag valve mask          Intubation equipment – X2 laryngoscopes, ETT sizes 7.0 – 8.0, stylet, bougie, lubricant, CO2 monitor, C Mac if available?!</p> <p>LMA, scalpel, skin retractors, Melker kit,          Suction Yanker          IV cannula and normal saline X2 1000ml bags with giving sets, also available EZIO          Drugs and labels midazolam 10mg in 10 ml, diazepam 10mg in 10mls, suxemethonium, thiopentone, rocuronium, propofol, ketamine, metaraminol, adrenaline, morphine, mannitol          Defibrillation trolley          Syringes drawing up needles</p>
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Session Structure - EdWISE PROGRAM – AIRWAY SIMULATION MODULE A4.1		
Timing	Welcome and Introduction	Resource
5 mins	<p><i>Welcome and Introduction</i></p> <ul style="list-style-type: none"> <li>• Provide Housekeeping – Fire Exits, mobile phones on vibrate</li> <li>• Provide a summary of what the workshop will involve and the expectations from the participants</li> <li>• Introduce yourselves - facilitation team, host team and participants. Include experience of cardiac patients</li> </ul> <p><b>If this is not the first module run on that day, the participants are the same and this has been covered previously, then this section can be missed out.</b></p>	<p>Video conferencing unit</p> <p>Enough seats for the participants and arranged in a horseshoe facing the VC unit and camera.</p> <p>Led by the team over VC but with host team supplying information on the fire exits/toilets/etc.</p>
Timing	Main Topic Presentation	
15 mins	<p>PowerPoint presentation about specific situations where airway management can be challenging, importance of being prepared with equipment and drills, effective teamwork and specific problems that might occur. The differences encountered in paediatric airways</p>	<p>PowerPoint presentation</p>

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<b>Timing</b>	<b>Familiarisation to Mannequin &amp; equipment</b>	
5 mins	Introduce students to mannequin & capabilities	Local faculty to familiarise the students to the environment/ mannequin/actors. Can use the familiarisation video, to guide the local faculty, if needed.
<b>Timing</b>	<b>Simulation – Scenario 1</b>	
8 mins	<p><b>Participant Briefing</b>  <b>BAT call</b>                      5 year old drowning                      Assisted ventilation                      Saturations 89%                      Heart rate 95bpm                      Temperature 34 degrees                      GCS 3</p> <p><b>Scenario outline</b>                      Jason is a 5 year old boy, visiting his grandparents from England, found unconscious in the backyard swimming pool. He was last seen 3 minutes earlier playing with a ball. Resuscitation was initiated immediately and by the time the ambulance arrived he had return of spontaneous circulation, though his breathing is ineffective and he remains hypoxic.                      On arrival his breathing is supported by bag valve mask with saturations of 89%. His temperature is 34 degrees, heart rate 95bpm and GCS 3.                      He will need to be intubated with a systematic approach and rewarming instituted along with supportive care with disposition to a paediatric ICU.</p>	

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<b>Timing</b>	<b>Debrief – Scenario 1</b>
7 mins	<p>Debrief – choose only 2 points from the list below</p> <p>Structured approach</p> <p>Management of drowned child</p> <p>Imminent need for intubation and ventilation to manage a drowned child</p> <p>Disposition of the child to a paedics ICU / NETS</p> <p>Communication within the team, leadership</p> <p>Involvement of parents in the resuscitation room</p>
<b>Timing</b>	<b>Simulation – Scenario 1</b>
8 mins	<p><b>Participant Briefing</b></p> <p>Tim Finn</p> <p>4 year old boy, awaiting admission to the paediatric ward with pneumonia.</p> <p>The RMO managing the patient requesting review as Tim has become less responsive.</p> <p><b>Scenario outline</b></p> <p>4 year old boy, awaiting bed in paediatric ward for management of fever secondary to pneumonia. He has been in the ED for 2 hours and has received IVABs, but no fluid bolus and has been becoming increasingly unwell during his stay. This has not been recognised by the junior staff looking after him.</p> <p>Increasing respiratory effort with decreasing level of responsiveness.</p> <p>Sats 90% on 6 L Oxygen, RR 35, HR 140, BP 75/45.</p> <p>Needs management of ensuring IV Antibiotics, IV fluid bolus and management of the airway with intubation</p>

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<b>Timing</b>	<b>Debrief – Scenario 1</b>
7 mins	<p>Address 3 points</p> <p>Treatment of sepsis in children</p> <p>Intubation and RSI-incl drugs</p> <p>Appropriate inotropic support</p> <p>Organise and prepare for transfer</p> <p>Anticipate and plan A/B</p> <p>Communication within team and with parent.</p> <p>Leadership and call for senior help</p> <p>Distribute workload and utilising all available resources</p>
<b>Timing</b>	<b>Summary</b>
5 mins	<ul style="list-style-type: none"> <li>• Paediatric Airway management should be rehearsed regularly</li> <li>• Weight based sizes and doses can be quickly found in charts and tables</li> <li>• Oxygenation can be achieved through adequate positioning and adjuncts</li> <li>• Preparation and Planning are paramount to rapid sequence induction</li> </ul> <p>Thank the hosts and the SCSSC teams</p>

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