

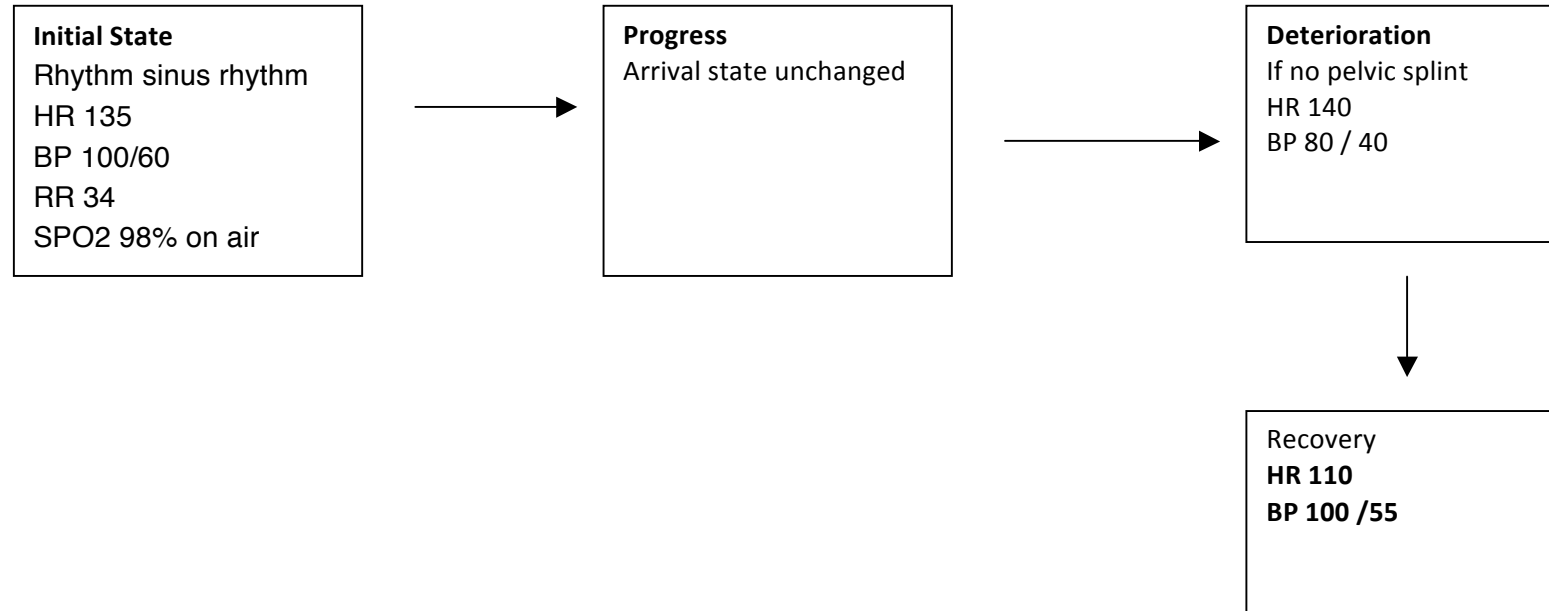
<p>Scenario: Unstable pelvic fracture. Risk of c-spine injury</p>	<p>Patient: James Dean 27 year old man</p>	<p>Simulator SIMMAN 3G</p>
<p>Case Summary: 27 y/o male IVDU came off Motorbike at 60km per hour. Patient has potential for C spine injury and pelvic fracture. O/A shocked with bruising to hips.</p> <p>This is a pause and discuss scenario. Natural pause points are after the primary survey and after the application of the pelvic binder. If the patient has a log roll before the application of a pelvic binder there will be a deterioration forcing reassessment</p>		<p>Participant Briefing: BAT CALL James Dean 27 year old ex – IVDU separated from his motorbike at 60 km/hr. GCS 15, BP is 100/60, HR 135. Nil treatment ETA 2 minutes</p>
<p>Clinical Issues</p>		<p>Human factors / Non technical issues</p>
<p>Structured AcBCDE approach to adult trauma patient Recognition of c-spine injury risk and immobilisation of c-spine Recognition of bleeding in unstable pelvic fractures and application of pelvic binder to prevent further injury</p>		<p>Communication in a team and with patient Leadership</p>
<p>Learning Objectives: Communicate with patient and team effectively Demonstrate a structured assessment of a trauma patient Demonstrate application of pelvic binder Demonstrate appropriate cervical spine immobilisation</p>		
<p>Faculty Actors: Faculty Nurse</p>		
<p>Patient Moulage: Bruising to hips, wig and street clothes if available</p>		

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<p>Equipment & Props: EdWISE Airway and Circulation boxes (contents as per list inbox) or local Dept Airway and Circulation trolleys Cervical collar Pelvic binder (either your hospital's or SAM splint provided) IV fluids Local department forms (trauma sheet, obs charts etc) White board if available for IMIST details</p>		
<p>Monitor: ED Setup:</p>	<p>Investigations: XR pelvis * XR – C spine – normal * XR – Chest – normal * FAST images - normal</p> <p>* xray films attached</p>	
Patient presentation	Expected response by participants	Faculty /Actors Notes
<p>Initial Presentation BAT Call as per IMIST AMBO (attached)</p>	<p>Planning for patient arrival using IMIST AMBO as guide</p>	<p>Allow 2 minutes planning time</p>
<p>Arrival: Rhythm sinus rhythm HR 135 BP 100/60 RR 34 SPO2 98% on air Temp 36 Conscious level alert GCS 15</p>	<p>Initial assessment</p> <p>DRS AcBCDE approach, apply collar, auscultate chest and apply monitoring,</p> <p>Cervical spine immobilisation</p>	<p>Pause and discuss Manual immobilisation of the c-spine and application of an appropriately sized cervical collar.</p>

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<p>Deterioration If no pelvic binder BP drops to 80/40, HR 140. Painful cries from patient if tried to log roll or no analgesia</p>	<p>Recognise risk to pelvis, apply pelvic binder with safe log roll. C spine immobilisation, attempt to give analgesia Commence resuscitation</p>	<p>Pause and discuss Indications for pelvic binder, how to put one on, which one ?SAM, sheet and clips etc, limit number of log rolls to prevent worsening. The binder should be placed over the greater trochanters, not over the iliac crests, access to the abdomen for laparotomy, and to the groins for angioembolization, soft material that will be comfortable and not induce pressure ulceration, remain in place until the definitive stabilization procedure</p>
<p>Recovery BP recovers to 100/55 with fluids and pelvic binding</p>		
<p>Debrief Guide If a junior group then a pause a discuss scenario may be more appropriate and these debriefing points should be covered at the appropriate “pause”. If a more advanced group then a more immersive scenario can be run. If this is the case pick a maximum of 2 points from each heading to guide the debrief.</p>		
<p>Key clinical issues</p> <ul style="list-style-type: none"> • Structured approach to the trauma patient • Cervical spine immobilisation (MILS +/- collar) • Application of a pelvic binder/sling 	<p>Key non technical issues</p> <ul style="list-style-type: none"> • Team based, multidisciplinary approach to the trauma patient • Communication – patient and within team • Role allocation • Preparation for a trauma patient 	



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IMIST AMBO HANDOVER

I James Dean, 27 year old man
M MBA, 60km/hr
I Pain to pelvis, Brief LOC
S Bruising to hips, AE equal
T HR 135, Sats 98%, BP 100/50
A Nil known
M Nil reg
B Ex-IVDU
O Combative on scene