

Scenario 1		
Scenario: Triage of paediatric patient	Patient: 4 year old boy, Harry	Simulator Marvin & Parent actor
Case Summary: 4 year old boy, Harry, presents to emergency department with a sore right arm after having fallen at preschool from a balancing plank, witnessed by the staff without other injury. No other medical history He is haemodynamically stable and in neurovascularly intact. He has a Gartland 1 supracondylar fracture.		Participant Briefing: Please triage Harry who has arrived at the Emergency Department.
Clinical Issues		Human factors / Non technical issues
Assessment of child at triage Initial management of a fracture		Communicating with a parent and child at triage
Learning Objectives: Communicate with child & parent appropriately Conduct a structured triage assessment Interpret findings & triage accurately Commence early management of a fracture		
Faculty Actors: Parent - provides accurate information as they were told by the staff at the preschool.		
Patient Moulage: Normal play clothes		

Equipment & Props: EdWISE Paediatric box		
Monitor: ED setup HR 110 RR 24 SPO2 100% NIBP 90/55 Temp 36.9	Investigations: nil	
Patient presentation	Expected response by participants	Faculty /Actors Notes
<p>Harry is quiet but cooperative, holding arm with his other hand, Talking & able to answer questions, Pink, well perfused, nil deformity to arm, Parent in attendance</p> <p>Crying with movement of arm pain score 5/10</p>	<p>Initial assessment</p> <p>Introduce self to parent & Joe & explain who they are & what will happen during the triage process</p> <p>Approach pt to listen to breath sounds, palpate pulse, count respiratory rate, heart rate & take blood pressure, & axilla temperature</p> <p>Assess arm</p> <p>Interpret pain score & apply sling & ice</p> <p>Interpret assessment & assign triage category</p>	<p>Provides information as in the above case summary.</p> <p>Harry concerned with their approach especially if no explanations or demonstrations given.</p>
Debrief Guide		
<p>Key clinical issues</p> <p>Assessment at triage Taking a focused history Vital signs in children, measurement and interpretation Interpreting pain score Initial fracture management</p>		<p>Key non technical issues</p> <p>Communication with the child in distress Use of distraction to help engage & assess</p>

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Scenario 2		
Scenario: Triage of paediatric patient	Patient: 4 year old boy, Joe	Simulator Marvin & Parent actor (faculty)
Case Summary: 4 year old boy presents to emergency department with an upper respiratory tract infection and an exacerbation of his asthma. He has had salbutamol this morning and it had minimal effect. He has had one previous overnight stay with asthma, but is otherwise well controlled. He has no other medical history, his parents both suffered asthma as a child.		Participant Briefing: Please triage Joe who has arrived the emergency department.
Clinical Issues		Human factors / Non technical issues
Triage assessment of the child with respiratory distress		Communication with the child and parent in respiratory distress
Learning Objectives:		
<p>Communicate with child & parent appropriately Conduct a structured triage assessment Interpret findings & triage accurately</p>		
Faculty Actors: Parent - helpful and provides accurate information about Joe as given in the case summary.		
Patient Moulage: Normal play clothes		

Equipment & Props: EdWISE Paediatric Box		
Monitor: ED setup HR 120 RR 30 SPO2 98% NIBP 90/55 Temp 37.2	Investigations: nil	
Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation Joe is quiet but cooperative, Talking & able to answer questions but quite breathless as he talk in phrases only if directly spoken to.	Initial assessment Introduce self to parent & Joe & explain who they are & what will happen Approach pt to listen to breath sounds, palpate pulse, count respiratory rate, heart rate & take blood pressure, & axilla temperature Apply a triage category	Joe answers questions appropriately – but is breathless Mum gives history – Joe has had a cold for 2 days and this morning has been finding it harder to breathe. Has had asthma in the past but not for a year or more Gave him a ventolin puffer this morning at 8am but thought she should come to hospital as he it didn't help much. Has been eating & drinking less than normal while he has been sick
Debrief Guide		
Key clinical issues Clinical assessment of the child with respiratory distress at triage Obtaining and interpreting clinical signs of respiratory compromise Application of triage decision pathways	Key non technical issues Communication with Mum & Joe during the triage process	

Scenario 3		
Scenario: Triage of paediatric patient	Patient: 4 year old boy, Ben	Simulator Marvin & Parent actor
Case Summary: 4 year old boy presents to emergency department with a laceration to forehead after falling off his scooter. It was witnessed by the parent, he cried immediately and nil vomiting since. He has no other injuries.		Participant Briefing: Please triage Ben who has arrived at the emergency department with his parent.
Clinical Issues		Human factors / Non technical issues
Triage of a child with a minor trauma Initiating management of the child with a head injury and laceration		Engaging child & parent during the triage process
Learning Objectives:		
Communicate with child & parent appropriately Conduct a structured triage assessment Interpret findings & triage accurately		
Faculty Actors: Parent - witnessed the injury and is appropriately concerned about the bleeding. Provides accurate information about Ben.		
Patient Moulage: Normal play clothes Bloody square gauze taped to forehead		

Equipment & Props: EdWISE paediatric Box		
Monitor: ED setup HR 110 RR 24 SPO2 100% NIBP 90/55 Temp 36.9	Investigations: nil	
Patient presentation	Expected response by participants	Faculty /Actors Notes
Initial Presentation Ben is cooperative, but upset about falling from his scooter Talking & able to answer questions, Pink, well perfused, nil active bleeding of laceration	Initial assessment Introduce self to parent & Joe & explain who they are & what will happen Approach pt to listen to breath sounds, palpate pulse, count respiratory rate, heart rate & take blood pressure, & axilla temperature, assess GCS, assess wound. Interpret assessment and triage.	Parent or Ben provide history if directly asked questions.
Debrief Guide		
Key clinical issues Assessment of the child with minor trauma at triage Early assessment and management of head injuries and lacerations Vital sign assessment & application to triage score		Key non technical issues Communication with Mum & Joe Use of distraction to help engage & assess