

<p>Scenario: Basic and Advanced Airway Management</p>	<p>Patient: 9 month old boy</p>	<p>Simulator Marvin</p>
<p>Case Summary:</p> <p>9 month old boy with a history of fevers is brought in by parent after having a seizure at home. On arrival to Emergency the child has an obstructed airway and has stopped breathing. Participants need to realise that child has an obstructed airway, is apnoeic and manage the airway using basic and then advanced airway techniques.</p>		<p>Participant Briefing:</p> <p>Billy, 9 month old boy 5 minute seizure at home, on a background of febrile illness. He is floppy as his parent has placed him on the bed.</p>
<p>Clinical Issues</p>		<p>Human factors / Non technical issues</p>
<ul style="list-style-type: none"> • Demonstrate DRS-ABCDE approach • Recognise the obstructed airway and apnoea • Demonstrate basic airway skills • Demonstrate advanced airway techniques 		<p>Communication, team work, crisis resource management</p>
<p>Learning Objectives: Demonstrate a structured approach to resuscitating the child Interpret and recognise features of an obstructed airway Demonstrate basic and advanced airway skills</p>		
<p>Faculty Actors:</p> <p>Parent voice (in the sim centre) Faculty nurse with participants</p>		
<p>Patient Moulage:</p> <p>Normal play clothes</p>		

<p>Equipment & Props:</p> <p>EdWISE Paediatric box Zara and Marvin manikins Paediatric charts for local setting Paediatric normal values chart Local airway trolley with difficult airway kit</p>		
Patient presentation	Expected response by participants	Faculty /Actors Notes
<p>Initial Presentation</p> <p>Billy is lying on the bed with obstructed airway, hypoxic and febrile HR 180 RR 4 SPO2 90% NIBP 70/40 Temp 38.7 BSL 5.6 Obstructed upper airway noises</p>	<p>Recognise that this is a life threatening emergency Approach with a structured assessment. Commence resuscitation and management of the airway</p>	<p>Billy has an obstructed airway Parent gives history if asked – Billy has had an URTI with a cough for 24 hours, he developed fever to 39.5C today. Had a convulsion, lasted about 5 minutes. On arrival to ED became unresponsive and floppy.</p>
<p>Progression</p> <p>Now apnoeic and sats drop to 85%, HR 200</p>	<p>Demonstrate Basic airway manoeuvres and airway adjuncts to open airway</p>	<p>Faculty nurse to prompt if participants are struggling Parent anxious but not interfering</p>

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<p>Deterioration</p> <p>Once optimised saturations improve, to 90% but no higher and Billy remains apnoeic.</p> <p>Will deteriorate further if airway manoeuvres are not instituted immediately.</p> <p>Basic airway manoeuvres will not be enough and will have to intubate or use LMA</p>	<p>Team should trouble shoot basic airway manoeuvres.</p> <p>Team decision to intubate or insert LMA.</p>	<p>Faculty nurse to prompt if required</p>
<p>Once scenario recommenced</p> <p>Observations remain unchanged if effective airway management until intubation.</p> <p>Intubation should be uncomplicated.</p> <p>Post intubation saturations to improve to 96%</p>	<p>Team should prepare and plan for intubation.</p> <p>Demonstrate effective communication for intubation.</p> <p>ETT placed and post intubation care performed.</p>	<p>If team requires assistance for intubation faculty should enter as senior, helpful and competent clinician to supervise and assist.</p>
<p>Recovery</p> <p>Scenario ends with child being ventilated</p>	<p>Discuss with parents what is happening</p>	<p>Once decision made to intubate/insert LMA the scenario is paused and the scenario so far debriefed.</p>
<p>Debrief Guide</p>		
<p>Key clinical issues</p> <p>Recognise life threatening airway problem</p> <p>Demonstrate systematic approach to an airway emergency</p>	<p>Key non technical issues</p> <p>Communication with parent and nurse</p> <p>Team Work</p>	



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