


EdWISE

Case Management: Series 1

For on site tutorials as part of the remote simulation program
Paediatrics: 6

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Sponsor

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Introductions



May 13




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Very quick round the room to assess stage of professional development for each participant.

General Aims

- Learn in a team setting
- Blend clinical skills with team skills
- Reflect critically on practice

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These aims are the same for all sessions – please do not modify

Speakers' notes

- This session, and package as a whole, involves learning together. Learning with the teams that you work with helps that team to function more efficiently and effectively. It allows you to learn from each other, explore different perspectives and to understand the importance of all members of the team.
- We are targeting higher level learning – applied skills and performance in contextualised events. This is through team discussion and also through working through simulated scenarios as a team. It also allows you to put into practice knowledge attained from the eLearning and other solo learning environments.
- To review and reflect upon our own practice and current best practice standards. During our feedback sessions we will facilitate this but we would also encourage you to reflect on your practice and experience after these sessions.

Ground Rules

- Participation
- Privacy
- Confidentiality
- Disclaimer
- Debriefing
- Mobile phones

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Speakers notes

- Challenge of video conferencing tips: don't change your seat, speak up nice & clearly
- Details collected and de-identified for reporting purposes
- Signed form, don't speak outside about how people performed as not necessarily indicative of real life. This is a chance to try new things, don't tell anyone about the scenarios as they are used again on subsequent courses.
- We try to use best evidence practice and strive to include as up-to-date material as possible. Please do refer to your local policies, guidelines and protocols.
- Debriefing is a chance to reflect upon what we did and how that translates to the workplace. Please use this time to explore the complexities of performance and decision making. Please contribute, we will all learn from each other's experiences.
- Like most things in life, the more that you put in the more you will take away with you.
- It is an open forum where everyone's ideas and thoughts are to be valued.
- If you could please switch your phones off or to silent or vibrate for the duration of the course.

Session Objectives

- Describe the structured approach to a paediatric respiratory emergency
- Provide clinical management for the paediatric patient
- Identify key components for effective team work

These need to reflect the objectives of your session in both the skills and human performance aspects.



Structured Approach

Airway

Breathing

Circulation

Disability

Exposure

Fluids

Glucose

- Primary assessment
- Resuscitation
- Secondary assessment – identification of key issues
- Emergency treatment
- Stabilisation, transfer to definitive care

It is vital to use a structured approach, as you would usually do when you assess a patient - DRS ABCDE and Don't ever forget glucose.

The structured approach is based on simultaneous assessment and management with a primary assessment occurring with resuscitation, the secondary assessment with specific and supportive care, and the tertiary assessment and ongoing care continuing throughout the hospital admission.

The structured approach has been discussed in earlier modules of the EdWISE program.

Crisis Resource Management

- Know your environment
- Prepare and plan
- Call for help
- Take a leadership role
- Allocate attention
- Distribute the workload and use resources
- Communicate effectively

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Emergency staff will mostly manage critically ill children as a team. Team work requires some key components for effective team work to occur. The term crisis resource management (CRM) is commonly used to describe the skills which contribute to effective team management.

Knowing the environment and the resources available allows the team to readily access the available space and local resources.

Preparation and planning includes long and short term planning and rehearsal. This can include creating policies and protocols to aid in decision making, but also in the short term allows the team the ability to provide the best possible care for the individual patient.

A important part of preparation and planning is calling for help from other clinicians as required (or when anticipated that their assistance may be beneficial). Clinical expertise, anticipation of definitive management, transportation or simply extra hands for expedient management are all reasons that help may be required.

A leadership role needs to be established – a leader should be credible, experienced calm & approachable. The leader should attempt to maintain situational awareness and co-ordinate the members of the team to a common goal.

The whole team needs to employ effective communication strategies including, using names, eye contact when talking to people, clarifying requests & reporting back to team leader when tasks are completed

Scenario

- 6 month old girl ex prem, unwell 3/7 w URTI, cough/SOB 2/7, difficulty feeding this morning, marked increased work of breathing & lethargy



This is the brief for the scenario.

Scenario

- BAT CALL
6yo known asthmatic
RR 38, HR 170, Very wheezy
Three lots of ventolin via spacer
ETA 2 minutes



Summary

- Call for assistance in anticipation of clinical and logistical need.
- Planning & preparation are both long and short term factors.
- Clear, concise communication is the responsibility of all members of the team.

References

- Advanced Paediatric Life Support Manual (5th Edition), 2011.
- NSW Health Policy “Infants & Children – Recognition of a sick baby or child in the emergency department”, 2011.
- NSW Health Policy “Infants & Children – Acute management of Asthma”, 2012
- NSW Health Policy “ Infants & Children – Acute management of Bronchiolitis”, 2012

Acknowledgments

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