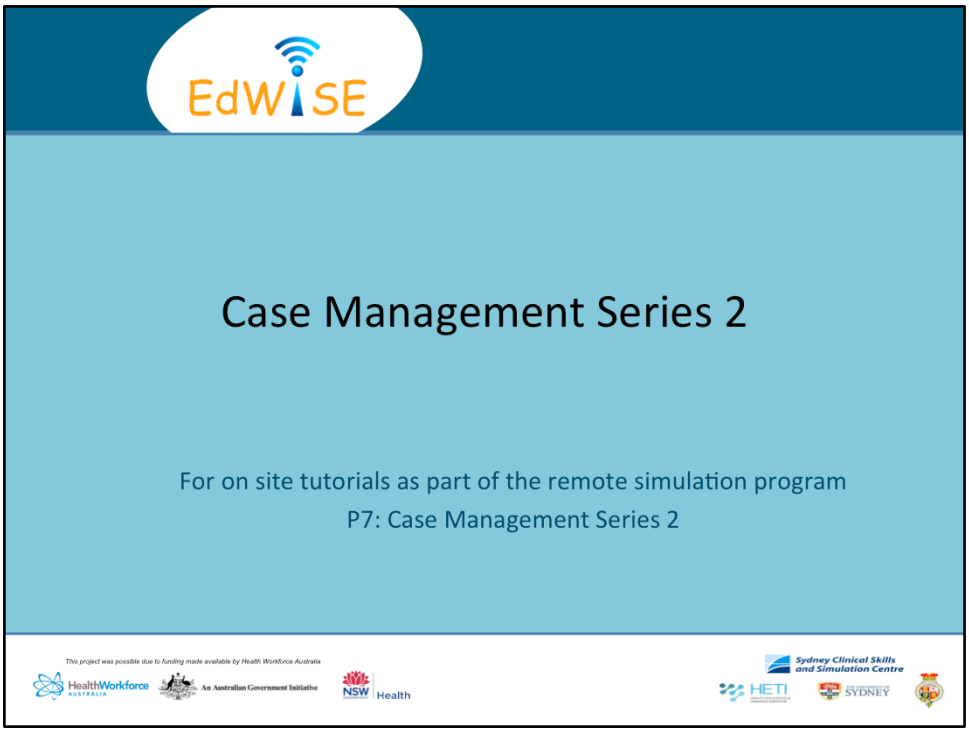

General notes on language

Use second person conversation tone but avoid direct use of pronouns such as I, you and we

Use active verbs rather than nouns where possible

Use questions periodically as a prelude to a slide containing information to encourage the facilitator to be interactive

Avoid abbreviated symbols with the following examples: E.g.; I.e.

Avoid abbreviations unless universally understood

Don't omit "the" or "and"

Sponsor

This project was possible due to funding made available by

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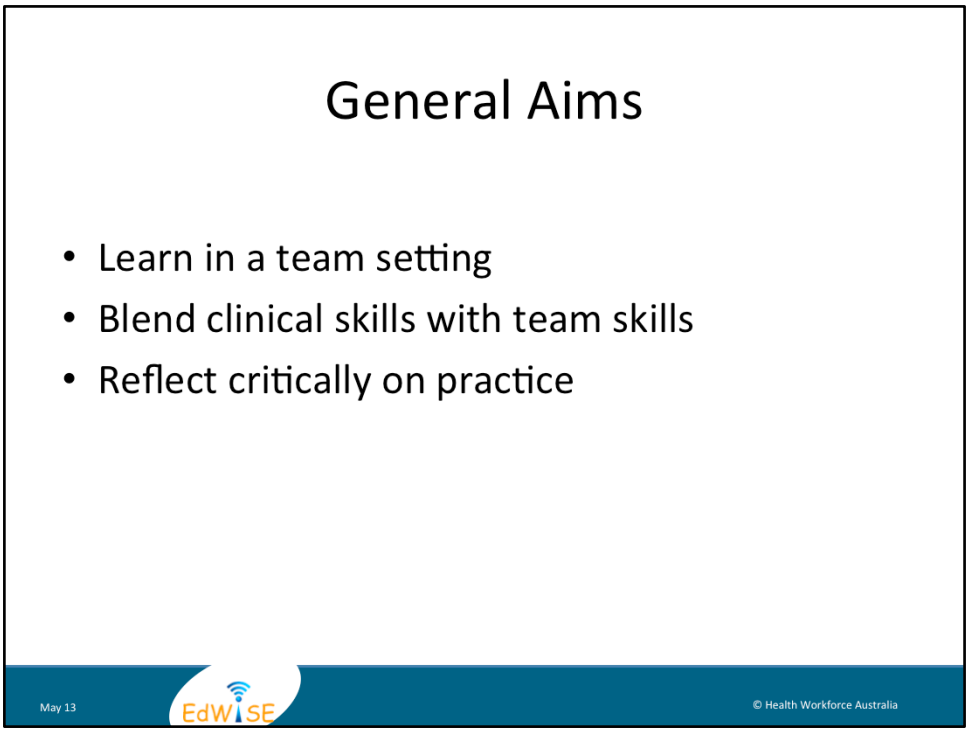
EdWISE

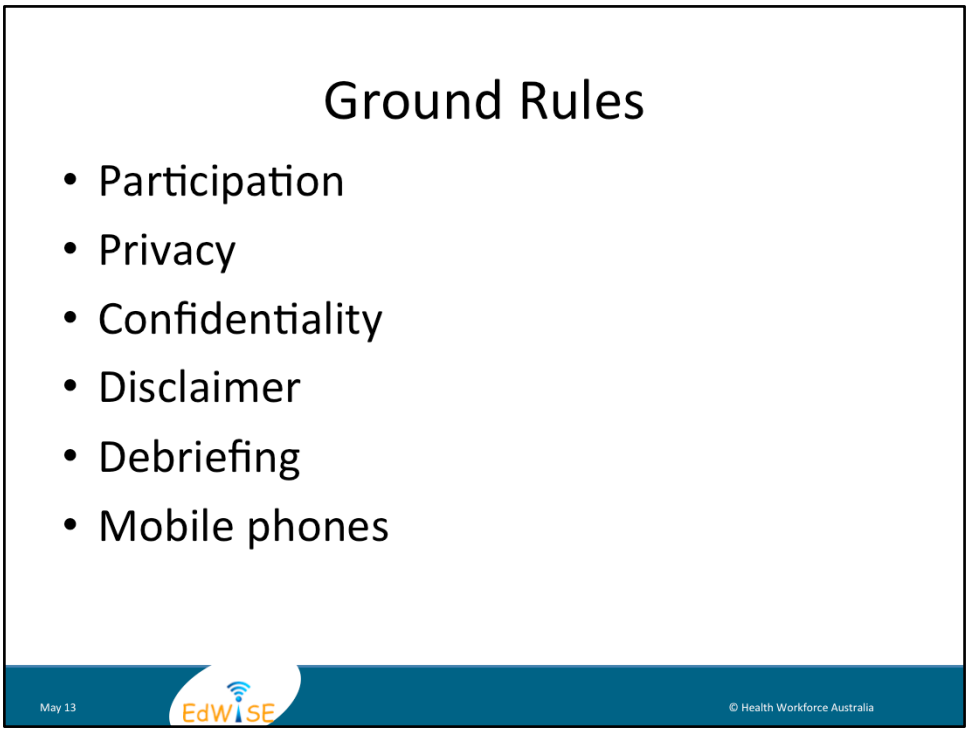
Very quick round the room to assess stage of professional development for each participant.



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

Speakers' notes

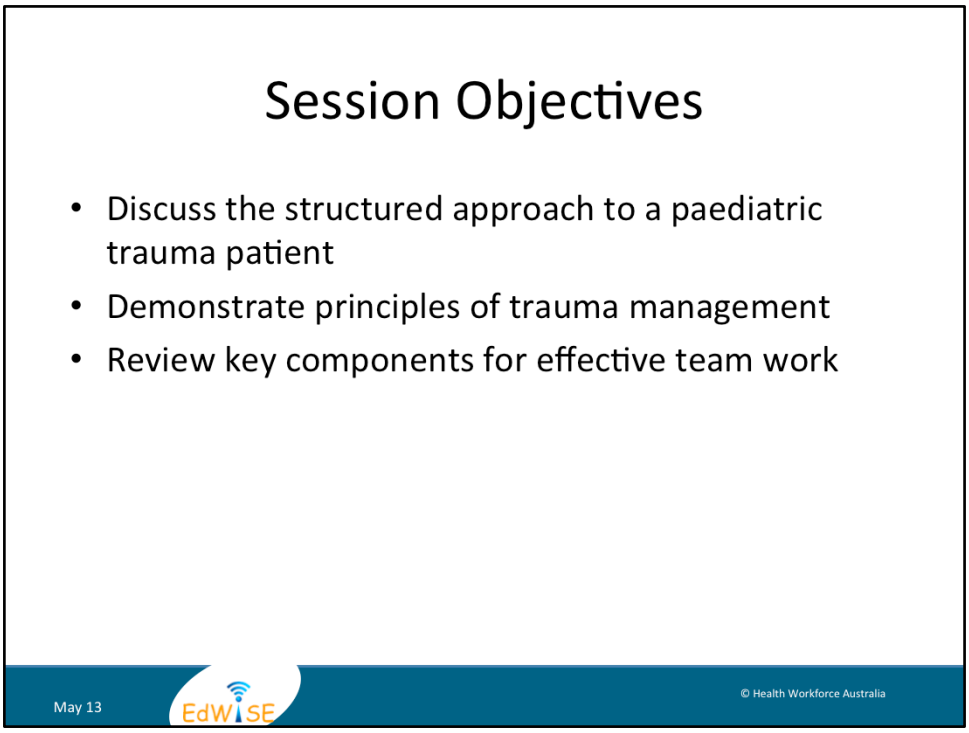
- This session, and package as a whole, involves learning together. Learning with the teams that you work with helps that team to function more efficiently and effectively. It allows you to learn from each other, explore different perspectives and to understand the importance of all members of the team.
- 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.



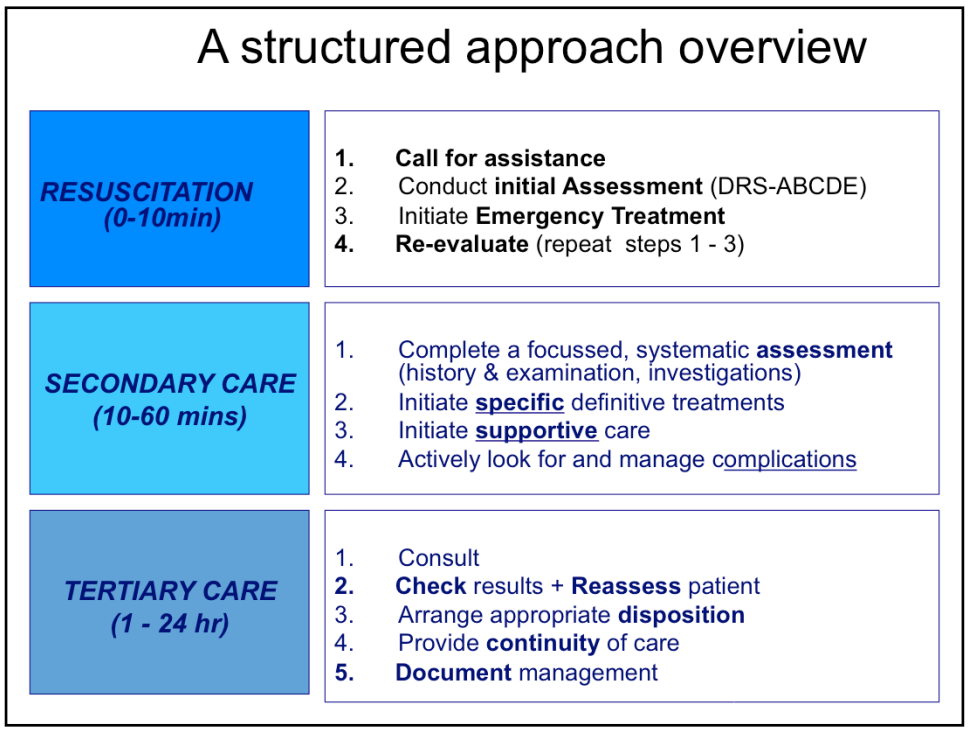
These aims are the same for all sessions – please do not modify

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.



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

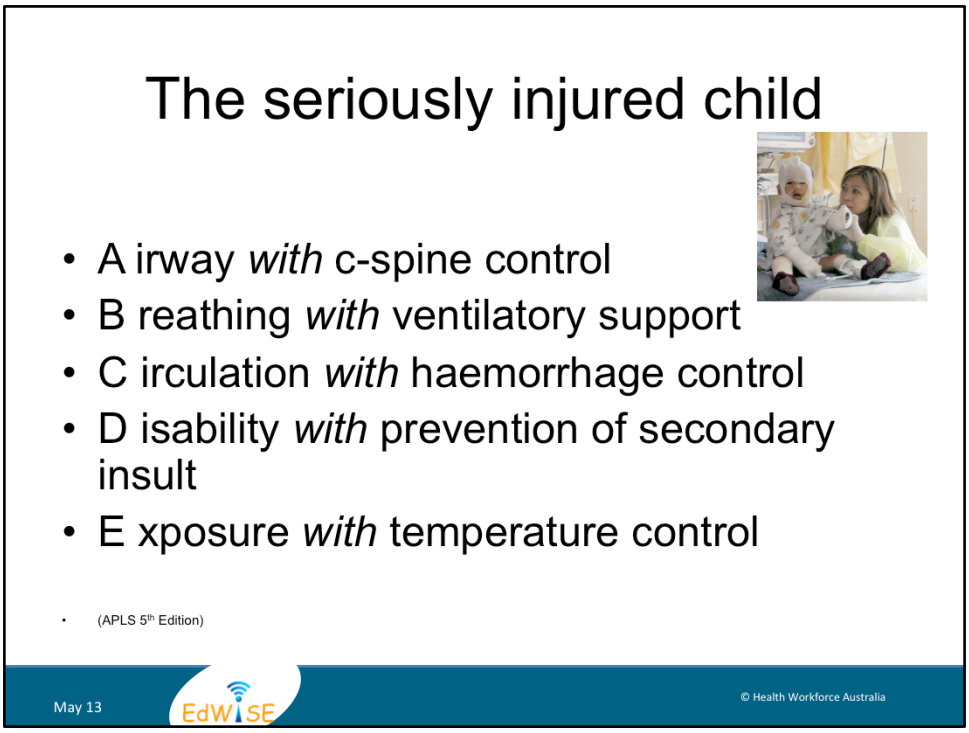


Assessment and management is performed in ED in a structured and timely manner. The focus is on simultaneous assessment and management, with the priority being to exclude and manage any life threatening conditions. This framework and timeframe may be used to assess and manage any patient that presents to ED in a timely and ordered fashion, this includes the paediatric patient.

The initial resuscitation involves a rapid early assessment of an immediately life threatening injury or illness and the commencement of the medical management. This primary survey provides a rapid overview of the treatment priorities of the patient. This is usually the DRS-ABCDE approach to the vast majority of emergency department presentations.

Following this initial phase a period of further more detailed assessment and specific care priorities is undertaken. Consideration of the condition, its cause, complications and co-morbidities should be performed with management tailored to the specific patient with their specific issues. The initiation of supportive care should begin during the secondary care phase.

The tertiary care phase is the process of reassessment of the patient, the response to management and the results of investigations. During this phase disposition decisions and consultations are made and clear documentation of both the emergency



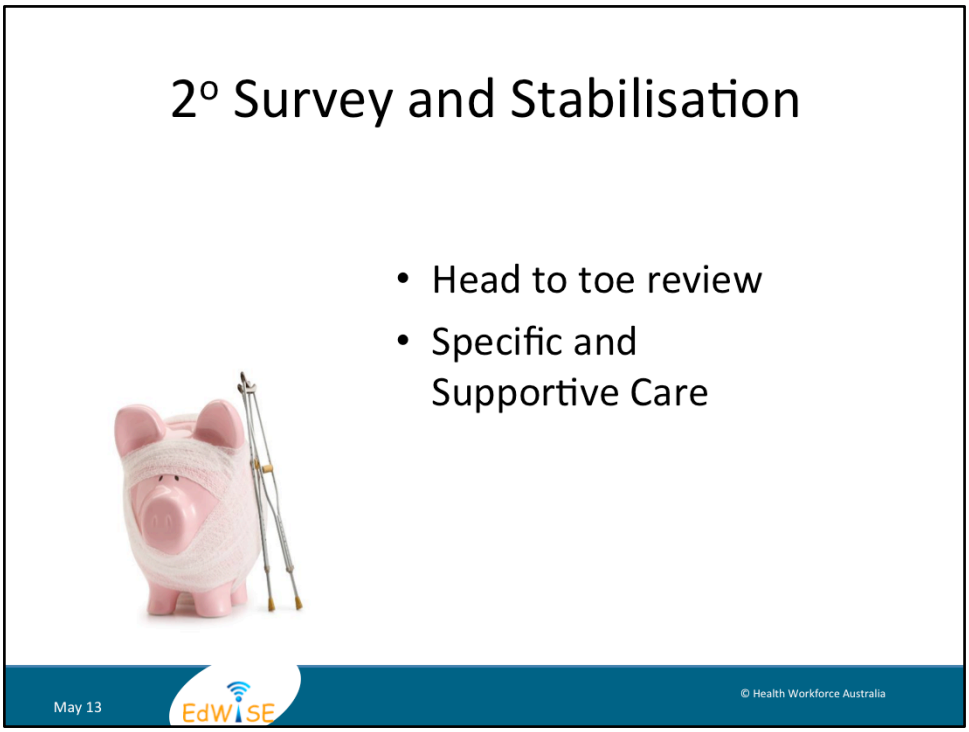
The Primary Survey occurs during the initial resuscitation phase of the presentation to the emergency department.

ABCDE is a well recognised system to ensure that life threatening events will be identified, and a coordinated team approach will use this as a check list and summary method during and at the completion of the primary survey. Life saving interventions will take place during this initial primary survey, less significant injuries are to be noted and managed during the secondary phase of the emergency department structured approach.

The first step is to control any life threatening external haemorrhage which may lead to exsanguination. In a team environment control will be gained simultaneously with the rest of the primary survey.

Airway assessment occurs simultaneously with cervical spine control. If compromise to the airway is found, simple airway manouvers should be performed and oxygen applied. Further measures for airway management should be prepared for and steps taken to optimise airway patency and protection. The cervical spine must be controlled until it is able to be cleared of injury. This can be performed with manual in line stabilisation or a cervical spine collar.

Assessment of breathing is a look, listen and feel process, accompanied by measurement of saturations and end tidal carbon dioxide levels. Look for the chest to rise and fall, the colour of the skin and misting of the mask. Listen to the chest for

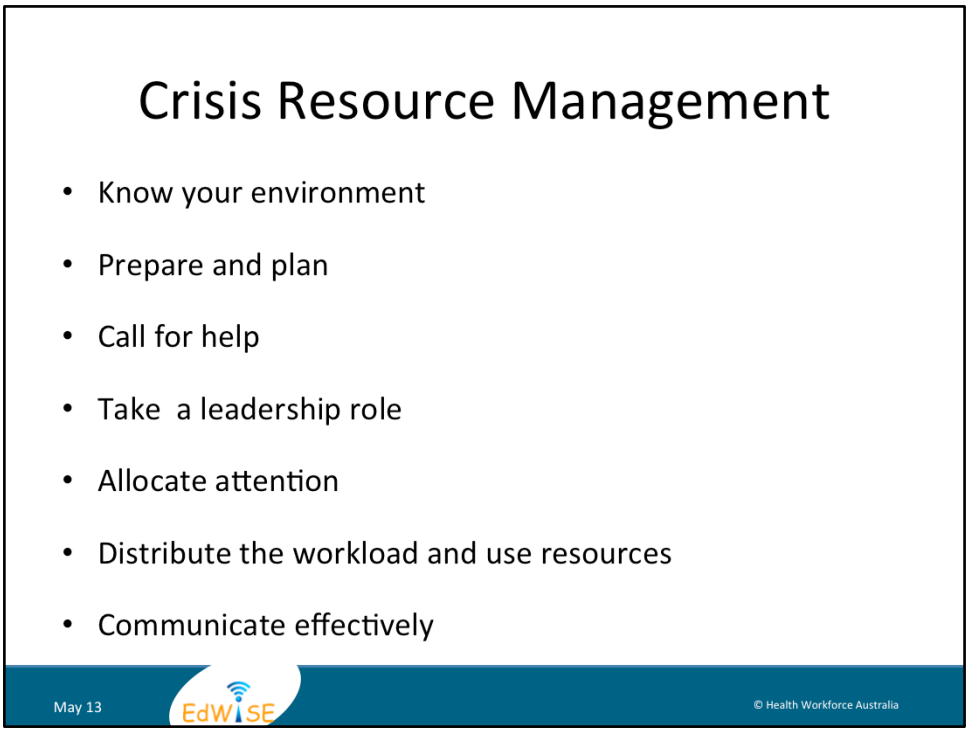


The secondary survey follows immediately on from the primary survey during the resuscitation phase of the structured approach.

A thorough head to toe examination should be performed to discover injuries which were not found during the primary survey. Management priorities for the injuries identified are complex, but are based on treating the life and limb threatening injuries first, followed by those which are time critical for potential long term complication. The plan should be documented clearly in the notes, accompanying a list of the injuries identified.

The aim of management is to treat the identified injuries, avoid complications such as secondary insult to vulnerable organs, and provide supportive care for the duration of the hospital admission.

Recognition of early deterioration through careful monitoring of vital signs and laboratory parameters is a focus of hospital management through programs such as the MET call system and the DETECT program in NSW. These principles apply to patients still in the emergency department, where early recognition can prevent significant deterioration.



This is a slide repeated from earlier in the paediatric modules. This represents an opportunity to further explore these principles to those who have undertaken the earlier modules and to introduce the concepts to those who have not.

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.

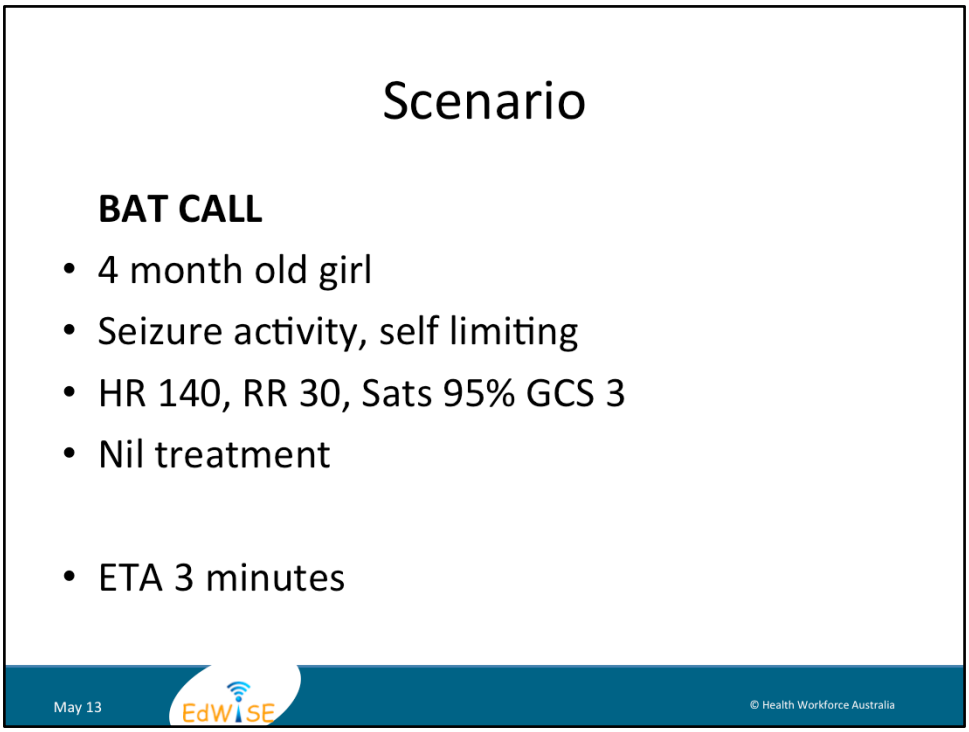
Knowing the environment and the resources available allows the team to readily access the available space and local resources.
Preparation and planning includes long and short term planning and rehearsal. This can include creating policies and protocols to aid in decision making, but also in the short 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

Scenario

BAT CALL

- 6 year old boy Ped vs Car
- Head injury with LOC, abdominal bruising
- HR 120, SBP 95, RR 30, GCS 13
- IV access and Collar

- ETA 3 minutes



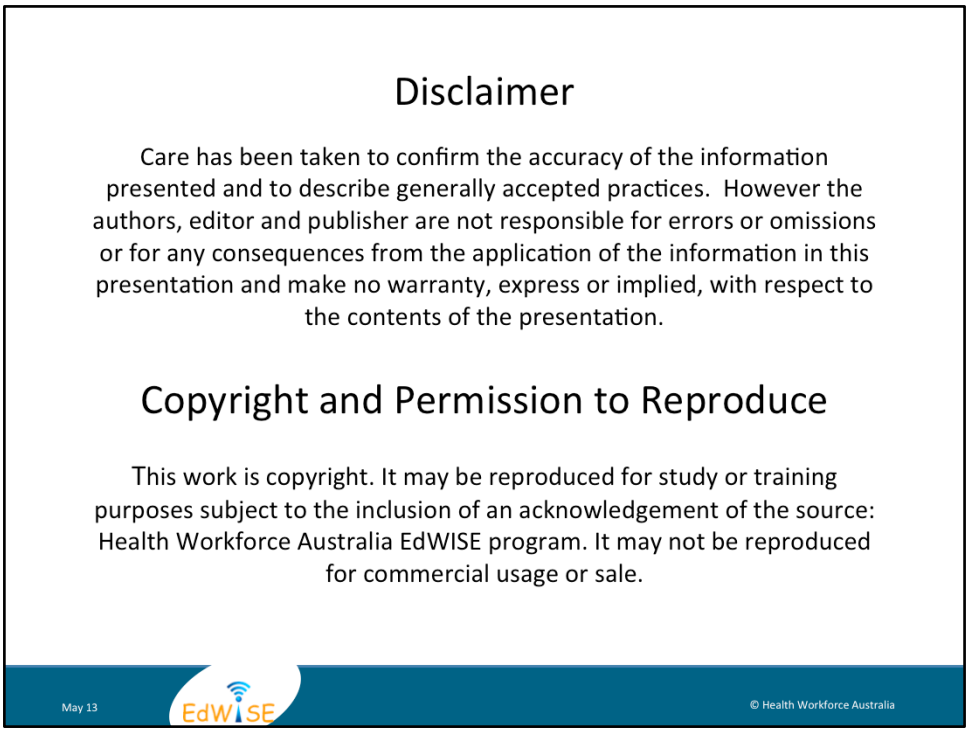
This is the brief for the scenario.

Summary

- ABCDE – structured approach to a paediatric trauma emergency
- Preparation involves anticipation of staff, areas, equipment and medication
- Communication is essential for effective teamwork

Acknowledgments

Topic expert author: Jane Cichero
Simulation session author: Jane Cichero
Module Expert Working Party and Peer Review Team
Nichola Concannon Staff Specialist Sydney Children's Hospital
Jane Cichero NE Sydney Children's Hospital
Tom Grattan-Smith Staff Specialist NETS
Zoe Rodgers FACEM Prince of Wales Hospital
Educational consultants:
Stephanie O'Regan Nurse Educator SCSSC
Clare Richmond FACEM
Morgan Sherwood Simulation Fellow SCSSC
Leonie Watterson Director Simulation Division SCSSC
John Vassiliadis Deputy Director SCSSC



Same for all presentations