

<b>Scenario:</b> Case Management – drowning	<b>Patient:</b> 4 year old John	<b>Simulator</b> <b>Marvin</b>
<b>Case Summary:</b> 4 year old boy. ETA 2 minutes. BAT call. John playing outside, mum heard a splash and raced downstairs & outside to find him submerged in the pool. Pulled him from pool – was lifeless. CPR commenced by Mum Ambo on scene within 2 minutes of call Asystole – CPR continued in ambulance		<b>Participant Briefing:</b> BAT CALL 4 year old boy near drowning Asystole CPR in progress  ETA 2 minutes
<b>Clinical Issues</b>		<b>Human factors / Non technical issues</b>
Structured approach to child with trauma/near drowning Management of paediatric trauma <ul style="list-style-type: none"> <li>• Asystole protocol</li> <li>• Structured approach to a paediatric near drowning</li> </ul>		Resource allocation Team communication Communication paramedic.
<b>Learning Objectives:</b> <b>Communicate</b> with paramedic <b>Demonstrate</b> a structured approach to the child in asystole + assessment of a child of a near drowning <b>Interpret</b> findings & manage appropriately  <b>Communicate effectively in a team</b>		
<b>Faculty Actors:</b> Paramedic x 2		
<b>Patient Moulage:</b> Undressed apart from wet underwear Mottled and cold		

<b>Equipment &amp; Props:</b>  EdWISE Paediatric box and Manikins
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<p><b>BAT CALL</b></p> <p>4 year old boy</p> <p>Asystole</p> <p>CPR in progress</p> <p>ETA 2 minutes</p>	<p><b>Preparation and Planning</b></p> <p>Staff – arrest/code blue call, allocate roles</p> <p>Patient – calculate weight</p> <p>Equipment – prepare size appropriate</p> <p>Drugs – calculate drug doses appropriate for weight calculated</p>	
<p><b>Patient presentation</b></p>	<p><b>Expected response by participants</b></p>	<p><b>Faculty /Actors Notes</b></p>
<p><b>Initial Presentation</b></p> <p>Child in asystole</p> <p>BP and Sats unrecordable</p> <p>ETC02 10</p> <p>T 34.2<sup>0</sup>C</p>	<p>TL introduce self to paramedics and take handover.</p> <p>TL requests</p> <p>Continue CPR uninterrupted</p> <p>Team assume roles &amp; commence CPR + structured approach to John</p> <p>Full monitoring</p> <p><b>A &amp; B</b>, assess air entry with BVM</p> <p><b>C</b>: Check pulses &amp; rhythm, Confirms Asystole once monitor attached gain IO access.</p> <p><b>Adrenaline IO 0.1mls/kg 1:10000</b></p> <p>Fluid bolus 20mls/kg,</p> <p>Bloods - FBC/UEC/ VBG BSL</p> <p><b>D</b>: Check pupils</p> <p>Communicate findings back to TL</p> <p>“closing of loop” by team member</p>	<p>Mother en route</p> <p>Paramedic gives brief handover.</p> <p>I: 4 year old boy.</p> <p>M: Found submerged in pool 2 minutes after splash heard by mum who was upstairs.</p> <p>I: Near drowning</p> <p>S: asystole</p> <p>T: BLS by Mum &amp; CPR in ambulance with BVM</p> <p><b>Further history if asked:</b> Usually well child.</p>

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<p><b>Progression</b> Sinus Rhythm returns after first dose of adrenaline  O2Sats increase to 82% with effective BVM  CRT 6 seconds</p>	<p>CPR to continue for 2 minutes after return of SR 2 minutes later (1 cycle) ROSC Consider need to intubate &amp; call for help if beyond skill set Bloods taken &amp; IV fluid bolus administered – warm fluids</p>	<p>Concerned Ambo stays &amp; offers help</p>
<p><b>Progression</b>  Sinus rhythm on monitor HR 120  ETCO2 50  If successful intubation then SaO2 96%  BP 50/20  CR 5secs</p>	<p>Intubation proceeds if skilled personnel available  Post arrest care – ventilation, definitive intravenous line, fluids, inotrope support, rewarming vs not, ICU/NETS advice</p>	
<p><b>Recovery</b>  Resistance with BVM ventilation</p>	<p>Ongoing management, Transfer to definitive care</p>	
<p><b>Debrief Guide</b></p>		
<p><b>Key clinical issues</b> PPE Management of Asystole Management post arrest care</p>	<p><b>Key non technical issues</b> Planning for arrival of arrested, drowned child Team work and communication. Communication with paramedic and NETS/ICU</p>	



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