

<p>Scenario:</p> <p>Case Management – Head Injury</p>	<p>Patient:</p> <p>4 month old girl</p>	<p>Simulator</p> <p>Zara</p>
<p>Case Summary:</p> <p>4 month old girl, presents with seizure following a head injury. The team receive a BAT call, with no indication of the trauma, they should prepare and plan for the child’s arrival. On arrival the handover advises the team of the traumatic incident. A primary survey performed, after which the child has another seizure requiring midazolam for termination. Reassessment has the child as unresponsive and a blown pupil, suggestive of raised ICP requiring urgent intervention. The team must communicate with external resources to arrange definitive management.</p>		<p>Participant Briefing:</p> <p>BAT CALL</p> <p>4 month old girl</p> <p>Seizure activity, self limiting</p> <p>HR 140, RR 30, Sats 95% GCS 3</p> <p>Nil treatment</p>
<p>Clinical Issues</p>		<p>Human factors / Non technical issues</p>
<p>Structured approach assessment and management of seizures Management of seizures & recognition of head injury</p>		<p>Team preparation & resource allocation Team communication Communication with child & parent</p>
<p>Learning Objectives:</p> <p>Communicate with parent appropriately Demonstrate a structured assessment of a child with trauma Interpret findings & manage appropriately Communicate effectively in a team</p>		
<p>Faculty Actors: Parent</p>		
<p>Patient Moulage: Jump suit</p> <p>Bruise & swelling to right occiput</p>		

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<p>Equipment & Props:</p> <p>EdWISE Paediatric Box</p> <p>Zara Manikin</p>		
<p>BAT CALL</p> <p>4 month old girl</p> <p>Seizure activity, self limiting</p> <p>HR 140, RR 30, Sats 95% GCS 3</p> <p>Nil treatment required</p>	<p>Expected action upon receiving BAT call</p> <p>Staff – Assemble team, allocate roles</p> <p>Patient – Calculate weight</p> <p>Equipment – prepare correct size</p> <p>Drugs – calculate weight based doses</p>	
<p>Patient presentation</p>	<p>Expected response by participants</p>	<p>Faculty /Actors Notes</p>
<p>Initial Presentation</p> <p>Baby responding to pain – occasional cry</p> <p>RR 36</p> <p>SaO2 95%</p> <p>HR 130</p> <p>BP 80/60</p> <p>CR 3secs</p> <p>Pupils left 4mm & right 3mm</p>	<p>Team accepts ambulance handover</p> <p>Recognise trauma and requests trauma call (if hospital protocol)</p> <p>Structured ABCDE approach to assessment of the child</p> <p>Find occipital swelling</p> <p>Applies monitoring and oxygen</p> <p>Check cannula patency and IVF bolus.</p> <p>Clear communication</p> <p>Allocate staff to liaise with mother</p>	<p>Ambulance Handover (can have laminated sheet on top of patient)</p> <p>I – Zara, 4 month old girl</p> <p>M – Fall from change table onto floor boards, approx 1.2 m</p> <p>I – Head injury, self limiting seizure</p> <p>S – Unresponsive, HR 140, RR 30, Sats 95%</p> <p>T – IVC</p> <p>A – Nil known allergy</p> <p>M – Nil reg meds</p> <p>B – Nil significant PMx</p> <p>O – Youngest child of 4</p> <p>Parent – Anxious and upset, was distracted by the 2 year old sibling. Provides information as requested.</p>

<p>Progression</p> <p>Seizure activity requiring midazolam for termination</p> <p>HR 160</p> <p>Sats 92% (on O2)</p> <p>Pupils – left now dilated and sluggish</p>	<p>Airway control during seizure</p> <p>IV midazolam for seizure termination (or other appropriate therapy and dose)</p> <p>Repeat primary survey after seizure termination, team to note pupil size change</p> <p>IV mannitol/hypertonic saline.</p>	<p>Parent – distressed by seizure</p> <p>May need to create seizure activity should this manikin function not work.</p>
<p>Progression</p> <p>RR 20</p> <p>Sao2 95%</p> <p>HR 95</p> <p>CR 3secs</p> <p>BP 120/70</p> <p>U on AVPU</p>	<p>Prepare for intubation if appropriate resources available, if not request should be made for senior help.</p> <p>Contact senior staff and NETS for ongoing advice and transfer to neurosurgical care</p> <p>Communication with parent</p>	<p>Faculty at simulation centre to be senior staff and NETs advice.</p>
<p>Debrief Guide</p>		
<p>Key clinical issues</p> <p>Structured approach to assessment of the paediatric head injured patient</p> <p>Management of seizures and raised ICP in head injury.</p> <p>Rapid sequence induction in head injury</p>	<p>Key non technical issues</p> <p>Planning, preparation and trauma team role allocation</p> <p>Communication with parent during critical events.</p> <p>Communication with external resources.</p>	

Ambulance Handover

I – Zara, 4 month old girl

M – Fall from change table onto floor boards, approx 1.2 m

I – Head injury, self limiting seizure

S – Unresponsive, HR 140, RR 30, Sats 95%

T – IVC

A – Nil known allergy

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