








Case Management: Series 3

For on site tutorials as part of the remote simulation program
Paediatrics: 8

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Introductions



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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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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.

Session Objectives

- Describe the structured approach to the febrile child
- Discuss management of the child with sepsis
- Rehearse key components for effective team work

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Note on language

- Use active verbs reflecting the participants’ point of view e.g.: understand; apply; rehearse; review etc]

Goal

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

E.G

Clinical practice

- These are from the module descriptors
- Structured Approach and communication
- Initial assessment & management
- Recognition of the severity of illness

Teamwork

- Mobilising your team
- Rehearse

A structured approach overview

RESUSCITATION (0-10min)

1. **Call for assistance**
2. Conduct **initial Assessment** (DRS-ABCDE)
3. Initiate **Emergency Treatment**
4. **Re-evaluate** (repeat steps 1 - 3)

SECONDARY CARE (10-60 mins)

1. Complete a focussed, systematic **assessment** (history & examination, investigations)
2. Initiate **specific** definitive treatments
3. Initiate **supportive** care
4. Actively look for and manage **complications**

TERTIARY CARE (1 - 24 hr)

1. Consult
2. **Check** results + **Reassess** patient
3. Arrange appropriate **disposition**
4. Provide **continuity** of care
5. **Document** management

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This is a repeat of the slide from the P4 module. It highlights the structured approach to assessment and management in the emergency department. This approach should be re-emphasised for all participants, if there are new participants in the group this should be explored further.

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

Red Flags

- Co morbidity
- Parental concerns
- Specific problems
- Age < 3 months
- Preceding events
- Temperature
- Social Risk



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Red Flags are commonly considered in medicine to identify high risk features in patients which require extra attention to be paid to exclude sinister causes. These features may be related to the condition, the cause, potential complications or individual co-morbidities. In the paediatric population parental concern is the most significant "red flag" that should be paid attention to, as the parent knows their child well and has usually been observing them for the course of the clinical condition and knows the child's usual behaviour intimately.

Some examples of "red flags" are listed below.

MECHANISM OF INJURY

MVA, Penetrating injury, Poisoning, Immersion, Electrocution, Ingestions, Eye injuries, Burns Falls.

CO-MORBIDITY

Any chronic illness or prematurity, recent admission or presentation to a medical practitioner.

PARENTAL CONCERN

SPECIFIC PROBLEMS

Petechial rash, Testicular pain, Chemical exposure / envenomation.

Bile-stained or blood in vomit, Red current jelly stool, Hyperglycemia/ Hypoglycemia, sudden onset of allergic reaction.

AGE < 3 MONTHS OF AGE

PRECEDING EVENTS

Apnoea or cyanotic episode, Seizure at home, Fluid intake or urine output less than half normal.

Early Goal Directed Therapy

- Delays in time to treatment – variety of reasons

Suspected sepsis.....

- **Fluids**
- **Antibiotics**

Dare to Stop Sepsis.

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Early Goal Directed Therapy is a principle which was initially describe as the Rivers trial in 2001. The underlying principles are to give early directed antibiotics and fluid resuscitation for patients presenting with sepsis.

The Clinical Excellence Commission has released guidelines for paediatric patients which should be made available to all emergency departments outlining.....

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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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 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

Team Leaders needs to ensure they are using the resources wisely & not overloading one person with too many tasks or tasks beyond their comfort zone.

Scenario

- Zara, 9 month old girl has been brought into the emergency department by her parent. She is at triage.



This is the brief for the scenario.

Summary

- Assessment of the febrile child focuses on excluding serious bacterial infection
- Early directed antibiotic therapy and fluid resuscitation are the mainstay of treatment
- Team work, leadership and communication integral to resuscitation



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