

Scenario 1		
Scenario: RSI in the head injured patient	Patient: Vinnie Jones 50 year old man	Simulator SIMMAN Essentials
<p>Case Summary: Vinnie Jones, 35 year old man, hit over the right side of his head during a bar fight. Half an hour later he was found unconscious by his friends in an alley and they called an ambulance. Vinnie has a history of liver failure due to alcohol abuse and is non compliant with his medications.</p> <p>His eyes are closed (1), he moans (2), and withdraws to pain (4), GCS is 7/15. BP initially 106/58, HR 70, RR 16, sats 98%, PEARL, and there is a boggy swelling to right temporal area. He has been collared.</p> <p>Vinnie need to be intubated and prepared for transfer to the CT scanner.</p>		<p>Participant Briefing: BAT call 50 year old male GCS 7 head injury BP 156/78 HR 70 Sats 98% BSL 7.2 ETA 2min</p> <p>On arrival paramedics give the handover – I – Vinnie Jones, 50 year old man M – 30 minutes ago hit on head with a chair during bar fight, found with decreased GCS I – Large bruise right side of head S – GCS 7, PEARL, BP 106/78, HR 70, RR 16, sats 98% T – C spine collar, IV access, 10mg of metoclopramide A – NKDA M – non compliant with medications B – Liver failure secondary to alcohol abuse O – Intoxicated, known to be aggressive</p>

Clinical Issues	Human factors / Non technical issues
RSI in a patient with head injury and potential C-spine injuries Preparation for transfer of an intubated patient to the CT scanner	Working and communication in a team Situational awareness
Learning Objectives: To recognise the need to secure the airway To demonstrate the 7 Ps for Rapid Sequence Induction To rehearse communication during critical procedures To demonstrate ability to perform a safe rapid sequence induction	
Faculty Actors: Faculty nurse will be helpful and proactive, Vinnie Jones will moan occasionally, but then become unconscious and remain GCS 3	
Patient Moulage: Bruising over right side of head, hard collar in situ. Patient to start covered with sheet. IMISTAMBO paperwork on manikin chest for team.	

Equipment & Props: EdWISE Airway Box and Extras IMISTAMBO handover laminated		
Monitor: ED setup ECG SPO2 CO2 ready NIBP	Investigations: CXR – intubated patient	

Patient presentation	Expected response by participants	Faculty /Actors Notes
BAT CALL 50 year old male GCS 7 head injury BP 156/78 HR 70 Sats 98% BSL 7.2 ETA 2min	Response by team on receiving BAT call: Staff – activate trauma team, allocate roles, get senior help Equipment – prepare airway equipment Drugs – prepare for RSI	Nurse to prompt to prepare Keep eye on time and give 2 minutes before promptly having patient arrive.
Initial Presentation Rhythm sinus HR 70 BP 106/78 RR 16 SPO2 98% Temp 36.0 Conscious level GCS 7	Share the handover with the team. Structured ABCDE assessment of the patient Apply monitoring. Makes assessment of difficulty of airway in Vinnie. Trauma assessment for other injuries Prepare and plan for intubation Use 7 P's of intubation using a coordinated team approach.	Nurse – to uncover Vinnie and point out the IMISTAMBO handover on patient for team to read. Vinnie Jones Will moan occasionally initially
Intubation If junior group simple intubation with minimal difficulty if appropriate doses of medication given If senior group consider altering degree of difficulty	Appropriate doses of medications and preparation should be given.	Nurse should prompt for doses of medication so that faculty at SCSSC are able to hear

<p>Recovery Once intubated HR 80 BP 110/80 Sats 98%</p>	<p>Team should choose appropriate sedation and post intubation care should be begun</p>	<p>Encourage good post intubation care.</p>
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Debrief Guide	
<p>Key clinical issues Preparation and planning in trauma Structured approach to RSI in a patient with head injury and the need for C-spine precautions Preparation required to take an intubated patient to CT</p>	<p>Key non technical issues Communication in a team setting</p>

This project was possible due to funding made available by Health Workforce Australia

Ambulance Handover

I – Vinnie Jones, 50 year old man

M – 30 minutes ago hit on head with a chair during bar fight,
found with decreased GCS

I – Large bruise right side of head

S – GCS 7, PEARL, BP 106/78, HR 70, RR 16, sats 98%

T – C spine collar, IV access, 10mg of metoclopramide

A – NKDA

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