

Scenario template: A 4.1 paediatric		
<b>Scenario:</b> Drowned child	<b>Patient:</b> 5 year old Jason Donovan	<b>Simulator</b> SIMM Junior
<p><b>Case Summary:</b></p> <p>Jason is a 5 year old boy, visiting his grandparents from England, found unconscious in the backyard swimming pool. He was last seen 3 minutes earlier playing with a ball. Resuscitation was initiated immediately and by the time the ambulance arrived he had return of spontaneous circulation, though his breathing is ineffective and he remains hypoxic.</p> <p>On arrival his breathing is supported by bag valve mask with saturations of 89%. His temperature is 34 degrees, heart rate 95bpm and GCS 3.</p> <p>He will need to be intubated with a systematic approach and rewarming instituted along with supportive care with disposition to a paediatric ICU.</p>		<p><b>Participant Briefing:</b></p> <p>BAT call 5 year old drowning            Assisted ventilation            Saturations 89%            Heart rate 95bpm            Temperature 34 degrees            GCS3</p> <p>I – Jason Donovan, 5 year old English boy.            M – Found in pool, last seen 3 minutes previously, CPR on scene            I – No bruising or injuries found            S – HR 95, saturations of 89% with bag valve mask ventilation, temperature 34 degrees and GCS 3            T – 1 x IVC            A – no known allergies            M – no medications            B – no medical problems            O – mum is on her way</p>

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Clinical Issues	Human factors / Non technical issues	
Prioritising airway and ventilation and oxygenation in drowned child Special consideration for paediatric intubation Management of drowning and potential hypothermia	Communication within a team and leadership Dealing with parental anxieties	
<b>Learning Objectives:</b> To recognise and manage differences in paediatric airway management To demonstrate an ability to intubate a child using correct techniques and planning for difficult airway To rehearse methods to determine correct tube placement To review management of paediatric drowning.		
<b>Faculty Actors:</b> Faculty nurse who will be helpful and proactive, Mother of the child concerned faculty member, Child will be apnoeic and therefore not vocal		
<b>Patient Moulage:</b> IV line in situ, Wet skin - Vaseline then water over forehead, BVM next to patient to support breathing and covered with sheet for BAT call		
<b>Equipment &amp; Props:</b> EdWISE airway box and extras Vaseline for moulage		
<b>Monitor:</b> ED setup ECG SPO2 CO2 ready NIBP	<b>Investigations:</b> CXR – paediatric CXR ABG – pH 7.20, PO2 50, PCO2 70, BE -6, bicarb 18, lactate 3 ECG – normal sinus rhythm	

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Patient presentation	Expected response by participants	Faculty /Actors Notes
<p><b>BAT call</b>                      5 year old drowning                      Assisted ventilation                      Saturations 89%                      Heart rate 95bpm                      Temperature 34 degrees                      GCS3</p>	<p>Preparation and Planning                      Staff, Space, Equipment                      Roll allocation</p>	<p>Nurse helpful</p>
<p><b>Initial Presentation</b>                      Rhythm sinus                      HR 95                      BP 85/50                      RR 0 – supported by BVM                      SPO2 89%                      Temp 34 degrees                      Conscious level GCS 3</p>	<p>Accepts handover                      Begins AcBCDE assessment                      Airway management expected and prepared for                      Consideration of RSI if resources available</p>	<p>Nurse to hand team written IMIST AMBO Handover</p> <p>If available other faculty to arrive as concerned parent. To give further background to the story and provide need for consideration of management of the parent.</p>
<p><b>Progression</b>                      Observations unchanged</p>	<p>Intubates the patient with RSI. Confirms ETT placement and secures tube.                      Ongoing sedation and investigations</p> <p>Call for specialist help NETS/paeds ICU</p>	<p>NETS to prompt for senior input or appropriate airway management to match skill level of the team.</p>

<p><b>Recovery</b> If the team successfully intubate the child, the saturations will increase to 95%</p>		
<p><b>Debrief Guide</b></p>		
<p><b>Key clinical issues</b> Structured approach Management of drowned child Imminent need for intubation and ventilation to manage a drowned child Disposition of the child to a paed ICU / NETS</p>	<p><b>Key non technical issues</b> Communication within the team, leadership Involvement of parents in the resuscitation room</p>	

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## Ambulance Handover

I – Jason Donovan, 5 year old English boy

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T – 1 x IVC

A – no known allergies

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