

Scenario template: T1 scenario 1		
Scenario: T1 - Scenario 1 Fall off ladder with multiple injuries	Patient: Stephen King 74 year old man	Simulator SIMMAN or Actor
Case Summary: Stephen King, 74-year old male, who has had a fall from a ladder while cleaning out his gutter. He has landed on his right side hitting his head and sustained a right humeral fracture. He also has a haematoma to the right parietal head and is complaining of cervical tenderness around C6. He has a sub dural haematoma and has dropped his GCS from 15 to 12 on arrival at hospital. Patient is on warfarin.		Participant Briefing: BAT Phone Please answer the phone.
Clinical Issues		Human factors / Non technical issues
Identification of trauma team activation. Preparation and Planning Application of triage tools from pre-hospital notification and on arrival		Team communication Preparation needed to receive a trauma patient.
Learning Objectives: To recognise the need to activate the trauma team from the pre-hospital call. To prepare and plan for the arrival of the trauma patient. Appropriate use of the ATS to allocate an appropriate triage category. To understand the IMIST-AMBO handover to recognise a trauma patient and potential severity of trauma.		
Faculty Actors: Ambulance officer / patient, note no faculty nurse for this scenario		
Patient Moulage: Sling to right arm, abrasions to right hip, arm, shoulder, head. Manikin covered in sheet.		

<p>Equipment & Props: Hard collar, spine board EdWISE trauma box and extras White board/Paper/Pens for BAT call notification</p>		
<p>Monitor: ED setup 3 lead ECG NIBP SpO2</p>	<p>Investigations:</p>	
<p>Patient presentation</p>	<p>Expected response by participants</p>	<p>Faculty /Actors Notes</p>
<p>Initial Phone Call I - Ambulance control calling M - 74 year old male fall approx 3M from ladder, nil LOC I - Haematoma to head, complaining of neck pain and right arm pain, multiple abrasions to right hip and arm. S - RR - 22, SpO2 99% on O2, HR 116, BP 158/90, GCS 15 T - 2.5mg morphine and 10mg metoclopramide, Collar applied ETA 3 minutes Pause and discuss – please give exactly three minutes to prepare.</p>	<p>Document bat call. Discuss with ED team about need for trauma team activation. Activate trauma team and prepare for patient arrival.</p>	<p>Ambulance control. Bat call as noted using IMIST If asked for further information you do not know anything else.</p> <p>Allow scenario to run for 3 minutes of preparation and planning</p> <p>Debrief - Notification of BAT calls Preparation and planning – activation of trauma teams For junior group can discuss what will happen on ambulance arrival</p>

<p>Progression</p> <p>Ambulance arrives at the hospital</p> <p>I - Stephen King, 74 y/o male</p> <p>M - Fallen approx 3M off a ladder while trying to clean his gutters. Landing on his right side. Nil LOC</p> <p>I - Abrasions to right hip, elbow and shoulder. Has a haematoma to the right parietal head and is complaining of pain to his neck and right shoulder.</p> <p>S - RR- 18, Spo2 99% on 10L via NRB, HR 98, BP 164/92, GCS 12 E-3, V-4, M-5, PEARL, complaining of nausea. Nil obvious deformity to right shoulder put gross swelling and tender ++ to upper humerus on palpation, tender on palpation to midline cervical neck</p> <p>T - IVC, 5mg IV morphine, 10mg IV maxalon, Collar</p> <p>A - nil known allergies</p> <p>M - Warfarin, diltiazem, ramipril, Lipitor, calcium</p> <p>B - hypertension, AF, hypercholestromia, arthritis</p> <p>O - his wife and son are on their way into the department.</p> <p>Pause and discuss</p>	<p>Listens to IMIST AMBO handover</p> <p>Recognise patient deterioration.</p> <p>Allocation of appropriate triage category 2 based on ATS descriptors.</p> <p>Scenario ends once patient triaged.</p>	<p>Ambulance officer: Hands over patient as per IMIST AMBO</p> <p>Debrief</p> <p>Clinical handover – location, IMIST AMBO and active listening</p> <p>Triage category</p> <p>Trauma team roles</p>
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This project was possible due to funding made available by Health Workforce Australia

Debrief Guide

Key clinical issues

Use of host site or generic trauma triage to activate trauma team (if available)

Use of the Australasian triage score in this trauma patient

Recognition of patient deterioration and increased risk associated with warfarin and age.

Recognition of need for appropriate trauma service and discussion about transport / retrieval if not an appropriate trauma service

Key non technical issues

Staff communication and planning for patient arrival.

Effective team communication and planning among trauma team.

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