

<b>Scenario template: T1 scenario 2</b>		
<b>Scenario:</b> T1 Scenario 2	<b>Patient:</b> Taylor Swift, 36 year old	<b>Simulator</b> Faculty Actor (or SIMMAN)
<b>Case Summary:</b> Taylor Swift, 36 year old, self presenting to the emergency department. Whilst helping a friend move house slipped over carrying a glass coffee table. They fell down 2 stairs landing on his buttocks. The glass cracked and Taylor was hit in the chest with the cracked glass. The right chest was bleeding, but this has slowed after gauze was placed on it. Taylor has sustained 2 rib fractures and a haemo-pneumothorax that is becoming worse and on arrival is complaining severe pain of the right chest with increasing shortness of breath. Taylor should be transferred to the resuscitation bay. Scenario ends when trauma team receives the handover from the triage nurse.		<b>Participant Briefing:</b> Taylor Swift has just arrived at triage.
<b>Clinical Issues</b>		<b>Human factors / Non technical issues</b>
Patient deterioration during triage. Recognition of traumatic chest injury.		Communication with patient and colleagues.
<b>Learning Objectives:</b> To demonstrate recognition of trauma and appropriately triage of patient using ATS. To discuss appropriate level of trauma service activation. To rehearse clinical handover of the unexpected trauma patient – ISBAR.		
<b>Faculty Actors:</b> Taylor Swift with history as given. Increasingly short of breath during scenario. Taylor can be male or female faculty actor.		
<b>Patient Moulage:</b> Begins sitting on chair in triage area. Small puncture wound to right chest, bloody gauze over wound.		

<p><b>Equipment &amp; Props:</b>          Preferably actor as Taylor Swift, as able to move in room. Manikin if nil actor available.          Blood soaked gauze for patient moulage.          Blood pressure monitor          Spo2 probe          Stethoscope          ATS tool          Area designated as resuscitation bay with bed to lie on.          Trauma Team activation tool and local triage documentation.</p>		
<p><b>Monitor:</b> Triage setup          HR          SPO2          NIBP</p>	<p><b>Investigations:</b></p>	
<p><b>Patient presentation</b></p>	<p><b>Expected response by participants</b></p>	<p><b>Faculty /Actors Notes</b></p>
<p><b>Initial Presentation:</b>          HR 108          BP 106/54          RR – 20          SPO2 94%          Temp 36.2          Conscious level GCS 15          Pain 4/10</p>	<p>Initial assessment based on DRS AcBCDE</p>	<p><b>Patient:</b> Clutching bloody gauze to chest.          Talking full sentences on arrival. Complaining of pain to right chest on inspiration. As you explain what happened you become increasingly short of breath.</p>

<p><b>Progression - During triage over next 3-4 minutes.</b>  RR 32 shallow respirations  Decreased breath sounds on right side  SpO2 87%  HR 134  GCS 15  Pain 7/10</p>	<p>Recognition of patient deterioration.  Appropriate triage category given and request for senior help.</p>	<p><b>Patient:</b> Start complaining of increasing pain to the right side of your chest. Then only able to talk in short phrases. Requesting pain relief concerned about breathing.</p>
<p><b>Deterioration</b>  Transferred to resuscitation bay. In obvious distress. Obs remain similar</p>	<p>Appropriate transfer of patient to resuscitation bay and activation of trauma call.</p>	<p>Continue to complain of pain and shortness of breath  Taylor if actor can move from chair to bed area, if manikin team can be called to bedside.</p>
<p><b>Recovery</b>  Breathing and SpO2 improve a little if placed on NRB  Pain improves if given analgesia</p>	<p>Scenario ends once patient transferred to resuscitation bay and patient has been handed over by triage nurse to trauma team.</p>	<p>Breathing improves a little if given oxygen. Pain improves a little if given analgesia  The scenario will finish prior to these interventions taking place. If they are done then Dean will improve.</p>
<p><b>Debrief Guide</b></p>		
<p><b>Key clinical issues</b>  Structured approach to assessment and identification of deterioration.  Allocation of appropriate triage category based on ATS descriptors.  Identification of trauma based on generic team activation tool and decision to activate trauma services or rapid response.  Discussion about level of trauma care and services needs for definitive care.  Transfer or retrieval based on level of hospital.</p>	<p><b>Key non technical issues</b>  Handover to resus room staff.  Encourage the use of the ISBAR handover  (Identification, Situation, Background, Assessment, Recommendations)</p>	

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