

Scenario template: Scenario Name or Descriptor		
Scenario: T2 - scenario Initial Assessment - Trauma	Patient: John Grisham 56 year old	Simulator SIMMAN Essentials or similar, experienced Resus nurse (faculty), wife (faculty), radiographer (faculty)
Case Summary: John Grisham, 56 year old, hypertensive, smoker, 56-year-old man. He fell from a ladder whilst clearing his gutters with 1-minute loss of consciousness. Minor injury to head, chest and lower limbs. Fractured ribs and bruising to head and left hip.		Participant Briefing: BAT CALL 56 year old man Fall from ladder 2.5 m with 1 minute loss of consciousness. Left leg and rib pain HR 110, BP 160, Sats 94% 2x IVC, morphine, metoclopramide ETA 1 minute
Clinical Issues		Human factors / Non technical issues
Assessment of trauma in the emergency department Management of pain in trauma		The 7 non-technical team tasks Closed loop communication Relay of AcBCDEFG findings to team leader Situational awareness by team re potential for C-spine and Pelvic injury
Learning Objectives: To demonstrate a structured approach to trauma. To rehearse a team based trauma assessment. To recognise risk of cervical spine injury with head injury.		

Faculty Actors:

John Grisham (manikin) – Cooperative man but wants to go home rather than stay in hospital. You are in pain and when you cough or take a deep breath the pain is severe. You would like some analgesia.

Faculty Nurse – To facilitate scenario and guide the participants as needed. You are helpful to the team. You will place monitoring without being asked. If it seems that the team is struggling try to guide them back to an AcBCDE approach. If they are not thinking about C-spine injury say something along the lines of “it looks like he has a pretty big bang on the head and sore chest, should we be thinking about a neck injury?” Hand the laminated result sheet to the team at an appropriate time after the team have ordered that investigation.

Host site faculty staff – Please hand out copies of the investigations to the participants not taking part in the scenario, when the team are given them by the faculty staff.

If there are enough host site staff then people can play the radiographer and wife/friend.

Patient Moulage: Bruise to back left of head. Tender left ribs, Tender and bruised left hip.

Manikin begins covered with a sheet.

Equipment & Props:

EdWISE Trauma box and Extras

Blood test results – FBC, U+Es, Coag, VBG or ABG as needed.

X-rays – Lateral C-spine (normal)

AP chest normal

Normal pelvis X-ray

12 lead ECG – sinus tachycardia. (all investigation results laminated and 2 copies)

Monitor: 3 Wave ED setup

HR, BP, Sats

Investigations:

See below for blood test results.

Bedside BSL – 6.8

C-spine, Chest and Pelvis X-rays normal

Patient presentation	Expected response by participants	Faculty /Actors Notes
<p>Preparation</p> <p>BAT CALL</p> <p>56 year old man</p> <p>Fall from ladder 2.5 m with 1 minute loss of consciousness.</p> <p>Left leg and rib pain</p> <p>HR 110, BP 160, Sats 94%</p> <p>2x IVC, morphine, metoclopramide</p> <p>ETA 1 minute</p>	<p>Preparation and Planning</p>	<p>Faculty Nurse Prompt team to prepare and plan for the arrival of the patient</p> <p>It is important for timing that only 1 minute is given at this point in time.</p>
<p>Initial Presentation:</p> <p>Sats – 94% on air</p> <p>ECG – Sinus tachy</p> <p>HR – 105</p> <p>NIBP – 160/85</p> <p>RR – 26/min</p> <p>Temp – 36.7</p> <p>Breath sounds – reduced left lower zone</p>	<p>Accept the handover</p> <p>Primary Survey</p> <p>Initial assessment</p> <p>Application of monitoring</p> <p>IV access gained with bloods taken</p> <p>Assessment of AVPU/GCS and BSL.</p> <p>Consideration of analgesia</p>	<p>Faculty Nurse –</p> <p>Hand the team the IMIST AMBO hand over sheet after reading it out to them.</p> <p>Monitoring should be placed early – if this is not done help the student nurses to apply this.</p>
<p>Progression</p> <p>If no analgesia given</p> <p>HR 113</p> <p>Other obs stay the same</p>	<p>Analgesia</p> <p>C-spine collar application</p>	<p>John – If you have not received any analgesia you are becoming more vocal about the pain that you are experiencing.</p>

<p>Deterioration</p> <p>If C-spine collar is not applied then John can complain of tingling in his left foot. If no analgesia is considered John becomes agitated and less cooperative</p>		<p>Faculty Nurse If FAST requested tell team the result is negative.</p>
<p>Debrief Guide</p>		
<p>Key clinical issues (Pick a maximum of 2 points * = suggested)</p> <p>Systematic DRS AcBCDE approach to the trauma patient *</p> <p>C-spine control in patients with injury above and below the neck – also head injury with LOC! *</p> <p>Importance of use of analgesia</p>	<p>Key non-technical issues (Maximum of 2 points!)</p> <p>Role allocation</p> <p>Closed loop communication</p> <p>Situational awareness and voicing this to team</p> <p>Summaries</p>	

IMIST AMBO Handover

I – John Grisham, 56-year-old man

M – John was clearing his gutters of leaves when he slipped off his ladder and fell 2.5m onto concrete paving.

I – 1 minute loss of consciousness, pain to left leg and left ribs

S – Sats 95% on air, HR 110 regular, BP 155/80.

T – 2 IVC in situ, 10mg metoclopramide, 2.5mg morphine

A – Nil known Allergies

M – Irbesartan

B - Hypertension and Smoker

O – John’s wife is on her way to the hospital in her car.

Venous Blood Gas

	Calculated	Normal Range
pH	7.37	7.35 – 7.45
PaCO ₂	46	35 – 45 mmHg
PaO ₂	44	75-100
HCO ₃	25	22-26
BE	1	-2 – +2
Lac	1.4	0 – 2

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

Arterial Blood Gas (air)

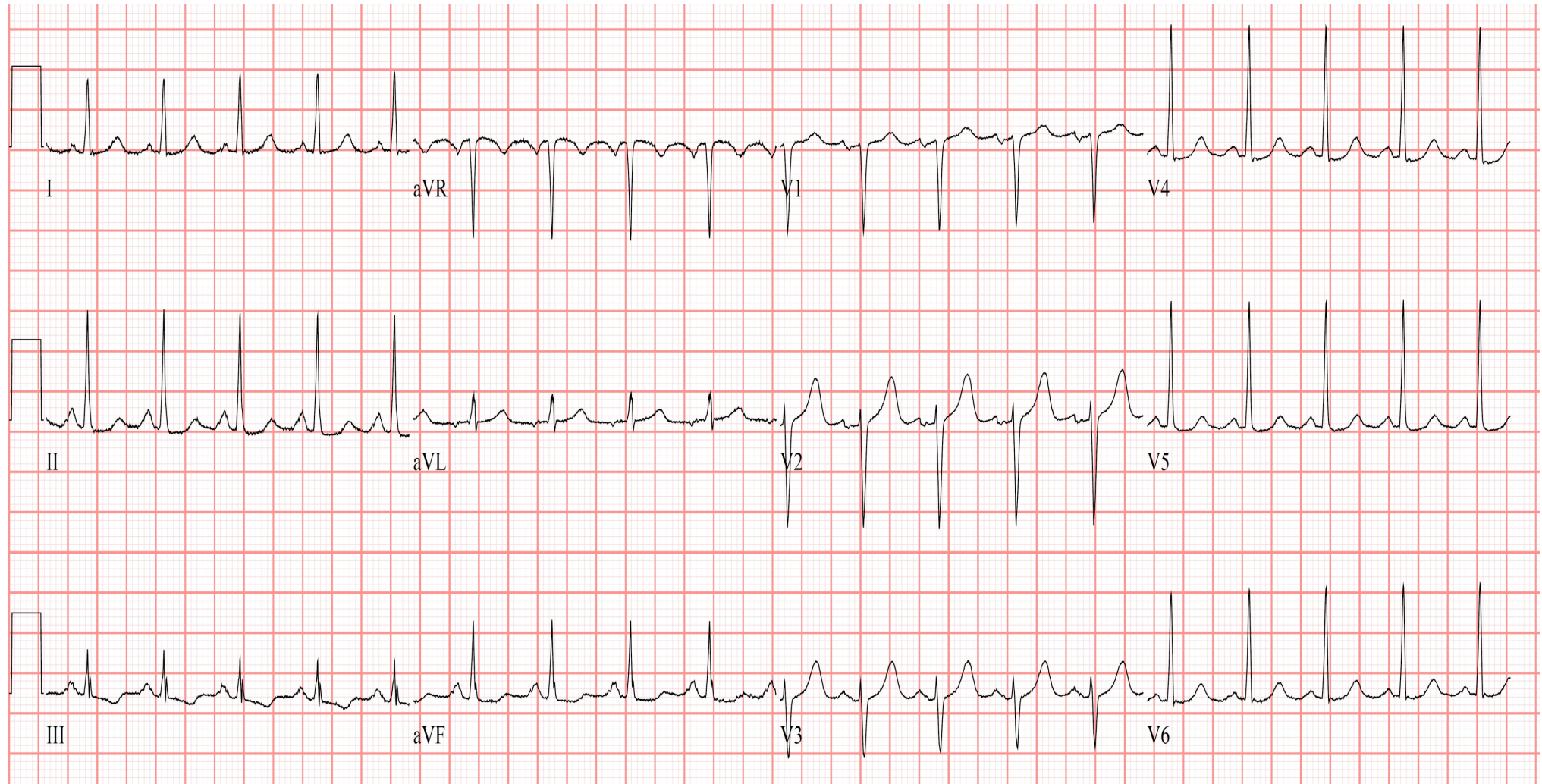
	Calculated	Normal Range
pH	7.37	7.35 – 7.45
PaCO ₂	37	35 – 45 mmHg
PaO ₂	77	75-100
HCO ₃	25	22-26
BE	1	-2 – +2
Lac	1.4	0 – 2

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Arterial Blood Gas (Oxygen)

	Calculated	Normal Range
pH	7.37	7.35 – 7.45
PaCO ₂	37	35 – 45 mmHg
PaO ₂	180	75-100
HCO ₃	25	22-26
BE	1	-2 – +2
Lac	1.4	0 – 2

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ECG from http://en.ecgpedia.org/wiki.Sinus_Tachycardia – accessed 16/6/2012.

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