

<p><b>Scenario:</b> T4 – 1 T4 – Distracting injury, hip fracture, but also C-spine injury</p>	<p><b>Patient:</b> Clive James – 87 year old man from a nursing home - dementia</p>	<p><b>Simulator</b> <b>All of T4 scenarios can be accomplished with an actor</b> SIMMAN Essential or equivalent</p>
<p><b>Case Summary:</b></p> <p>Clive is an elderly man living in a nursing home. He suffers with dementia due to Alzheimer’s disease. He also has a history of osteoarthritis. He is a frail man and has rolled out of bed onto the floor fracturing his left neck of femur. This injury is causing him considerable pain and is distracting him from the pain in his neck due to the tear drop fracture of C6 that he has sustained also.</p> <p>This scenario is to emphasise that the full structured approach to trauma patients should be followed so that occult injuries and problems are not missed.</p>		<p><b>Participant Briefing:</b></p> <p>Clive James, 87-year-old nursing home resident. Fall from bed, found on the floor of his room, unwitnessed events. Now unable to mobilise.</p>
<p><b>Clinical Issues</b></p>		<p><b>Human factors / Non technical issues</b></p>
<p>Importance of a systematic approach to trauma patients Distracting injuries Primary and secondary surveys are key to the optimum management of trauma patients Analgesia</p>		<p>Communication with a demented patient Communication with the team Situational awareness re increased risk of other fractures</p>
<p><b>Learning Objectives:</b></p> <p>To <b>demonstrate</b> the importance of a thorough primary and secondary survey.  <b>Communicate</b> with a demented patient.  To <b>conduct</b> a thorough primary and secondary survey  To <b>demonstrate</b> situational awareness.  To <b>interpret</b> cervical spine and pelvic x-rays.</p>		

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**Faculty Actors:**

**Clive James** – pleasantly demented gentleman. Complains of pain but is vague as to where. He will cry out in pain if his left hip is moved or pressed upon. If his C-Spine is examined he will cry out in pain when they press about half-way down the centre of his neck

**Faculty nurse** – Helpful ED nurse. Will prompt the team as needed and will proactively help the patient and team.

**Host site faculty** – Will hand out copies of the laminated investigation results to the watching participants

**Patient Moulage:** No specific moulage is needed – a grey wig for the mannequin would be useful. Cannula in situ already with bloods already taken and being processed. If possible turn the mannequin’s left leg so that it is a little bit externally rotated and bent at the knee so that it seems to be shortened. If actor being used, dress in patient gown and use same grey wig for patient.

**Equipment & Props:**

Grey male wig

EdWISE Trauma box and Extras

**Monitor:**

ED setting – 3 Waveform screen  
Sats  
NIBP  
3-lead ECG

**Investigations:**

C-Spine lateral X-ray with fracture laminated x2  
  
CXR normal laminated x2  
  
Pelvis X-ray with fractured left hip laminated x2

**Host Site Faculty** – If the team ask for an Xray, please hand out the appropriate laminated sheet to the participants not taking part in the simulation, whilst the faculty nurse delivers the other to the team within the scenario.

Patient presentation	Expected response by participants	Faculty /Actors Notes
<p><b>Initial Presentation</b></p> <p>Sats – 96% on air 98% on any oxygen</p> <p>RR – 20/min</p> <p>NIBP – 150/87</p> <p>HR – 95 reg with some ectopics</p>	<p>Role allocation</p> <p>Structured approach to the trauma patient</p> <p>Communication with Clive and within team</p> <p>Aware that Clive may have other injuries along with his hip fracture</p> <p>Monitoring</p> <p>Order an x-ray of the hip/pelvis (AP pelvis and lateral left hip)</p> <p>Provide adequate analgesia for patient (or request)</p>	<p><b>Clive James</b> – Confused about where and when you are. You are in pain but you cannot say where. Shout out in pain when your left leg is moved or when the left hip is pressed on. Cry out in pain when the middle of your neck, about half way down, is palpated.</p> <p><b>Faculty nurse</b> – Helpful and proactive. Attach monitoring and guide the team into a full primary and secondary survey of the patient. Once the X-rays have been taken hand the team the appropriate laminated x-rays. If the team request an ECG please hand them the laminated ECG.</p> <p><b>Host site Faculty</b> – please hand out the appropriate laminated X-rays/ECGs to the participants not taking part – when the team has ordered them</p>
<p><b>Progression</b></p> <p>There is no change in Clives’s observations</p>	<p>Team should be continuing the primary and secondary survey and communicating the results. Realise that Clive is at risk of neck injury and assess Clive’s neck. Once midline tenderness has been elicited then an appropriate collar should be placed and an X-ray ordered.</p> <p>Consider ongoing care and investigation of the patient including septic work up, IDC, analgesia, and involvement of orthopaedics.</p>	<p><b>Clive James</b> – Confused still. Pain in hip and pain if neck palpated in the mid-line. If the team does not do this then complain of tingling in fingers.</p> <p><b>Faculty nurse</b> – If the team does not think to palpate Clive’s neck then once Clive starts saying “tingling” or “numb” then say that Clive seems to be rubbing his hands together quite a lot recently. Clive will not be able to say what is wrong but you may be able to guide the team into looking at the neck. Once the neck X-ray has been ordered then hand the team the laminated sheet.</p> <p><b>Host site faculty</b> – Hand the participants not taking part in the simulation the laminated sheet of the C-spine x-ray when the team ask for it.</p>

**Debrief Guide**

**Key clinical issues**

Thorough primary and secondary surveys are vital in trauma patients

Importance of thinking about distracting injuries

Consider the condition, the cause, complications and co-morbidities in all emergency management

**Key non technical issues**

Challenges of communicating with a demented patient. Think of alternatives (speak to the nursing home, relatives, carers who know the patient better than you and may be able to tell what is wrong)

Role allocation

Communication within the team

Situational awareness re the risk of other injury