Scenario: T4 – S2 Neck pain post MVA – C-Spine clearance	**Patient:** Frank Sinatra a 56 year-old man with "whiplash"	**Simulator** **All of T4 scenarios can be accomplished with an actor** SIMMAN Essential or equivalent
Case Summary: Frank Sinatra was in his car stopped at traffic lights and was rear-ended by another car. He was stopped at traffic lights in his Honda Civic and was hit from behind by a VW Golf travelling at about 30KPH. He felt fine immediately after and was noting down the insurance details of the other driver when he started to feel increasing pain in his neck. The ambulance arrived and the paramedics have put Frank in a collar and sandbags for C-Spine protection. He walked after the incident and has subsequently developed neck pain. He has "whiplash" but no cervical spine or cervical spinal cord damage. He is to be assessed in a DRS-AcBCDE fashion and his neck to be cleared clinically. He has muscular neck pain. Mr Sinatra is otherwise well with NKDA		**Participant Briefing:** Frank Sinatra 56 year-old man, rear-ended in his car at low speed. He complained of some neck pain while discussing the incidence with the other driver.
Clinical Issues		**Human factors / Non technical issues**
DRS- AcBCDE approach to the trauma patient How to clear a cervical spine Which guidelines to follow (Canadian C-spine rules or Nexus or local?)		Communication with patient Communication with team Communication with senior clinician
Learning Objectives: Structured approach to the trauma patient, clinical examination of the C-Spine, use of clinical guidelines to guide decision making **Communicate:** With the patient, the team, other specialities, clinical senior **Conduct:** A structured approach to the trauma patient, a thorough C-spine examination to "clear" the C-spine **Demonstrate:** Good clinical and non-technical skills and attitudes. Use of clinical decision making tools. When to ask for senior help/input **Interpret:** Clinical and history findings.		
Faculty Actors: **Frank –** Is a pleasant man with isolated neck pain. It is not painful when pressing down the middle of the neck but when pressing to the right side of the neck. He is a little worried about the neck pain as he has heard to people having broken necks after car crashes. **Faculty Nurse –** Helpful and proactive. Will help place monitoring and suggest simple analgesia for Frank's painful neck. If the team is struggling you could pretend to help scribe for them and prompt a DRS-AcBCDE approach. Also if they are stuck with the examination of the C-spine you can suggest calling a more senior clinician. **Faculty Senior clinician –** Helpful senior. Will answer any questions they have as per your ED's protocols and suggest how to proceed if needed.		

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Patient Moulage: The mannequin should be lying on a trolley with a well fitting cervical spine collar in place. The faculty nurse has already placed an IV and taken bloods (although not necessarily needed in this scenario).		
Equipment & Props: EdWISE Trauma box and Extras		
Monitor: ED setting – 3 Waveform screen Sats NIBP 3-lead ECG	**Investigations:** Normal C-Spine X-ray - Laminated x2	**Host Site Faculty –** If the team ask for a C-spine Xray then 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**
Monitor: ED setting – 3 Waveform screen Sats NIBP 3-lead ECG	**Investigations:** Normal C-Spine X-ray - Laminated x2	**Host Site Faculty –** If the team ask for a C-spine Xray then 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**
Initial Presentation: Frank is fine other than the pain in his neck. He is a little worried if asked but otherwise compliant and helpful. HR – 95 reg SR BP – 150/80 Sats – 97% on air. 100% if any O_2 applied	Quick history from Frank DRS-AcBCDE approach to a trauma patient Realise quickly that the only potential problem is the neck pain. Realise that mechanism and patient are low risk for C-spine injury. No initial pain, no neurology, not intoxicated, no distracting injury and no bony, midline tenderness.	**Frank –** Happy to be in hospital and to be checked out. Cooperative but a little worried about the neck pain. **Faculty Nurse –** Helpful and proactive. Will suggest that the only thing that is holding this patient from going home is clearing his neck for a C-spine injury. Prompt team into a structure approach to the patient **Clinical Senior –** If called in you are supportive and helpful. Suggest clearing the C-spine clinically rather than X-ray (if it has not already been ordered).

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Progression There is no change in Frank's observations	The team should be working together to assess Frank and his neck pain. If they are unsure as to what to do then they should be asking for senior input.	**Frank –** As above. Will ask for painkillers if they have not been given. **Faculty Nurse –** As above. Can prompt for analgesia if the team does not pick up on Frank asking for analgesia. If the team are floundering then prompt a call for senior **Clinical Senior –** If the team do not ask for help and are struggling you can enter the scenario as you are just checking to see if they have had their breaks/need a hand/other. Do try to give them as much time as possible to figure it out themselves – the scenario will only last for 10 minutes though!

Debrief Guide	
Key clinical issues Assessment and "clearance" of the c-spine. Structured approach to the trauma patient Use of clinical decision making guidelines	**Key non technical issues** Team approach to the patient Communication Handover – ISBAR When to call for help.

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