Scenario: T4 – 3 T4 – Minor head injury	**Patient:** George Calombaris	**Simulator** **All of T4 scenarios can be accomplished with an actor** SIMMAN Essential or above
Case Summary: George is an 18-year-old man who has fallen off his skateboard whilst travelling down hill. He hit his head in the fall. He did not lose consciousness but does not remember the incident or getting to hospital (15 minute trip). He has moderate concussion. He does not fit the Canadian CT head rules criteria to CT his head. Borderline for CT head/short stay/home with advice. May depend upon location of patient's home and ED and local protocols!		**Participant Briefing:** George Calombaris, 18 year old boy Brought in by parents, after fall from skateboard with loss of consciousness.
Clinical Issues		**Human factors / Non technical issues**
Mild head injury with complicating amnesia. Borderline for CT head scan or admission to short stay. Risk stratification – involvement of senior clinician!		Communication surrounding decision-making in head injury Decision making on patient disposition Communication with senior

Learning Objectives:

Apply Risk stratification of mild/moderate head injury.
Communicate: With team, patient, George's parent (as patient can't remember), senior.
Conduct: Systematic approach to the trauma patient. Thorough assessment and history
Demonstrate: A team approach to assessment and decision-making. Knowledge of indications for CT head scans in their ED
Interpret: History and examination findings

Faculty Actors:

George Calombaris – fit and well 18 year old. Does not remember from 5 min before the fall to about 15 min after the fall. George has not vomited and feels fine other than a sore part of his head – left parietal/occipital area – where he hit his head.

Nurse Faculty – Helpful and proactive. Guide/prompt the team through the assessment of George. You are a little worried about George due to the loss of memory.

Parent of George – Saw George start from the top of the hill and fall about half way down. She/he thinks that he rolled about 3 times and then stopped. George seemed to get up straight away and he had a very brief loss of consciousness (less than 30 seconds). George felt a little sick at the time but did not vomit. He did not complain of any other pain other than a tender head where he hit it. George is fit and well with no allergies

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Senior ED clinician – They should receive a handover from the team leader when they ask for help, towards the end of the scenario.		
Patient Moulage: No real moulage needed. A "cool" cap might be good to have on George for that "skater" look!		
Equipment & Props: EdWISE Trauma box and extras **Local Head injury guidelines and discharge handouts**		
Monitor: ED setting – 3 Waveform screen Sats NIBP 3-lead ECG	**Investigations:** Nil	
Patient presentation	**Expected response by participants**	**Faculty /Actors Notes**
Initial Presentation Sats – 99% on air RR – 15/min HR – 78/min reg BP – 130/65 Chest clear PEARL GCS 15 Neurologically intact!	AMPLE history from George and mother/father Structured approach to the trauma patient Allocate roles Attach monitoring Identify amnesia as a risk factor .	**George –** Nice guy. Compliant with questions but can't remember incident or 15 min either side of the fall. No previous illness, NKDA, fit and well. Pain from where he hit his head and tender over that area – left parieto-occipital area. Nil C-spine tenderness and has been moving his neck. **Faculty Nurse –** Proactive and helpful. Helps to guide the team through the assessment of the patient. Will apply monitoring without asking, etc. **George's Parent –** Saw the fall "looked terrible". Thinks that is was a miracle that George managed to stand afterwards.

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Progression There is no change in observations	Team should have identified that George is suffering from retro and anterograde amnesia. They should be communicating with George's parent and George about the head injury – mild to moderate, what the concerning and reassuring signs are. The team should be coming to a decision as to how to proceed and George's admission/discharge/senior help	**George –** Same as above. Keen to go home and watch the footie **Faculty nurse –** Same as above. If the Skull x-ray was asked for the hand the team the laminated copy of the x-ray **George's Parent –** Is worried about taking George home. They do not know what to look for and have heard in the news about kids dying from seemingly mild head injuries. **Senior ED clinician –** If the team ask for input then you can arrive and receive and handover. Ask any quick questions you feel are appropriate (to the team) and supply an answer to their questions according to your ED's protocols.

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Debrief Guide	
Key clinical issues	**Key non technical issues**
Structured approach to the trauma patient Assessment of the head injured patient (mild-moderate) AVPU/GCS/power/tone/sensation Pupil assessment Clinical decision rules in head injury Discharging the head injured patient	Communication with patient – history from a patient who can't remember. Communication with family – tips and pitfalls Role allocation When to ask for help Hand over of patients – ISBAR?

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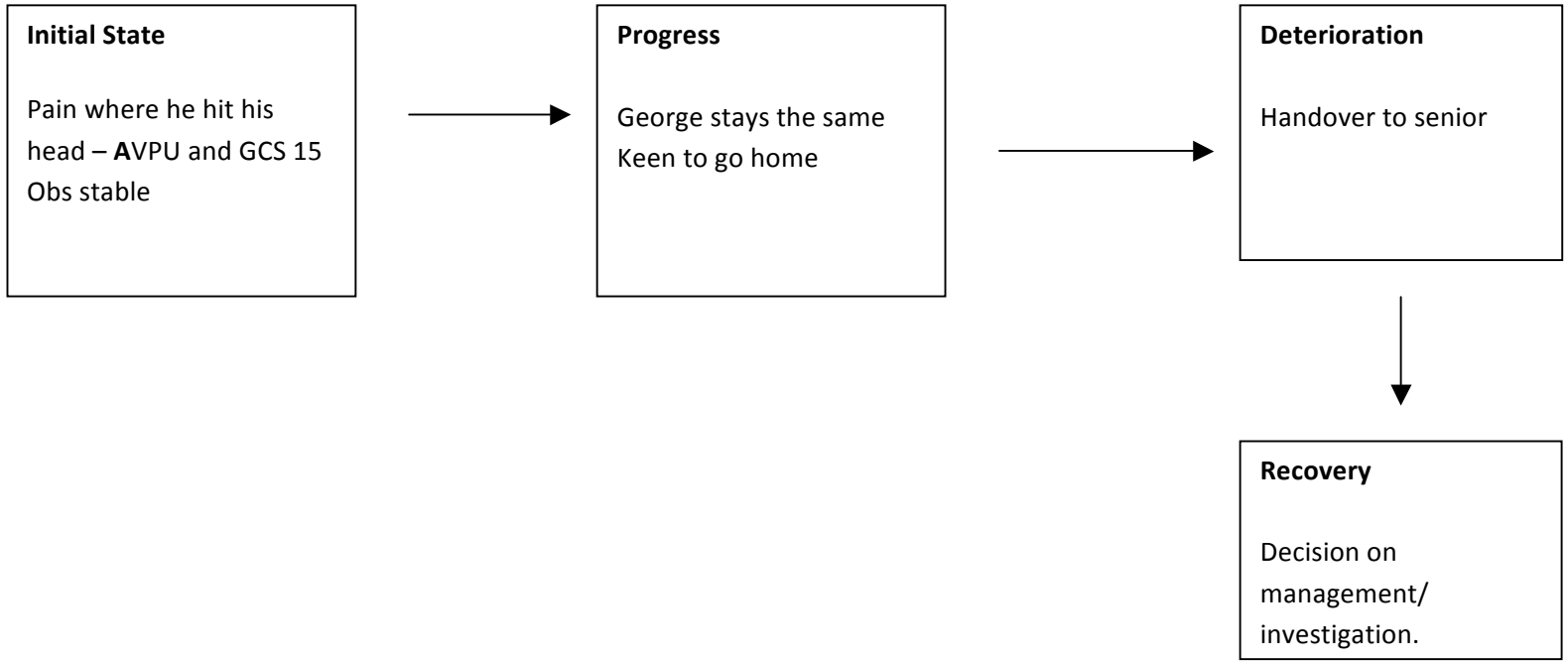

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