

Scenario 1: Multi-trauma		
Scenario: Chance fracture spinal trauma and blunt intra abdominal trauma	Patient: Bruce Wayne 35 year old man	Simulator SIMMAN Essentials
Case Summary: Bruce Wayne, a 35 year old man, is an intoxicated, unrestrained passenger in high speed rollover into a tree. He had a prolonged extrication of 30 minutes. There were 3 other passengers. The driver died on scene. Bruce complains of abdominal and back pain, he has a bruise on his forehead and smells of alcohol. Initially tachycardic, collared with Hartman's running and unco-operative. His primary survey reveals a very tender throaco-lumbar spine with bruising at T12-L2. He becomes haemodynamcially unstable during the scenario, with a negative FAST scan. The cause of his haemdynamic instability is unclear (? Retro peritoneal hematoma) and a management plan to seek the source must be devised.		Participant Briefing: BAT call 35yr male passenger in high speed MVA GCS 14 HR 128 BP 136/78 RR 28 sats 99% ETA 1 minute
Clinical Issues		Human factors / Non technical issues
Needs to be AcBCDE approach Managing the intoxicated patient Recognition of a potential spinal injury and associated potential abdominal injury referral to Neurosurgery / surgery		Any of the 7 Non-Technical Team Tasks Communication in difficult circumstances Situational awareness regarding multiple patients in trauma

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Learning Objectives:

Demonstrate a systematic ABCDE approach with summaries and re evaluation of situation

Apply 7 Non-Technical Tasks. Perform log rolling in setting of suspected spinal injury

acknowledge presence of a spinal injury and potential intra-abdominal injuries, consider the causes of hypotension in a trauma patient

Demonstrate situational awareness

Communicate with the patient and team effectively

Faculty Actors:

Faculty nurse who is helpful and proactive

Bruce is patient who is intoxicated but GCS 15, and complaining about lower back pain. He is compliant with the C spine collar, concerned about his friends

Patient Moulage:

Slurred speech, large bruise over lower abdomen, saying his back hurts and abdomen when palpated hematoma over head and hematoma over the L1/2 spinal area, hematoma over right flank area. Mannikin covered with Sheet with IMISTAMBO HANDOVER placed on patient

Equipment & Props:

EdWISE Trauma Box and Extras, IMIST AMBO Handover and Laminated results

Local clinical documentation – resus charts, observation charts etc

Monitor: ED setup

ECG
SPO2
CO2 ready
NIBP

Investigations:

C-spine X-ray - Normal
X-ray chest - Normal
X-ray pelvis - Normal
ECG - Sinus tachycardia
FAST image - normal

Response by team on receiving BAT call

Staff – allocate roles, PPE
Patient
Equipment – Airway equipment, C spine collars, pelvic binders, Fluid warmers and IV lines primed, blood products
Non-Invasive Monitoring
Drugs – labelled
Trauma Team called.

Patient presentation	Expected response by participants	Faculty /Actors Notes
<p>On arrival paramedic gives the handover</p> <p>I - Bruce is a 35 year-old man</p> <p>M - Bruce was the back seat passenger in a car travelling about 70 km/hr. He was the middle seat passenger. He has been drinking. The driver of the car lost control of the car hit the side of the road and rolled over before landing back onto the wheels near a tree. It took about 30 minutes for Bruce to be extricated from the car.</p> <p>I - he has a bruise on his head, complaining of pain in his abdomen where he has a bruise, from his seatbelt. He is also complaining of lower back pain</p> <p>S - HR 128 initially come down to 118, BP 136/78, GCS 14 intoxicated, sats 99% on air, RR 28</p> <p>T - IV line in and 5mg of morphine, 10mg of metoclopramide given, collared</p> <p>A - NKDA</p> <p>M - No medications</p> <p>B - No medical history</p> <p>O - The driver of the car died at the scene</p>	<p>Preparation and Planning from BAT CALL as above, given 1 minutes of time.</p>	<p>Faculty Nurse: Helpful and prompts team to get organised.</p> <p>At 1 minute mark unveils patient and gives handover page to team leader.</p>

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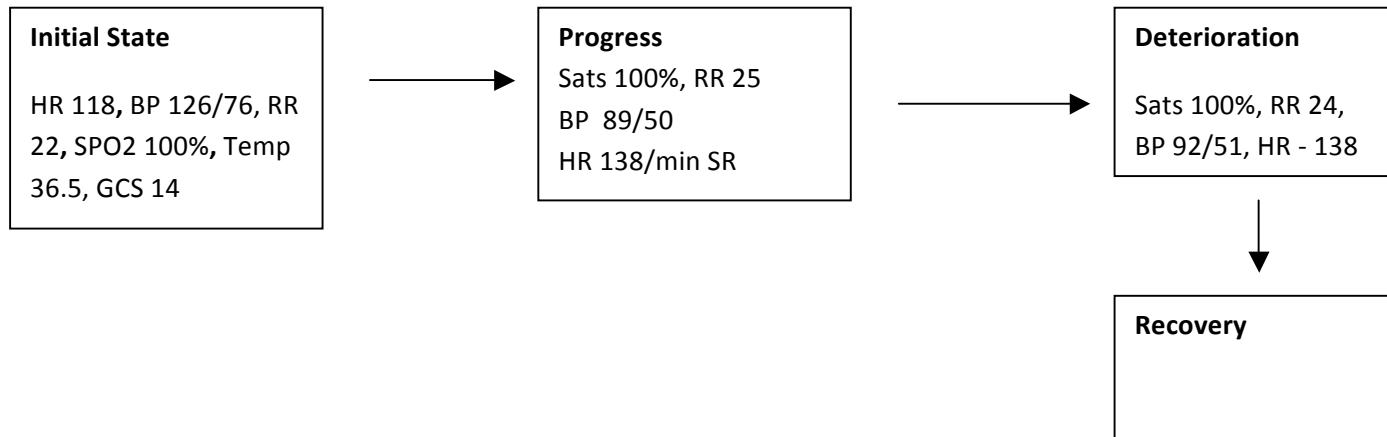
<p>Initial Presentation</p> <p>Rhythm sinus HR 118 BP 126/70 RR 22 SPO2 100% Temp 36.5 Conscious level GCS 14 eyes open to voice Complaining he has lower back pain</p>	<p>Takes handover from paramedics AcBCDE approach Airway team - checks airway patent, ensures C spine collar properly placed and secured Trachea – midline No wounds, No emphysema, No lacerations Circulation team Bruise lower abdomen PEARL, complains of back pain. Exposure log rolls patient notes hematoma and pain to lower spine over L1 and 2</p>	<p>Faculty Nurse</p> <p>Helpful and as you would be during a trauma response.</p> <p>Bruce Wayne</p> <p>A little intoxicated and very worried about the pain in his lower back and also to an extent in his abdomen. He is compliant but in pain when abdomen palpated. It is also painful when his back is palpated around L1/2. He is not compliant with a neurological exam and when asked to move his legs says his back hurts.</p>
<p>Progression</p> <p>Sats - 100% on oxygen RR - 25/min BP - 89/50 HR - 138/min SR Temperature - 36.5 degrees</p>	<p>After log roll, BP begins to drop and Bruce begins to deteriorate clinically TL recognises this and starts again from an AcBCDE approach Bruce to see still maintaining airway Trachea is still midline and still has equal breath sounds both sides. Pulse rate is 138 and more thready. Considers the causes of hypotension and attempts to prevent any secondary brain injury. FAST will be negative. Team considers may be bleeding in either the chest abdo pelvis or long bones</p>	<p>Faculty Nurse</p> <p>If team has not noticed either make them notice the blood pressure has dropped and also try to prompt Bruce who is less vocal and becoming drowsy (reduced cerebral perfusion from hypotension)</p> <p>Bruce Wayne</p> <p>Bruce should complain loudly when rolled. He is becoming more and more anxious and agitated about the pain in his lower back. He is still drunk and confused.</p> <p>Bruce starts to become less vocal and drowsy. Still answering questions but vague. This is due to the hypotension</p>

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<p>Deterioration Sats - 100% on oxygen RR - 24/min BP - 92/51 HR - 138/min SR Temperature - 36.5 degrees</p>	<p>Bruce’s hypotension responds to fluid filling but still remains low Recognises need for surgical intervention</p>	<p>Faculty - Faculty member can answer the phone on behalf of the neurosurgeon gives appropriate advice - to maintain spinal precaution, limit number of log rolls Surgical faculty member can give limited advice over the phone will say they are coming down to emergency (if not already answered the BAT call). will join the discussion with the team</p>
<p>Debrief Guide</p>		
<p>Key clinical issues (Select 2 clinical topics to debrief *=suggested) Structured approach to the trauma patient Spinal precautions and approach to spinal trauma Host site specific transfer of patient issues Causes of hypotension in a trauma patient</p>	<p>Key non technical issues Chose 2 max 7 - Non technical team tasks assemble the correct team plan and prepare manage resources communication monitor and evaluate support each other</p>	

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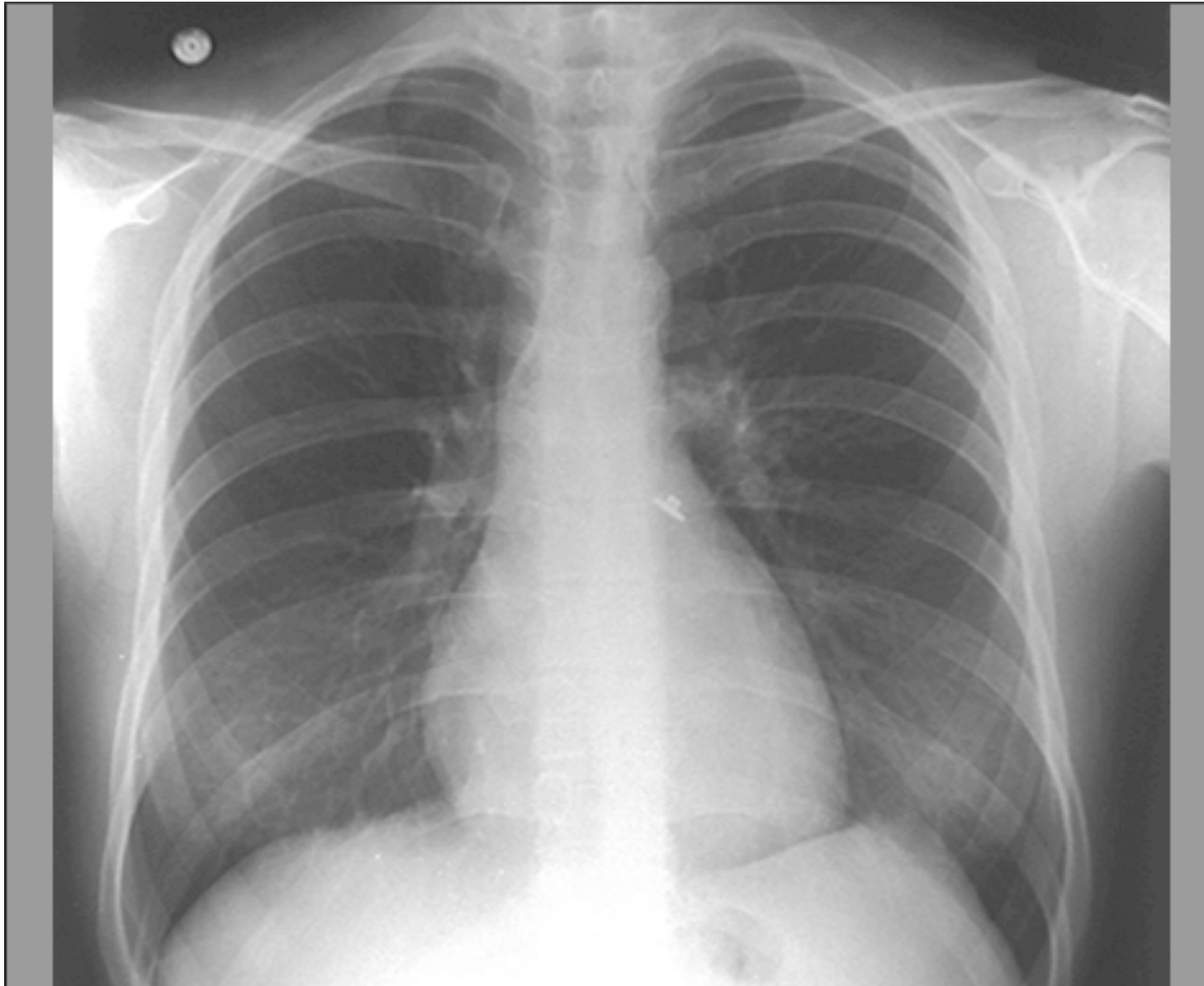
This is a useful flow chart for capturing the key elements of the scenario, particularly for the operators use. Chart any major vital signs changes, programming changes etc. Once arranged appropriately “group” the boxes and arrows so that they all move together (using right click on the mouse after selecting all the boxes and arrows)



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IMIST AMBO HANDOVER

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