

Reviewed: January 2023

## Paediatric anaphylaxis/local anaesthetic toxicity

## Paediatric Simulation

letting scenario progress too long down the 'wrong'

Name:	P Turner		ation at s		CRT:	2s	
D.O.B.	17/11 (age of mannequi used)	n <b>RR</b> :		Ventilated	Temp:	36.4	
Address:	(Insert local address)	ETCO2:		Low/normal	BM:	6.3	
		Sats:		92%	Weight:	Weight for age	
Hospital ID:		Heart Ra	ate:	High for age	Allergy	NKDA	
Ward:		BP:		Stable			
child undergo	Background to scenario ping an ankle ORIF under G	GA and	Paedi	atric mannequi	ecific set up n, cannulat		
popliteal block has an episode of cardiovascular				Ventilated on ETT			
nstability (either anaphylaxis to skin prep by the			A leg in a cast				
urgeon or loca	I anaesthetic toxicity)					g induction drugs	
				al prep tray op		ilalala (aut afaialat)	
Reau	red embedded faculty/ac	rtors	Апарі		red particip	ilable (out of sight) ants	
Required embedded faculty/actors  Anaesthetist				sthetic on call to		ans	
urgeon				tre staff/ODP in			
DP +/- theatre	staff						
		Past Medic					
	well controlled (salbutame				admission		
	very and development all aesthetics, no airway conc		inations	up to date.			
	IV general anaesthetic an		ncks by c	consultant anae	esthetist trai	nsferred into	
	on the ventilator.		JONS BY	onsaltarit ariac	2511101131, 1101	norted into	
	Drugs Home			Dr	ugs Hospital	l e	
albutamol (rar	elv used)		D	stamal and ibu	profon /pro	mod if usod)	
aibatamoi (iai	ory discur		Parac	etamol and ibu	proten (pre	med ii used)	
albatarror (rar	ory usea)			ion drugs of ch		med ii used)	
	Siy useu)	Brief to par	Induct	ion drugs of ch		med ii used)	
	call anaesthetic team, you	Brief to par u hear an alert	Induct rticipants	ion drugs of ch	oice		
			Induct rticipants	ion drugs of ch	oice		
			Induct rticipants for anac	ion drugs of ch s esthetic assistar	oice		
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	call anaesthetic team, you	u hear an alert Scenario [	Induct rticipants for anac	ion drugs of ch	oice		
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		5 minutes Recovery				
AB	Intubated and ventilated, airway pressures normalised					
С	Cardiovascular parameters normalised					
DE	Anaesthetised with volatile/TIVA					
Rx	Discussions with MDT around proceeding with surgery – Ankle ORIF, planning for ongoing care Discussion around investigations and ongoing management – allergy testing/MHRA notification Discussion around updating parents Discussion about escalating concerns about obstructive consultant					
	Gu	uidelines				
Eme	ergency treatment of anaphylaxis					
Mar	nagement of severe local anaesthetic toxicity					
	nagement of severe local anaesthetic toxicity ociation of Anaesthetists QRH handbook					
	ociation of Anaesthetists QRH handbook	for Patient Role				
Asso	ociation of Anaesthetists QRH handbook	for Patient Role  Relevant HPC / PMH				
Asso Ope	ociation of Anaesthetists QRH handbook  Guidance					
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Ope Ana Con	Guidance ening lines/questions/cues/key responses esthetised accerns	Relevant HPC / PMH  Actions				
Ope Ana Con	Guidance ening lines/questions/cues/key responses esthetised ncerns dance for ODP role	Relevant HPC / PMH  Actions  Guidance for theatre staff/surgeons				
Ope Ana Con	Guidance ening lines/questions/cues/key responses esthetised ncerns  dance for ODP role ening lines/questions/cues/responses/Concerns	Relevant HPC / PMH  Actions  Guidance for theatre staff/surgeons Conversing/noisy unless critical incident declared				
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Ope Ana Con Guid Ope Com	Guidance ening lines/questions/cues/key responses esthetised ncerns  dance for ODP role ening lines/questions/cues/responses/Concerns	Relevant HPC / PMH  Actions  Guidance for theatre staff/surgeons Conversing/noisy unless critical incident declared				
Ope Ana Con Guic Ope Com If pa	Guidance ening lines/questions/cues/key responses eesthetised ncerns  dance for ODP role ening lines/questions/cues/responses/Concerns mpetent, but does not anticipate needs	Relevant HPC / PMH  Actions  Guidance for theatre staff/surgeons  Conversing/noisy unless critical incident declared Competent in own role  If participants do not think of alternative diagnoses highlight symptoms/signs that might not have been				

		path			
Guidance for Role e.g. I	TU/Anaesthetic Senior	Guidance for other role			
Expectations/actions					
Convinced of the wrong	diagnosis and act on this				
If participants consider a	Iternative diagnoses, be				
open to these					
Session Objectives					
Clinical	Management of local anaesthetic toxicity				
	Management of Anaphylaxis	-			
Non-technical skills					
Teamworking	Coordinating team activities, exchange of information with team, assertiveness				
Task management	Planning, prioritising, following guidelines, identifying and utilising resources				
Situational awareness	Gathering information, recognising and understanding critical incident				
Decision making	Identifying options and balancing to make decisions, continuous re-evaluation				

scenario progress too long down the 'wrong' path