

Paediatric Head Injury

	Name:	Jessie Howard	Observat	tion at s	start	CRT:	3s	
	D.O.B.	23/04 (Age of mannequin)	RR:		Low	Temp:	36.5	
	Address:	(Insert local address)	ETCO2:		-	BM:	7.3	
			Sats:		92%	Weight:	Age appropriate	
ł	Hospital ID:	546 231 8566	Heart Rat	te:	High for age	Allergy	NKDA	
	Ward:	ED Resus	BP:		Normal			
		Background to scenario			Sp	ecific set up	C	
ра	aediatric pa	tient is brought to ED resus hav	/ing fallen	Paedi	atric mannequi	n		
ÓW	n the stairs (or mechanism appropriate fo	r age of	On ar	nbulance trolley	y, on scoop		
nar	nnequin). They are drowsy and have vomited,				C-spine protection (local protocols)			
equ	uiring intuba [.]	ing intubation. After intubation they show signs o		of Anaesthetic drugs and airway equipment				
		ranial pressure which requires	further	Hyper	tonic saline/ma	nnitol avail	able	
nar	nagement							
		red embedded faculty/actors				red particip	ants	
ODP					sthetist	· · · · · · · · · · · · · · · · · · ·	DT	
	D doctor/trauma team				es can be partic	cipants in M	D1 sim	
-ae	diatrician	r) act Madia					
lour		ء ell. Not fasted – had meal 30 r	Past Medica					
	5	ell. Not fasted – had meal 30 r it top of stairs and fell down ha				consciouse	000	
		y with paramedics and vomite				CONSCIOUSI	533	
	other obviou							
		Drugs Home			Dru	ugs Hospita		
Nilre	ogular			Nilvot			-	
	l regular Nil yet							
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Paediatric Life Support C	2012, Pages 157–161, <u>https://</u>	
	Guidance f	or Pa
Opening lines/questions/ What is wrong with my cl They were fine when the	/cues/key responses hild?	R H
Concerns Very concerned about t consciousness		A N
Guidance for ODP role		G
Actions Support management Can anticipate next step participants	os depending on level of	Si
Guidance for Role e.g. I	TU/Anaesthetic Senior	O
Expectations/actions Available by phone but (depending on level of p	not able to help in person participants)	D P C
Session Objectives		
Clinical	Management of paediatric Management of increased	
		ICP i
Clinical Non-technical skills	Management of increased Coordinating activities of tra	ICP i auma
Clinical Non-technical skills Teamworking	Management of increased Coordinating activities of tra information on arrival	ICP i auma ritising ach s

Paediatric Simulation

Guidelines

Pauline M Cullen, MBChB FRCA, Paediatric trauma, Continuing Education in Anaesthesia Critical Care & Pain, Volume 12, Issue 3, June 2012, Pages 157–161, <u>https://doi.org/10.1093/bjaceaccp/mks010</u>

Parent Role

Relevant HPC / PMH History of child as above

Actions

Not obstructive, but wants to stay with child

Guidance for other roles

Support MDT decision making

Other challenges (depending on level of participant)

Difficult IV access, consideration of IO route Parents – upset. Aspects of breaking bad news communication techniques

uma in children

na team, role allocation,, delegation, exchange of

ng tasks and delegating, utilising protocols step, recognising critically ill patient and steps

ment, balancing risks and selecting options – us re-evaluation