

## **Adult Head Injury**

	Name:	D Spencer	Observat	tion at st	tart	CRT:	4s
	D.O.B.	30/04 (42Y)	RR:		23	Temp:	35.7
	Address:	(Insert local address)	ETCO2		-	BM:	7.2
		, , , , , , , , , , , , , , , , , , ,	Sats:		98% on A	Weight:	110Kg
	Hospital ID:	144 632 8545	Heart Rat	te:	110	Allergy	NKDA
-	Ward:	ED resus	BP:		105/65		
		Background to scenario				pecific set up	)
Ара		ight into ED with an isolate	d head injury	Manne			op and C spine
		quiring intubation. Once in		protec			
		h ICP, requiring treatment	5			on drugs and	anaesthetic chart
		transfer to neurosurgical ce		Airway kit and mode of ventilation (Mapleson C			
		s 2 part sim – 1) conduct of		circuit/portable ventilator/ambu bag)			
2) tre	eatment of l	CP and preparation for tra	ansfer	Transfer trolley			
	Requi	red embedded faculty/ac	tors		Requ	lired particip	ants
ODP	)			Anaes	thetist		
ED st				ODP a	nd ED staff ca	an be particip	pants in MDT Sim
Neu	rosurgeons (	(by phone)					
			Past Medica	al History	/		
	riously fit and						
		party at friend's house, lou					
Inco	herent spee	ech and intermittently drow	vsy at scene, C	2-spine p			
		Drugs Home			D	rugs Hospital	
Nil r∈	eg			Nil yet			
			<b>D</b> · ( )	ticinants			
			Brief to part	licipants			
You	have been	called to ED resus for a tra	Brief to part uma call, patie			d primary sur	vey done by ED
		called to ED resus for a tra ED staff – PMH above. No c	uma call, patie	ent alrea	ady arrived an		vey done by ED
Han	dover from I		uma call, patie other obvious ir	ent alrea njuries or	ady arrived an	ey	
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Education in Anaesthesia https://doi.org/10.1093/b Nathanson, M.H., Andrze McCormack, V., Shinde,	jowski, J., Dinsmore, J., Eynon, C. S., Smith, A. and Thomas, E. (202 ke, 2019. Anaesthesia, 75: 234-24
	Guidance for F
Opening lines/questions/ Intermittently shout/wave participants this is happe GCS E2-3, V2-4, M 4-5	e arms around (tell
Guidance for ODP role	
New to role, capable wit experienced Need direction for next s confidence of anaesthe	teps (depending on
Guidance for Role e.g. I	IU/Anaesthetic Senior
Expectations/actions Only available by phone making their way in, but	e – 30 minutes away, can start advise as necessary
Session Objectives	
Clinical	Management of acutely unwe Management of increasing ICF Transfer of patients
Non-technical skills	
Teamworking	Coordinating team activities (u assessing capability of team), e junior/less experienced team m
Task management	Planning and preparing for nex where appropriate, identifying skills
Situational awareness	Gathering information (on arriv deterioration, anticipating next
Decision making	Identifying/balancing and sele patient), continuous re-evaluat

## **Critical Incidents**

## Guidelines

Judith Dinsmore, MBBS FRCA, Traumatic brain injury: an evidence-based review of management, Continuing Education in Anaesthesia Critical Care & Pain, Volume 13, Issue 6, December 2013, Pages 189–195,

C., Ferguson, K., Hooper, T., Kashyap, A., Kendall, J.,
20), Guidelines for safe transfer of the brain-injured
46. <u>https://doi.org/10.1111/anae.14866</u>

Patient Role Relevant HPC / PMH

If checked – a friend is available by phone for collateral (as per PMH)

Guidance for ED Doctor

Has done some anaesthetics in the past – able to assist with tasks as asked to by anaesthetic participant

Other challenges (depending on participant experience and confidence)

Difficult IV access – requiring IM sedatives or IO access

Agitation - requiring sedation in

emergency/unfasted patient

Elderly patient on anti-platelet/anticoagulant

requiring reversal

ell patient in ED/isolated traumatic head injury P in a patient with a head injury

using available clinicians for necessary roles including exchanging information throughout, supporting members

xt steps, maintaining standards – using guidelines g and utilising resources – team members and their

val and throughout scenario), recognising at steps

ecting options (sedation/anaesthetic for agitated tion of scenario