

Name:	S Allen	Observation at start	CRT:	6 secs	
D.O.B.	01/03 (1Y)	RR:	48	Temp:	39.2
Address:	(Insert local address)	ETCO2:	-	BM:	4
		Sats:	97% on A	Weight:	7Kg
Hospital ID:	4352687921	Heart Rate:	195	Allergy	NKDA
Ward:	ED Resus	BP:	Not reading		
Background to scenario		Specific set up			
A 1 year old with suspected bacterial meningitis presents to ED in a DGH. They have a high respiratory rate and low GCS requiring intubation and preparation for transfer.		Baby mannequin, cannulated Other equipment available in local ED (anaesthetic machine/ventilator/drugs/paperwork) Capillary blood gas result – poor			
Required embedded faculty/actors		Required participants			
Parent ED/paediatric doctor ODP		Anaesthetist ODP can be participant in MDT sim Paediatric/ED in MDT sim – start on arrival to ED			
Past Medical History					
Previously well, term baby, normal birth, uncomplicated. No developmental concerns so far. Arrived in ED 5 minutes ago via paramedics, unwell for days, fever, vomiting, not feeding well + non-blanching rash					
Drugs Home			Drugs Hospital		
Paracetamol Vaccinations up to date			Nil yet		
Brief to participants					
You have been called to ED resus to review and support management of an unwell child. Handover from ED/Paeds – unwell for 3 days, fever, vomiting, not feeding. Now looks drowsy and lethargic, high RR and pulse, BP not recording. Bulging anterior fontanelle and a non blanching rash. Please secure airway for low GCS and respiratory distress. Calling tertiary paediatric centre for support and transfer					
Scenario Direction					
Stage 1, 0– 5 minutes Assessment and preparation					
A	Drowsy, becoming unresponsive, becomes quiet if participants do not progress to intubation				
B	RR 48, sats 92% despite oxygen therapy, signs of respiratory distress				
C	HR 195, BP initially not recording, If participants ensure BP prior to intubation this can be given 50/20 Unresponsive to initial fluid resuscitation Difficulty cannulation can add to the challenge – lead to consider IO access				
DE	Increasingly drowsy Non-blanching rash, bulging fontanelles Can have background noise playing to depict ED environment and distractions – see youtube				
Rx	Assessment of situation and available resources, call for help early Fluid resuscitation, antibiotics – MDT management Consider diagnosis and investigations Preparation for intubation and transfer including decision of appropriate location for management (transfer to theatre vs manage in resus) Communication with parent				
Stage 2, 5–10 minutes - Intubation					
AB	Requires intubation				
CD	Observations respond to resuscitation and intubation				
DE	The scenario ends when the child is intubated and prepared for transfer				
Rx	Intubation – preparation and planning, appropriate drug/ETT choice, consideration of ongoing ventilation and sedation Preparation for transfer – using local protocols				

Guidelines	
BJA Ed Sepsis in Paediatrics https://www.bjaed.org/action/showPdf?pii=S2058-5349%2820%2930139-6	
Guidance for Parent Role	
Opening lines/questions/cues/key responses Are they going to be ok? Concerns Did we bring them in too late? Anxious and upset	Relevant HPC / PMH Actions Wants to be with the child
Guidance for ODP role	Guidance for other roles
Competent, but needs prompting	
Guidance for Anaesthetic senior/consultant	Additional challenges
Depending on level of trainee, consultant is at home and will come in, but continue with intubation as child sounds critically ill. Advice can be given over the phone if needed	Challenging intubation requiring 2-3 attempts or calling for help Difficult IV access
Session Objectives	
Clinical	Treatment of sepsis in a young child Intubation of critically ill patient Management of tasks in non-theatre environment
Non-technical skills	
Teamworking	MDT working, exchanging information and using capabilities of the team
Task management	Planning and preparing for procedure, decision making regarding place of safety
Situational awareness	Gathering information, using sources of information for support, anticipating next steps
Decision making	Assessing situation and making decisions regarding resuscitation and airway management, continuous re-evaluation

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