

Paediatric laryngospasm

	Name:	T Brown	Observa	tions at sta	rt	CRT:	2s	
	D.O.B.	31/12 (Any age to match	RR:	st	ruggling	Temp:	36.5	
		available mannequin)						
	Address:	(Insert local address)	ETCO2:	dı	ropping	BM:	6.2	
			Sats:	95	5%	Weight:	Age appropriate	
ŀ	lospital ID:	441 364 9942	Heart rat	e: Hi	gh for age	Allergy	NKDA	
		Paediatric admissions unit	BP:		gh for age			
		Background to scenario				ecific set up)	
nis s	cenario ca	n be simulated with an adul	t or	Manneau	Jin on trolley			
ae	diatric manı	diatric mannequin as either			Either in theatre or recovery area			
		erative laryngospasm		(Theatre	– supraglotti	ic airway an	d ventilator, usec	
2	2. Post-ope	rative laryngospasm in reco	very			ction drugs, draped for surgery)		
		-		Recovery – oxygen mask)				
				Cannula	ted			
				Anaesthe	etic chart			
	Requi	red embedded faculty/acto	ors			red particip	ants	
Jnic	_	tist and surgeon (If in theatre		Anaesthe	etist			
		(if in recovery)		ODP				
			Past Medica	al Histo <u>ry</u>				
&W	, normal de	velopment, vaccinations up						
		ctive grommet insertion (or				our departm	nent)	
		aesthetics, no airway concer			,			
		Drugs Home			Dr	ugs Hospital		
lil re	ea			Anaesthe	tic inductio	n druas	ıl	
	9			/ 10001110				
lano rou nish ost-	dover – ? ye ght to theat ned my novi op – you ha	ave been called to support ear old having insertion of gra- tre and surgery has just begu ce period and the consultan ave been called to support of mets inserted under GA (LMA	ommets. Indu un when pation nt stepped ou a patient that	tist in ENT th uction was ent started ut for a cof t has just be	uneventful, making ode fee and I co een transfer	d airway noi an't find ther red to recov	ses, I have only ju m ′ery.	
lano rou nish ost- hey	dover – ? ye ght to theat ed my novi op – you ho had gromr	ear old having insertion of gr tre and surgery has just begu ce period and the consultar	an anaesthe ommets. Indu un when pation t stepped ou a patient tha a) which was s noises.	tist in ENT th uction was ent started ut for a cof t has just be uneventful	uneventful, making ode fee and I co een transfer	d airway noi an't find ther red to recov	ses, I have only ju m ′ery.	
and rou nish ost- ney	dover – ? ye ght to theat ed my novi op – you ho had gromr	ear old having insertion of gra tre and surgery has just begu ce period and the consultar ave been called to support of nets inserted under GA (LMA	an anaesthe ommets. Indu un when patient stepped ou a patient tha a) which was s noises. Scenario D	tist in ENT th uction was ent started ut for a cof t has just be uneventful irection	uneventful, making ode fee and I co een transfer	d airway noi an't find ther red to recov	ses, I have only ju m ⁄ery.	
and nish ost- ney eco	dover – ? ye ght to theat ed my novi op – you ho had gromm overy and th	ear old having insertion of gra tre and surgery has just begu ce period and the consultan ave been called to support of nets inserted under GA (LMA e patient is making stridulou	an anaesthe ommets. Indu un when patient stepped ou a patient that A) which was s noises. Scenario D If in the	tist in ENT th uction was ent started ut for a cof t has just be uneventful irection	uneventful, making ode fee and I co een transfer	d airway noi an't find ther red to recov	ses, I have only ju m ′ery.	
and nish ost- ney	dover – ? ye ght to theat ed my novi op – you ha had gromm wery and th Stridor, (co	ear old having insertion of gra tre and surgery has just begu ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made	an anaesthe ommets. Indu un when patient stepped ou a patient that a) which was s noises. <u>Scenario D</u> If in the de)	tist in ENT th uction was ent started ut for a cof t has just be uneventful irection atre	uneventful, making odd fee and I co een transfer I. The LMA h	d airway noi an't find ther red to recov as just been	ses, I have only ju m rery. removed in	
land rou nish ost- hey eco	dover – ? ye ght to theat hed my novi op – you ha had gromm wery and th Stridor, (ca RR high, Sc	ear old having insertion of grant the and surgery has just begin ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% unl	an anaesthe ommets. Indu un when patient stepped ou a patient that a patient that by which was s noises. Scenario D If in the de) ess treated, E	tist in ENT th uction was ent started ut for a cof t has just be uneventful irection atre	uneventful, making odd fee and I co een transfer I. The LMA h e – obstruct	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4	ses, I have only ju m rery. removed in	
land rou- nish ost- hey eco	dover – ? ye ght to theat ed my novi op – you ha had gromm overy and th Stridor, (ca RR high, Sa HR high for	ear old having insertion of gra tre and surgery has just begu ce period and the consultant ave been called to support of mets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% uni- r age () and rising, BP to	an anaesthe ommets. Indu un when patient stepped ou a patient that A) which was s noises. Scenario D If in the de) ess treated, E high for age (tist in ENT th uction was ent started ut for a cof t has just be uneventful irection atre	uneventful, making odd fee and I co een transfer I. The LMA h . The LMA h <u>e – obstruct</u>) and risin	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ng (unless tre	ses, I have only ju m rery. removed in	
land rou- nish ost- hey eco	dover – ? ye ght to theat op – you ha had gromm overy and th Stridor, (ca RR high, Sa HR high for At point of	ear old having insertion of gra tre and surgery has just begu ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% und r age () and rising, BP f surgery starting anaesthetist	an anaesthe ommets. Indu un when patient stepped ou a patient that A) which was s noises. Scenario D If in the de) ess treated, E high for age (tist in ENT th uction was ent started ut for a cof t has just be uneventful irection atre	uneventful, making odd fee and I co een transfer I. The LMA h . The LMA h <u>e – obstruct</u>) and risin	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ng (unless tre	ses, I have only ju m rery. removed in	
land rou- nish ost- ney eco	dover – ? ye ght to theat hed my novi op – you ho had gromn overy and th Stridor, (co RR high, So HR high for At point of Surgeon co	ear old having insertion of gra tre and surgery has just begu ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% und r age () and rising, BP to surgery starting anaesthetiss ontinues surgery unless	an anaesthe ommets. Indu un when patient stepped out a patient that A) which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale	tist in ENT th Juction was ent started ut for a cof t has just be uneventful irection atre ETCO2 trace	uneventful, making odd fee and I co een transfer I. The LMA h . The LMA h <u>e – obstruct</u>) and risin ent (MAC 0.1	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
lano rou nish ost- hey eco	dover – ? ye ght to theat hed my novi op – you ho had gromm overy and th Stridor, (co RR high, So HR high for At point of Surgeon co Laryngosp	ear old having insertion of grant and surgery has just begunded and the consultant ave been called to support of the patient is making stridulou bughed as initial incision materials gradually drop to 85% unitial and rising, BP F surgery starting anaesthetist on tinues surgery unless as an can be relieved by an arrival stridulou bughed as initial incision materials and the consultant of the surgery starting anaesthetist on tinues surgery unless as a can be relieved by an arrival start of the surgery start of	an anaesthe ommets. Indu un when patient stepped ou a patient that a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r	tist in ENT th votion was ent started ut for a cof t has just be uneventful irection atre ETCO2 trac ational age manoeuvre	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0. e/treatment	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
lano rou nish ost- hey eco	dover – ? ye ght to theat ed my novi- op – you ho had gromm very and th Stridor, (cc RR high, Sc HR high for At point of Surgeon co Laryngosp Identify ca	ear old having insertion of grant and surgery has just begunded and the consultant are been called to support of the patient is making stridulou bughed as initial incision made and rising and the surgery starting anaesthetist ontinues surgery unless as can be relieved by an output of stridure stridulou bughed as initial incision made and the surgery starting anaesthetist ontinues surgery unless as can be relieved by an output of stridure incident of stridure incident of stridure and the surgery incident of stridure and the surgery unless as an can be relieved by an output of stridure incident of stridure and the surgery incident of stridure and the surgery incident of stridure and the surgery unless as a surgery unle	an anaesthe ommets. Indu un when patient stepped out a patient that a patient that by which was s noises. Scenario D If in the de) less treated, E high for age (ed with inhale appropriate r ent, call for age	tist in ENT th votion was ent started ut for a coff t has just be uneventful irection atre ETCO2 trac ational age manoeuvre opropriate	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0." e/treatment help	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
and rou nish ost- ney eco	dover – ? ye ght to theat ed my novi- op – you ha had gromm very and th Stridor, (ca RR high, Sa HR high for At point of Surgeon ca Laryngosp Identify ca Follow QR	ear old having insertion of gra tre and surgery has just begu ce period and the consultant ave been called to support of mets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% uni- rage () and rising, BP h surgery starting anaesthetiss ontinues surgery unless asm can be relieved by an of suse of stridor, declare incide h handbook stepwise appro-	an anaesthe ommets. Indu un when patient stepped out a patient that (a) which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for ag ach to treatir	tist in ENT th votion was ent started ut for a coff t has just be uneventful irection atre ETCO2 trac ational age manoeuvre opropriate ng laryngos	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0. <u>e/treatment</u> help spasm	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
land rou nish ost- ney eco	dover – ? ye ght to theat ed my novi- op – you ha had gromm very and th Stridor, (ca RR high, Sa HR high for At point of Surgeon ca Laryngosp Identify ca Follow QR	ear old having insertion of grant and surgery has just begunded and the consultant are been called to support of the patient is making stridulou bughed as initial incision made and rising and the surgery starting anaesthetist ontinues surgery unless as can be relieved by an output of stridure stridulou bughed as initial incision made and the surgery starting anaesthetist ontinues surgery unless as can be relieved by an output of stridure incident of stridure incident of stridure and the surgery incident of stridure and the surgery unless as an can be relieved by an output of stridure incident of stridure and the surgery incident of stridure and the surgery incident of stridure and the surgery unless as a surgery unle	an anaesthe ommets. Indu un when patient stepped out a patient that (a) which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for ag ach to treatir	tist in ENT th votion was ent started ut for a coff t has just be uneventful irection atre ETCO2 trac ational age manoeuvre opropriate ng laryngos	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0. <u>e/treatment</u> help spasm	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
lano rou nish ost- hey eco	dover – ? ye ght to theat ed my novi- op – you ha had gromm very and th Stridor, (ca RR high, Sa HR high for At point of Surgeon ca Laryngosp Identify ca Follow QR	ear old having insertion of gra tre and surgery has just begu ce period and the consultant ave been called to support of mets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% uni- rage () and rising, BP h surgery starting anaesthetiss ontinues surgery unless asm can be relieved by an of suse of stridor, declare incide h handbook stepwise appro-	an anaesthe ommets. Indu un when patient that stepped out a patient that a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for ag ach to treatir urgery and str	tist in ENT th uction was ent started ut for a cof t has just be uneventful irection atre ETCO2 trac ational age manoeuvre propriate ng laryngos rategy for e	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0. <u>e/treatment</u> help spasm	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
ana rou nish ost- ney eco	dover – ? ye ght to theat oop – you ho had gromm very and th Stridor, (co RR high, So HR high for At point of Surgeon co Laryngosp Identify co Follow QRH Discussion	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultant ave been called to support of mets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% uni- rage () and rising, BP h surgery starting anaesthetists ontinues surgery unless asm can be relieved by an of suse of stridor, declare incide h handbook stepwise appro- regarding continuation of su	an anaesthe ommets. Indu un when patient stepped out a patient that (a) which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for ag ach to treatir	tist in ENT th uction was ent started ut for a cof t has just be uneventful irection atre ETCO2 trac ational age manoeuvre propriate ng laryngos rategy for e	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0. <u>e/treatment</u> help spasm	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
and rou nish ost- ney eco	dover – ? ye ght to theat oop – you ha oop – you ha had gromm overy and th Stridor, (ca RR high, Sa HR high, Sa HR high for At point of Surgeon ca Laryngosp Identify ca Follow QRH Discussion	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% uni- r age () and rising, BP h surgery starting anaesthetist ontinues surgery unless asm can be relieved by an of suse of stridor, declare incide h handbook stepwise appro- regarding continuation of su	an anaesthe ommets. Indu un when patie at stepped out a patient that a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for ag ach to treatir urgery and str	tist in ENT th uction was ent started ut for a coft t has just be uneventful irection atre ETCO2 trac ational age manoeuvre ppropriate ng laryngos rategy for e	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0. e/treatment help spasm extubation	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
and rou nish ost- ney eco	dover – ? ye ght to theat oop – you ho had gromm very and th Stridor, (cc RR high, Sc HR high, for At point of Surgeon co Laryngosp Identify ca Follow QRH Discussion Stridor, pat	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultant ave been called to support of mets inserted under GA (LMA e patient is making stridulou bughed as initial incision mac ats gradually drop to 85% unle age () and rising, BP h surgery starting anaesthetist ontinues surgery unless asm can be relieved by an a suse of stridor, declare incided handbook stepwise appro- regarding continuation of su	an anaesthe ommets. Indu un when patient that stepped out a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for ag ach to treatir urgery and str In recor s drop to 85%	tist in ENT th uction was ent started ut for a cof- t has just be- uneventful irection atre ETCO2 trac ational age- manoeuvre opropriate- ng laryngos rategy for e- very & unless tree	uneventful, making odd fee and I co een transfer I. The LMA h e – obstruct) and risin ent (MAC 0. e/treatment help spasm extubation	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9) at any poin	ses, I have only ju m rery. removed in ated)	
	dover – ? ye ght to theat oop – you ha had gromm overy and th Stridor, (ca RR high, Sa HR high, Sa HR high, Sa Laryngosp Identify ca Follow QRH Discussion Stridor, pat RR high, ch HR high for	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultan- ave been called to support of mets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% uni- r age () and rising, BP h surgery starting anaesthetis- ontinues surgery unless asm can be relieved by an of suse of stridor, declare incide handbook stepwise appro- regarding continuation of su- tient semi awake mest seesaw movements, sat r age () and rising, I	an anaesthe ommets. Indu un when patie at stepped out a patient that a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for ag ach to treatir urgery and str	tist in ENT th uction was ent started ut for a cof- t has just be- uneventful irection atre ETCO2 trac ational age- manoeuvre opropriate- ng laryngos rategy for e- very & unless tree	uneventful, making odd fee and I co een transfer I. The LMA h e – obstruct) and risin ent (MAC 0. e/treatment help spasm extubation	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9)	ses, I have only ju m rery. removed in ated)	
Hanna Brou Post- hey eco A B DE Rx	dover – ? ye ght to theat oop – you ha oop – you ha overy and th Stridor, (ca RR high, Sa HR high, Sa HR high, Sa HR high, Sa Laryngosp Identify ca Follow QRH Discussion Stridor, pat RR high, ch HR high for Semi awak	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% uni- r age () and rising, BP h surgery starting anaesthetists ontinues surgery unless asm can be relieved by an of suse of stridor, declare incide handbook stepwise appro- regarding continuation of su- tient semi awake nest seesaw movements, sat r age () and rising, I ase	an anaesthe ommets. Indu un when patient that stepped out a patient that a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for age ach to treatir urgery and str In reco s drop to 85% BP high for age	tist in ENT th uction was ent started ut for a coft t has just be uneventful irection atre ETCO2 trac ational age manoeuvre ppropriate ng laryngos rategy for e very S unless tree ge (uneventful, making odd fee and I co een transfer I. The LMA h e – obstruct) and risin ent (MAC 0. e/treatment help spasm extubation	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9) at any point	ses, I have only ju m rery. removed in t in the scenario	
Hanna Brouvinish Post- heyyeco A B C DE Bx	dover – ? ye ght to theat oop – you ha had gromm wery and th Stridor, (ca RR high, Sa HR high for At point of Surgeon ca Laryngosp Identify ca Follow QRH Discussion Stridor, pat RR high, ch HR high for Semi awak Laryngosp	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% unler age () and rising, BP fr surgery starting anaesthetist ontinues surgery unless asm can be relieved by an a regarding continuation of su- tient semi awake mest seesaw movements, sat rage () and rising, I se asm can be relieved by an a	an anaesthe ommets. Indu un when patient that stepped out a patient that a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for ag ach to treatir urgery and str In recor s drop to 85% BP high for ag	tist in ENT th uction was ent started ut for a coff t has just be uneventful irection atre ETCO2 trace ational age manoeuvre propriate ng laryngos rategy for e very S unless tree ge (uneventful, making odd fee and I co een transfer I. The LMA h e – obstruct) and risin ent (MAC 0. e/treatment help spasm extubation	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9) at any point	ses, I have only ju m rery. removed in t in the scenario	
Hanna Brou Post- hey eco A B DE Rx	dover – ? ye ght to theat oop – you ha had gromm wery and th Stridor, (ca RR high, Sa HR high for At point of Surgeon ca Laryngosp Identify ca Follow QRH Discussion Stridor, pat RR high, ch HR high for Semi awak Laryngosp Identify lar	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% unler age () and rising, BP frage surgery starting anaesthetist ontinues surgery unless asm can be relieved by an of regarding continuation of su- tient semi awake nest seesaw movements, sat rage () and rising, I ce asm can be relieved by an of ungospasm, call for approprior	an anaesthe ommets. Indu un when patient that stepped out a patient that a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhale appropriate r ent, call for age ach to treatin un reco s drop to 85% BP high for age appropriate r riate help inc	tist in ENT th votion was ent started ut for a coff t has just be uneventful irection atre ETCO2 trace ational age manoeuvre propriate ng laryngos rategy for e very S unless tree ge (manoeuvre luding ODF	uneventful, making odd fee and I co een transfer I. The LMA h e – obstruct) and risin ent (MAC 0. e/treatment help spasm extubation	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9) at any point	ses, I have only ju m rery. removed in t in the scenario	
	dover – ? ye ght to theat oop – you ho had gromm very and th Stridor, (cc RR high, Sc HR high, for At point of Surgeon co Laryngosp Identify ca Follow QRH Discussion Stridor, pat RR high, ch HR high for Semi awak Laryngosp Identify lar Follow QRH	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultan- ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% uni- rage () and rising, BP h surgery starting anaesthetist ontinues surgery unless asm can be relieved by an of use of stridor, declare incide handbook stepwise appro- regarding continuation of su- tient semi awake nest seesaw movements, sat rage () and rising, I asm can be relieved by an of ungospasm, call for appropri- handbook approach to tree	an anaesther ommets. Indu un when patient that stepped out a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhald appropriate r ent, call for age ach to treatir urgery and str In reco s drop to 85% BP high for age appropriate r riate help inc eating larynge	tist in ENT th votion was ent started ut for a coff t has just be uneventful irection atre ETCO2 trac ational age manoeuvre opropriate ng laryngos rategy for e very S unless tree ge (manoeuvre luding ODF oscpasm	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0.' e/treatment help spasm extubation	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9) at any point	ses, I have only ju m rery. removed in t in the scenario	
Iana rou nish ost- hey eco	dover – ? ye ght to theat oop – you ho had gromm very and th Stridor, (cc RR high, Sc HR high, for At point of Surgeon co Laryngosp Identify ca Follow QRH Discussion Stridor, pat RR high, ch HR high for Semi awak Laryngosp Identify lar Follow QRH	ear old having insertion of gra- tre and surgery has just begu- ce period and the consultant ave been called to support of nets inserted under GA (LMA e patient is making stridulou bughed as initial incision made ats gradually drop to 85% unler age () and rising, BP frage surgery starting anaesthetist ontinues surgery unless asm can be relieved by an of regarding continuation of su- tient semi awake nest seesaw movements, sat rage () and rising, I ce asm can be relieved by an of ungospasm, call for approprior	an anaesther ommets. Indu un when patient that stepped out a patient that by which was s noises. Scenario D If in the de) ess treated, E high for age (ed with inhald appropriate r ent, call for age ach to treatir urgery and str In reco s drop to 85% BP high for age appropriate r riate help inc eating larynge	tist in ENT th votion was ent started ut for a coff t has just be uneventful irection atre ETCO2 trac ational age manoeuvre opropriate ng laryngos rategy for e very S unless tree ge (manoeuvre luding ODF oscpasm	uneventful, making odd fee and I co een transfer I. The LMA h <u>e – obstruct</u>) and risin ent (MAC 0.' e/treatment help spasm extubation	d airway noi an't find ther red to recov as just been ive, ↓ to 2.4 ig (unless tre 9) at any point	ses, I have only ju m rery. removed in t in the scenario	

	Guide	Guidelin				
AoA QRH Handbook lary	ngospasm and Stridor <u>https://a</u>	nc				
<u>6 Laryngospasm and str</u>	<u>idor_v1.pdf?ver=2018-07-25-11;</u>	27				
	Guidance for	Pc				
Opening lines/questions/	cues/key responses					
	e/not actively involved in scenario					
Guidance for ODP role		G				
Actions Support as necessary dep participant	upport as necessary depending on level of					
Guidance for Role e.g. 11	U/Anaesthetic Senior	Α				
Expectations/actions Support as necessary dep participant	pending on level of	P re a				
Session Objectives	ession Objectives					
Clinical	Treatment of laryngospasm					
Non-technical skills						
Teamworking	handover, assessing capabilities drawing drugs up in emergency nanagement Planning/preparing and anticipo onal awareness Gathering information on arrival					
Task management						
Situational awareness						
Decision making						

Tell us how you found this simulation scenario resource.

Give us feedback (5 mins) here: <u>https://forms.office.com/e/etz7yZf0aa</u> Or scan the QR code below:



Paediatric Simulation

nes

aesthetists.org/Portals/0/PDFs/QRH/QRH_3-

714-407

atient Role

Guidance for surgeon

Notices patient is coughing/moving toes as surgery is begun, unaware of anaesthetic issue until alerted

Additional challenges

Patient's cannula has come out during the struggle, requiring consideration of IM suxamethonium or IO access

(ODP/recovery team), exchanging information at s of team and utilising these appropriately (eg: y)

pating next steps, following guidelines

al to aid decision making, recognising critical incident nd choosing appropriate options, continuous re-



Paediatric laryngospasm



Paediatric Simulation