

Simulation Scenario

Simulation Case Title:

Patient Name: Walter

Patient Age: 18 months

Chief Complaint: constantly crying

<p>Brief narrative description of case <i>Include the presenting patient chief complaint and overall learner goals for this case</i></p>	<ol style="list-style-type: none"> 1) Brief review of TEN-4-FACES and AZ State Abuse and Maltreatment Protocol 2) Grandson was dropped off at Grandmother’s house for the day. Grandmother states child is fussy, crying, and not acting per norm. Child has abnormal bruising to back 3) BRUE and Mongolian Spots (depending on size of group may split this into 2 sections, utilizing mannequin with Mongolian Spots)
<p>Primary Learning Objectives <i>What should the learner gain in terms of knowledge and skill from this case?</i></p>	<ol style="list-style-type: none"> 1) Ability to discern “normal bruising” from bruising that may be from possible abuse. 2) Ability to use TEN-4-FACES mnemonic. 3) Ability to use BRUE and Mongolian Spots as differential diagnoses for possible abuse.
<p>Critical Actions <i>List which steps the participants should take to successfully manage the simulated patient. Theses should be listed as concrete actions that are distinct from the overall learning objectives of the case</i></p>	<ol style="list-style-type: none"> 1) Recognition of TEN-4-FACES. 2) Properly assess patient-including removing/moving clothing for thorough assessment. 3) Identify appropriate agency to notify. 4) Ability to recognize possible Brue and need for transport. 5) Ability to identify Mongolian Spot and differentiate it from a “normal” bruise.
<p>Learner Preparation <i>What information should the learners be given prior to initiation of the case</i></p>	<p>Learners will have short power point presentation on TEN-4-FACES, then beak into groups (3 or 4 depending on # of participants) and then rotate through 2 or 3 stations: Assessment of patient with bruising that fits TEN-4-FACES-currently a live patient, Brue lecture and demonstration, and a case with Mongolian Spots as a differential diagnosis utilizing a mannequin.</p>

Initial Presentation					
Initial vital signs	HR	B/P	RR	O2sat	Temp
	120	n/a	38	99	98.6
Overall appearance <i>What do learners see when they first enter the room?</i>	Neat and clean home, upset Grandmother meets crew, patient is unable to assist with interview due to age. Patient will have moulage to simulate a bruising pattern from TEN-4-FACES				
HPI <i>Specify what info here and below must be asked vs what is volunteered by patient or caregiver</i>	Grandmother states she has child for the day, only sees child every month or so (child lives several hours away) and child is unusually fussy, crying, won’t let Grandmother put him down. When questioned directly, Grandmother admits son has a new girlfriend that has moved in and Grandmother does not know her.				
Past Medical/Surgical History	Medications None		Allergies Cats		Family History strokes and diabetes
No medical hx.	No medications		No allergies		No hx.
Physical Examination pt has bruising to back to match one of the TEN-4-FACES patterns discussed in power points. Pt is too young to answer questions and appears to be behind in milestones (doesn’t speak					

or make eye contact) and appears thin for size. Grandmother unsure of vaccination status. Per Grandmother child was not this way 2 months ago.

General	<ol style="list-style-type: none"> 1) Child will not let go of Grandmother, appears small/thin for age, will not speak nor make eye contact. Child flinches if voices are raised. 2) Child responsive to crew, wants parent nearby
HEENT	<ol style="list-style-type: none"> 1) Child looks tired, bags under his eyes. Child has “snotty” nose, clear. 2) 2) child has “runny nose” and productive cough-yellow
Neck	1 And 2) Airway intact, no JVD or tracheal tugging noted
Lungs	<ol style="list-style-type: none"> 1) Child cries when crew attempts to auscultate, worse if crew does not look at back before they put stethoscope on back to auscultate. Lung sounds are otherwise clear and equal. No productive cough noted. 2) Child tries to push away stethoscope, slight expiratory wheezes.
Cardiovascular	1 And 2) Sinus Tach
Abdomen	<ol style="list-style-type: none"> 1) Soft non-tender no nausea or vomiting 2) Soft non-tender, +nausea and vomiting
Neurological	<ol style="list-style-type: none"> 1) Child does not speak or make eye contact, appears withdrawn 2) Child will interact with crew appropriately
Skin	<ol style="list-style-type: none"> 1) If shirt moved, abnormal bruising to back 2) Child has large (4” diameter) uneven discolored/grey mark over lumbar region of back
GU	<ol style="list-style-type: none"> 1) Child has dry diaper 2) Child has only has 2 wet diapers today-not eating or drinking well
Psychiatric	<ol style="list-style-type: none"> 1) Na 2) Child is distracted by favorite tv show

Instructor Notes – Changes and Case Branch Points

Intervention / Time point	Change in Case	Additional Information
1) When crew discovers new girl-friend crew should suspect possible abuse or when crew assessing child they should move/remove clothing and find bruising pattern to the back	If possible refusal, the crew should identify need to transport child, and notify law enforcement and CPS.	
2) Crew should find Mongolian Spot and recognize it as such.	If parent gets defensive, crew should confirm with parent that it appears to be a Mongolian Spot and reassure parent. Crew should start caring for possible RSV or respiratory illness	Crew should be more concerned with the RSV type or respiratory symptoms Heart rate 140 Resp 48 expiratory wheezes Productive cough-yellow/green Pale warm dry-dry skin Decreased food and fluid, decreased diapers

