

Simulation Scenario

Simulation Case Title: 7 Y/O M GSW/ fall

Patient Name: Johnny

Patient Age: 7 y/O M

Chief Complaint: Multi-system Trauma

<p>Brief narrative description of case <i>Include the presenting patient chief complaint and overall learner goals for this case</i></p>	<p>Dispatch: Units respond to a report of a child GSW with Fall.</p> <p>Location: Rural area</p> <p>Time: 1055 hours; Weather: partly cloudy, temp: 78°F</p>
<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. Identify critical Trauma/MOI 2. Limit scene time in critical trauma 3. Perform treatment enroute to Lev 1 trauma facility 4. Notification to receiving facility—trauma alert 5. Determine transport mode
<p>Critical Actions <i>List which steps the participants should take to successfully manage the simulated patient. These 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. Mitigate scene hazard 2. Identify and mitigate immediate threat to life 3. Secure airway 4. Perform rapid trauma assessment 5. Package patient for transport 6. Provide circulatory support 7. Begin transport within 10 minutes 8. Identify and treat evolving issues 9. Transfer care to next caregiver in continuum
<p>Learner Preparation <i>What information should the learners be given prior to initiation of the case</i></p>	<p>PAT Pediatric Trauma Assessment</p>

Initial Presentation

Initial vital signs	HR 126	B/P 90/40	RR 36	O2sat 86%	Temp
Show deterioration	HR 134	B/P 88/38	RR 38	O2sat 80%	Temp
Inappropriate Tx	HR 148	B/P 70/46	RR 44	O2sat 76%	Temp
Appropriate Tx	HR 120	B/P 96/36	RR 30	O2sat 92%	Temp
<p>Overall appearance <i>What do learners see when they first enter the room?</i></p>	<p>On arrival: You see a seven Y/O male laying on his left side with a pool of blood under him. He is noted to have deformities to lower extremities as well.</p>				

HPI <i>Specify what info here and below must be asked vs what is volunteered by patient or caregiver</i>	Pt was reportedly playing on a bridge over a drainage. He reportedly fell for an unknown reason. Patient is found in a ravine with a bleed noted to his R chest/epigastric region. Pool of blood under L thigh.		
Past Medical/Surgical History	Medications	Allergies	Family History
	None	NKDA	None
Physical Examination			
Circulation	Faint Pulse present		
Airway	Initially not open		
Breathing	No Breathing initially Pt breathes after opening airway, Rate 40 and shallow		
General	The patient is a 7 Y/O M-- Pt is dressed in Jeans and t-shirt. He is lying L lateral recumbent near the side of the road in a ravine near a bridge. There is significant bleeding noted to the L lateral mid-shaft femur area. After airway is opened, pt appears to be breathing rapidly. No response from the patient to verbal stimuli. Radial/brachial pulses weak and thready.		
HEENT	Abrasions and small cuts noted to L cheek		
Neck	W/O apparent trauma, JVD noted		
Lungs	Chest: unequal chest rise and fall. Paradoxical motion noted on the R chest. LS absent on R present on L. (indicative of tension pneumothorax)		
Cardiovascular	Capillary refill >4 seconds		
Abdomen	Small hole noted to R chest/at lower costal margin. rigid bruising to RUQ		
Neurological	Pt not moving extremities/ limp		
Skin	Pale, dirty,		
GU	Normal genitalia, W/O trauma		
Psychiatric	UTO		
Instructor Notes – Changes and Case Branch Points			

Intervention / Time point	Change in Case	Additional Information
00:15 Scene Survey	Possible perpetrator in the area	Law enforcement is just arriving
00:10 Manual C-spine and open Airway	Pt goes from apneic to breathing on opening airway	Consider OPA and BVM ventilations immediately
00:10 Assess Circulation	Radial/brachial pulses weak/ thready	Pulsatile bleed from R lateral femur
00:45 Bleeding control	Apply TK to L thigh bleed	Bleeding controls with use of TK
00:00 Secure airway	May maintain with BVM if adequate	Consider ET if needed
01:00 Baseline VS	Assess VS	ID patient in extremis
00:00 ID need for rapid transport	Closest most appropriate	Lev 1 trauma
00:00 Initiate vascular access	Pt BP improves if successful	Consider I/O
00:00 Complete detailed assessment	Find rest of injuries	As time permits
00:00 Communicate with receiving facility	Trauma alert	Provide a concise report to receiving facility
00:00 Consider tranexamic acid		Teaching point if not accomplished

Ideal Scenario Flow: Ideal is scene time of 10:00 or less. Capture ABC compromise and treat as found.

Anticipated Management Mistakes:

- Delay on scene to treat vs immediate transport
- Scoop and run without providing for patient packaging
- Spinal immobilization vs SMR

Teaching points:

- Scene safety
- PAT assessment
- XABCDE assessment progression
- Consider tranexamic acid