

Simulation Scenario

Simulation Case Title: Code

Patient Name: Sam

Patient Age: 4

Chief Complaint: Respiratory failure

Brief narrative description of case <i>Include the presenting patient chief complaint and overall learner goals for this case</i>	Pt is a 4 year old male with a history of 5 days of worsening productive cough, fever, congestion and decreased PO intake. Mom was going to take pt in to see his doctor today but the car wouldn't start. She is waiting for a ride to the pediatrician when patient "suddenly" gets much worse and is "struggling" to breathe. The overall learner goals for this case is to perform proper PALS cardiac arrest algorithm.
Primary Learning Objectives <i>What should the learner gain in terms of knowledge and skill from this case?</i>	-Identify need for advanced airway and ventilatory support -Identify impending respiratory arrest -Identify impending cardiac arrest -Be comfortable and confident using the PALS cardiac arrest algorithm
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>	-Airway support and ultimately management -Glucose check and control -PALS cardiac arrest algorithm -ID Hs and Ts with treatments if applicable
Learner Preparation <i>What information should the learners be given prior to initiation of the case</i>	17-18kg, white broselow measurement

Initial Presentation

Initial vital signs	HR 155 B/P 80/40 RR 34 shallow O2sat 78 Temp 35.6		
Overall appearance <i>What do learners see when they first enter the room?</i>	Tachypnea, Delayed cap refill, lethargic (not answering questions or opening eyes), mottled skin,		
HPI <i>Specify what info here and below must be asked vs what is volunteered by patient or caregiver</i>			
Past Medical/Surgical History	Medications	Allergies	Family History
No medical hx.			

Physical Examination

General	Pale, lethargic, not conversing, occasionally grunts or groans. No eye opening. Occasional arm flexion GCS 5 (E1, V2, M3).
HEENT	
Neck	
Lungs	Coarse, minimal air movement
Cardiovascular	Weak thready pulse. Delayed cap refill
Abdomen	Soft and flat
Neurological	Minimally responsive
Skin	Pale, thin
GU	In a dry diaper
Psychiatric	

Instructor Notes – Changes and Case Branch Points

Intervention / Time point	Change in Case	Additional Information
Tachypnea to bradypnea	Support with NRBM or BVM	Open airway, position
Apnea	Intubation	
BVETT or Vent	4.5-5ETT, VTE 100-165	
Thready pulse present tachycardia	IVF 20 ml/kg	
Hypoglycemia, BG 43		
Treatment of BG	2-4 ml/kg d25W	
Pulseless- PEA	CPR is initiated: Begin high -quality compressions at 100-120/min, with ventilations at 15:2 ratio	
	Epinephrine: Administered 0.01 mg/kg, 0.1ml/kg IV/IO every 3-5 minutes	
	Reassess 2 min	
ROSC after 2 rounds of CPR and Epi	ROSC: HR 130 bpm, BP 88/60 mm/hg, RR 10 (assisted), ETCO2	
Transport decision		