SIMulatED

Royal Darwin Hospital Emergency Department

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# Scenario Run Sheet: Elder Trauma

## Scenario Overview

**Estimated Scenario Run Time:**  12-15 mins

**Estimated Guided Reflection Time:** 25-30 mins

**Target Group:** ED Registrars and Nurses

**Brief Summary:** 78yo man, presents with chest and thigh pain after falling down at home. Known dementia and multiple medical comorbidities including warfarinisation for AF. Wife not coping. Needs trauma assessment and acute pain control for multiple rib and femur fractures.

## Learning Objectives

**General**

Trauma team management of a confused elderly patient and distressed wife

**Scenario Specific**

Structured approach to assessing elder trauma

Awareness of impact of chronic disease, medications and cognitive impairment on assessment and management of trauma

Use of the most ideal narcotic regime + regional anaesthesia by ED and the Acute Pain Service

Management strategies for confusion in trauma patients in spinal precautions

RDH pathways for patients with chest wall trauma

Management of carer’s issues and discharge planning

## Equipment Checklist

**Equipment**

Adult Resus trolley, glucometer, I-simulate

**Medications and Fluids**

Giving set, 0.9% saline, morphine, fentanyl, ondansetron, L bupivacaine/FIB kit, prothombinex, vit K

**Documents and Forms**

ED nursing chart, fluid balance

**Diagnostics Available**

CXR – multiple Right rib fractures (? On computer or tablet)

AP pelvis NAD, Right femur – midshaft fracture

ECG – AF VBG – mild hypercapnia and elevated creatinine

## Scenario Preparation/Later Parameters

**Initial Later**

GCS **14** RR 25 P 105 AF BP 150/80 GCS **14** RR 20 HR 90

Sats 90% RA T 37.2 BSL gas SaO2 98% O2 BP 140/70 T 36.2

**Mannequin Features**

Live simulated male patient

## Participants

**Staff Actors**

ED Registrars x3 Live simulated patient (male), Wife, Radiographer

Nurses x3ED, ED Cons and Ortho Reg available by phone

**Instructor Roles**

- Provide the team with clinical signs, VBG, ECG, XRAYS

## Candidate Instructions/Triage Information

You have gone to resus to see a Trauma Alert patient: 78yo man fall down stairs, c/o chest and hip pain.

## Patient/Wife Instructions

Patient confused and grimacing with right chest and hip pain but non combative. Responds to single staff member reorientation and instructions. Grabs + firmly holds staff member’s hand.

**Medical History**: from wife: Dementia with full package, walks with roller frame, awaiting NH placement.

AF on digoxin + warfarin, HT on amlodipine, NSTEMI 2000, Mild CRF – creat 140, COPD ex smoker on MDI’s, no advanced directive in place.

**Social:** Level 4 home package in place. Wife is legal guardian. Wife tearful and worried is struggling to cope with confusion particularly at night.

## Proposed Scenario Progression

* Patient brought by SJA in spinal precautions, given IV morphine with vomiting after
* Patient confused, agitated from chest and hip pain and pulling at Cx collar, requires dedicated staff member for continuous reorientation and reassurance
* Normal primary survey (Atrial fibrillation). Right NOF# posturing
* Respiratory distress/chest wall pain requiring fentanyl; mild hypercapnia on VBG
* Mitigation of radiocontrast (CT) impact on pre-existing renal function
* Early referral to APS regarding ongoing analgesia (consider trial ketamine, tramadol/paracetamol, consider reversal of warfarin to facilitate blocks (reversal also required for ORIF)
* Await INR result (2.2) prior to fascia iliaca block under US guidance (+/- warfarin reversal).
* Early orthopaedic referral for ORIF
* Blunt chest injury protocol: ICU referral for management of chest wall injury
* Dedicated staff member allocated to wife (DC coordinator)

## Debriefing/Guided Reflection Overview

**General Opening Questions**

* How was the scenario? What injuries were you concerned about?

**Scenario Specific Questions**

* What else was wrong with the patient?
* How did you manage the patient’s confusion?
* What were the difficulties in making the ideal trauma assessment?
* Why did you choose the pain management options that you did? How did the patient’s anticoagulation affect your decision?
* What were you worried might occur as a result of his injuries?
* Where should the patient be managed next?
* Analgesia issues (anticoagulated/confused/rib and femoral fractures (Saskia Hensen)

**General Wrap-Up Questions**

* What did you find most beneficial about this scenario
* What was the most challenging point in this scenario?
* What would you do differently next time?