SIMulatED RDH Emergency Department - Author: Rebecca Day

# Scenario Run Sheet: Trauma\_Uncal Herniation

## Learning Objectives

**Target Group: ED Regs and Nurses**

**General:**

**CRM principles**

**Scenario Specific:**

**Systematic assessment of a trauma patient**

**Recognition and Management of severe head injury**

## Scenario Overview

**Brief Summary:**

**Given only 2 mins prewarning from SJA of “unconscious male patient”, no other details/no mention of trauma**

**Unconscious male patient found at side of road with evidence of a head injury. No history of events available. Scoop and run by ambos as near to hospital. Hard Collar in situ.**

**Turns out to have severe head trauma, pelvic fracture and a right sided PTX. Requires intubation for head injury, as start to prep for intubation the patient becomes bradycardic and hypertensive, requires mannitol/hypertonic saline/hyperventilation/involvement of neurosurg.**

|  |  |  |  |
| --- | --- | --- | --- |
| Intro Time | Scenario Time | Debrief Time | Soundbite  |
| 10 | **25** | **25** | **0** |

## Observers’ Engagement Task

## Equipment Checklist

|  |  |
| --- | --- |
| **Mannikin:** | 3G |
| **Monitoring:** | iSimulate  |
| **Docs and Forms**  | EDNA, Green sheet, Vent sheet |
| **Equipment** | IV Pumps, Syringe Driver, USS, Oxylog, Other: |
| **Consumables** | IV Fluids |
| **Medications** | Ket/Roc/Sux/Abx/Fentanyl |

|  |  |
| --- | --- |
| **Sim Prompts** | CXR, Pelvic XR, CSpine XR, VBG |
| **Sim Equipment** | Fluid receiver |
|  |  |

## Participants

**Staff**

3 doctors

3 nurses

**Instructor Roles**

Provide examination findings and props

## Additional Information/Medical History

**Demographics: Unknown Male, no ID on him**

**HPC: Unknown**

**PMH:Unknown**

## Proposed Scenario Progression

**Scenario Progression**

**Only 2 mins pre-warning of “unconscious male”**

**Handover from ambo**

**M: Unknown, found at side of road ?fell over, ?hit by a car, ?something else**

**I: Haematoma to left temporal region, Right pelvic grazes**

**S: Obs given**

**T: Hard collar, scoop and run, no IV access**

**Primary survey**

**A- partially obstructed when no jaw thrust, requires airway protection**

**B – AE Left=Right, Sats 98%, RR 18**

**C – Haemodynamically ok initially, abdo soft and non distended, graze to left side of pelvis**

**D – GCS 3, no posturing, pupils initially 5mm and bilat sluggish**

**CXR – Right PTX – deep sulcus/SC emphysema**

**Pelvis XR - # pubic rami**

**CSpine – Inadequate but no fractures seen**

**eFAST – negative abdo views, Left small PTX**

**VBG – pH 7.31, pCO2 45, HCO3 – 19, Lact 4.2**

**Ideally:**

**- Use airway adjuncts/jaw thrust/preoxygenation**

**- Prepare of intubation – considering a neuroprotective intubation**

**- Recognise Cushing’s response – mannitol or hypertonic, hyperventilation**

**- Recognise small left PTX**

 **- will need ICC, but could probably be done post intubation as long as someone watching for tension**

 **- or do a pre-ETT finger thoracostomy and convert to ICC when resources permit**

 **- This will be the distractor from getting on with the ETT/head injury management which is the critical issue**

**- Recognise minor pelvic fractures**

 **- Don’t warrant a binder, if haven’t put on pre-XR**

**- Early trauma/neurosurgical input**

 **- rapid transit to OT – ideally the hybrid theatre where can scan in OT**

## Scenario Preparation/Baseline Parameters

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Stage 1** | Progression TriggerAt start of intubation prep | **Stage 2** | Progression Trigger | **Stage 3** |
| **RR** | 18 | 12 |  |
| **SpO2** | 96% | 96% |  |
| **HR/Rhythm** | 80 | 40 |  |
| **BP** | 145/89 | 200/120 |  |
| **T** | 35.7 | 35.7 |  |
| **Other** | GCS 3 | GCS 3 |  |
|  |  | Blown pupil |  |

## Debriefing/Guided Reflection Overview

|  |  |
| --- | --- |
| **Anticipated themes:** | Management of severe head injury/mannitol or hypertonicNeuroprotective intubation strategyPTX decompression pre ETT?CT vs OT – use of hybrid theatre |
| **Opening Gambit** |  |
| **Exploration with key players** |  |
| **Engaging the general group** |  |
| **Sharing facilitator’s thoughts** |  |
| **Any other questions or issues to discuss?** |  |
| **Summary** |  |

## The Soundbite

General Feedback Prompts/Examples:

Opening Gambit:

* What did you feel were your specific challenges there?
* Let’s talk.
* Can you describe to me what was happening to the patient during that scenario?
* Can you describe to me what was going on?
* What was important to you in choosing to manage that situation?
* Can you tell me what your plan was and to what extent that went according to plan?
* That seemed to me to go smoothly, what was your impression?
* That looked pretty tough. Shall we see if we can work out together what was going on there so that you can find a way to avoid that situation in the future?

Exploration with key players

* Questions to deepen thinking
* Questions to widen conversation
* Introduce new concepts; challenge perceptions; listen and build
* So what you’re saying is…
* Can you expand on…
* Can you explain what you meant by…
* When you said…
* I noticed that you…

Engaging the general group

* Let’s check with the rest of the group how they reacted to you saying that.
* Did you [scenario participants/observers] feel the same?
* What did you [scenario participants/observers] want from [scenario participant] at that point?
* What ideas or suggestions has anyone else got for how to deal with that situation?

Sharing facilitator’s thoughts

* Use advocacy with inquiry to share your observations and explore their perception
* What does the protocol say on…..
* What do you think was happening ….?
* How do you think … would respond to…. ?
* What about next time…..?
* Do you think there’s anything to be gained from…?

Any other questions or issues to discuss?

Summary