SIMulatED

Royal Darwin Hospital Emergency Department

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# Scenario Run Sheet: 6 year old unimmunized boy with Hib meningitis

## Scenario Overview

**Estimated Guided Reflection Time: 5-10 mins**

**Target Group: ED Registrars**

**Brief Summary: 6 year old boy presenting with fever, headache, vomiting. Signs of shock. Dx: Hib meningitis**

## Learning Objectives

**General:**

**1. Recognition of the sick child and meningitis**

**Scenario Specific:**

**1. Differential Diagnosis includes sepsis and meningitis**

**2. Early antibiotic treatment for meningitis**

**3. Fluid management in meningitis**

**4. Disposition and ongoing management considerations**

## Equipment Checklist

**Equipment:**

**Medications and Fluids:**

**1. N. Saline and N. Saline with 5% dextroe**

**2. Ceftriaxone**

**3. Dexamethasone**

**Documents and Forms:**

**Nursing sheet**

**Diagnostics Available:**

**FBC, CRP, EUC, VBG**

## Scenario Preparation/Baseline Parameters

**Initial Parameters**

**Temp 39.7, HR 135, BP 90/45, RR 30, SaO2 98%RA**

**Child with mother, holding head in distress, seen by resident who has referred to surgeons for haematemesis. Child appears pale and distressed.**

**Initial Progress**

## Participants

**Staff: 2 doctors and 1 nurse**

**Actor- mother**

**Instructor Roles**

## Additional Information/Medical History

**Demographics: unimmunized ‘conscientious objector’ Caucasian family. Mum appropriately worried**

**HPC: 1 day history of vomiting 20x with some haematemesis. On further questioning fever, headache and neck stiffness**

**PMH: nil, unimmunized**

## Proposed Scenario Progression

On review, child appears unwell- distressed, GCS 13/15, very pale, poor perfusion with CRT3-4 seconds, cool peripheries, neck stiffness, no rash, remainder examination NAD

Requires N. Saline boluses 10-20 ml/kg to treat shock, early antibiotics, consideration of dexamethasone and appropriate maintenance fluids; condition improves with treatment, still GCS 14/15 but no other signs increased ICP. Discussion re: further investigations and disposition

If does not receive appropriate treatment…deterioration in condition, hypotension and bradycardia…

## Debriefing/Guided Reflection Overview

**General Opening Questions**

* How was the scenario? (each team member reflects)
* What happened in the scenario – i.e. relay the story to a workmate who wasn’t there

**Scenario Specific Questions**

* What was wrong with the patient?
* What medications/investigations may be required?
* Where does the patient need to go?

**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?

## Case Considerations