Scenario Run Sheet

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| Scenario Overview | |
| **Estimated scenario time:** | 20 – 30 minutes |
| **Estimated guided reflection time:** | 30 minutes |
| **Target group:** | Medical Students |
| **Brief summary:** | A 25 year old man is being bought to the Emergency Department. He was driver in high speed frontal collision, and is en route with SJ ambulance service.  He has major chest injuries. |

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| Learning Objectives | |
| **General:** |  |
| **Scenario Specific:** | * Recognise potential for an unstable trauma patient * Institute appropriate escalation to senior medical and / or nursing staff * Recognise & manage pneumothorax and hypoxia, pain from chest injuries * Trauma team protocol |

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| Equipment Checklist | |
| **Equipment**   * PPE * Adult SimMan * Patient trolley * Monitoring equipment / ECG * IV access * Chest drain * SIM Resus Trolley * Stethoscope * CXR showing L pneumothorax * Xray of leg showing fracture L ankle | **Medications and Fluids**   * IV fluid+Blood products |
| **Documents and Forms**   * STJA Documentation * Triage Sheet * Nursing Assessment Form * Pathology/Radiology forms |
| **Diagnostics available**   * ECG: Sinus Tachycardia * CXR –large L pneumothorax * FAST: Negative |

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| Scenario Preparation / Baseline Simulator Parameters | |
| **At Scene**  Temp – 36.9  Pulse – 112 (radial palp)  Resp – 40  BP – 150/90  SpO2 – 88% on RA, 98% on NRB  GCS – 15  BSL – 7.1 mmol | **Resus Cubicle**  Temp – 36.8C  Pulse – 110  Resp – 32  BP – 150/90  SpO2 – 98% NRB |

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| Number of Participants | |
| **Student Roles**  Medical Staff x 3, then act as trauma team   * Resident (initial assessment) * Registrar (initial assessment / review) * Surgical (review and lead resuscitation) | **Instructor Roles**   * Facilitate scenario * External communication within scenario * Complete treatment checklist * Debrief participants |

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| Additional Information / Medical History | |
| **Patient Demographics:** | 25 year old man |
| **History of Presenting Complaint:** | SJA called to car vs tree at high speed 0300 hrs. Single occupant wearing seatbelt, intoxicated on way home from Discovery Nightclub. Major damage to front of vehicle. Extraction time 30 minutes  Vital signs, BP 150/90, pulse 112, temp 36, RR 40, chest reduced BS L chest, O2 sat 88% RA, 98% on NRB mask   * denies pain in abdomen, L lower leg swollen and painful |
| **Previous Medical History:** | Nil stated |

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| Proposed Correct Treatment (Outline) |
| * Performs primary survey + C-spine precautions * Obtains full set of vital signs (TPR / BP / SpO2 / GCS+Pupils / BSL) * Records 12-lead ECG * Reassess primary survey * Insert 2 x IVC (large bore) and collect relevant pathology (FBC /U+E/LFT / Lipase / Coags / G+H / VBG) * Commences IVF resuscitation and IV analgesia * Orders CXR +/- Trauma series * Manages pneumothorax with chest drain * Extended FAST scan to assess chest injuries and potential abdominal injuries * Performs secondary survey when stable * Demonstrates effective communication * Demonstrates effective team work |

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| Debriefing / Guided Reflection Overview |
| **General opening questions frequently used to start the debriefing session:**   * How was the scenario? |
| **Scenario specific questions:**   * What was the respiratory status of the patient at completion of the scenario? (Physiological) * What is wrong with this patient? (Comprehension) *(i.e clear communication through the team)* * What medications / investigations maybe required, where do they need to go? (Projection) (*ask one of the junior medical staff)* |
| **General wrap-up questions frequently used to close the debriefing session:**   * What did you find most beneficial about this scenario? * What was the most challenging point within this scenario? |

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| Case Considerations: |
| * Recognising severe chest injury and need for evaluation of other injuries as well eg splenic associated with L sided trauma. * Signs of pneumothorax- differentiate tension from large * Effective pain relief to aid assessment * Management of pneumothorax and associated chest injuries in trauma * Clear communication is essential in the clinical setting; one effective communication tool is SBAR. SBAR is an easy to remember mechanism that you can use to frame conversations, especially critical ones, requiring immediate attention and action. It clarifies what information should be communicated, and how. It consists of standardised prompt questions within four sections – to ensure concise and focused information, while allowing staff to communicate assertively and effectively, reducing the need for repetition.   + Situation   + Background   + Assessment   + Recommendation |