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:** | An 22 yo man is being bought to the Emergency Department. He has come off his motorbike at 100km/hr, and is en route with SJ ambulance service.  He is in shock from fractured pelvis and R femur. |

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| Learning Objectives | |
| **General:** |  |
| **Scenario Specific:** | * Initiate primary survey * Recognise & manage hypovolaemic shock * Recognise need for splinting * Trauma team protocol |

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| Equipment Checklist | |
| **Equipment**   * PPE * Adult SimMan * Patient trolley * Monitoring equipment / ECG * IV access * Defibrillator * SIM Resus Trolley * Stethoscope * Pelvic Binder * Leg splint for reduction of femur fracture | **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 * VBG- * Xray pelvis showing comminuted fractureof R inf and sup pubic rami extending into R iliac wing. * Xray R femur showing comminuted midshaft fracture * FAST: Normal |

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| Scenario Preparation / Baseline Simulator Parameters | |
| **At Scene**  Temp – 36.9  Pulse – 106  Resp – 28  BP – 90/palp  SpO2 – 100% on NRB  GCS – 15  BSL – 8.3 mmol | **Resuscitation Cubicle**  Temp – 37 C  Pulse – 122  Resp – 28  BP – 80/50  SpO2 – 95% RA  GCS 14 (keeping eyes closed) |

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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:** | 22 yo man, in defence force |
| **History of Presenting Complaint:** | Lost control of his motorbike at 100km/hr when on Stuart Highway 1800 hrs. Came off bike and landed on side of road. Unable to get up at scene. Has severe pain in pelvis and R leg and multiple abrasions.   * Initial vital signs at scene and resus as above. Cap refill 3secs * In resus room begins to deteriorate with pulse increasing and BP dropping to 70 systolic and patient becomes lethargic   Patient is in a lot of pain and needs splinting of pelvis and femur to help reduce blood loss. Stabilises after this. |
| **Previous Medical History:** | Nil stated |

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| Proposed Correct Treatment (Outline) |
| * Performs primary survey + C-spine precautions * Performs secondary survey * Obtains full set of vital signs (TPR / BP / SpO2 / GCS+Pupils / BSL) * Records 12-lead ECG * Identification of clinical deterioration and escalates to senior medical and / or nursing staff * 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 * Applies splints before Xrays as patient haemodynamically unstable * Identifies the need for a FAST scan * 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 heart rate of the patient at completion of the scenario? (Physiological) * What is wrong with this patient? (Comprehension) *(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 clinical deterioration is a key skill all doctors should possess.   + Clinical signs of shock include tachycardia (HR < 100) and hypotension (BP < 90), other signs include decreased central CRT, and a shortening pulse pressure (this may be evident prior to tachycardia and hypotension) * 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 * Management of hypovolaemic shock in trauma * Importance of splinting pelvis and femur in reducing bleeding and pain * FAST scan |