Scenario Run Sheet

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| Scenario Overview |
| **Estimated scenario time:** | 30 minutes |
| **Estimated guided reflection time:** | 10 minutes |
| **Target group:** | Medical Students |
| **Brief summary:** | An 26 yo woman is being bought to the Emergency Department. She was assaulted by her partner, repeatedly kicked and punched to the head.She has severe head and facial injuries and requires intubation |

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| Learning Objectives |
| **General:** |  |
| **Scenario Specific:** | * Primary survey
* Institute appropriate escalation to senior medical and / or nursing staff
* Recognise & manage severe head injury
* 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
* CT brain
 | **Medications and Fluids*** IV fluid+Blood products
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| **Documents and Forms*** STJA Documentation
* Triage Sheet
* Nursing Assessment Form
* Pathology/Radiology forms
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| **Diagnostics available*** ECG:
* VBG-
* CXR/Pelvis- normal
* FAST: Negative
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| Scenario Preparation / Baseline Simulator Parameters |
| **At Scene**Temp – not takenPulse – 80Resp – 20BP – 160/80SpO2 – 98% on NRBGCS – 10 BSL – 6.3 mmol | **Resuscitation Cubicle**Temp – 37.5CPulse – 68Resp – 16BP – 170/80SpO2 – 98% RAGCS - 8 |

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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:**  | 26 year old woman |
| **History of Presenting Complaint:** | SJA called to a house by friends of pt. They were concerned as there was a fight and she has been severely beaten by her partner about an hour ago and is not really responding to them* Initial vital signs, BP 160/80, pulse 80, RR 20, GCS 10, chest clear, O2 sat 98% RA, chest clear, boggy wounds on scalp with laceration face swollen, pupils reactive but sluggish

Difficult to get further details / history from patient |
| **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
* Recognises need for intubation
* Orders CTB +/- Trauma series and 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?
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| **Scenario specific questions:*** 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)*
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| **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.
	+ GCS initially 10 but drops to 8 and there is facial injuries so requires intubation
	+ Clinical signs of raised ICP, discussion of CPP and the importance of maintaining this
* 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 head injury in trauma and prevention of secondary injury
* Trauma team activation when any trauma patient deteriorates
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