

SIMULATION CASE PT-5

Learning outcomes:

By the end of this simulation the candidates will:

- Apply the structured approach to trauma management
- Manage a patient with a mild head injury, liver laceration and fractured radius and ulna

Simulation focus: Mild head injury. Liver laceration. Fracture LEFT radius and ulna

Timing: 0-3 minutes: introduction; remaining time: split equally between simulation and debrief

Introduction [Environment and Set]

Prior to the start of the simulation: one instructor to:

1. [Environment] Brief candidate group to *check the Environment*:

Room	Candidates to set up the room appropriately	
Equipment	Candidates to check required equipment present and accessible	

Equipment list:

In addition to generic equipment list:

- Appropriate size manikin to be ready for simulation in room and covered until simulation commences

2. [Set] Give History

You have received a pre-alert from the non-paramedic crew bringing in a 3-year-old girl found under a collapsed old brick wall.

Then leave the room for candidate group to prepare and after 2 minutes, return with instructor team and commence simulation

[Dialogue] Simulation

Initial handover *{to tell candidate on your arrival with the child as a Non-Paramedic SBAR to Team Leader}*

Situation	3-year-old found under a collapsed old brick wall	
Background	A 3-year-old girl was playing unsupervised in the garden at home. An old brick wall (about 4 feet high) collapsed on top of her. Her mother heard her screaming, ran into the garden and pulled her from the rubble.	
Assessment	A	Crying and moaning
	B	RR 40/min
	C	Pulse 130/min; BP 70/?; CRT more than 6 secs
	D	Agitated and crying quietly. Pupils dilated, equal and reactive
	E	Grazes across upper left abdomen. Holding left arm awkwardly
Recommendation	Needs resuscitation and emergency management	

Clinical course *{to be given as the simulation progresses}*

The child continues to deteriorate in shock despite adequate oxygen and fluid therapy. There is some stabilisation with the blood transfusion. Urgent surgical consultation and theatre are necessary.

Key treatment points



Preparation	Call Trauma team		
	Briefing and allocation of roles		
Airway	Establish airway patency		
	Protect cervical spine		
Breathing	Assess		
	High flow O ₂ via face mask		
Circulation	Early IV access with wide bore cannulae x 2		
	Consider tranexamic acid		
	Trauma bloods including blood for crossmatch		
	Activate major haemorrhage protocol		
Specific therapy	Call surgeon		
	Consider pain relief		
	Trauma imaging		
Handover to Surgeon	S		
	B		
	A		
	R		

[Closure] Debrief

Using the learning conversation, carry out the debrief of both the technical and non-technical elements of the simulation.

The debrief will be for the team as a whole and should focus on some or all of the following:

- Technical skills in an A, B, C, D, E format and guided by the KTPs; in particular the safe and effective demonstration of all continuously assessed skills:
 - BLS
 - Defibrillation
 - Airway management
- Non-technical skills, including qualities of team membership and leadership:

Team members	<ul style="list-style-type: none">• Clear communication• Respect• Flexibility• Assertiveness• Ability to listen
Team leaders	All of the above, plus <ul style="list-style-type: none">• Full overview of all aspects associated with child, parents and team• Prioritises according to KTPs• Summarises and re-evaluates

- Feedback on Environment, where required

Potential issues that may be raised for this specific simulation

- Distracting arm injury

At the end of the debrief, give the opportunity for candidates to ask questions, answer these and then summarise the key points.

Assessment

Refer to the *Instructor guidance on simulations* document for a guide to the assessment of the simulation station. These assessments should be documented on the paper-based or electronic system for the final faculty meeting. Any scores of *serious concern* should be reported immediately to the course director.