RCPCH Endorsed
Royal College of Paediatrics and Child Health
RCPCH Endorsement applies to UK APLS courses only

Advanced Life Support Group
A charity dedicated to saving life by providing training

SIMULATION CASE PT-6

Learning outcomes:

By the end of this simulation the candidates will:

- Apply the structured approach to trauma management
- Manage a patient with significant head and neck trauma

Simulation focus: Fractured pelvis, fracture dislocation of RIGHT femur

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 an 11 year old boy injured in a junior off-road motorcycling event.

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

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[Dialogue] Simulation

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

Situation	An 11 year old boy injured in a junior off-road motorcycling event.	
Background	An 11 year old boy had been taking part in a junior off-road motorcycling event. He lost control and skidded off the track into a tree. The medical team on scene diagnosed a closed fracture to the right femur and applied a splint.	
Assessment	A	Moaning quietly with pain
	B	RR 30/min
	C	Pulse 120/min; BP 60/?; CRT more than 6 secs
	D	Drowsy
	E	Lying still, Protective clothing still in place
Recommendation	Needs resuscitation and emergency management	

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

Circulation stabilises briefly after first fluid bolus, but soon deteriorates. It only improves once blood is given and an urgent orthopaedic consultation is sought.

Key treatment points

			☑
Preparation	Call Trauma team		
	Briefing and allocation of roles		
Airway	Establish airway patency		
	Protect cervical spine		
Breathing	Assess		
	High flow oxygen via face mask		
Circulation	Early IV access with wide-bore cannulae		
	Trauma bloods including blood for cross-match		
	Consider fluid bolus – blood or balanced crystalloid		
Specific therapy	Consider pain relief		
	Trauma imaging		
	Call orthopaedic surgeon		
	Pelvic splintage and femur splintage		
Handover to orthopaedic surgeon	S		
	B		
	A		
	R		

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[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	• Clear communication • Respect • Flexibility • Assertiveness • Ability to listen
Team leaders	All of the above, plus • 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

- Potential source of major haemorrhage

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.

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