

Adult Head Injury

Critical Incidents

	Name:	D Spencer	Observat	ion at start		CRT:	4 s
	D.O.B.	30/04 (42Y)	RR:	23		Temp:	35.7
	Address:	(Insert local address)	ETCO2	-		BM:	7.2
			Sats:	98% o	n A	Weight:	110Kg
	Hospital ID:		Heart Rat			Allergy	NKDA
	Ward:	ED resus	BP:	105/6			
		Background to scenario				cific set up	
		ight into ED with an isolate			n ED frolle	y, on sco	op and C spine
		quiring intubation. Once in	•	protection		al a. a a	
show signs of high ICP, requiring treatment and preparation for transfer to neurosurgical centre Can be done as 2 part sim – 1) conduct of anaesthesia, circuit/portable ventilator/ambu bag)							
		CP and preparation for tr		Transfer trolle		101/011100	bugj
		red embedded faculty/ac		Transier frome		d particip	ants
ODF			<u> </u>	Anaesthetist		u pamo.p	<u> </u>
	taff				staff can b	oe particip	oants in MDT Sim
νeυ	rosurgeons (by phone)					
			Past Medica	ıl History			
	viously fit and						
		party at friend's house, lou					
ncc	onerent spee	ch and intermittently drov Drugs Home	wsy at scene, C	-spine protecti		s Hospital	
121		Diugs nome		N 121	טוטט	з позрії	
Vil re	eg			Nil yet			
			Brief to part			•	
		called to ED resus for a tro				orimary sur	vey done by ED
		ED staff – PMH above. No	other opvious if				
		hoad injuny fluctuating	CCs and notor	•		ica intorm	sittantly wakes up
har		head injury – fluctuating		tial for airway		ise, interm	nittently wakes up
and		head injury – fluctuating please can you intubate	this patient for a	ntial for airway a CT head		ise, interm	nittently wakes up
and		please can you intubate		ntial for airway a CT head irection	comprom	ise, interm	nittently wakes up
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Consideration of monitoring of patient while other discussions take place

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Judith Dinsmore, MBBS FRCA, Traumatic brain injury: an evidence-based review of management, Continuing Education in Anaesthesia Critical Care & Pain, Volume 13, Issue 6, December 2013, Pages 189–195, https://doi.org/10.1093/bjaceaccp/mkt010

Nathanson, M.H., Andrzejowski, J., Dinsmore, J., Eynon, C., Ferguson, K., Hooper, T., Kashyap, A., Kendall, J., McCormack, V., Shinde, S., Smith, A. and Thomas, E. (2020), Guidelines for safe transfer of the brain-injured patient: trauma and stroke, 2019. Anaesthesia, 75: 234-246. https://doi.org/10.1111/anae.14866

Guidance for	r Patient Role		
Opening lines/questions/cues/key responses Intermittently shout/wave arms around (tell participants this is happening) GCS E2-3, V2-4, M 4-5	Relevant HPC / PMH If checked – a friend is available by phone for collateral (as per PMH)		
Guidance for ODP role	Guidance for ED Doctor		
New to role, capable with tasks but not very experienced Need direction for next steps (depending on confidence of anaesthetic participant)	Has done some anaesthetics in the past – able to assist with tasks as asked to by anaesthetic participant		
Guidance for Role e.g. ITU/Anaesthetic Senior	Additional challenges (depending on participant experience and confidence)		
Expectations/actions Only available by phone – 30 minutes away, can start making their way in, but advise as necessary	Difficult IV access – requiring IM sedatives or IO access Agitation – requiring sedation in emergency/unfasted patient Elderly patient on anti-platelet/anticoagulant requiring reversal		

Session Objectives	
Clinical	Management of acutely unwell patient in ED/isolated traumatic head injury Management of increasing ICP in a patient with a head injury Transfer of patients
Non-technical skills	
Teamworking	Coordinating team activities (using available clinicians for necessary roles including assessing capability of team), exchanging information throughout, supporting junior/less experienced team members
Task management	Planning and preparing for next steps, maintaining standards – using guidelines where appropriate, identifying and utilising resources – team members and their skills
Situational awareness	Gathering information (on arrival and throughout scenario), recognising deterioration, anticipating next steps
Decision making	Identifying/balancing and selecting options (sedation/anaesthetic for agitated patient), continuous re-evaluation of scenario

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