Septic baby

Paediatric Simulation

Name:	S Allen	Observa	tion at start	CRT:	6 secs	
D.O.B.	01/03 (1Y)	RR:	48	Temp:	39.2	
Address:	(Insert local address)	ETCO2:	-	BM:	4	
	,	Sats:	97% on A	Weight:	7Kg	
Hospital ID:	4352687921	Heart Ra	te: 195	Allergy	NKDA	
Ward:		BP:	Not reading			
	Background to scenario			Specific set up		
,	h suspected bacterial me	•	Baby mannequin,			
presents to ED in a DGH. They have a high respiratory			Other equipment available in local ED (anaestheti			
ate and low GCS requiring intubation and preparation			machine/ventilator/drugs/paperwork) Capillary blood gas result – poor			
or transfer.				•		
	ired embedded faculty/a	ctors		quired participo	ants	
Parent			Anaesthetist			
ED/paediatric (doctor		ODP can be partic	•		
ODP			Paediatric/ED in M	DI sim – start o	n arrival to ED	
No. 2012 - 1012 - 1012	to and to the same of the table	Past Medica				
	term baby, normal birth, u minutes ago via paramed					
ash	rimores ago via paramea	iics, ui iwell ioi d	ays, ievei, voitiiiiig,	non reeding we	THORFORDICHIN	
<u></u>	Drugs Home			Drugs Hospital		
Paracetamol			Nil yet			
/accinations u	o to date		INII YOT			
	J 15 dd10					
		Brief to par				
	called to ED resus to revie					
Handover from	ED/Paeds – unwell for 3 d	ays, fever, vomi	ting, not feeding. No	w looks drows	and lethargic,	
	lse, BP not recording. Bulg					
airway for low (GCS and respiratory distres			for support and	d transfer	
		Scenario D				
			ssment and prepara			
	becoming unresponsive, becomes quiet if participants do not progress to intubation					
	3, sats 92% despite oxygen therapy, signs of respiratory distress					
C HR 195, BP initially not recording, If participants ensure BP prior to intubation this can be						
HR 195, BF	initially not recording, If p	participants ensu		tion this can be	e given 50/20	
Unrespons	initially not recording, If pair to initially not recording, If pair to initial fluid resuscita	participants ensu	ure BP prior to intuba		e given 50/20	
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Guidelines				
BJA Ed Sepsis in Paediatrics https://www.bjaed.org/action/showPdf?pii=S2058-5349%2820%2930139-6				
Guidance for Parent Role				
Opening lines/questions/cues/key responses Are they going to be ok?	Relevant HPC / PMH			
Concerns Did we bring them in too late? Anxious and upset	Actions Wants to be with the child			
Guidance for ODP role Competent, but needs prompting	Guidance for other roles			
Depending on level of trainee, consultant is at home and will come in, but continue with intubation as child sounds critically ill. Advice can be given over the phone if needed	Additional challenges Challenging intubation requiring 2-3 attempts or calling for help Difficult IV access			

Session Objectives				
Clinical	Treatment of sepsis in a young child			
	Intubation of critically ill patient			
	Management of tasks in non-theatre environment			
Non-technical skills				
Teamworking	MDT working, exchanging information and using capabilities of the team			
Task management	Planning and preparing for procedure, decision making regarding place of safety			
Situational awareness	Gathering information, using sources of information for support, anticipating next			
	steps			
Decision making	Assessing situation and making decisions regarding resuscitation and airway			
	management, continuous re-evaluation			

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