

*SUBJECT AND CURRICULUM REFERENCE:*

Paediatric Intubation

- Medical expertise
- Teamwork and collaboration
- Prioritisation and decision making
- leadership

*Length:* 10 minutes

*CLINICAL SCENARIO STEM:*

A 9 month boy with a history of afebrile seizures presents to the ED via ambulance with a prolonged generalised seizure lasting 35 minutes. He has had 2 boluses of IV midazolam. It is difficult to mask ventilate the child and he is responding to painful stimuli only. You have determined that he requires endotracheal intubation.

Can you prepare for, and secure the airway of this child by performing endotracheal intubation. His parents have chosen not to be present for the procedure.

*INSTRUCTIONS:*

**Candidate**

The scenario takes place in the paediatric resuscitation room. You have one assistant who is an experienced paediatric nurse who will be able to perform nursing tasks at your instruction.

**Role player - patient:** ALS baby mannequin

**-assistant:** is able to take over BVM ventilation and can suggest this. The station is to test preparation of and execution of the skill of endotracheal intubation, so you should assist in all ways to free candidate up to plan, prepare and execute this skill.

**Examiner:**

This station is to assess the preparation and the performance of the technical skill of safe endotracheal intubation, and non-technical skills of teamwork and communication. A whiteboard or butchers paper for calculations should be provided. Examiner to provide accurate real time clinical information to candidate when asked (ie yes, ETCO<sub>2</sub> trace shows a waveform consistent with tracheal intubation, yes, you observe fogging of the tube) Set a HR of 140 SR on the rhythm generator. Keep patient stable haemodynamically during OSCE.

If extra assistance requested, acknowledge the request but inform candidate that only one assistant available at present

**Assessment criteria**

- Continue the airway support as effectively as possible while preparing staff and equipment (positioning, airway adjunct)
- Delegate roles, communicate plan (plan a and plan b)
- Confirm that all equipment is available, prepared for use and adequately sized
- Confirm patent IV cannula

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- Choice of drugs (requires an anaesthetic agent and a muscle relaxant in the correct doses, ie propofol 3mg/kg, sux 2mg/kg)
- Cricoid pressure
- Optimise positioning of patient
- Successful intubation, with evidence of checking correct ETT placement clinically and via monitors. Minimal trauma to patient.
- Cricoid off, tube must be secured (tape or trache ribbon)
- If intubation unsuccessful, allow candidate to execute their “plan b”. candidate can still pass the OSCE well after an unsuccessful attempt as long as patient is kept safe between attempts (BLS continues)