



2015=9

Overview

Casey Paediatrics Teaching

Scenario – Jack Donovan

Scenario Name: Jack Donovan– Croup

### Format: Fully immersive scenario

### Course: Casey Emergency Paediatric teaching

### Last Revised: 10th November 2015

### File Location:

### Aim:

* To enable participants to practice an effective systematic approach to the management of a patient with severe croup

### Duration of Session 10-15 minutes & debrief 10mins

### Type of Learners: Nursing and Medical staff

### Number of Learners: 10

### Number of Staff: 2-3

Learning Objectives:

1. Demonstrate a structured approach to a patient with severe croup
2. Recognise the need escalation of management.
3. Demonstrate the correct use adrenaline, corticosterioids
4. Anticipation and planning for RSI.
5. Recognition of likely difficult airway
6. Consideration of appropriate differentials - asking about FB/immunisations for epigolttiits
7. Appropriate allocation of roles with multiple tasks needing to be performed
8. Demonstrate the ability to prioritise needs & call for help early
9. Practice effective communication when managing the unstable patient

# Plot

## Outline:

Jack is a 3yo who is brought into emergency by mother with severe croup requires multiple doses of adrenaline and corticosteroid – improves once discussion around RSI and call for extra help

## Patient Details:

### Patient Name: Jack Donovan

### Age: 3 years of age

Presenting Complaint:Jack is brought in by mother, he has been unwell since yesterday with low grade fever, cough and coryza. Tonight cough became barking and then he developed trouble breathing

### Past History:

* Born at term, nil Cx
* Nil significant medical history
* NKA

# Setup

## Room & Equipment:

Sign on door: Resuscitation 1

Posters on wall: ISBAR, ACLS, MET criteria

Resus Trolley outside room

## Patient:

Mannequin as “Kathy”

* Patient gown
* Covered with blankets
* Cardiac monitoring available
* Oxygen saturation monitoring
* Non-invasive BP monitoring
* Intubating Equipment

## Props:

* Triage nursing chart at end of bed with presenting problem completed as “croup”
* Peads cannulation equipment

**Primary Participant:** Handover

# Conduct of Scenario

## Stem

“Jack is brought in by mother, has been unwell since yesterday, today had worsening SOB.”

## Actors’ Instructions

Actors: Nurse confederate

Patient: see control room table

## console

**Control Room:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***System*** | **Patient** | ***Mannequin Settings*** | | | | ***Sam*** | **Ix Results** |
| General |  | Distressed/irritable child | | | |  |  |
| Airway | Stridor |  | | | | Airway Clear of secretion |  |
| Breathing | Severe WOB  Tracheal tug, nasal flaring | ***RR***  40/min | ***SaO2***  98% RA | ***Chest sounds:***  *Normal* | |  |  |
| *Evolution of patient state:*  *Treatment*   * Ongoing Signs despite first adrenaline neb. If given oral steroids still no response * Second nebuliser to be given * IV Dex * Once call for anaesthetics and preparation for intubation made then to improve | | | |
| Circulation | CRT <2 | ***HR***  *120/min* | ***BP*** | | ***ECG:*** | JVP |  |
| *Evolution of patient state:*  *Treatment*   * IV access successful * HR to increase with adrenaline neb to 150 | | | |
| Disability | GCS 15 | * *Evolution of patient state:* | | | | Pupils - Normal  Motor responses - | BSL 6.5  Initial Venous Gases |
|  |  | Scenario ends when patient referred PIPA for transport and Further Ix discussed, | | | |  |  |

**Discussion Points:**

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* Recognition of severe croup
* Progression to IV corticosteroids
* Early adrenaline neb
* Consideration of appropriate differentials when unresponsive to treatment
* Recognition of need for escalation and preparation for RSI
* Calling for help early – recognition of likely difficult airway
* Appropriate allocation of roles
* Disposition and further Ix