**Small group Teaching: Retrieval**

**1.** You are an ED Registrar working at a rural ED in country Victoria and you have just started your night shift.

1 hour prior a 23 year old man was brought to the ED by ambulance after a local high speed MVA. You are now allocated the task of transferring this man to a trauma centre.

The man has a GCS of 13, HR 105, BP 110/70, sats 96%RA, RR 28

His investigations so far include:

-bedside EFAST: R sided pneumothorax, otherwise NAD

-Cspine Xray: normal

-CXR: small R sided pneumothorax

-Pelvis Xray: no fracture seen

-Trauma bloods pending (fbe euc GpH)

-Bedside BSL 6.0

-ECG NAD

There are no CT facilities at the hospital

The nearest trauma centre is 200km away

1. **Discuss the pros and cons for the different possible modes of transport**
2. **Outline the processes of communication required for organizing the transport of this patient**
3. **It is decided that the patient will travel by fixed wing aircraft. Outline the preparation of this patient for transfer**

**2.**

You are an ED registrar working at a urban district ED. There are no paediatric, anaesthetic, or intensive care facilities at your hospital.

A 3 year old boy presents to your emergency department after witnessed inhalation of a foreign body (small plastic coin). He has expiratory wheeze on auscultation of the R lung field, and has ongoing coughing and mild respiratory distress. He settles well in his mother’s arms.

His vitals are: sats 91%RA, RR 45, HR 150, temp 37.2, BP 90/60

The CXR shows collapse of the right lower and middle lobes and some tracheal deviation to the R. There is no pneumothorax or effusions.

**Please outline your management of this child**