



2015=9

Overview

Casey Paediatrics Teaching

Scenario 2 – Kathy Johnston

Scenario Name: Kathy Johnston– Sepsis

### 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 sepsis

### 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 septic patient
2. Recognise the need escalation of management.
3. Demonstrate the correct use antibiotics, fluids and inotropes
4. Demonstrate the appropriate Ix – Cultures, X-rays +/- LP
5. Anticipation and planning for central lines.
6. Appropriate allocation of roles with multiple tasks needing to be performed
7. Demonstrate the ability to prioritise needs & call for help early
8. Practice effective communication when managing the unstable patient

# Plot

## Outline:

Stephanie is a 2mo who is brought into emergency by mother with sepsis - she remains unstable until inotropes commenced

## Patient Details:

### Patient Name: Kathy Johnston

### Age: 2 months of age

Presenting Complaint:Kathy is brought in by mother, she has been unwell since yesterday – unsettled - today ongoing fever despite paracetamol. Not feeding, increasingly lethargic decreased urine output.

### 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 “fever and lethargy”
* IO available
* Inotropes avaible in crash cart
* Peads cannulation equipment
* Bladder scanner and equipment for SPA
* Crash Cart stocked with
	+ Premixed Adrenaline infusion 6mg/100ml
	+ Premixed Isoprenaline infusion

**Primary Participant:** Handover

# Conduct of Scenario

## Stem

“Kathy is brought in by mother, has been unsettled since yesterday, today had fever and decreased intake and urine output.”

## Actors’ Instructions

Actors: Nurse confederate

Patient: see control room table

## console

**Control Room:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***System*** | **Patient** | ***Mannequin Settings*** | ***Sam*** | **Ix Results** |
| General  |  | Flat child |  |  |
| Airway | patent |  | Airway Clear of secretion |  |
| Breathing |  | ***RR***70/min | ***SaO2*** Poor trace of 91% on RA  | ***Chest sounds:****Normal* |  |  |
| *Evolution of patient state:**Treatment** Improvement of SaO2 to 95% with O2 application, increasing to 98% after circulation addressed.
 |
| Circulation | CRT 4secLethargic child | ***HR****190/min* | ***BP*** *50/30mmHg* | ***ECG:*** | JVP |  |
| *Evolution of patient state:* *Treatment** IV access unsuccessful - need IO
* BP to improve to 60/30 post first fluid bolus and 70/40 post second fluid bolus.
* IV access post fluid bolus successful
* CRT and HR to remain the same until inotropes.
* Noradrenaline (to be commenced peripherally initially)
 |
| Disability | GCS 13 | * *Evolution of patient state:*

Improving GCS post fluids and inotropes*Treatment of sepsis** IV Ab’s ceftriaxone 50mg/kg
* Fluids as above
* Inotropes.
* CXR/Urine
* Consideration of LP when GCS assessed to be normal
 | Pupils - NormalMotor responses - Initially limp child  | BSL 6.5Initial Venous Gases |
|  |  | Scenario ends when patient referred PIPA for transport and Further Ix discussed, |  |  |

**Discussion Points:**

* Following sepsis REACT algorithm.
* Recognition of sepsis
* Progression to IO when IV unsuccessful
* Early Ab’s
* Appropriate fluids and progression to inotropes
* Calling for help early
* Appropriate allocation of roles
* Disposition and further Ix