**DEMONSTRATION - Serious Injury Scenario**

**ENVIRONMENT**

The room should be large enough to accommodate the instructors and equipment and ensure that all the candidates have a good view. The equipment should be placed at an angle to the audience to facilitate their view. The instructors should not obstruct the view.

**Personnel required:**

6 x instructors to carry out the demonstrations in the following roles:

* Instructor
* Team leader
* Assistants (helpers for log roll + anaesthetist)

**SET**

**Instructor**

Introduces the format of the demonstration and plays the role of the instructor.

(As this demonstration is before the skill stations, in the set, the instructor should emphasise that the demonstration is what will be expected of them during the trauma scenarios and that in the skill stations that follow, they will be practicing the individual skills required.)

**Please Turn Over**

**Instructor describes the simulation to the person who is the team leader**

**History** *{initial candidate briefing prior to arrival of child}*

An eight year old boy collided with a bus when he rode straight out of a side road into a main road. He was knocked out at the scene for about 10 minutes. On route to the hospital, he was drowsy and responded to voice by opening his eyes.

**Initial Impression** *{to tell candidate as child arrives}*

P 110 BP 110/75. Responding to voice by groaning incomprehensibly. He has bruising around both eyes and is bleeding from his nose. There is deformity of the left thigh. Estimated guide weight 31kg.

**Clinical Course** *{to be given to candidate as he/she progresses through the assessment and treatment of the child}*

There is progressive deterioration in his conscious level from GCS 10 to 3. The pupils become sluggish but are still equal. If not intubated and ventilated promptly he becomes more hypertensive and bradycardic.

**INSTRUCTORS INFORMATION**

**Key Treatment Points ☑**

|  |  |  |
| --- | --- | --- |
| **Airway & C-spine** | Establish airway patency |  |
| Protect cervical spine |  |
| **Breathing** | High flow O2 via face mask |  |
| Intubate and ventilate |  |
| **Circulation** | Early IV access x 2 - with wide-bore cannulae |  |
| Blood for cross-match etc |  |
| **Specific Therapy** | Neurosurgery consultation |  |
| Consider pain relief/splinting leg |  |
| Trauma imaging |  |

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| **Diagnosis**  Base of skull fracture with severe frontal contusion, closed fracture left shaft of femur |

**Instructor:**

Leads feedback

Terminates demonstration

Invites questions

Summarises and closes