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| **Case Title** | Multiple Stabbings – Massive Transfusion |
| **Scenario Name** |  |

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| **Learning Objectives -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) | |
| **Knowledge:**   1. Trauma management 2. Recognition of pneumothorax/ tension pneumothorax | |
| **Skills:**   1. Intubation of trauma patient 2. Need decompression of tension pneumothorax 3. Massive transfusion of trauma patient | |
| **Attitude/Behaviours**   1. Demonstrate Team skills 2. Demonstrate Situational awareness 3. Demonstrate Graded Assertiveness | |
| **Scenario Environment** | |
| **Location** | Emergency Department |
| **Monitors** | BP, cardiac, oximeter |
| **Props/Equipment** | Airway equipment, chest tube and needle decompression, massive transfusion blood products |
| **Make-up/Moulage** | None |
| **Potential Distractors** | None |

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| **Case Introduction:** |
| 40 y.o. male brought into your ED by paramedics after being stabbed multiple times.  Patient is very upset – crying out “I just want to see my daughter”, “please help me”, “I think that I am going to die” |

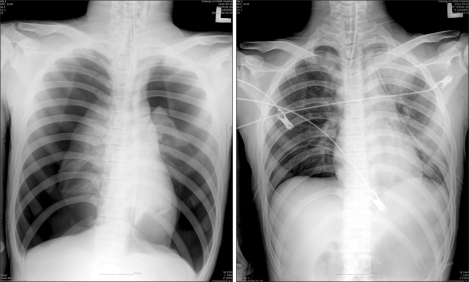
| **Patient Parameters** | **Effective Management** | **Notes** |
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| **Phase 1: Agitated, struggling to breath**  **Condition:** Unstable  Patient very restless and agitated  **Initial Assessment**   * **Heart Rhythm:** Sinus tachycardia * **HR:** 105 * **BP:** 110/60 * **RR:** 32 * **SP02:** 93% * **T:** 36.6 C * **Glucose:** 5.0 * **Chest:** decreased A/E bilat R>L; hyper-resonant on R; stab wound x 1 on R chest anterior and x 1 L chest post * **CNS:** GCS 15, motor x 4 * **CVS:**  Pulse N, HS N * **GI:** Stab wound x 1 anterior abdo; tender * **Back:** Stab wound on neck posterior and L posterior chest * **Extremities:** Stab wound arm * **Vascular:** Normal | 1. **Take a focused history** (see Notes column) 2. **Medical Management** 3. Prepare trauma room/roles 4. IV, O2, Monitor 5. ABCDEF 6. Prepare for massive transfusion protocol   **Investigations:**   * ECG: pending (sinus tachy) * Labs: HGB 102 (initial) * CXR: bilateral pnuemo * FAST: blood RUQ/LUQ   *Notes*: Requires intubation for sedation and management; bilateral chest tubes; R will tension if not placed; needle decompress | 1. **Focused history**  * Limited history available – patient very upset, but denies any significant medical history apart from Hep C   **PMHx**   * Hep C   **Meds**   * None   **Allergies**   * None |
| **Phase 2: Severe Respiratory Distress**  **Condition:** Unstable  **Physical Examination**   * **Heart Rhythm:** Sinus Tachycardia * **HR:** 135 * **BP:** 80/50 * **RR:** 36 * **SPO2:** 85% * **CNS:** Agitated, falling GCS * **Chest:**  As above, tension pneumo has developed | 1. **Patient Reassessment** (see Notes column)-   *Recognizes change in condition*   1. **Medical Management** 2. Sedation 3. Needle decompression 4. Intubate (IHA RSI Worksheet) 5. Bilateral chest tubes 6. Transfuse RBC (massive transfusion protocol) 7. LLTO | 1. **Patient Reassessment**   **Airway**   * Falling GCS and increased resp distress- must intubate if not already done so   **Breathing**   * Falling sats, must needle decompress and intubate if not already done so   **Circulation**   * Tachycardic, hypotensive, mult stab wounds- must start massive transfusion protocol if not already done so |

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| **Expected Patient Management** | **Debriefing Points** |
| 1. **Student** 2. **R1** 3. **Senior IM resident** |  |

**References**

1. UptoDate
2. RSI Worksheet
3. IHA Massive Hemorrhage Protocol

**X-RAYS**



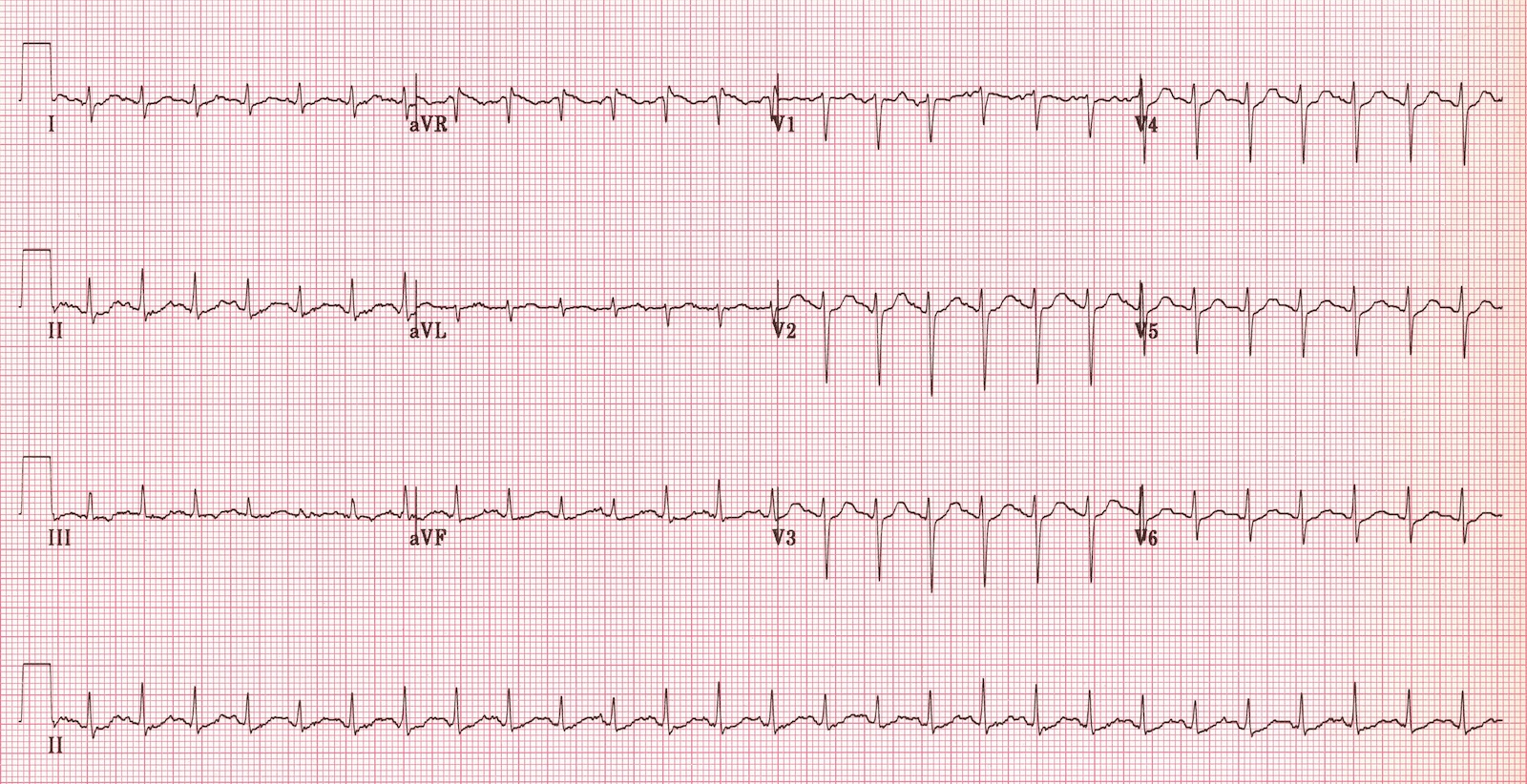
**LABS – click** [here](https://extranet.interiorhealth.ca/IHUBCFaculty/Diagnostics/Forms/AllItems.aspx?RootFolder=%25252FIHUBCFaculty%25252FDiagnostics%25252FLabs&View=%25257bFD97E2FE-FD01-433F-B9CB-D75A4195924E%25257d) **OR fill out below**

RUN DATE: Today LABORATORY \*LIVE\* Lab Summary Report

LOCATION

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | Age/Sex: | | | | | | | |
| Acct#: | | | Unit#: | | | | | | Status: Admitted | | | | Location: SIM |
| Reg: | | | | | Disch: | | | | | | | Code status - | |
| COMPLETE BLOOD COUNT | | | | | | | | | | | | | |
| Date |  | | |  | | | |  | | |  | |  |
| Time |  | | |  | | | |  | | | Reference | | Units |
| WBC |  |  | |  | | | H |  | |  | (3.5-10.8) | | 10^9/L |
| Toxic changes seen |  |  | |  | | |  |  | |  | (4.3-5.7) | | 10^12/l |
| Hgb |  |  | |  | | | L | 102 | |  | (130-170) | | g/L |
| MCV |  |  | |  | | | L |  | |  | (0.37-0.47) | | L/L |
| Platelets |  |  | |  | | | H |  | |  | (150-400) | | 10^9/L |
| INR |  |  | |  | | | H |  | |  | 0.9-1.2 | |  |
| D-Dimer |  |  | |  | | |  |  | |  |  | |  |
| PTT |  |  | |  | | |  |  | |  |  | |  |
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| CHEMISTRY | | | | | | | | | | | | | |
| ADMISSION |  | | |  | | | |  | | |  | |  |
|  |  | | |  | | | |  | | |  | |  |
| Glucose-Random |  |  | |  | | | H |  | |  | (3.0-11.0) | | mmol/L |
| Na |  |  | |  | | | L |  | |  | (137-145) | | mmol/L |
| K |  |  | |  | | | H |  | |  | (3.5-5.0) | | mmol/L |
| Cl |  |  | |  | | |  |  | |  | (98-107) | | mmol/L |
| HCO3 |  |  | |  | | | L |  | |  | (22-26) | | mmol/L |
| Urea |  | H | |  | | | H |  | |  | (2.5-6.1) | | mmol/L |
| Creat |  |  | |  | | | H |  | |  | (62-106) | | mmol/L |
| GFR Est |  |  | |  | | | L |  | |  | (> 60) | | ml/min |
| C Reactive Protein |  |  | |  | | | H |  | |  | <10 | |  |
| Lactic Acid |  |  | |  | | | H |  | |  | <2.0 | | mmol/L |
| ARTERIAL BLOOD GAS  pH - , PC02 – , p02 – , HC03 – , O2 Sat - % | | | | | | | | | | | | | |

**EKGs**

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