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| **Case Title** | Walk in Stabbing |
| **Scenario Name** | “Minding my own Business” |

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| **Learning Objectives -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) | |
| **Knowledge:**   1. Priorities in penetrating trauma 2. Differential diagnosis of hypotension in stabbing victim 3. Behavior control of agitated trauma patient | |
| **Skills:**   1. Establish Priorities in a multiple stab would patient 2. Direct team of EPs, RNS, RTs and residents 3. Intubation and sedation 4. Ultrasound – extended fast 5. Decompression of tension pneumothorax and insertion of chest tube | |
| **Attitude/Behaviours:**   1. Demonstrate Team skills 2. Demonstrate Situational awareness 3. Demonstrate Graded Assertiveness | |
| **Scenario Environment** | |
| **Location** | ED Trauma resuscitation room |
| **Monitors** | ED monitors |
| **Props/Equipment** | Ultrasound  Blood!  Should we throw in an agitated girlfriend? |
| **Make-up/Moulage** | Stab wound to upper central abdomen and left posterior chest and left thigh |
| **Potential Distractors** | Agitated difficult patient |

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| **Case Introduction:** |
| 25 year old male walks into triage with multiple stab wounds. Agitated, in pain, pale and diaphoretic, place on stretcher and rushed to Trauma bay. Called stat to trauma bay. Stab wound to upper central abdomen and left posterior chest and left thigh.  Becomes SOB and hypotensive – tension pneumothorax requiring decompression  Requires OR for abdominal stabbing with hypotension  Situation is very chaotic as patient as agitated ---Perhaps we could insert some nurse or girlfriend agitators to excite the situation |

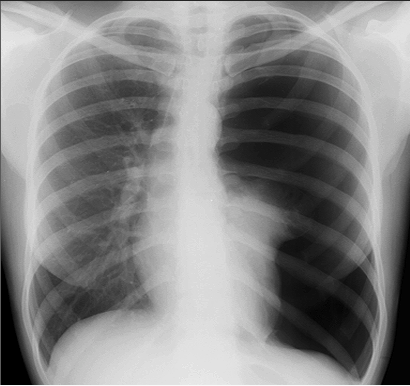
| **Patient Parameters** | **Effective Management** | **Notes** |
| --- | --- | --- |
| **Phase 1: Alert & Agitated**  **Condition:** Pale, diaphoretic, in pain and agitated.  **Initial Assessment**   * **Heart Rhythm:** Sinus Tachycardia * **HR:** 140 * **BP:** 105/75 * **RR:** 22 * **SP02:** 93% * **T:** 37.0 C * **Glucose:** 5.0 * **CNS:** Alert and agitated * **Chest:** Decreased A/E to left chest * **CVS:** Pulses strong * **GI:** Stab Wound * **Integ:** Stab wounds X 3 | 1. **Take a focused history** (see Notes column)  * Obtain history from patient and triage nurse * Establish team on the fly * Take information from girlfriend  1. **Medical Management**  * Primary survey * Sedation * Lab work – Trauma panel * CXR * FAST with cardiac view * Oxygen * IVs X 2 * Recognize pneumothorax   **Consequences of ineffective management**   * Increased agitation * Worsening vitals | 1. **Focused history**  * Agitated situation   **PMHx**   * None   **Meds**   * None   **Allergies**   * None * Someone needs to take control of agitated situation, difficult nurses and girlfriend. |
| **Phase 2: Deterioration**  **Condition:** Patient develops tension pneumothorax and hypotension  **Physical Examination**   * **Heart Rhythm:** Sinus Tachycardia * **HR:** 140 * **BP:** 80/40 * **RR:** 24 * **SP02:** 89 * **Chest:** Tracheal shift, non A/E on left | 1. **Patient Reassessment** (see Notes column)   Repeat survey   1. **Medical Management**  * Needle decompression of chest * Chest tube insertion * Finish Fast * Control airway – intubation – Ketamine and Rocuronium * Fluid bolus * Order blood box * Interpret CXR and FAST * Surgical consultation * Consider CT scan * Sedation   **Consequences of ineffective management**   * PEA arrest | * Patient needs intubation to control behavior and agitation * Patient should stabilize and could then go to CT scanner with surgeon or just to OR |

**Insert more lines if more phases required.**

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

**References:**

**X-RAYS – Click** [here](https://extranet.interiorhealth.ca/IHUBCFaculty/Diagnostics/Forms/AllItems.aspx?RootFolder=%25252FIHUBCFaculty%25252FDiagnostics%25252FX%25252Drays&View=%25257bFD97E2FE-FD01-433F-B9CB-D75A4195924E%25257d)

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**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**

LABORATORY \*LIVE\* Lab Summary Report

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| **Test** | **DATE/TIME here** | **Flag** (H or L) | **Reference** |
| **CBC** | | | |
| WBC |  |  | 3.5 – 10.8 10^9/L |
| RBC |  |  | 4.3 – 5.7 10^12/L |
| Hgb |  |  | 130 – 170 g/L |
| HCT |  |  | 0.37 – 0.47 L/L |
| Platelets |  |  | 150 – 400 10^9/L |
| D-Dimer |  |  | <250 mcg/L |
| **Chemistry** | | | |
| Na |  |  | 137 – 145 mmol/L |
| K |  |  | 3.5 – 5.0 mmol/L |
| Cl |  |  | 98 – 107 mmol/L |
| HCO3 |  |  | 22-26 mmol/L |
| Urea |  |  | 2.5 – 6.1 mmol/L |
| Creat |  |  | 62 – 106 umol/L |
| GFR Est |  |  | > 60 ml/min |
| Glucose - Random |  |  | 3.0 – 11.0 mmol/L |
| Lactate |  |  | 0.9 – 1.8 mmol/L |
| CK |  |  | 5 – 130 U/L |
| Troponin |  |  | <0.03 mcg/L |
| **Coags** |  |  |  |
| INR |  |  | 0.9 – 1.2 |
| PTT |  |  | 28 – 38 s |
| **ABGs** | | | |
| **Arterial** | | | |
| pH |  |  | 7.35- 7.45 |
| pCO2 |  |  | 35 – 45 mmHg |
| PO2 |  |  | 80-100 mmHg |
| BE |  |  | -2.0 to +2.0 mmol/L |
| HCO3 |  |  | 22 – 26 mmol/L |
| O2 Sat |  |  | 95 – 100% |

**EKGs – click** [here](https://extranet.interiorhealth.ca/IHUBCFaculty/Diagnostics/Forms/AllItems.aspx?RootFolder=%25252FIHUBCFaculty%25252FDiagnostics%25252FECGs&View=%25257bFD97E2FE-FD01-433F-B9CB-D75A4195924E%25257d) **or paste**