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| VCH Color Logo | Coastal Simulation ProgramScenario Name: Pediatric Arrest PARPAR Simulation Day |  |

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| **Learning Objectives:**By the end of the debriefing the participants should be able to: **Knowledge and Skills**:* Recognize signs and symptoms of respiratory / circulatory distress and call for help.
* Perform rapid assessment and attempt to clear upper airway obstruction
* Activate "anesthetist assist” button on the bedside call system
* Obtain pediatric code cart from the OR
* Use Broselow tape and identify appropriate weight range (color)
* Maintain adequate CPR (if needed)

**Attitudes and Judgement:** * Demonstrate role clarity, delegation of roles and responsibilities at the initiation of the scenario
* Demonstrate effective communication during the scenario: constructing clear messages, closed loop communication, sharing mental modelModel effective communication as a member or team leader of a high-performance team.
* Demonstrate effective resource utilizationExhibit situational awareness / global awareness: recognizing limitations, avoiding fixation error
* Recognize the impact of team dynamics on overall team performance***Identifying need to contact support network for patient (call for peads nurse if able)***

*Patient Safety:* * Use of appropriate medications and energy dosages for the size of the child.
* Maintain effective CPR
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| **Patient Description:** **Name:** Nathan Smith**Age:** 5**Weight:** 22 kg**Immunizations:** current**Surgical Procedure:** Drainage of R peri-tonsillar abscess, Quinsy tonsillectomy (under general anesthesia)**Hx:** Healthy | **Skills required prior to simulation/learner assessment:**Psychomotor: Removal of physical airway obstruction.Cognitive: Assessment of deteriorating respiratory / circulatory status.Recognition of emergency. Call for help.Teamwork: Support vital signs while organizing into effective team.Who are my learners?Nursing, Anesthesia.  |
| **Monitors: SpO2, BP cuff** |
| **Physical Props/Equipment:** Junior Sim-childPediatric crash cart Pediatric ambu-bagSim-medications (resuscitation and RSI) | **References, Resources, Protocols, Algorithms, or Evidence Informed Practice Guidelines:**Practice Guidelines – Airway Management Adult/PediatricPALS |
| **Equipment available in room:** |
| **Room set up**: PAR (dictation area)Pediatric crash-cartMock intubation kit(pediatric)Ambu-bag (pediatric) | **Medications & Fluids:**Normal salineEpinephrineAtropineRocuroniumMidazolam | **Diagnostic:** | **Documentation forms:**Lab reports | **Confederates**interdisciplinary staff |
| **Mannequin: Sim Junior (child)** |
| **Personnel:**Nurse, Anesthetist |

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| **Scenario Transitions / Patient Parameters** | **Effective Management** | **Consequences of Ineffective Management** | **Notes** |
| **phase 1 Setting:** |
| Initial exam: VS BP 95/60, HR 120, RR 28, O2 sat 98% on room air, Temp 36.5 Skin warm and dry.AwakePupils 2.0 and reactiveCoughing and moaning at times. | Observe patientAssess for painRecord vital signsRe-assure |  |  |
| **phase 2**  |
| Large blood-clot in nasopharynx Making chocking soundsIncreased WOBPoor air entry bilaterallyO2 sats 88 and droppingHR 60 / min and droppingCyanoticDistressedHR down to 20/min now | Recognize airway obstructionCheck mouth for any visible obstructionGive O2Ensure airway management, and respiratory support (BV-mask)Call Anesthetist Stat.Begin CPR.Obtain pediatric equipment from the OROnce anesthetist on the scene start PALS | Respiratory arrest.Cardiac arrestasystole |  |
| Possible debrief points:Focus Debrief on learning objectivesPossible questions to facilitate the debriefing about the Medical Content1. What runs through your mind when you notice airway obstruction in a child? a. This should trigger discussion of progression down pediatric airway management.2. How familiar are you with pediatric resuscitation (including equipment and drugs)3. What can we do to be better prepared for dealing with a similar case in the future. | Debrief notes |