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| VCH Color Logo | Coastal Simulation Program  Scenario Name: Pediatric Arrest PAR  PAR 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 model Model effective communication as a member or team leader of a high-performance team. * Demonstrate effective resource utilization Exhibit 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 | | | | | | |
| **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-child  Pediatric crash cart  Pediatric ambu-bag  Sim-medications (resuscitation and RSI) | | | | **References, Resources, Protocols, Algorithms, or Evidence Informed Practice Guidelines:**  Practice Guidelines – Airway Management Adult/Pediatric  PALS | | |
| **Equipment available in room:** | | | | | | |
| **Room set up**:  PAR (dictation area)  Pediatric crash-cart  Mock intubation kit(pediatric)  Ambu-bag (pediatric) | **Medications & Fluids:**  Normal saline  Epinephrine  Atropine  Rocuronium  Midazolam | **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.  Awake  Pupils 2.0 and reactive  Coughing and moaning at times. | Observe patient  Assess for pain  Record vital signs  Re-assure | |  |  |
| **phase 2** | | | | |
| Large blood-clot in nasopharynx  Making chocking sounds  Increased WOB  Poor air entry bilaterally  O2 sats 88 and dropping  HR 60 / min and dropping  Cyanotic  Distressed  HR down to 20/min now | Recognize airway obstruction  Check mouth for any visible obstruction  Give O2  Ensure airway management, and respiratory support (BV-mask)  Call Anesthetist Stat.  Begin CPR.  Obtain pediatric equipment from the OR  Once anesthetist on the scene start PALS | | Respiratory arrest.  Cardiac arrest  asystole |  |
| Possible debrief points:  Focus Debrief on learning objectives  Possible questions to facilitate the debriefing about the Medical Content  1. 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 | | |