

# Simulation Scenario

**Simulation Case Title:** RSV

**Patient Name:** Jenna

**Patient Age:** 6 months

**Chief Complaint:** Labored Breathing

<p>Brief narrative description of case <i>Include the presenting patient chief complaint and overall learner goals for this case</i></p>	<p>Six-month-old infant that has had a cough for the past week. Cough is productive and has been clear sputum. Pt has been inconsolable this day. Pt also has a fever by parent temporal probe checker of 103F. Pt had Tylenol 4mL of 160mg/5ml four hours ago. Pt also has nasal secretions and Pt have attempted multiple times to suction secretions. Pt is formula and breast fed but has not had very successful feeding due to choking and coughing. Pt has had 2 ounces of formula/breast milk in the past 12 hours. Last wet diaper was 12 hours ago.</p>
<p>Primary Learning Objectives <i>What should the learner gain in terms of knowledge and skill from this case?</i></p>	<p>Recognition of respiratory distress and rapid application of O2. Suction of nasal passages to clear secretions to improve SPO2. Follow acute exacerbation of bronchiolitis protocol per the TTTG. When is the appropriate time to obtain IV access due to dehydration? With wet lung sounds what is the appropriate fluid dose? NS LR?</p>
<p>Critical Actions <i>List which steps the participants should take to successfully manage the simulated patient. These should be listed as concrete actions that are distinct from the overall learning objectives of the case</i></p>	<p>Application of O2 Monitor ETCO2 Consideration of nebulized saline</p>
<p>Learner Preparation <i>What information should the learners be given prior to initiation of the case</i></p>	<p>Monitor Training Drug box</p>

## Initial Presentation

**Initial vital signs**      HR    170    B/P    unobtained    RR    45    O2sat    78    Temp 102.9

Overall appearance  
*What do learners see when they first enter the room?*

Six-month-old infant that is inconsolable, coughing, and crying. Secretions from both nasal passages.

HPI  
*Specify what info here and below must be asked vs what is volunteered by patient or caregiver*

Pt can track crew and seeks comfort from family members. Pt skin is pink and dry in mothers' arms. Family was at the pediatrician two days ago and unable to contact due to the weekend. Family has been tracking Pt SPO2 via a wireless sleep sock and SPO2 decreases to 80% during sleep. Pt sleeps two hours at a time and is woken multiple times due to "coughing fits." Advised to call 911 from hospital RN.  
Must ask when was last feeding? When was last wet diaper? Has she been evaluated by pediatrician? Was Patient full term?


