

Simulation Scenario

Simulation Case Title: Fentanyl Overdose 2

Patient Name: Chris

Patient Age: 10 years

Chief Complaint: full code (no pulse no breathing)

<p>Brief narrative description of case <i>Include the presenting patient chief complaint and overall learner goals for this case</i></p>	<p>When mother arrives home from work, she finds 10-year-old child on bed, no pulse no breathing, cyanosis to nails and lips, warm to the touch. Mother came home early after calling child to check on child and child seemed “out of it”. Mother called 911 and was advised to start compressions.</p>
<p>Primary Learning Objectives <i>What should the learner gain in terms of knowledge and skill from this case?</i></p>	<p>Primary learning goals: signs and symptoms of pediatric overdose Pediatric Code with opioid involvement Appropriate respiratory management Routes of Narcan/naloxone administration Appropriate Dosage of Narcan/naloxone</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>Critical Actions: recognize signs and symptoms of opioid overdose Immediate CPR Immediately begin respiratory care (BVM with oxygen) Administration of Narcan/naloxone either IN, IM, and/or IV Start IV/IO per certification level and STR.</p>
<p>Learner Preparation <i>What information should the learners be given prior to initiation of the case</i></p>	<p>Review pediatric vital signs, proper bag-valve-mask techniques and CCR/CPR for pediatrics. Remind students we are following NREMT medical/trauma skills sheets.</p>

Initial Presentation

Initial vital signs	HR	B/P	RR	O2sat	Temp	Blood Sugar
	20	42/28	0	86%	96.6 temporal	70
<p>Overall appearance <i>What do learners see when they first enter the room?</i></p>	<p>On arrival, responding crews find 10-year-old patient lying on the floor, CCR in progress by mother</p>					
<p>HPI <i>Specify what info here and below must be asked vs what is volunteered by patient or caregiver</i></p>	<p>Mother volunteers patient is up-to-date on vaccines, and is usually a healthy child. Patient was home alone due to half day at school and mother usually makes it home about an hour after the patient. Whatever is not apparent on simulator for physical assessment needs to be asked for. Crews can be told a blue light in the mouth indicates cyanosis. If poison control called, crew will be advised to give Narcan/naloxone.</p>					

Past Medical/Surgical History	Medications	Allergies	Family History
No medical history.	No medications	No known allergies	No hx.

Physical Examination

General	Patient is apneic, no palpable pulses felt at radial or carotid pulse points, pale, cyanosis to lips and nails.
HEENT	HEENT is atraumatic, face symmetrical.
Neck	Airway intact.
Lungs	No spontaneous respirations noted.
Cardiovascular	Heart rate is faint and slow.
Abdomen	Soft, no vomiting, or diarrhea.
Neurological	Pupils are pin point and non-reactive to light.
Skin	Pale, cool, dry.
GU	Nothing of note.
Psychiatric	No abnormal history. Mother denies knowledge of child using drugs.

Instructor Notes – Changes and Case Branch Points

Intervention / Time point	Change in Case	Additional Information
CCR/CPR	EtCO2 remains low	EtCO2 will “spike” prior to ROSC.
Respiratory care (BVM with O2) Immediately	Slow increase in heart rate and pulse ox	No Change in mental status.
Administer Narcan/naloxone IV, IN, or IM Dose is 0.1 mg/kg (0.4 to 2.0 mg) repeat as needed as soon as assessment completed	Patient becomes more awake, respiratory rates increase to 20, and pulse ox rises to 99% on O2 and room air once respiratory rates improve.	Patient’s pupil become less constricted, patient begins irregular, weak, and slow respirations after first dose Patient starts to wake up after second dose of Narcan.

