

Simulation Scenario

Simulation Case Title: Silent Asthma

Patient Name: Rita/Walter

Patient Age: 7 years

Chief Complaint: difficulty breathing

<p>Brief narrative description of case <i>Include the presenting patient chief complaint and overall learner goals for this case</i></p>	<p>Scenario #1 Silent asthma Pt is a 7-year-old male, struggling to breathe, severe retractions (intercostal and supraclavicular), inhaler is not helping. Learner goals: Not wheezing is not good-A quiet chest means no airflow, not improvement Difficulty breathing = Severe distress Poor air movement is more important than respiratory rate. Fatigue is the final stage before arrest Early ALS is critical</p>
<p>Primary Learning Objectives <i>What should the learner gain in terms of knowledge and skill from this case?</i></p>	<ol style="list-style-type: none"> 1) Early magnesium/epinephrine is crucial 2) Appropriate bag valve mask techniques on a conscious patient 3) Quiet chest means no airflow
<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>EMT-B</p> <ol style="list-style-type: none"> 1) High flow Oxygen 2) Coach breathing 3) Assist with MDI 4) Prepare for BVM 5) Immediate ALS request 6) Rapid transport/intercept <p>A-EMT</p> <ol style="list-style-type: none"> 1) Nebulized albuterol/Ipratropium bromide 2) IM epinephrine 1mg:1mL 0.01 mg/kg <p>Paramedic</p> <ol style="list-style-type: none"> 1) continuous albuterol 2) up to 2 doses of Ipratropium bromide 3) IM Epi 0.01mg/kg if severe distress, silent chest, altered mental status 4) Magnesium sulfate IV 40-50 mg/kg mac 2 grams over 10 – 15 minutes 5) Discussion on when appropriate to intubate Deteriorating mental status, ineffective respirations, falling RR, and SpO2 not improving with interventions
<p>Learner Preparation <i>What information should the learners be given prior to initiation of the case</i></p>	<p>T3G Bronchospasm due to asthma and COPD adult and pediatric</p>

Initial Presentation

Initial vital signs	HR	B/P	RR	O2sat	Temp
	156	96/60	44	84%RA (End tidal shark fin)	98.5F

Overall appearance <i>What do learners see when they first enter the room?</i>	Neat and clean home, crying mother meets crew, child is sitting upright on floor, leaning against the bed. Child's inhaler is on the bed		
HPI <i>Specify what info here and below must be asked vs what is volunteered by patient or caregiver</i>			
Past Medical/Surgical History	Medications None	Allergies	
No medical hx.			
General			
HEENT	<ol style="list-style-type: none"> 1) Atraumatic 2) Head bobbing 3) Nasal flaring 4) Single word responses (Mom.....help.....) 5) Mouth open trying to breathe 6) Lips have blueish discolorization 		
Neck	1) Supraclavicular retractions		
Lungs	<ol style="list-style-type: none"> 1) Shallow rapid breathing 2) Poor chest rise 3) Minimal wheezes, then almost silent on auscultation 		
Cardiovascular	<ol style="list-style-type: none"> 1) Quiet chest 2) Severe retractions 		
Abdomen	1) Soft non-tender no nausea or vomiting		
Neurological	1) Child is awake, becoming sleepy and fatigued		
Skin	1) Pale cool and clammy		
GU	1) normal bladder/bowel habits		
Psychiatric	1) Frightened		
Instructor Notes – Changes and Case Branch Points			
Intervention / Time point	Change in Case	Additional Information	
BLS			
1) High flow O2 Immediately	Pulse ox increases to 89%		
2) Assist with MDI	Supraclavicular retractions diminish		
3) Prepare for BVM, start breathing with patient, and transport	Pt arrives at a higher level of care fatigued but still breathing		
A-EMT-if there are any			
1) Immediate duo neb			

2) IM epi	Pt starts to wheeze, O2 increases to 92%	
Paramedic		
1) Duo neb	Supraclavicular retractions decrease	
2) magnesium	Wheezing starts	
3) IM epi	Mentation improves, o2 increases to 92%	
4) Discuss needs for intubation		
RN		
1) Accept patient from EMT or A-EMT 2) Initiate Duo Neb 3) Magnesium 4) IM epi	1) Identify sick child 2) Decreased supraventricular retractions 3) Wheezing starts 4) Increasing o@ and mentaion	