**

**The Royal Children’s Hospital Simulation Program**

**Scenario Template: Name of Scenario**

1. **Simulation Learning Objectives:**

By the end of this simulation participants should be able to:

1. **Clinical:**
2. **Human Factors:**
3. **Synopsis of Scenario**
4. **NSQHS Standard:**
5. **Patient demographics**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient Name: |  | DOB/Age: |  | | |
| Medical Record #: |  | Weight: |  | | |
| Allergies: |  | Male | ☐ | Female | ☐ |
| Dx/Procedure: |  | | | | |

1. **Set Up**
2. Setting: (ie Sim lab/*in situ*- PICU, ED, NICU etc)
3. Actors required:
4. Video camera/tripod for streaming:
5. **Paperwork Required:**

|  |  |
| --- | --- |
| Observation Chart |  |
| Drug Chart |  |
| Arrest chart or paper to write on |  |
| Blood gas  – arterial/venous/capillary |  |
| Blood results |  |
| XRAY |  |

1. **Equipment, Moulage, & Drugs**

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| --- | --- | --- | --- |
| Mannequin | Moulage | Equipment available | Drugs available |
|  |  |  |  |
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1. **Faculty Role Play**

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| --- |
| Faculty Role Play/simulated patient – can repeat this for as many as are needed |
| Example: You are a competent midwife/neonatal nurse and follow instructions from the doctors when given. You are aware of where all the equipment is, know the demographics of the patient and medical history. You can assist the team finding equipment but are unable to make suggestions for management, unless instructed by the simulation team.  This would be more detailed if participating as a simulated patient needing to fulfil objectives of the  scenario |

1. **Participants required for scenario**
2. **Method of bringing the participants into the room**
3. **ISBAR Handover**

**(From x to y, often instigated by the faculty as a role model for the team to repeat to participants, but depends on the scenario)**

**I** My name is \_\_\_\_\_\_\_\_\_\_\_\_\_ and this is (patient)

**S** Situation

**B** Background

**A** Assessment

**R** Review/recommendations etc

1. **Simulator Programming**

**(This is to make it easier for whoever is running the computer/sim pad, as well as for the debriefers. Here is an example-hypovolemia in a baby- tick when done, note if not done. States should be set to reach the scenario objectives)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| System | Baseline State  First 2 minutes | State 1- progress 2-6 minutes  Exp intervention | State 2a-  if correct management | State2b-  if incorrect management | Resolution |
| Prompts |  |  |  |  |  |
| Appearance/  Sound | *Flaccid*  *CR 5 sec*  *RR-0* | *Flaccid*  *CR 5 sec* | *Flaccid*  *CR 3-4 sec* | *Flaccid*  *CR 6 sec* | *Tone on*  *CR 2-3 sec* |
| Respiratory | *RR=0*  *SpO2 not detected-poor perfusion*  *(Set at 59%)* | *RR =0*  *SpO2 not detected*  *(poor perfusion)* | *RR=0 increases to 30 over 2-3 min*  *spO2 75%* | *RR=0*  *SpO2 not detected* | *RR 50*  *SpO2 88%* |
| CVS | *BP 30/10*  *HR = 0* | *BP unchanged*  *HR = 0* | *BP 50/25 after volume*  *HR =transiently 80 after adr, inc to 100 after 2nd volume* | *BP30/10*  *HR 40, inc to 100 if follow algorithm* | *BP 60/35*  *HR 140*  *CR 2-3 sec if asked* |
| Temperature | *35 if asked for* | *unchanged* | *unchanged* | *Unchanged* | *Unchanged* |
| Neuro | *Flaccid-no tone* | *Flaccid –no tone* | *Flaccid-tone improving* | *flaccid* | *Tone on* |
| Media to be available | *Pic or video of pale apneic baby*  *Video: CR 5 sec* | *Video: neonate-CPR +IPPV*  *Video: Neonate-IPPV*  *Pic: UVC inserted*  *Pic: IV inserted*  *Video CR 5 sec* | *Video:Neonatal intubation*  *Video: intubated neonate with IPPV*  *Video: CR 3 sec*  *PIC: Oneg blood bag* | *Video: CR 6 sec*  *Video: all prev videos available* | *Video:Neonatal intubation*  *Video: intubated neonate with IPPV*  *Video: CR 2sec* |
| Expected participant intervention  √ completes  X not done  Prompts in red | *Call for help*  *Gloves/hand hygiene*  *Handover*  *establish roles*  *examine*  *call for help (dependent on level of skilled people present)* | *Into 100% oxygen*  *Start IPPV for 30 sec*  *Re-assess*  *Prepare for intubation*  *Prepare for UVC insertion*  *Continue IPPV*  *Continue CPR*  *Intubate-may or may not provide medication*  *Check temperature*  *Ask for more history* | *Insert IV/UVC*  *Give adrenaline 0.1-0.3ml/kg 1:10000 IV or 0.3 -0.5 ml/kg via ETT*  *20ml/kg NSaline*  *20ml/kg NSaline*  *Call for O neg blood*  *Prepare for 2nd adrenaline dose*  *Continue IPPV*  *Wean oxygen*  *call consultant/ NEtS* | ***Cue: pale, no perfusion***  *Need to intubate*  *Continue CPR*  *insert IV/UVC*  *Give adrenaline 0.1-0.3ml/kg 1:10000 IV or 0.3 -0.5 ml/kg via ETT*  *NSaline 20ml/kg*  *Give adrenaline (2nd dose)*  *NSaline 20ml/kg*  *O neg blood 20ml/kg*  *Continue IPPV*  *Wean oxygen*  *call consultant/NETS* | *Stabilise ETT*  *Consider cooling (after discussion with NETS)*  *Keep overhead warmer off*  *Continue Blood transfusion 20ml/kg*  *Discussion with parents* |
| Additional prompts if needed |  |  |  |  |  |

1. **Resources**