



How Low Can You Go?

A Low Fidelity In-situ Simulation in the Paediatric Emergency Department

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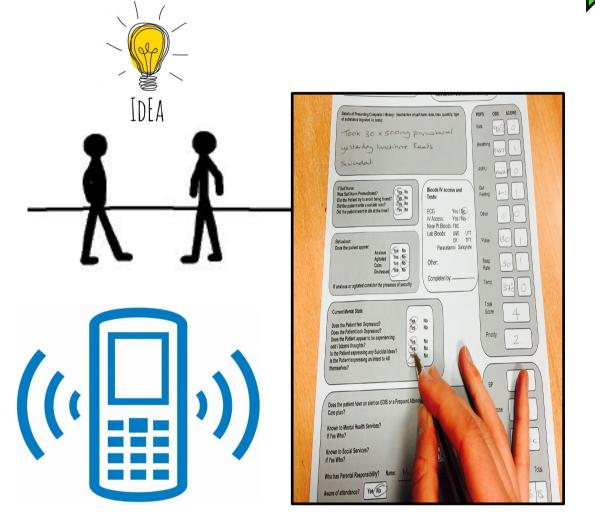
Context of the problem

We are not aware of any published literature describing paediatric mental health in situ simulation. A potential barrier is that realism is difficult to achieve with mannequins as assessment emphasises both physical and psychological factors. In addition, running these scenarios is also perceived to require experienced individuals to role play, which may involve sourcing actors.

However, the number of young people presenting to the Emergency Department (ED) with mental health concerns is increasing, particularly out of hours where specialist staffing may not be present. A combination of age, mental state and side effects of deliberately ingested drugs, can lead to unpredictable behaviour.

We designed a novel simulation that successfully instils a knowledge basis for the management of these patients, whilst also being simple and reproducible.

Input



Description

The scenario required no equipment and was run by two facilitators. We created case notes for a 14 year old girl who had attended the ED alone. These recorded she was suicidal and had taken a paracetamol overdose.

The circumstances and parameters given were calculated to require immediate treatment and indicate a high risk of further harm.

We presented the information to an ED nurse, requesting further observations.

The Absconded Teenager Simulation



"The simulation was very helpful. It made me think about what I actually need to do in that situation – how to use the information available to make a psychological and medical risk assessment and to escalate appropriately."

Aimi Moughton, Staff nurse

Output
Skills
demonstrated
knowledge
gained...

- Physically look for the patient.
- Attempt to call the patient (answered by one of the facilitators) and ask relevant questions to determine location.
- Involve seniors and identify the urgency of medical treatment.
- Appreciate the need to notify appropriate agencies to ensure the child is located and receives the time critical medical care needed.

This was followed by a debrief session.

Discussion

This simulation is very successful, demonstrating that elements of mental health simulation can be performed with no equipment but still generate excellent learning points.