

Information for facilitators

This teaching session is designed to be delivered by the roadside to a small group. It generally runs for 20 minutes followed by a debrief of approximately 20-25 minutes (40-45 mins total).

Aim

The aim for this session is for learners to gain familiarity with common motorcyclist injury patterns and be able to manage severe chest and pelvic injuries.

What you will need

There are THREE components to this session:

Page 2 contains **background information** that can be read to the group and an expected sim progression.

Page 3 contains **details of the scenario** with expected progression for the sim technician.

Page 4 contains the **checklist for facilitators** to fill out during the scenario and a list of equipment required.

Introduction

“You are responding as part of the PRU and being dispatched to a report of a motorcyclist hit by a car. This is a Category 2 response.

The location is on the A46 in Beaumont Leys. You are likely to be the first resource on scene. The weather is dry but cool.”

Expected Progression

- The patient requires rapid assessment and initiation of treatment.
- Analgesia is key and sedation can be considered for manipulation of fractures and packaging.
- Focus of quality of packaging and splinting and maintenance of patient dignity and normothermia.
- The patient has ongoing non-compressible bleeding so scene tempo and progression is key.

| | | | | | |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----|------------------------|-------|
| Case title | Motorcyclist vs Car | | | Sim no. | PRU 1 |
| Setting | Roadside | Patient age | 25 | Patient sex | M |
| Diagnosis | Polytrauma with severe chest and pelvic injuries | | | Curriculum code | |
| Injuries | <ul style="list-style-type: none"> • Right-sided rib fractures 3/4/5/6 • Small right-sided pneumo-haemothorax • Open-book pelvic fracture • Closed fracture to the right femur (closed) • Closed fracture to the right wrist | | | | |
| Staff required | 1 x Paramedic, 1 x PRU Doctor, 2 x Ambulance staff (ECA and Technician) | | | | |
| Learning objectives | <ol style="list-style-type: none"> 1. To gain familiarity with common motorcyclist injury patterns 2. How to manage severe chest injuries 3. How to manage severe pelvic injuries | | | | |

INITIAL SETUP

| | | | | | |
|-----------------------------|------------------------|------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Observations | | | | Arrival route | N/A |
| HR | 120 | GCS | E 4 V 4 M 6 = 15/15 | Carers? | None |
| RR | 32 | | | Visible external findings: Pelvis asymmetrical. Obvious open book. Bruising around the perineum. Heavy bruising around and deformity of right femur. Progression: Patient with ongoing non-compressible bleeding. Needs rapid packaging and transfer to MTC. | |
| SpO2 | 92% on Air | Pupils | Equal | | |
| BP | 98/76 | Temp | 36.9°C | | |
| CRT | 3 seconds | Weight | 70 kg | | |
| Glucose | 6.5 | | | | |
| Equipment on arrival | Standard response bags | Additional info | Live actor (if possible) in lots of pain. | | |

| DOMAIN | TASK | TIME | DONE |
|-----------------|----------------------------------------|------|------|
| Preparation | Role allocations | | |
| | Disposition discussions | | |
| Initial Actions | Scene safety | | |
| | Information gathering | | |
| | Introductions to individuals on scene | | |
| | Early update to control | | |
| Assessment | Introduction to patient | | |
| | A-E assessment | | |
| | Oxygen applied | | |
| | Immobilisation considered | | |
| | Monitoring applied | | |
| Interventions | IV Access | | |
| | Analgesia | | |
| | Tranexamic Acid (TXA) | | |
| | Sedation | | |
| | Pelvic binder | | |
| | Kendrick Traction Device (KTD) | | |
| | Scoop | | |
| | Blankets | | |
| Decision-Making | Consider HEMS resource (not available) | | |
| | Hospital destination | | |
| | Major blood loss protocol activation | | |