## Paediatric Major Trauma

#### 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 to manage a paediatric major trauma patient with severe multisystem 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.

### Paediatric Major Trauma

### Introduction

You are responding to a Category 2 call of a 6-year-old child who has been reversed over by a car.

He is conscious and breathing."

### **Expected Progression**



Assessment and management of a paediatric major trauma case.



Recognise time critical nature of injuries including abdominal and pelvic injury.



Rapid packaging and transfer to paediatric MTC.

Case title	Paediatric major trauma			Sim no.	PRU 18	
Setting	Outside	Patient age	6	Patient sex	М	
Diagnosis	Multi-region tra	uma	Curriculum code			
Injuries	<ul> <li>Liver laceration</li> <li>Duodenal perforation</li> <li>Complex Pelvic fracture</li> <li>Closed fracture proximal femur</li> </ul>					
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, Ambulance staff, Parent					
Learning objectives	<ol> <li>Expertly manage paediatric major trauma</li> <li>Optimise patient management</li> <li>Rapid transfer to definitive care</li> </ol>					

### **INITIAL SETUP**

Observations		Arrival route	N/A			
HR	146	GCS	E 4 V 4 M 6 = 14/15	Carers?	Parent	
RR	40			Visible external findings:  Extensive bruising to the right abdomen and over the pelvis and left femur.		
SpO2	98% air	Pupils	(L) 4mm (R) 4mm			
ВР	102/66	Temp	35.4°C	Tyre mark over the left femur/pelvis and right		
CRT	3 secs			abdomen.  Progression:  Laying still in pain+++.  Remains haemodynamically unstable despite fluid. Needs rapid packaging and transfer to paediatric MTC.		
Glucose	6.3	Weight	Estimated at 25 kg			
Equipment on arrival	Standard response bags	Additional info	Child mannequin.			

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DOMAIN	TASK	TIME	DONE
Preparation	Role allocations		
	Disposition discussions		
Initial Actions	tial Actions Scene safety		
	Information gathering		
	Introductions to individuals on scene		
	Early update to control and further resources		
Assessment	A-E assessment		
	Monitoring applied		
	Injuries identified		
Interventions	Analgesia		
	O2		
	IV access		
	Tranexamic Acid (TXA)		
	?Sedation		
	Kendrick Traction Device (KTD)		
	Binder		
Decision-Making	Early request for HEMS support (not available)		
	Packaging plan +/- sedation		
	Decision with respect to hospital transfer		