

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 patient that has suffered a cardiac arrest due to submersion in water.

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 to a Category 1 call of a 4-year-old child who has been found submersed in a lake.

He is not breathing and chest compressions are ongoing.”

Expected Progression

- Assessment and management of a paediatric cardiac arrest due to drowning.
- Stabilise and package to arrange transfer to hospital.

Case title	Drowning in a lake			Sim no.	PRU 19
Setting	Lakeside	Patient age	4	Patient sex	M
Diagnosis	Hypoxia due to submersion			Curriculum code	
Injuries	<ul style="list-style-type: none"> Nil obvious externally 				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, Ambulance staff, Parent				
Learning objectives	1. Management of asystolic arrest due to drowning				

INITIAL SETUP

Observations				Arrival route	N/A
HR	Asystole	GCS	E 1 V 1 M 1 = 3/15	Carers?	Parent
RR	Apnoeic			Visible external findings: Wet clothing. Contaminated airway with vegetation. Progression: Bystander CPR on arrival.	
SpO2	UTR	Pupils	(L) 6mm (R) 6mm		
BP	UTR	Temp	35.6°C		
CRT	>5 secs	Weight	Estimated at 16 kg		
Glucose	6.3				
Equipment on arrival	Standard response bags	Additional info	Child mannequin.		

DOMAIN	TASK	TIME	DONE
Preparation	Role allocations		
	Disposition discussions		
Initial 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		