

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 the management of traumatic cardiac arrest and the management of ROSC in these circumstances.

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 person hit by a car.

He is reported to be in cardiac arrest with ongoing chest compressions from a bystander.

The job is located on a 40mph road leaving the city.”

Expected Progression

- Rapid identification of TCA followed by rapid interventions to attempt reversal.
- ROSC will occur following intubation, thoracostomy and 500ml 0.9% NaCl.
- Packaging must continue and transfer to either the nearest ED or MTC.

Case title	Pedestrian vs Car			Sim no.	PRU 2
Setting	Roadside	Patient age	25	Patient sex	M
Diagnosis	TCA caused by large tension pneumo-haemothorax			Curriculum code	
Injuries	<ul style="list-style-type: none"> • Right-sided tension pneumo-haemothorax • ICH • Open fracture to the right tib/fib 				
Staff required	1 x Paramedic, 1 x PRU Doctor, 1 x Bystander, 2 x Ambulance staff				
Learning objectives	<ol style="list-style-type: none"> 1. To gain familiarity with TCA protocol 2. How to manage the severely brain injured patient 3. How to perform a thoracostomy 				

INITIAL SETUP

Observations				Arrival route	N/A
HR	Asystolic	GCS	E 1 V 1 M 1 = 3/15	Carers?	None
RR	Apnoeic			Visible external findings: Large laceration to the head. Extensive bruising to the right side of the chest. Obviously open fracture to the right lower leg. Progression: Patient in TCA who will gain ROSC following optimal management. Needs rapid packaging and transfer to the nearest TU/MTC.	
SpO2	UTR	Pupils	6mm		
BP	UTR	Temp	35.7°C		
CRT	-	Weight	80 kg		
Glucose	6.9				
Equipment on arrival	Standard response bags	Additional info	Adult mannequin with ongoing bystander CPR. Thoracostomy trainer.		

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	Identification of TCA		
	A-E assessment		
	Initial airway management		
	Immobilisation considered		
	Monitoring applied		
Interventions	IV Access		
	Intubation		
	Thoracostomies		
	Pelvic binder		
	Tranexamic Acid (TXA)		
	Kendrick Traction Device (KTD)		
	Scoop		
	Blankets		
Decision-Making	Consider HEMS resource (not available)		
	Hospital destination		
	Major blood loss protocol activation		