

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 had a seizure and is unresponsive to initial therapy.

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 5-year-old child who has been having a seizure.”

Expected Progression

- Assessment and management of a paediatric patient having an active seizure.
- Failure to respond to initial benzodiazepine.
- Significant respiratory depression from 2nd dose.
- Consideration of 3rd line agents (Levetiracetam).
- Packaging and transfer to ED.

Case title	Paediatric seizures			Sim no.	PRU 20
Setting	Inside	Patient age	5	Patient sex	M
Diagnosis	Seizure			Curriculum code	
Injuries	<ul style="list-style-type: none"> • Previous history of seizures (No AEDs) • Status epilepticus 				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, Parent				
Learning objectives	<ol style="list-style-type: none"> 1. Management of paediatric seizure 2. Management of BZD complications 3. Prehospital management of treatment resistant status 				

INITIAL SETUP

Observations				Arrival route	N/A
HR	140	GCS	E 1 V 1 M 1 = 3/15	Carers?	Parent
RR	18			Pupils	Visible external findings: Nil.
SpO2	90% on air	Temp	Progression: Initial choice of BZD is not effective.		
BP	103/65		Weight		2nd choice (aim for IV) is not effective but slows breathing rate and causes a desaturation. Responds to simple BVM ventilation.
CRT	<2 secs	Estimated at 18 kg		Consider Levetiracetam whilst transferring to hospital.	
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		
	Rapid recognition of seizure state		
	Recognise deterioration post-BZD		
Interventions	Airway management		
	O2		
	IV access		
	Ventilation support		
	Benzodiazepine (BZD) choices and dose		
	Levetiracetam		
Decision-Making	Engagement with parent		
	Destination decision		