

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 aims for this session is to provide management for spinal injuries and recognise considerations during extrication.

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 3 call of a patient involved in an RTC complaining of neck pain.”

Expected Progression

- To fully assess and identify possible injuries.
- To appropriately package and understand the psychosocial aspects of the case.
- Competently lead a safe extrication from a car with full spinal precautions.
- Understand consequences of spinal injury and the pathophysiology of neurogenic shock whilst understanding hypovolaemic remains the most likely cause.
- Manage both possibilities expertly and arrange appropriate hospital transfer.

Case title	Driver with spinal injury		Sim no.	PRU 24	
Setting	Car	Patient age	19	Patient sex	M
Diagnosis	C7 fracture with spinal cord impingement and neurogenic shock		Curriculum code		
Injuries	<ul style="list-style-type: none"> • C7 fracture as above • N other injury 				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, 2 x ambulance staff, RIO				
Learning objectives	<ol style="list-style-type: none"> 1. To gain familiarity with railway environment 2. Understand the presentation of neurogenic shock 3. Management of spinal cord injuries and balanced resuscitation approaches 				

INITIAL SETUP

Observations			Arrival route	N/A	
HR	62	GCS	E 4 V 5 M 6 = 15/15	Carers?	None
RR	24			Visible external findings: Clear demonstration of dermatomal and myotomal level. Progression: Will respond temporarily to a bolus of fluid. Requires initiation of small doses of vasopressors.	
SpO2	99%	Pupils	4mm		
BP	86/35	Temp	36.7°C		
CRT	<2 secs	Weight	70 kg		
Glucose	6.1				
Equipment on arrival	Standard response bags	Additional info	Adult live actor. Warm to touch.		

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	A-E assessment		
	Full neurological examination (remains focused)		
	Monitoring applied		
	Focused history of events		
	Acknowledges probable multiple aetiology for shock		
Interventions	Rapid analgesia plan		
	IV access		
	Binder		
	Immobilisation		
	Tranexamic Acid (TXA)		
	Vasopressor		
	IV fluid		
Decision-Making	Decision on appropriate physiological targets		
	Analgesia		
	Destination selection		