

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 considerations in the pregnant patient.

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 pedestrian who has been hit by a car. She is not breathing and CPR is ongoing.

The job is located in the city centre and you are around 2 minutes from scene.”

Expected Progression

- Bystander CPR is in progress (her partner).
- The attending crew are informed that she is 37 weeks pregnant.
- Rapid initiation of TCA management with considerations for gravid uterus.
- No response to initial therapies should prompt hysterotomy.
- Perform hysterotomy.
- Assign management for newborn infant.
- Recognised futility of ongoing resuscitation of mum (despite efforts will remain asystolic with evidence of massive head injury).

Case title	Pedestrian vs Car			Sim no.	PRU 4
Setting	Roadside	Patient age	31	Patient sex	F
Diagnosis	Severe (fatal) head injury			Curriculum code	
Injuries	<ul style="list-style-type: none"> Massive head injury with open skull fracture 				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, 1 x bystander (partner), 2 x Ambulance staff				
Learning objectives	<ol style="list-style-type: none"> To gain familiarity with management of TCA Understand the special circumstances of pregnancy and circulatory arrest How to perform a resuscitative hysterotomy 				

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 skull laceration ?open # of skull. Progression: TCA management with no response. Resuscitative hysterotomy. Maintain management of patient and NLS of infant (who will respond to simple intervention).	
SpO2	UTR	Pupils	7mm L 7mm R		
BP	UTR	Temp	35.7°C		
CRT	-	Weight	60 kg		
Glucose	7.2				
Equipment on arrival	Standard response bags	Additional info	Adult mannequin. Hysterotomy 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		
	Identification of pregnancy and modifications		
	Immobilisation considered		
	Monitoring applied		
Interventions	Intubation		
	Thoracostomies		
	IV access		
	Pelvic binder		
	Tranexamic Acid (TXA)		
	IV fluid (2 Litres)		
	Hysterotomy		
	NLS		
Decision-Making	Consider HEMS resource (not available)		
	Request for further back-up		
	Destination for child		