Jumped off a Bridge

PRU Sim 8

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 and understand patterns of injury associated from falls from height.

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.

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Introduction

> *"You are responding to a Category 1 call of a individual who has jumped from a railway bridge."*

Expected Progression

- ☑ To fully assess and identify possible injuries.
- ☑ To appropriately package and understand the psychosocial aspects of the case.
- ☑ Understand consequences of spinal injury and the pathophysiology of neurogenic shock whilst understanding hypovolaemia remains the most likely cause.
- ☑ Manage both possibilities expertly and arrange appropriate hospital transfer.

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Case title	Jumped off a bridge			**Sim no.**	PRU 8
Setting	Railway bridge	**Patient age**	19	**Patient sex**	F
Diagnosis	C5 fracture with spinal cord impingement and neurogenic shock			**Curriculum code**	
Injuries	• C5 fracture as above • Lateral shear fracture of the pelvis • Isolated closed fractured distal tibia				
Staff required	1 x PRU Paramedic, 1 x PRU Doctor, 2 x Ambulance staff, RIO				
Learning objectives	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:** Closed fracture to the ankle. Shortened leg on the left. Clear demonstration of dermatomal and myotonal level. **Progression:** Will respond temporarily to a bolus of fluid. Requires initiation of small doses of vasopressors.	
SpO2	99%	**Pupils**	4mm		
BP	89/35	**Temp**	36.7°C		
CRT	<2 secs	**Weight**	70 kg		
Glucose	6.1				
Equipment on arrival	Standard response bags	**Additional info**	Adult mannequin. Warm to touch.		

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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		
	Splint		
	Tranexamic Acid (TXA)		
Decision-Making	Decision on appropriate physiological targets		
	Analgesia		
	Destination selection		