

# **Trauma Demonstration Scenario\***

- 8yo, pushbike v bus
- Shock ruptured liver

## Trauma Demo - suggested US script

- Abdominal component eFAST
  - There is a large amount of intra-peritoneal free fluid (= abdominal component of eFAST scan is positive)
  - o there is no pericardial effusion
- Lung component eFAST
  - 'lung sliding is seen anteriorly bilaterally' ( = pneumothoraces are excluded)
- It is suggested that we **don't** model the use of POCUS in the demo scenario. If we do there is a risk that candidates will assume that they should ask for POCUS information in their scenarios, and that is not the message we want to give them.
- It is reasonable to say at the start of the candidate scenarios, that, if you are accredited to use eFAST, there may be eFAST findings that are relevant to support your clinical assessment, that can be relayed when appropriately asked for. i.e they need to perform a clinical exam and where relevant, have access to additional eFAST information if the clinical finding supports use of eFAST.



#### Scenario 1

- 6yo pedestrian v motorbike
- Shock / decreased AE R (pulmonary contusion / enlarging R haemothorax)
- ICC needed

#### Scenario 1 - suggested US script

- Abdominal component eFAST
  - no free fluid seen (abdominal component of eFAST scan is negative)
  - o there is no pericardial effusion
- Lung component eFAST
  - 'lung sliding is seen anteriorly bilaterally' (pneumothoraces are excluded)
  - There is a large amount of fluid present in the right intrapleural space (= large R sided haemothorax)

## Scenario 2

- 5yo run over by a trailer
- Head injury + hypoxia secondary to R pulmonary contusions (no shock)
- Needs ETT

#### Scenario 2 - suggested US script

- Abdominal component eFAST
  - no free fluid seen (abdominal component of eFAST scan is negative)
  - there is no pericardial effusion
- Lung component eFAST
  - 'lung sliding is seen anteriorly bilaterally' (pneumothoraces are excluded)



### Scenario 3

- 10yo shot L chest
- Sucking wound L chest- expanding pneumothorax
- Needs ICC

#### Scenario 3 - suggested US script

- Abdominal component eFAST
  - no free fluid seen (abdominal component of eFAST scan is negative)
  - there is no pericardial effusion
- Lung component eFAST
  - o 'on the R side, lung sliding is seen anteriorly' = (pneumothorax excluded)
  - on the L side there is absent lung sliding on the left and a lung point is identified anteriorly' (= significant pneumothorax present)

## Scenario 4

- 6yo fall from roof + burns
- Shock 2ary to burns + ruptured spleen

#### Scenario 4 - suggested US script

- Abdominal component eFAST
  - There is a large amount of intra-peritoneal free fluid (= abdominal component of eFAST scan is positive)
  - (there is no pericardial effusion)
- Lung component eFAST
  - 'lung sliding is seen anteriorly bilaterally' (pneumothoraces are excluded)



### Scenario 5

- 5yo pedestrian v car
- Extradural hematoma
- Airway management needed

### Scenario 5 - suggested US script

- Abdominal component eFAST
  - no free fluid seen (abdominal component of eFAST scan is negative)
  - there is no pericardial effusion
- Lung component eFAST
  - 'lung sliding is seen anteriorly bilaterally' (pneumothoraces are excluded)

### Scenario 6

- 7yo fall from height, penetrating abdominal wound
- Shock L kidney / spleen

#### Scenario 6 - suggested US script

- Abdominal component eFAST
  - There is a large amount of intra-peritoneal free fluid (= abdominal component of eFAST scan is positive)
  - there is no pericardial effusion
- Lung component eFAST
  - 'lung sliding is seen anteriorly bilaterally' (pneumothoraces are excluded)



#### Scenario 7

- 8yo pushbike v gatepost
- Shock L pneumothorax / 'hypovolemic shock'
- ICC needed

### Scenario 7 - suggested US script

- Abdominal component eFAST
  - no free fluid seen (abdominal component of eFAST scan is negative)
  - o there is no pericardial effusion
- Lung component eFAST
  - 'on the R side, lung sliding is seen anteriorly' = (pneumothorax excluded)
  - on the L side there is absent lung sliding on the left and a lung point is identified anteriorly' (= significant pneumothorax present)

## Scenario 8

- 6yo pedestrian v truck
- Shock liver laceration

## Scenario 8 - suggested US script

- Abdominal component eFAST
  - There is a large amount of intra-peritoneal free fluid (= abdominal component of eFAST scan is positive)
  - there is no pericardial effusion
- Lung component eFAST
  - 'lung sliding is seen anteriorly bilaterally' (
    =pneumothoraces are excluded)



# Testing Trauma A

- 7 yo, fall from tree
- Left pneumothorax

## Trauma Test A - suggested US script

- Abdominal component eFAST
  - no free fluid seen (abdominal component of eFAST scan is negative)
  - o there is no pericardial effusion
- Lung component eFAST
  - 'on the R side, lung sliding is seen anteriorly' = (pneumothorax excluded)
  - on the L side there is absent lung sliding on the left and a lung point is identified anteriorly' (= large left pneumothorax present)

# Testing Trauma B

- 4 yo, wall collapse
- Liver laceration

### Trauma Test B - suggested US script

- Abdominal component eFAST
  - There is a large amount of intra-peritoneal free fluid (= abdominal component of eFAST scan is positive)
  - there is no pericardial effusion
- Lung component eFAST
  - 'lung sliding is seen anteriorly bilaterally' ( = pneumothoraces are excluded)