

## 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**)
  - **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.*

## Trauma case summaries – support for ultrasound

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### Scenario 1

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

#### Scenario 1 - 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*)

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### Scenario 2

- 7yo quad bike v tree
- # pelvis / femur -> hypovolaemic shock PEA

#### 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*)

## Trauma case summaries – support for ultrasound

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### Scenario 3

- 10 yo shot L chest =
- Shock – L pneumothorax / stomach laceration
- 3 sided dressing / ICC needed

#### 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
    - **'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*)
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### Scenario 4

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

#### Scenario 4 - 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*)

## Trauma case summaries – support for ultrasound

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### Scenario 5

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

#### Scenario 5 - 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)
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### Scenario 6

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

#### Scenario 6 - 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)
  - **There is a large amount of fluid present in the right intrapleural space** (= large R sided haemothorax)