

Trauma Scenario 6 Refresher Course

This is a Teaching Scenario. Some flexibility in how it progresses is possible according to individual learner needs

History {initial candidate briefing prior to arrival of child}

A 12 year old girl walked out from behind a bus and was hit by a motorcycle. A passer-by told the ambulance crew that she had been thrown about 6 metres along the street. She is agitated and uncooperative.

Estimated weight 50 kg.

Initial impression {provide information as candidate assesses child and applies monitoring}

RR 35, HR 120, BP 91/59, SpO₂ 88% in air. She is agitated, whimpering, calling for her mother. GCS 13 (E 4, M 5, V 4). There are bruising and grazes on her right forehead, right chest and right arm. Cervical collar is in place. Pelvic binder in situ. Right lower leg is in splint.

Clinical Course {to be given to candidate as they progress}

The child initially stabilises with oxygen, and a 10 ml/kg fluid bolus. Subsequently RR rises and SaO₂ falls and there is decreased air entry on the right as a haemothorax enlarges. Perfusion deteriorates and HR rises. A second fluid bolus and chest drain are necessary.

INSTRUCTORS INFORMATION

Key Treatment Points



<C>	Assess for and control external bleeding	
Airway & C-spine	Establish airway patency	
	Protect cervical spine	
	High flow O ₂ via face mask commenced early Titrate O ₂ therapy to SpO ₂ 94-98% when stable	
Breathing	Intercostal catheter and drainage of haemothorax	
Circulation	Early IV access X 2 wide-bore cannulae	
	Blood for crossmatch etc	
	Fluid boluses 10 mls/kg x 2 of warmed crystalloid/blood	
General Therapy	Analgesia	
	Arrange CXR & X-ray of injured limbs	
	Trauma, Surgical, Retrieval, ICU Consult	

Diagnosis: Right pulmonary contusion with haemothorax.
Fracture Right humerus. Fractured Right tibia and fibula.

Learning objectives

At the end of this session participants should be able to:

- Apply the structured approach to assessment, management and diagnosis of blunt trauma and shock
- Recall and apply the management of hemothorax and lung contusion
- Recall and consider the application of management of hypovolemic shock in their own practice
- Consider the risk vs benefits of analgesia and sedation compared to RSI/Intubation in the context of large hemothorax in a hemodynamically unstable child requiring painful insertion of a chest tube

