

## Scenario Example – Trauma; Patient Journey 1

Number of pages: 3

A 35 year-old man has fallen off his motorbike. At the scene he was yelling in pain. He has been brought to your department by NEMS. The NEMS paramedic is available to give a handover.

*Handover from NEMS: fall from motorbike at high speed. Initially yelling in pain. Became increasingly short of breath and tachycardic. No longer speaking in words. No obvious blood loss at the scene.*

ASSESSMENT	FURTHER INFORMATION	KEY POINTS	YES	NO
Handover		Receives handover from NEMS and assimilates information		
A	Airway:	A Correctly Assessed		
	Upper airway obstruction – snoring	Jaw thrust to open airway performed		
	Snoring relieved by simple airway management	Cervical spine protected with manual immobilisation		
	Tolerates OPA/NPA	Airway adjunct used – OPA / NPA		
B	Respiratory rate: 28	B Correctly Assessed		
	Air entry L chest much less than R	Need for oxygen communicated		
	Percussion note L hyper-resonant	Urgent needle decompression performed – chest findings and respiratory rate improve		
	Trachea deviated to R			
Tension pneumothorax				
C	BP: 120/80	C Correctly Assessed		
	HR: 100	C Problems assessed and concern communicated + actioned		
	Other Findings: nil	IV access x2		
	Response to fluid: heart rate comes down	Blood tests – including cross-match blood		

		Fluid bolus		
D	AVPU: P	AVPU correctly assessed		
		No further actions; appropriately recognised and move on		
E	E findings: superficial chest wall and back abrasions	E Assessed Adequately including log roll		
		Key points communicated		
		Close monitoring + Plan		
SBAR		SBAR communicated clearly to NEMS		
		Correctly identifies and communicates that patient requires chest drain		
		Prepares for transfer, including c-spine protection, ongoing oxygen and fluid therapy		

**Diagnosis:** Tension pneumothorax

**Learning Objectives**

- Collaboration with NEMS to receive handover
- Confident use of the ABCDE
- Appropriately ask for help and communicate concerns
- Clinical assessment and recognition of diagnosis (tension pneumothorax)
- Demonstrate appropriate initial management of diagnosis (needle decompression)
- Demonstrate understanding of need for transfer for definitive management (chest drain)
- Prepares patient for transfer (c-spine immobilization, oxygen, fluids)
- Confident and effective use of SBAR format to handover

## **Debrief**

Responses to the debrief questions are meant to reflect learning; they require more than yes or no answers. Reflect afterwards on this discussion for your logbook.

1. What did you think was happening?
2. What did you do and why?
3. Do you think your interventions were helpful? Describe how. If not, explain why.
4. Did the team members communicate effectively with each other? Provide examples.
5. Did the team members communicate effectively with the patient? Provide examples.
6. How efficient was the teamwork? Provide examples.
7. What aspects of this scenario exercise can you apply to your clinical practice? How might you apply those aspects?