

CRUMPET Scenario 4 : Shaken Baby

Learning Objectives :

Technical Skills

- 🕒 Recognition of choked child with respiratory failure
- 🕒 Recognition and Management of reduced consciousness in a child.
- 🕒 Recognition and Management of child protection concerns.

Non Technical Skills

- Effective team working, leadership and communication
- Effective handovers as new staff / specialties arrive
- Appropriate communication with parents

EM Curriculum Mapping :

- PMP6 The unconscious child
- PAP6: Concerning presentations

Faculty Roles / Responsibilities :

[Minimum Faculty = 4]

Simulation Room :

Parent.

Amy is 6months old. She was born on time with NVD.

You found her in her cot with blood around her mouth. You had been at visiting grandparents with your other children whilst your partner was looking after Amy

Your partner isn't here now, he's at home asleep on the sofa. He's not Amy's father.

If pressed you are concerned that Social services may get involved as your other children have been subject to a CPP.

Your other children have gone to their Grandparents house.

Your partner drinks heavily and is prone to bursts of aggression.

He has hit you before but never the children. He treats them like they're his own.

Student Nurse

- Expert in equipment,
- Limited clinical experience.
- Able to undertake observations if asked.
- Only proactive if needs to be.
- Guided by control room.

Control Room:

Phone faculty

Switchboard: helpful and cheerful. Will contact whoever via bleep / mobile phone

Laboratory: Lab technician will answer phone and take request for urgent bloods. Needs patients name and DOB. Results will be phoned back

Consultants - (ED / Anaesthesia / Paediatrics). Will give advice as needed and will come in to hospital immediately if asked within 10-15minute timeframe.

Senior Nurse- present in the department - available for advice over the phone if needed

Candidates :

1 ED ST 1/2
1 ED ST4+

2 ED Nurses

1 Anaesthesia ST 1/2
1 Anaesthesia ST3+

1 Operating Department Practitioner (ODP)

1 Paediatric ST 1/2
1 Paediatric ST 3+

1 Paediatric Nurse (optional)

Mannikin Preparation :

Baby Simulator (eg) SIM Baby in a cot / ED trolley
Clothed
No IV access
Bruising around neck, blood stained mouth

Sim Room set up :

ED Paediatric Resus bay. Full monitoring available.
All drugs / fluids available (see props list for course)
Ambulance sheet
Observation chart
ED drug chart
Algorithms for management of Paed Emergencies

Scenario Background :**Amy Smith**

Amy is 6 months old. She is usually fit and well and hasn't been to the hospital before.
Her Mum has returned home from visiting her own parents to find Amy drowsy in her cot with what looks like bloody vomit on her face.
She was well before she left for her parent's house. Her partner, who was looking after Amy, reports that she seemed fine when she went to bed.

Briefing Sheet

Scenario start :

Candidates in simulation room :

1 ED ST1/2 1 ED Nurse
1 ED MG

On arrival (technical programming)

A: Noisy breathing, blood stained vomit.
B: Irregular resps, rate 40, spO2 90 on O2
C: HR 180 CRT 5second
D: Responds to pain.
E: Bruising to neck and both sides of chest, bulging fontanel.

Expected Response during the Scenario

Calculations (Weight = 8kg)
High Flow oxygen
IV/IO access
FBC, UE, glucose, CRP, Ca, Mg, Cross
Match

Progression of scenario and required treatments:

Airway becomes increasingly difficult to manage. Require BVM and anaesthetic support.

Becomes progressively more and more hypoxic: prompting intubation

PEA cardiac arrest whilst preparation to intubate underway. APLS algorithm to be followed.
Fluid bolus x3.

Bulging fontanelle to worsen

ROSC after 2nd adrenaline + fluid boluses

Expected Additional Measures :

Recognition of need for IPPV

Strategies for rising ICP management to be discussed: Mannitol, 15-30 degree tilt, Normo-capnoea

Discussion re CP issues and potential criminal charges: confidentiality issues

Outcome

Amy is intubated and taken for CT brain which shows skull fracture and epidural haematoma. She is then transferred to the local neurosurgical centre.

Blood Results:

U&E

Amy Smith	
Na	129
K	4.7
Urea	2.1
Creatinine	28

ABG (pre intubation)

James Smith	
pH	7.29
PO2	8.1
PCO2	6.9
BE	-3.5

FBC

James Smith	
Hb	12.8
WCC	9.8
PLT	300
