

The College of Emergency Medicine

Patron: HRH The Princess Royal

7-9 Breams Buildings
London
EC4A 1DT

Tel +44 (0)207 404 1999
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www.collemergencymed.ac.uk

ACCS

Trauma and STEMI

Emergency Medicine ACCS Simulation Course

Patients Name: Brian Jones		
Patients Age / DOB: 77		
Major Problem	Medical Blunt Trauma Victim who has had a anterior STEMI	NTS Organisation and planning Communication Situational awareness
Learning Goal	Organisation of care and transfer to critical care	
Narrative Description	A fifty year old motorcyclist was seen to swerve before falling off at 40mph. When the paramedics arrived he was lying face down. There are no visible torso or limb injuries. His is hypotensive from an underlying anterior STEMI and a head injury. The candidate needs to organise a CT whole body before arranging to transfer a catheter lab for a PCI. The patient is confused with a GCS of 11. He should not need intubating. PMHx Unknown	
Staffing	Faculty Control Room: 1 x Sim man controls 1 x Pt voice / nurse informer Faculty Role Players: 1 x Nurse	Candidates ED Doctor ED Senior nurse
Case Briefing	To All Candidates You are working in a hospital that has all facilities. This patient is a 50 years old.motorcyclist. He was seen	To Role Players (Intensivist / Medical SpR / Cardiology Consultant by phone)

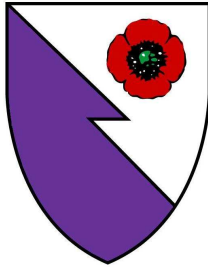
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	to swerve before falling off. The paramedics have brought him in immobilised on a scoop.	
Manikin preparation	Male patient flat on a trolley, he has full cervical immobilisation. He also has a dressing on his forehead.	
Room set up	A&E resus Experienced nurse available to help	
Simulator operation	The patient has sinus bradycardia with ST elevation. The blood pressure is 80/60. The patient has confused speech, obeys commands and eyes open to command.	
Props needed	Defibrillator, Anaesthetic Drugs Cervical collar, blocks and tape ECG Normal CT Head Radiological report of body (attached)	

Observations:

Initial

HR	45
O2 sats	95%
BP	80/63
Temp	37.0
RR	14
GCS	E=4 V=3 M=5 12/15

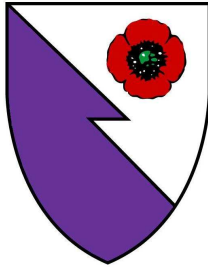
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Trauma and STEMI

Nurse Role

Scenario

Trauma patient with an underlying STEMI

Underlying diagnosis

STEMI

Instructions

You are an experienced nurse who can contact anyone and find anything in your department.

An ECG is available when you are asked to take one.

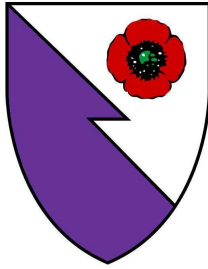
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Trauma and STEMI

Patient Role

Scenario

Trauma patient with an underlying STEMI

Underlying diagnosis

Head Injury and STEMI

Patient Instructions

You are a bit concussed. You moan only to stimulation and will come out with confused words when you are asked.

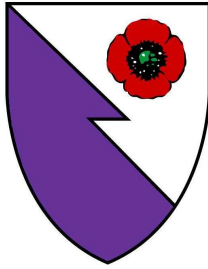
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Cardiology SpR

(By phone)

If you are called about this patient, you will insist on a CT head and body before you accept him to the cath lab. You are concerned that giving heparin to this man would make any intracranial bleed worse.

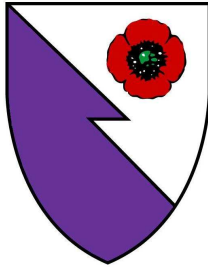
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Intensivist SpR Role

(by phone)

You can't come quickly as you are tied up with a complex patient on the ICU.
You might come in at the end of the scenario to take a handover and help transfer this patient

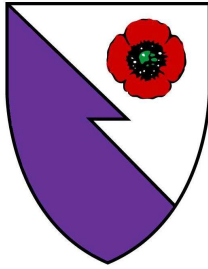
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Blood Results: Male Unknown Age 50 year old male

Hb	14.2	Na	140
WCC	12	K	3.9
Plt	187	Ur	5
MCV	95	Cr	87

ABG on Air

pH	7.4
pO ₂	13.8
pCO ₂	5.2
HCO ₃	18
BE	-6
Lactate	5.8

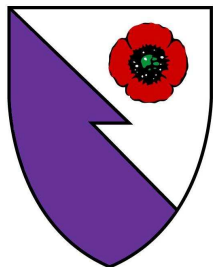
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Mr Male Unknown
Hospital Number 234480/08

CT Report Today
Request Details
Motor cyclist, major trauma no apparent injury. Hypotensive ? cause

Reported as emergency

CT head: soft tissue swelling in the left frontal area. No skull fracture, no intracranial haematoma or contusions. The sulci appear normal with no effacement.

CT Neck: Normal alignment, no fracture or dislocation.

CT Chest, Abdomen and Pelvis. There are three rib fractures on the left. There is no underlying pneumothorax or haemothorax. The abdominal visceral appear normal with no free fluid. The major vessels appear normal.

Conclusion: No cause for the patient's hypotension identified on this scan

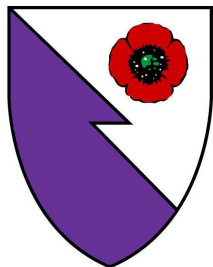
Dr Das Consultant Radiologist

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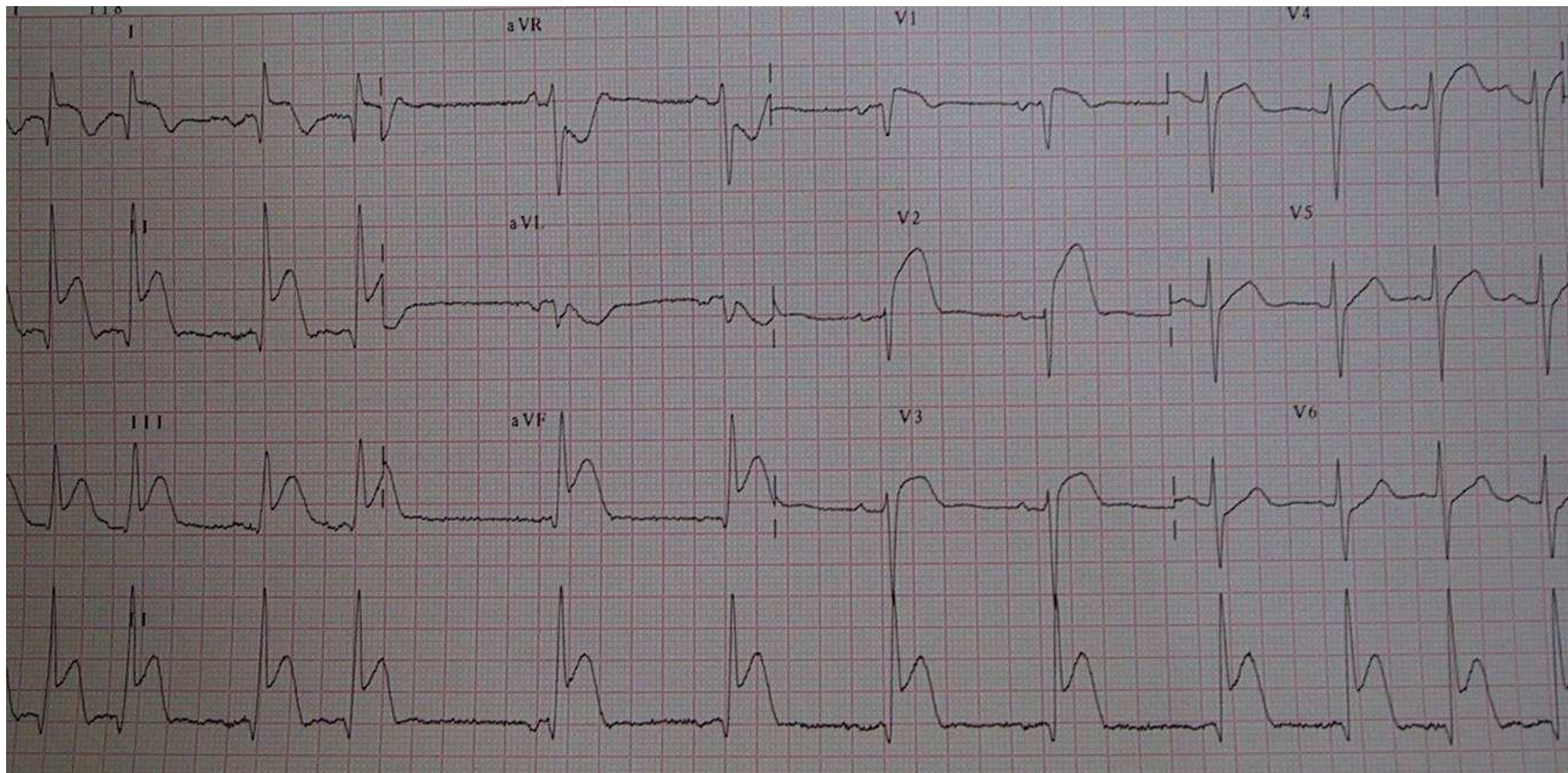
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ACCS

Upper GI bleed

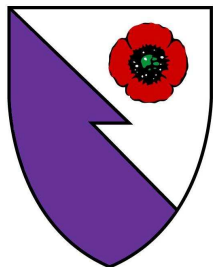


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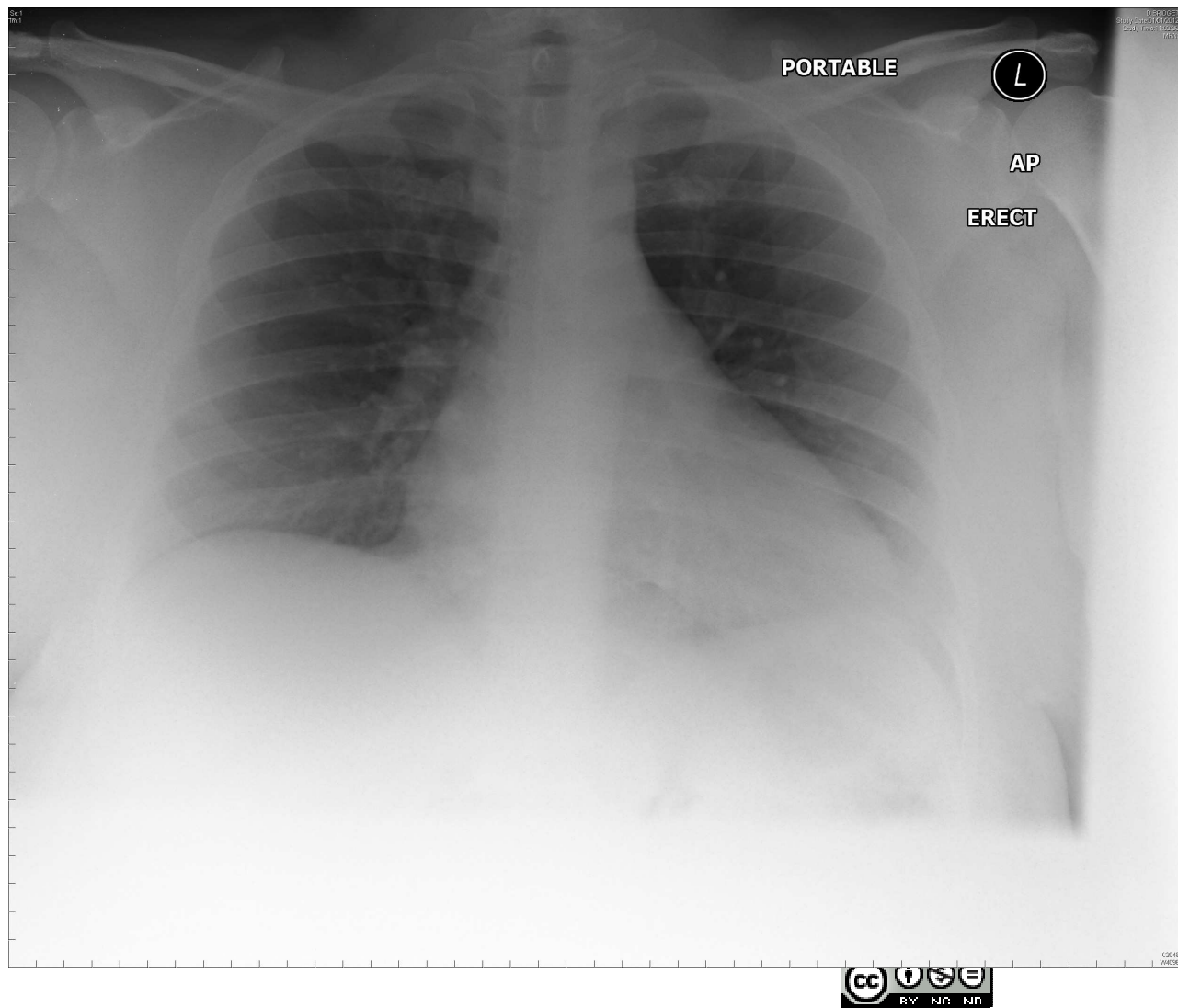
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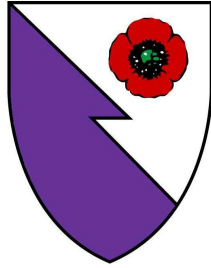
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Upper GI bleed



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Upper GI bleed

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