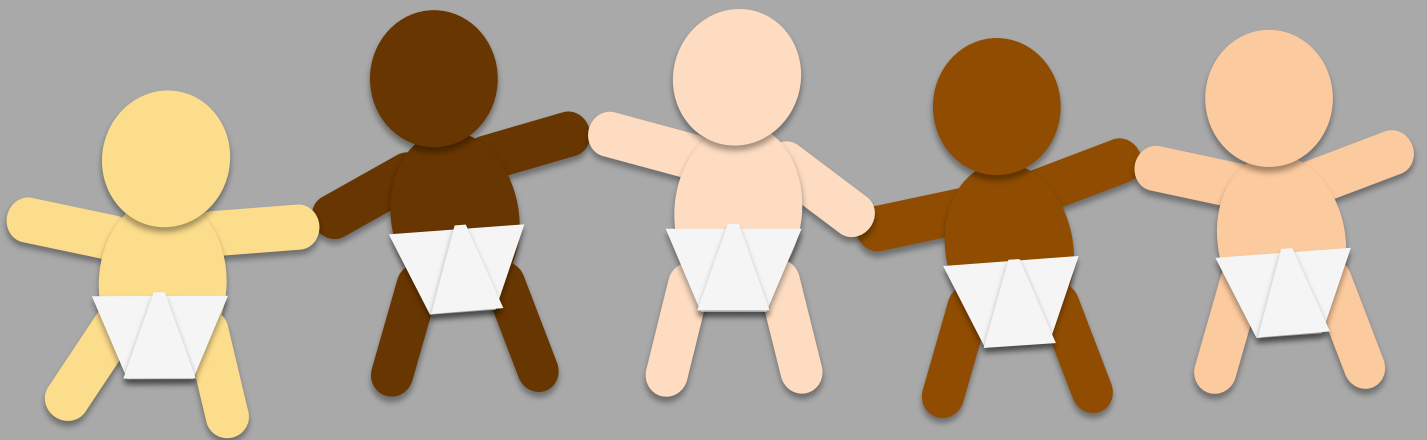


ImPACTS *Tele*SimBox

Nursing Telesimulation



Preparation**Purpose****Page 1****How to use resources****Page 1****Resources****Prebrief****Page 2****Debrief****Page 3**

Purpose

This session will provide teams of learners the opportunity to engage in the first 10-20 minutes of acute care provided to an ill pediatric patient with telefacilitation assistance. This session involves two facilitators: one located remotely and one local on the ground.

How to use resources

- Review this Guide
- Watch a recorded sample:
- https://www.dropbox.com/s/c28flcv4wbhurdv/zoom_0.mp4?dl=0
- Contact team for one-on-one tutorial:
marc.auerbach@yale.edu OR white20@iu.edu

Overview

Goal: to practice initial management of ill patient

Two facilitators: 1 remote, 1 on the ground

- Remote facilitator: prebrief, runs video-assisted drill
- On the ground facilitator: prior to drill gathers participants, during drill provides physical exam and history
- Both: co-lead debrief

Time Course

- **Prebrief**: 5-10 min
 - **Drill**: 10 min
 - **Debrief**: 30 min

TeleSim Tips

- Test audio-visual connection
 - Use gallery view
- Co-facilitators communicate via text as needed

Safe Learning Contract

“**Basic Assumption** of simulation is that everyone is here to do their best to learn as a team how to take care of sick patients confidently.

We know that not everyone is comfortable with drills or caring for sick patients. We know it can also be intimidating to be on display in a situation that may be uncomfortable. You are not being graded on your performance; instead we will focus on how to work as a team. Treating it as a real situation will help everyone get the most out of a session. If at ANY TIME you are confused – either with the medial scenario or with a technology glitch, please call a “Timeout” and we will stop and regroup.”*

Intro

Create safe context for learning
“Let’s spend ~20 minutes to debrief. The goal is to discuss lessons learned from the case so we can improve how we work together and care for sick patients. This is not a blaming session. Everyone’s participation is welcome.”

Reactions

(~2 min)

Solicit reactions and emotions:
“First, how did that feel?”

Description

(~2 min)

Clarify facts and medicine:
“Next, can someone share a short summary of the case? Other perspectives?”

Analysis

(~12 min)

Explore performance domains:
“Now let’s talk about specific areas that went well and opportunities for improvements.”

- Solicit feedback for improvement
- Concentrate on learner experiences
- Use open-ended questions
- Highlight strengths of the team

Summary

(~4 min)

Identify take home points:
“That was a useful discussion. Please share a take away from our discussion that you hope to apply when you care for an ill patient next time.”

Shock Guide

Case objectives

Page 1

Overall scenario schema

Page 1

Scenario script

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Didactic resources

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Case objectives

- To practice the management of a critically ill pediatric patient
- Apply Crisis Resource Management and teamwork in the care of a seizure patient (with attention to role designation, directed orders, sharing mental model and closed loop communication with team and family members)
- Prioritize treatment of potential etiologies to guide stabilization or escalation of care for a seizure patient
- Determine the appropriate destination for transfer

Overall Scenario Schema

8 min	<p>Play video: https://www.youtube.com/watch?v=eQxE4Ty9vck&feature=youtu.be</p> <p>Assign or Coach them to allocate roles</p> <table border="1"> <tr> <td data-bbox="355 1317 616 1357">Team Leader</td> <td data-bbox="831 1299 970 1420">Airway Survey</td> <td data-bbox="1158 1299 1382 1420">Medication Access</td> </tr> </table>	Team Leader	Airway Survey	Medication Access
Team Leader	Airway Survey	Medication Access		
10 min	<p>Stem: 6 mo PH female actively seizing, sats 80%, increased to 100% when placed on a NRB, HR 180, BP 90/50, RR 12, needed bagging en route by BLS.</p> <p>Team prioritizes treatment of hypoglycemia and seizure.</p>			
30 min	Debrief			

Time	Video correlate
START	<p><u>FACILITATOR STATES</u></p> <p>“Welcome! Thank you for joining today. I will start by playing a video – we will break for introductions and questions prior to starting drill. Please let me know if you cannot hear or see the video.”</p>
2 MINUTE COUNTDOWN	<p><u>PLAY VIDEO</u></p> <p>https://www.youtube.com/watch?v=eQxE4Ty9vck&feature=youtu.be</p> <p>Organize team and equipment</p> <ul style="list-style-type: none"> • Team assembles + confirms roles • Asks for equipment: monitor, temperature, oxygen, breathing (BVM/CPAP), access (IV/IO), Broselow tape/app, antiepileptic medication, dextrose-containing fluids • Calls for help: other nurses, RT, Pharmacist, MD, SW, etc. <p>PATIENT APPEARS</p>

Time	Action by participant	Information from facilitator
8:20-10:00	A/B: Airway and breathing	
	Maintain open airway Check breathing - Look, listen, feel - Suction - Re-position airway	Labored breathing RR = 20/min
	Commence positive pressure ventilation	SpO2 80% on RA → 100% BVM/CPAP
	C: Circulation	
	Check pulse Count rate Feel the hands Check CRT Obtain BP	Weak pulse HR = 150/min Cold hands CRT = 4 sec BP = 90/50 (63)
Obtain history	Signs/Symptoms: Generalized seizure began at home ~5 mins PTA, has never done this before. No recent fevers or infectious symptoms Allergies: None Medications: None Past Medical history: Uneventful birth and past medical history. Vaccines up to date. No known family history of seizures or neurologic, vascular, hematologic, or biliary diseases. Single child, lives with Mom, Dad. No concern for accidental or non-accidental trauma Last meal: usual cereal for breakfast ~2 hrs prior Events: No obvious triggering events.”	

Time	Action by participant	Information from facilitator
10:01-12:00	D: Disability E: Exposure	
	Obtain/estimate weight using Broselow tape/app	Weight = 7kg
	Evaluate conscious state (AVPU)	AVPU = U (unresponsive) Seizing
	Check temperature Undress the child	Temp = 37°C No signs of skin rash, no petechiae, no signs of trauma, no burn
	Place Access (3 failed IV attempts, successful IO)	Minimally responsive to pain IO flushes well
	Order STAT Glucose, BMP, Ca	Glucose = 40mg/dL (1.7mmol/L)
	Orders dextrose-containing fluids 2mL/kg D10% IV/IO	
	Orders benzodiazepine (BZ): Discuss 2 nd and 3 rd line AEDs	
	Treat as hypoglycemic seizure	
	<p><u>FACILITATOR STATES:</u> “Hi Team, I am your ED physician, what do we have??”</p> <p>If no dextrose or benzodiazepine has been ordered/given state: “I do not recall how what/how much to give. Will someone look it up? Oh sorry, I have to run to see another patient.”</p> <p>If no glucose checked state: “Has anyone checked a glucose?”</p>	

Time	Action by participant	Information from facilitator
12:01-16:00	Reassess	
	ABCDS	Airway: intact, clear Breathing: BVM/CPAP, good BS BL Circulation: WWP Disability: Seizing, U (AVPU), Glc 170mg/dL
	Runs through Hs & Ts	
	Orders 2nd, 3rd line BZ	
16:01	<u>DAD ARRIVES, STATES:</u> "This has never happened before, she is a healthy kid, but has had really bad vomiting and diarrhea for two days. No other medical issues."	
18:00	<u>FACILITATOR STATES:</u> "The patient has stopped seizing. The drill has ended. Thank you for participating. We will now move to the debriefing."	

SEIZURE

2:00

Prep
Assemble team,
equipment, meds

0

Patient arrives
Monitors
Airway
Breathing
Circulation

MIN
01



MIN
02

Step 1
Oxygen/BVM
AED (IN/PR/buccal/IM)
IV/IO
iSTAT lab





MIN
03

Step 2
1st AED given
Order 2nd and 3rd line AED
Treat electrolytes PRN
Call for help



MIN
04

Step 3
Reassess ABCs
Discuss differential
Consider additional
medication and imaging



MIN
05

End scenario
Seizure stops
Admit / Transport



ELIZABETH SANSEAU MD, MARIEBELLE KOU MD, ELSIE CLAUDIUS MD
<https://www.utoronto.ca/medicine/department-of-paediatrics/epilepsy/>
<https://www.utoronto.ca/medicine/department-of-paediatrics/epilepsy/>
<https://www.utoronto.ca/medicine/department-of-paediatrics/epilepsy/>
<https://www.utoronto.ca/medicine/department-of-paediatrics/epilepsy/>

Free Online Open Access Medical Education Resources

SEIZURE OVERVIEW

- <https://dontforgetthebubbles.com/first-afebrile-seizure/>
- <https://dontforgetthebubbles.com/febrile-seizures/>

VIDEOS & PODCASTS

- <https://www.pedscases.com/seizure-4-year-old-male>
- <https://www.pedscases.com/seizure-types-and-epilepsy>
- https://www.pedscases.com/search?search_api_aggregation_1=seizure&type=All&field_clinical_presentation=All&field_specialty_area=All
- <https://ucdavisem.com/2020/02/17/the-state-of-status/>
- <https://emergencymedicinescases.com/emergency-management-of-pediatric-seizures/>
- <https://rebelem.com/rebel-core-cast-9-0-pediatric-status-epilepticus/>

ALGORITHMS

- https://trekk.ca/search?q=status+epilepticus&events=events&teams=teams&external_resources=external_resources
- https://www.aesnet.org/sites/default/files/file_attach/PressReleases/2016/CSE%20Treatment%20chart-final_rerelease%20%282%29.jpg
- <https://www.chop.edu/clinical-pathway/status-epilepticus-clinical-pathway>

