**Scenario: (Facilitator Role) Paediatric Emergency – 8 year old – asthma**

**Learning Objectives:**

* Receive handover from mother (facilitator)
* Thorough assessment of child using body systems technique or top to toe
* Recognition of what observations are normal for 8 year old child
* Use of correct observation charts for paediatric patients
* Recognition of when child is deteriorating
* Recognition of need to call of back-up, escalate care
* Administration of nebulised medications
* Assistance with IV access for a child, if unable to complete the IV access then assist with IO access.

**SITUATION:**

Mum has presented to the emergency department with Jeremy who has had a bit of a chesty cold for a few days and is full of ‘green snot’ says mum.

On presentation, Jeremy isn’t doing much talking, mum is doing all the talking. When you ask him a few questions, he can only answer in single word sentences. He is very pale and quiet.

**BACKGROUND:**

Has been diagnosed with asthma since aged 3. Normally takes seretide puffer at night. Ventolin puffer he only takes sporadically. Last few days he has been taking his puffer frequently through the day and has run out and mum hasn’t had the chance to go to the chemist for a new one.

**ASSESSMENT:**

On auscultation of his lungs there is loud course global wheezing bilaterally.

Giving yes/no answers, appears irritable, has a mild tremor in his hands

Child unable to lie flat, looks pale, tired and lethargic,

Flaring of his nostrils, rib retraction

Obs: RR – 15

sPo2 92% on RA

T - 382

BP 90/50

HR – 130

Weight – 26 kgs

**SCENARIO PROGRESS:**

Scenario commences when mum gives handover to Triage Nurse at ED desk.

The nurse will begin her assessment, getting the 1st set of observations as noted above.

Child’s RR drops to 10, conscious state decreases, child appears more sleepy, needs verbal and tactile stimuli to wake-up, Mum starts to panic

**Team Assessment/Intervention:**

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| **Immediate assessment**  **Sit child up on trolley**  **DRSABC**  **Do set of observations**  **(2)**  **Medical Team arrives orders**  **5mg nebulised Adrenaline**  **Ventolin Nebuliser**  **IV hydrocortisone**  **IV access** | **Expected Interventions**  **Call for back-up (MET CALL)**  **Put monitoring on child**  **Reassure child/mum that medical staff are on their way**  **Gets IV access equipment out**  **ready**  **Instigates nebuliser**  **Assists with IV access.** |
| **Reassess** | **Possible intubation? Be aware of intubation equipment for children** |
| **Assessment while in hospital**  **Ongoing monitoring, regular observations in HDU where spO2 monitoring can be constant** | **Long Term Interventions**  **Referrral to respiratory therapist +/- GP for long term management** |
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**Equipment/Resources:**

**Clinical skills room**

**Child manikin**

**Face mask**

**Nebuliser**

**IV equipment**

**Simulated arm for IV insertion**

**IO equipment**

**Simulated leg for IO insertion**

**Paediatric observation charts**

**Stethescope**