



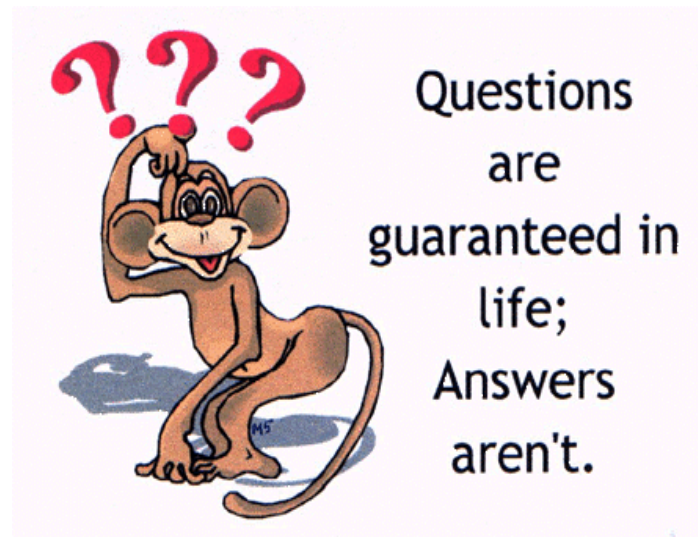
Paediatric Training in an Adult ITU

Andrew Henson – Practice Development Charge Nurse - ITU
Mike Dickinson – Manager - Simulation & Clinical Skills

Rationale:

Use in-situ simulation to see how the Adult ITU multidisciplinary team respond to and manage a deteriorating child.

- In situ simulation is conducted in the clinical area, using actual resources and equipment from the clinical area, and involves members of the multi-professional healthcare team.
- In situ simulation can be used in practice to reinforce clinical team training, involving human factors, identify latent safety threats and systems errors to help improve the safety of systems of care for our patients (Patterson et al., 2013).



Preparation and Delivery

- Site survey
- Role allocation
- Equipment Preparation
- Staff notification

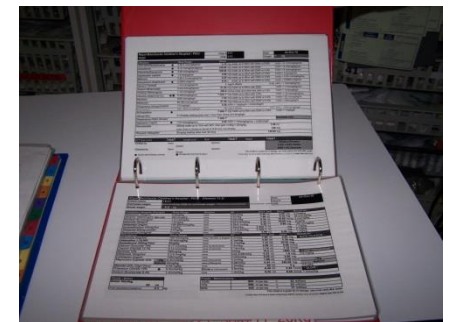


Scenario

6 year old boy Richard Peaky is brought to Emergency department by his parents.

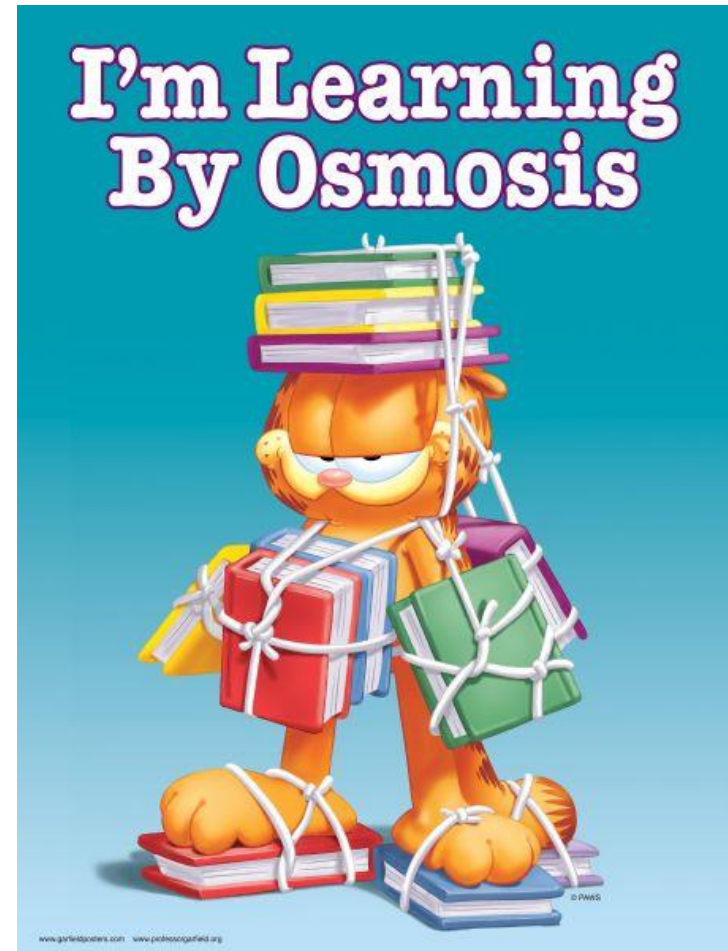
- He has had a cold for 3 days and was found in bed this morning very hot and confused.
- On admission, the boy has fluid resistant shock and he is assessed by the on call ITU / ED Consultants
- ITU Consultant decides to admit him to ITU for stabilisation and inotropic support prior to transfer to definitive treatment.

- What do you need ?

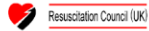


What did we learn / develop ?

- Intubation check list needs to be more readily available.
- HF: Communication, STARR, Arrows.
- Space issues – Paediatric trolley top



Templates



Paediatric

Things to consider in A-E examination

- W_{age}** • (Age + 4) x 2
- E_{nergy}** • 4joules/Kg
- T_{ime}** • (Age years÷ 4) + 4
- F_{luid}** • 20ml/kg Illness
• 10ml/kg Injury
- L_{actation}** • 0.1mg/kg (max 4mg IV)
Consider Buccal Males or Females of 11
- A_{nalgesia}** • 0.1ml/kg
1:10000
- G_{lucose}** • 2ml/kg





A	B	C	D	E
Patent	Resp Rate	Cap Refill	AVPU	Expose skin
At risk	Chest wall movement	Pulse Rate	Limb movement	Skin Colour
Obstructed	Chest Percussion	Heart Auscultation	Pupils	Rashes
Airway Manoeuvres	Lung Auscultation	Blood Pressure	Blood Glucose	Temperature
Breath sounds	Pulse Oximetry	ECG	Medications	Non-accidental injuries
Cyanosis	Work of Breathing	N/IO Access		
		Bloods (cultures & g)		



PLEASE NOTE: This learning tool is based on the EPALS REUSE (2015) GUIDELINES

B@EASE
Rapid Sequence Induction Checklist

Central Manchester University Hospitals NHS Foundation Trust

	Equipment	Airway/Anaesthesia	Staff	Emergency Plan
B@EASE	<div style="font-size: 2em; font-weight: bold; text-align: center;">B R I E F</div> <div style="text-align: center; margin-top: 50px;">  </div>	<div style="text-align: center; margin-top: 50px;">  </div>	<div style="text-align: center; margin-top: 50px;">  </div>	<div style="text-align: center; margin-top: 50px;">  </div>

Further help available from Bleeps :

©2016 Rapid Sequence Checklist v 2.0 v 16 Edited: This tool is under review 2016

Why

GAS - FOOD
LODGING
CAMPING

