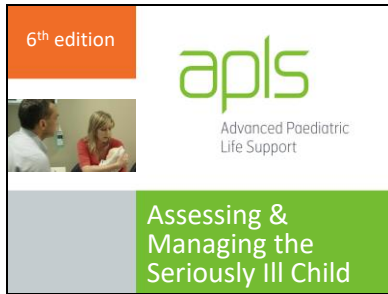


Slide
1



Instructor Notes

This session is 45 mins.

- Read notes on facilitating plenaries.
- Plan to be at the end of case 2 (Buddy) at the 20-22 minute mark. Groups can work quite quickly through case 2 (differential is age), especially as they know what is expected of them after working through the first case.

These slides have been set up to reveal the answers and because of the table layout they do this by making overlay boxes disappear. Therefore, to check on the way the information appears you should look at this presentation in slide show view. After the summary slide there is a blank slide (19) and after this (20-28) you can view the case slides in their 'completed' state for ease of reference.

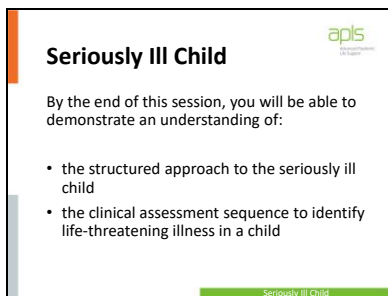
This will be the first plenary when candidates are not in their usual colour groups.

Brief assistant for this session to support those arriving late – regarding where to sit & if the small group has commenced – a brief overview of each case.

Consider commencing the session in a usual plenary style and moving into groups of 3-4 after slide 4 (Rapid Assessment).

Sit candidates in groups (3-4 people each group). They will need pen, clip board and 2 double sided copies per group of the A4 Serious Illness Activity Sheet

Slide
2

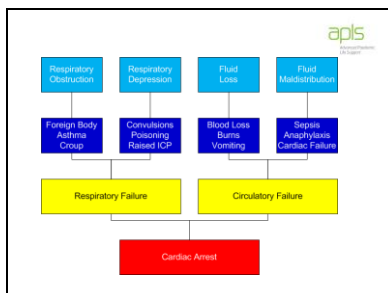


Pathways to cardiac arrest

Talk about how assessment and intervention with the conditions on the top of the slide can prevent or slow progression to the serious consequences on the bottom of the slide.

This involves rapid assessment of the seriously ill child (summarised on next slide).

Slide
3



Be brief – this and the next slide is recall from pre-reading and the online learning.

Slide 4

Airway & Breathing	Circulation	Disability
Effort	Heart rate	Conscious level
Efficacy	Capillary refill time	Posture & Pupils
Effects	Blood pressure	
	Skin temperature	

In Disability also mention along with posture COLOUR & TONE

This slide has animation.

Rapid assessment features are emphasised in the online learning – this slide is a prompt for recall of pre-course learning. Give candidates the ‘space’ to provide the answers.

Note each of the following 4 cases have a focus: Astrid (airway), Buddy (breathing), Cassie (circulation), Dinesh (disability)

Slide 5

Astrid

Astrid is a one and half year old child who has had a runny nose and now has a barking cough and noisy breathing.

On arrival at hospital she is clinging to her mother when disturbed and her breathing sounds harsh.

Present this case and the following slide and invite candidates to discuss in their groups the initial resuscitation and then think about the differential diagnosis of upper airway obstruction and the specific interventions that should be given.

Invite candidates to provide answers to next two slides, including any other key features that they can think of before moving on to 2nd case (Buddy), eg

anaphylaxis - allergen exposure & urticaria – IM adrenaline

poor conscious level – airway opening manoeuvres, definitive airway

This approach will mean candidates break out for discussion on eight occasions.

Allow 2 minutes

Slide 6

	On examination	Resuscitation
A	Inspiratory stridor	
B	Recession ++ rate 50/min SpO ₂ in air 88 %	
C	Pulse 190/min	
D	Drowsy but agitated when disturbed	

Slide 7

Key Feature	Diagnosis	Treatment
Harsh stridor, barking cough		
Drooling, soft stridor, sepsis		
Possible history of FB		
Harsh stridor with sepsis		

Show key features and ask for diagnosis and emergency treatment.

Ask whether there are any other key features / diagnoses not listed here.

Allow 4 minutes

Slide 8

Buddy

Buddy is a two month old baby with a runny nose and a cough for two days.

Now his feeding is poor and he is sleeping more than usual. His mother is worried about his breathing.

Present this case and the following slide and invite candidates to discuss in their groups the initial resuscitation and then think about the differential diagnosis of lower airway obstruction and the specific interventions that should be given.

Invite candidates to provide answers to next two slides, including any other key features that they can think of before moving on to 3rd case (Cassie), eg
 anaphylaxis - allergen exposure & urticaria – IM adrenaline

Allow 2 minutes

Slide 9

Buddy: Primary assessment and resuscitation

	On examination	Resuscitation
A	Patent	
B	Expiratory wheeze Recession + SpO ₂ 90% in air	
C	Heart rate 180/min Pale	
D	Drowsy AVPU	

Show key features and ask for diagnosis and emergency treatments.

Allow 2 minutes

Slide 10

Buddy: What emergency treatment?

Key Feature	Diagnosis	Treatment
Under 1 year		
Over 1 year		

Over 1 year – repeated event, Hx atopy/eczema
 Make sure the possibility of cardiac failure causing wheeze and WOB is covered

Ideally you are ½ way through the session at the end of this. If not, consider running 3rd case (Cassie) as a whole group activity – less candidates will be actively involved, but it will be preferable to running out of time for the 4th case (Dinesh)

Slide 11

Cassie

Cassie is three years old. She has had a fever and been drowsy for just a few hours, but she is so unlike her usual active self that her mother is really worried about her and has brought her to Emergency Department.

Present this case and the following slide and invite candidates to discuss in their groups the initial resuscitation and then think about the differential diagnosis of circulatory failure and the specific interventions that should be given.

Invite candidates to provide answers to next two slides, including any other key features that they can think of before moving on to 4th Case (Dinesh) case, eg
 bilious vomiting, abdominal pain and distension – surgical abdomen
 pallor and splenomegaly – severe anaemia

Slide 12

Cassie: Primary assessment and resuscitation

	On examination	Resuscitation
A	Patent	
B	Resp rate 40/min SpO ₂ not recordable No significant recession	
C	Pale Heart rate 170/min Weak peripheral pulses BP 65 mmHg systolic CRT 4 sec	
D	AVPU	

Seriously Ill Child

Allow 2 minutes

Slide 13

Cassie: What emergency treatment?

Key Feature	Diagnosis	Treatment
Vomiting/ Diarrhoea		
Fever and rash		
Allergen, urticaria		
Signs of heart failure		
Abnormal rhythm on ECG		
High blood glucose		

Seriously Ill Child

Show key features and ask for diagnosis and emergency treatment.
Ask whether there are any other key features / diagnoses not listed here.
E.g. bilious vomiting, abdominal pain and distension – surgical abdomen
pallor and splenomegaly – severe anaemia

Allow 4 minutes

See Slide 26 for hidden features, diagnosis and treatment.
Note Prostaglandin is in 'grey' font, as a teaching point for infants pg 76-77 (not suitable for Cassie – who is 3 yrs old)

Slide 14

Dinesh

Dinesh is 13 years old. He has been found unconscious in the local park.

He has been brought by paramedics and his friend says that they haven't been doing anything (but he smells of alcohol)

Seriously Ill Child

Present this case and the following slide and invite candidates to discuss in their groups the initial resuscitation and then think about the differential diagnosis of reduced conscious level and the specific interventions that should be given.
Invite candidates to provide answers to next two slides, including any other key features that they can think of before summing up. Eg
headaches, acute onset – cerebrovascular event
headaches, high BP – hypertensive encephalopathy
vague and inconsistent history, other trauma in an infant – child abuse

Slide 15

Dinesh: Primary assessment and resuscitation

	On examination	Resuscitation
A	Snoring	
B	Resp rate 12/min No recession SpO ₂ not recordable	
C	Heart rate 100/min Pale Cold peripheries BP 100 mmHg systolic	
D	AVPU Pupils: sluggish, equal and reactive	
E	Hypothermic - temperature 32°C	

Seriously Ill Child

Allow 2 minutes

Slide 16

Key Feature	Diagnosis	Treatment
History of epilepsy		
Recent trauma		
known chronic condition		
Acute onset and fever		
Possibility of poisoning		

Show key features and ask for diagnosis and emergency treatment.

Ask whether there are any other key features / diagnoses not listed here.

E.g.

headaches, acute onset – cerebrovascular event
headaches, high BP – hypertensive encephalopathy
vague and inconsistent history, other trauma in an infant – child abuse

The use of the structured approach in these cases will help ensure early and appropriate treatment. Candidates may practice this in the illness scenarios this afternoon

Allow 4 minutes

Slide 17



Note: this session is a primer for management of serious illness

Slide 18

Airway & Breathing	Circulation	Disability
Effort	Heart rate	Conscious level
Efficacy	Capillary refill time	Posture & Pupils
Effects	Blood pressure	
	Skin temperature	

Remember to include tone & colour when you mention posture

Closure – include that further opportunities to discuss assessment and management of illnesses raised in the Serious Illness plenary will be in the workshops (specifically fluid and electrolytes/sepsis) and illness scenarios x 12 this afternoon

Slide 19



Following slides are to view 'hidden' responses

Slide 20



Instructor Notes

“For instructor reference only”. The following repeated slides allow you to view the case slides in their ‘completed’ state for ease of reference.

Slide 21

Astrid: Primary assessment and resuscitation

	On examination	Resuscitation
A	Inspiratory stridor	Call for help
B	Recession ++ rate 50/min SpO ₂ in air 88 %	High flow oxygen Nebulised adrenaline Do not upset
C	Pulse 190/min	Reassess
D	Drowsy but agitated when disturbed	

Allow 2 minutes

Slide 22

Astrid: What emergency treatment?

Key Feature	Diagnosis	Treatment
Harsh stridor, barking cough	Croup	Adrenaline Dexamethasone
Drizzling, soft stridor, sepsis	Epiglottitis	Secure airway Ceftriaxone
Possible history of FB	Foreign body	Removal technique
Harsh stridor with sepsis	Tracheitis	Cefotaxime or Ceftriaxone

Show key features and ask for diagnosis and emergency treatment.
Ask whether there are any other key features / diagnoses not listed here.
Allow 4 minutes

Slide 23

Buddy: Primary assessment and resuscitation

	On examination	Resuscitation
A	Patent	Call for help
B	Expiratory wheeze Recession + SpO ₂ 90% in air	Maintain airway High flow oxygen
C	Heart rate 180/min Pale	Blood glucose
D	Drowsy AVPU	Monitor for apnoea Reassess

Allow 2 minutes

Slide 24

Buddy: What emergency treatment?

Key Feature	Diagnosis	Treatment
Under 1 year	Bronchiolitis	Oxygen and monitor breathing for apnoea, ensure adequate hydration
Over 1 year	Asthma	+/- Steroids and bronchodilators

Show key features and ask for diagnosis and emergency treatments.
Allow 2 minutes

Slide 25

Cassie: Primary assessment and resuscitation

	On examination	Resuscitation
A	Patent	Call for help
B	Resp rate 40/min SpO ₂ not recordable No significant recession	Maintain airway (may need later intubation) High flow oxygen
C	Pale Heart rate 170/min Weak peripheral pulses BP 65 mmHg systolic CRT 4 sec	IV access and fluids (may need 2 to 3 boluses) Bloods Reassess
D	AVPU	

Allow 2 minutes

Slide 26

Cassie:
What emergency treatment?

Key Feature	Diagnosis	Treatment
Vomiting/ Diarrhoea	Gastroenteritis	IV/IO Fluid
Fever and rash	Septicaemia	IV/IO Fluid Antibiotics
Allergen, urticaria	Anaphylaxis	Adrenaline
Signs of heart failure	CHD / Cardiomyopathy	Diuretics, inotropes Prostaglandin
Abnormal rhythm on ECG	Arrhythmia	Arrhythmia algorithms
High blood glucose	Diabetes	Fluid Insulin

Show key features and ask for diagnosis and emergency treatment.
Ask whether there are any other key features / diagnoses not listed here.
E.g. bilious vomiting, abdominal pain and distension – surgical abdomen
pallor and splenomegaly – severe anaemia

Allow 4 minutes
Allow 2 minutes

Slide 27

Dinesh: Primary assessment and resuscitation

On examination	Resuscitation
A Snoring	Call for help Open and protect airway
B Resp rate 12/min No recession SpO ₂ not recordable	High flow oxygen
C Heart rate 100/min Pale Cold peripheries BP 100 mmHg systolic	IV/IO access and fluids Blood tests
D AVPU Pupils: sluggish, equal and reactive	Start to warm Reassess
E Hypothermic - temperature 32°C	

Slide 28

Dinesh:
What emergency treatment?

Key Feature	Diagnosis	Treatment
History of epilepsy	Post ictal state	Supportive monitoring
Recent trauma	Head injury	Trauma algorithm
Known chronic condition	Diabetes Metabolic condition	DKA algorithm
Acute onset and fever	Meningitis Encephalitis	Antibiotics Consider aciclovir
Possibility of poisoning	Drugs Alcohol Products	Supportive Antidotes

Show key features and ask for diagnosis and emergency treatment.
Ask whether there are any other key features / diagnoses not listed here.
E.g.
headaches, acute onset – cerebrovascular event
headaches, high BP – hypertensive encephalopathy
vague and inconsistent history, other trauma in an infant – child abuse

The use of the structured approach in these cases will help ensure early and appropriate treatment. Candidates may practice this in the illness scenarios which follow.

Allow 4 minutes