APLS: Scenario Illness 9

History {initial candidate briefing prior to arrival of child}

18 month old boy is brought into emergency at 2am. He went to bed well and then developed a barking cough at 9pm. He has now developed noisy breathing and shortness of breath. A barking cough can be heard in waiting room.
Estimated weight: 10kg

Initial impression {provide information as candidate assesses child and applies monitoring}

Child is sitting on his mother's lap upright. Obvious inspiratory stridor. Tracheal tug. Tachypnoea. Hoarse cry.

Additional History & Observations

Previously well child. Saturations 94% room air. RR 50. HR 150.
Temperature 37.8ºC.

Clinical Course {to be given to candidate as they progress}

Initial improvement with nebulised adrenaline, then symptoms return after 20 minutes.
Oxygen via face mask.
If the child is laid down for IV catheter insertion whilst acutely distressed, he has a respiratory arrest.
He improves with steroids and after two doses of nebulised adrenaline.
If steroids not given there is increasing respiratory distress.

INSTRUCTORS INFORMATION

Key Treatment Points ☑

Airway & Breathing	Maintain comfortable position. Do not cause distress. Oxygen administered OR Conscious decision not to give oxygen Titrate O_2 therapy to SpO_2 94-98% when stable	
Circulation	No intravenous catheter insertion while distressed.	
Specific Therapy	Nebulised adrenaline for acute stridor. Steroids	
General therapy	ICU/anaesthesia, ENT consult	

Diagnosis: Acute severe croup

Learning objectives

At the end of this session participants should be able to:

- Apply the structured approach to assessment, management, and diagnosis of severe croup
- Recall and apply the principles of management of severe croup in their own practice

Potential Issues to be Discussed

- Airway management
- Use of steroids, adrenaline
- Intubation

***Notes**

Second instructor to role play parent holding the manikin upright, mimicking severe stridor or use mannikins as below.
(stridor sound available on ALSi)

APLS: Scenario Illness 10 Pacific

This is a Teaching Scenario. Some flexibility in how it progresses is possible according to individual learner needs.

History {initial candidate briefing prior to arrival of child}

A 15 month old boy is still asleep in his cot at 10am. He is difficult to wake and hypotonic. His mother has brought him in. She has recently been a patient in the oncology ward. On arrival at the hospital the triage nurse rushes him to the resuscitation bay and reports: "slow shallow breathing and he was cyanosed until O_2 was applied. Jaw thrust needed to keep airway clear. Unresponsive even to painful stimuli"
Estimated weight 10 kg.

Additional History & Observations

If additional history is requested indicate that the mother is on oral morphine for severe cancer pain and is worried that some is missing from her bedside.

Initial impression {provide information as candidate assesses child and applies monitoring}
He is cyanosed in face mask oxygen, not breathing and unresponsive to stimulation.

Clinical Course {to be given to candidate as they progress}

The child is in PEA. If the PEA algorithm is followed the child develops ROSC after effective ventilation in oxygen and one dose of adrenaline.
HR rises to 110. BP 80/50. CRT 2.

But he remains unresponsive to pain and has no spontaneous ventilation. He has pinpoint pupils. BSL 4.2. Temp 35.5

INSTRUCTORS INFORMATION

Key Treatment Points ☑

Airway	Establish airway patency High flow O_2 via face mask commenced early Titrate O_2 therapy to SpO_2 94-98% when stable Consider LMA/intubation or arrange for intubation	
Breathing	BVM ventilation with 100% O_2	
Circulation	IV/IO access Uninterrupted BLS, PEA protocol	
General Therapy	BSL Consider naloxone Consider CT brain	

Diagnosis: Opioid ingestion, hypoxic PEA

Learning objectives

At the end of this session participants should be able to:

- Apply the structured approach to management and diagnosis during cardiac arrest
- Apply the structured approach to assessment, management and diagnosis of coma
- Recall and classify the potential causes of decreased conscious state
- Perform BLS/ALS effectively and safely
- Recall and apply the PEA ALS algorithm in their own practice
- Recall and apply the 4 Hs/Ts in their own practice

Potential Issues to be Discussed

- Neglect / NAI
- Review ALS, PEA algorithm
- Need to consider all potential causes for coma and not assume drug ingestion is sole cause
- Potential for and need to consider additional drug ingestion – seek advice from Poisons / Toxicologist
- Implications for naloxone use.