

Case e6485

ORAL CASE SUMMARY

CORE CONTENT AREA

18 - TRAUMATIC DISORDERS

Head Trauma

SYNOPSIS OF CASE

This case involves a 6-year-old girl who presents after a motor vehicle crash with a head injury and transient hypotension. The case begins en route to the ED, with an EMS call stating that they are having difficulty intubating the child. The child arrives with a right mainstem intubation, and becomes hypotensive and more tachycardic. The candidate must organize the team for arrival of the patient, pull back the endotracheal tube, treat shock, evaluate for the cause of shock, control the bleeding scalp wound, and communicate with the mother.

SYNOPSIS OF HISTORY

The patient was restrained and riding in the back seat of a car when it was struck broadside by another vehicle. The rear passenger door was deformed striking the patient's head. Paramedics noted a large open wound on the right side of her head. The paramedics report that the patient was unresponsive to voice but was moving all extremities at the scene, the right somewhat better than the left. The paramedics also report significant blood loss from the scalp laceration. The patient was intubated at the scene without medication.

SYNOPSIS OF PHYSICAL

On arrival vital signs are BP, 100 by palpation; P, 150/min; R, 20/min; and T, 37.0 C (98.6 F) rectally. Physical examination shows a large scalp laceration on the right. Child is intubated (ET tube is deep/ BVM connected at teeth). The pupils are 5 mm and reactive but sluggish bilaterally. The patient initially presents unresponsive with bilateral positive (up-going) Babinski's and decreased reflexes bilaterally.

CRITICAL ACTIONS

1. Organize Team for Care of Critical Patient (PM)
2. Treat Right Main Stem Bronchial Intubation (PM)
3. Treat Shock (PM)
4. Evaluate for Cause of Shock (DA)
5. Control Scalp Bleeding (PM)
6. Communicate with Mother (IRCS)

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SCORING GUIDELINES

1. Consider scoring up if candidate requests both additional team members and equipment.
2. Pulling back the ET tube after chest x-ray meets the critical action, but consider scoring up if the tube is pulled back based on physical examination before chest x-ray.
3. Administration of greater than 60/mL/kg of fluid is a dangerous action.
4. Consider scoring up for correct interpretation of FAST examination.
4. Administration of blood is a neutral action and does not fulfill CA 4.
6. Consider scoring up if candidate clearly verbalizes the uncertainty of the prognosis for the child and describes the diagnostic efforts that are underway.

General

- Consider scoring up in patient management if candidate orders IV antibiotics for open skull fracture.
- Intraosseous (I-O) is acceptable for IV access.
- Consider scoring down if candidate performs chest tube or needle decompression.

PLAY OF CASE GUIDELINES

6. If candidate asks to talk to parents, initially examiner replies that they were in the same crash and are being evaluated by a colleague. Later in the case, once the child is stabilized the mother is available to talk to the doctor.