

Sepsis Facilitator Script

1. Announce the Basic Life Support Call:

EMS is bringing a 6-month-old female patient with vomiting, fevers and sleepiness from home. They will be here in 1 minute.

- 2. After 1 minute, remove the sheet covering the mannequin and state “PATIENT HAS ARRIVED, BEGIN SIMULATION”**
- 3. If asked about patient history, direct the participants to the parent.**
- 4. Vital signs should be displayed after they place the patient on the monitor. Initial vitals: Temp 39.4 (103) RR: 60 HR:175 BP:70/35 SpO2:92%**
- 5. Give the following information according to their actual physical examination. If they ask “how is the child’s abdomen?” instruct them to palpate the abdomen and then give them the information.**

General appearance: Patient is sleepy with minimal movements. Limp like ragdoll, grey color, grunting. very hot to touch centrally.

HEENT: Dry lips, PERRL, tm's normal, fontanelle sunken

RESP: Ronchi over right lower lobe, grunting

CV: Tachycardic, cap refill 4 secs

ABD: Soft, non-distended, no HSM

EXT: No signs of trauma, no rashes, cool to touch, mottled

NEURO: Minimally responsive. Minimal movements. Very sleepy.

If certain labs and/or X-ray is ordered, give them the printouts in about 2 minutes.

***** Refer to “Sepsis Case Progression” for detailed progression of symptoms and vitals according to management.**

Sepsis Case Progression

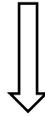
Facilitator's Guide

Initial Presentation

Temp 39.4 (103) RR: 60 HR:175 BP:70/35 SpO2:92%

Significant Symptoms:

1. Patient is sleepy with minimal movements
2. Grey color, grunting. very hot to touch centrally
3. Dry lips, sunken fontanelle
4. Ronchi over right lower lobe
5. Capillary refill 3 seconds



Managements and Progression of Septic Shock:

First fluid bolus	<p>Work of breathing - grunting and flaring Capillary refill - prolonged at 4 sec Mental status - unresponsive General appearance - less grey but she is still very cool in her extremities</p> <p>In 1 minute: Temp 39.4 (103) RR: 60 HR:210 BP:70/35 SpO2:92%</p>
Second fluid bolus	<p>Work of breathing - difficult- unless intubated or receiving BVM Capillary refill - better, 3 sec Mental status - still unresponsive. General appearance - she has more color now and she is less mottled.</p>
If the third bolus and/or vasopressor is not given	<p>In 5 minutes - worsening shock and respiratory distress - stops crying.</p> <p>Temp 39.4 (103) RR: 60 HR:210 BP: 60/30 SpO2:92%</p>
Third fluid bolus and/or vasoactive agent given	<p>Work of breathing - N/A as the patient is intubated or receiving BVM Capillary refill - much better at 2 seconds Mental status – N/A as the patient is intubated General appearance - she has much better color now and her peripheral pulses are much stronger. Her extremities are warmer.</p> <p>Temp 39.4 (103) RR: 30 HR:160 BP:85/45 SpO2:98%</p>

Sepsis Parent Script

Instructions:

Throughout case make sure to ask for updates **every 1-2 minutes** if not provided by team. Expect people to inform you of what is going on, you can ask for updates.
You will be confused and frustrated.

1. Upon arrival, state:

“Rachel is a healthy girl, she was sick for a few days and has been seen by our pediatrician who diagnosed her with otitis media and started amoxicillin and Zofran.”

Then State: “Is this croup, her brother had that once””

2. If asked, give this information:

Signs/symptoms: she is crying and coughing.

Allergies: None that I know of.

Meds: Not regularly- she had Tylenol for her fever, and yesterday at the pediatrician’s office, he gave her Amoxicillin/Zofran.

Past medical history: She was born term, at 39 weeks. She is healthy, sees doctor regularly (last visit yesterday), vaccinated, breastfed, normal growth and development.

Last meal: She last took a bottle at 7 am. She is having trouble drinking today, because she is breathing so hard. Drinking less today. Vomited two times.

Events proceeding: She has had a fever for two days, as high as 103. She has vomited 2 times today and once yesterday. Limp as a rag doll. Hard to wake up today, tried to let her sleep it off but she napped for over 8 hours and I could not get her up to take her medicine. Soaked through her sheets.

Family history: Her brother has been having runny nose and cough.

Diapers per day: No wet diapers since yesterday. Usually 3-5 diapers per day.

***** Note everything else that they may ask is normal or you don’t know.**

3. If/when they give her oxygen, ask:

“Why is that needed, does she have trouble breathing?”

4. If they start talking about intubation or bring intubation equipment, ask:

“Why does she need to be intubated? I don’t understand? Won’t that hurt her?”

5. In 5 minutes, ask: ““why is she so sleepy, what is going on? Is she going to be OK? Her color looks awful!! I need to call her dad- what do I tell him?”