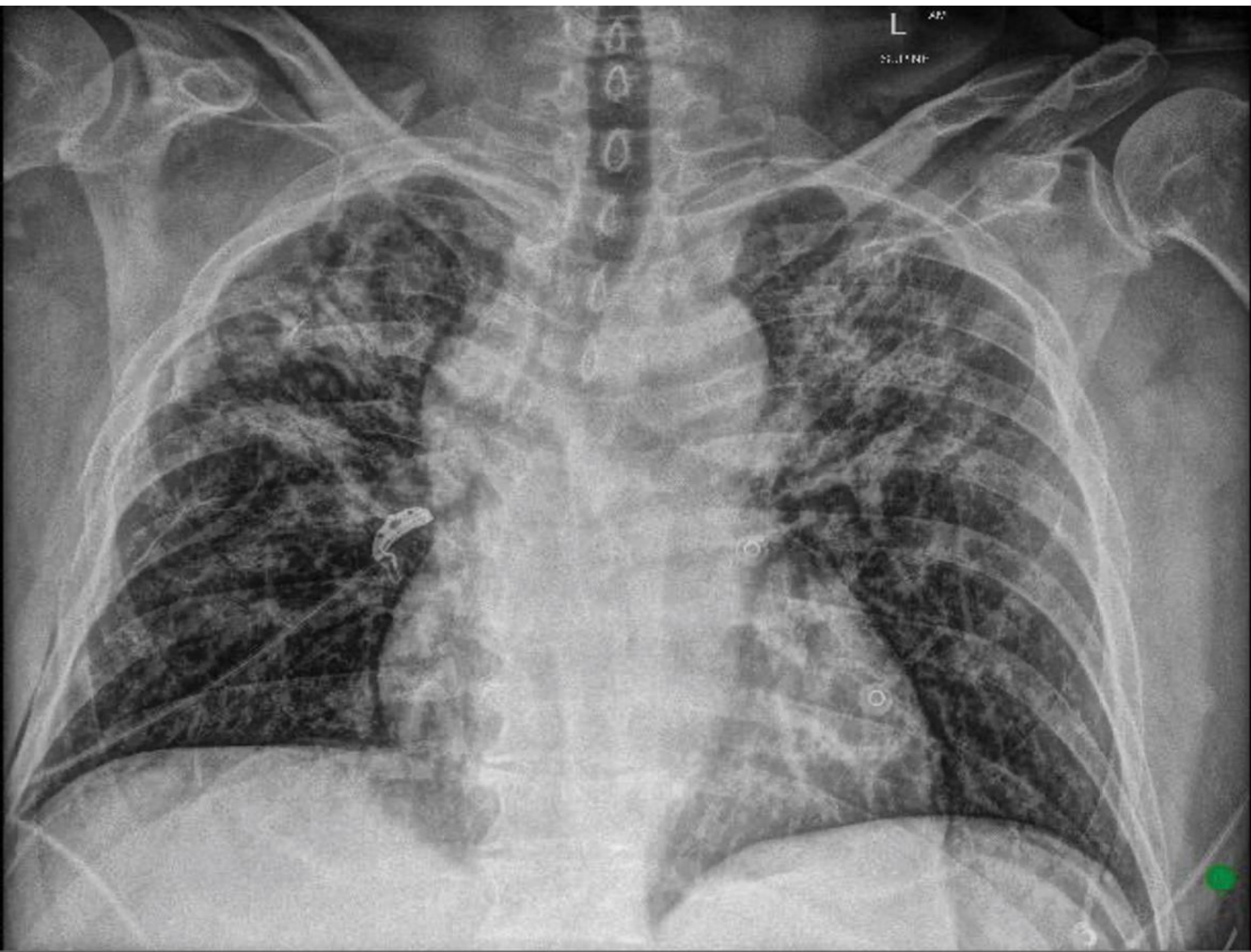
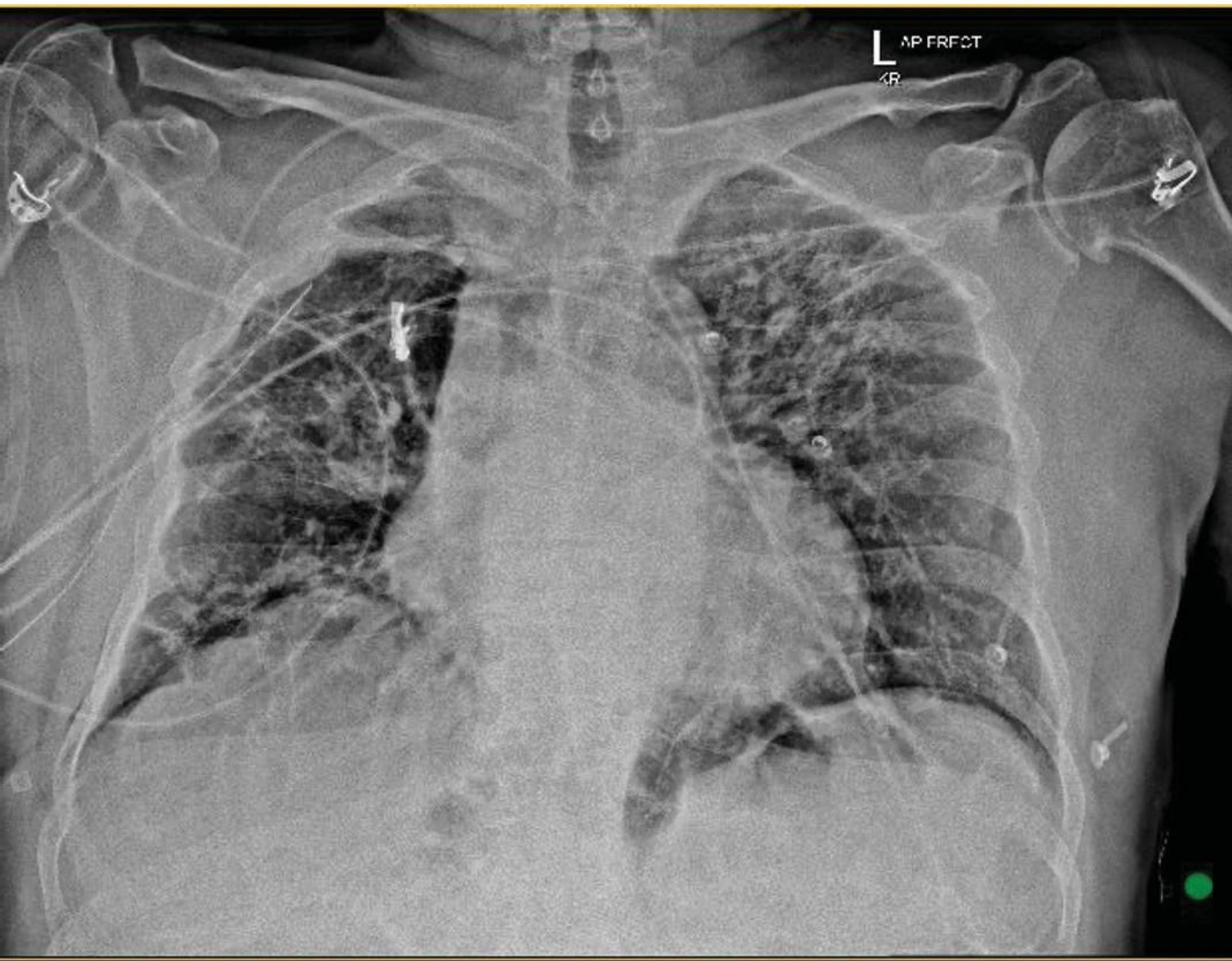


CXR 1: Pre-ICC insertion

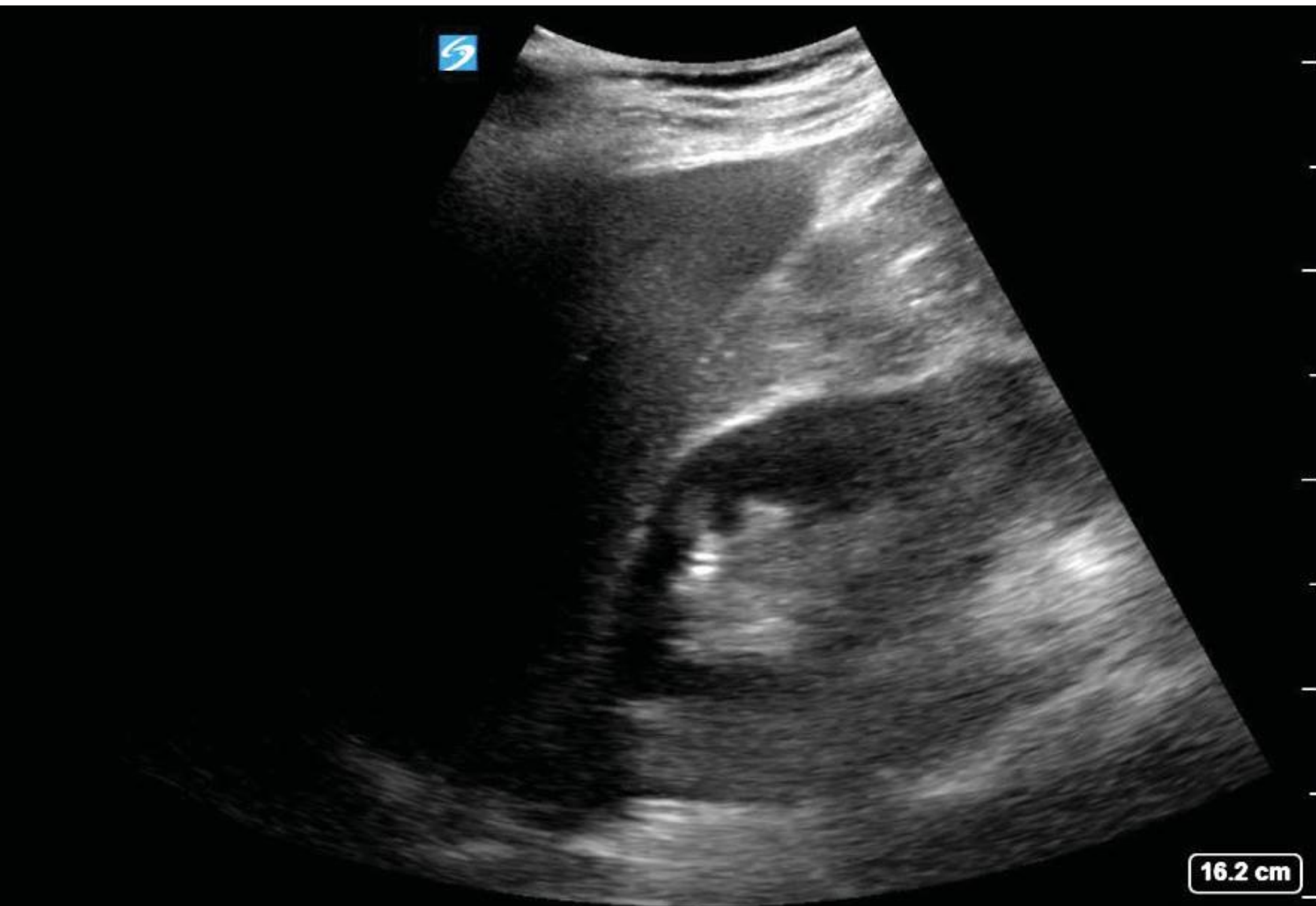


CXR 2: Post-ICC insertion



Pelvic Xray

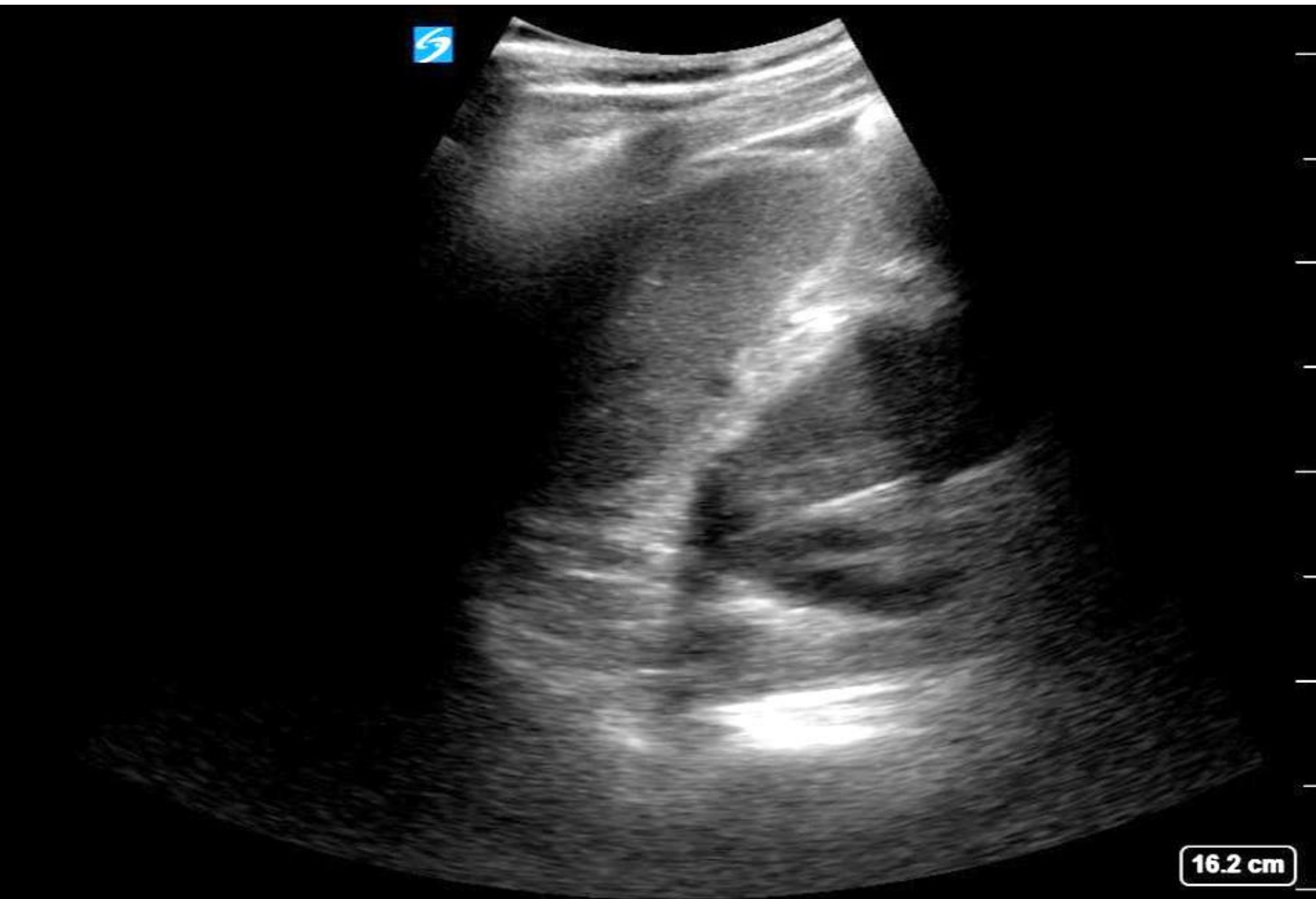




16.2 cm

SonoSite
C60xp/5-2 Abdomen
MI: 0.9 TIS: 0.2

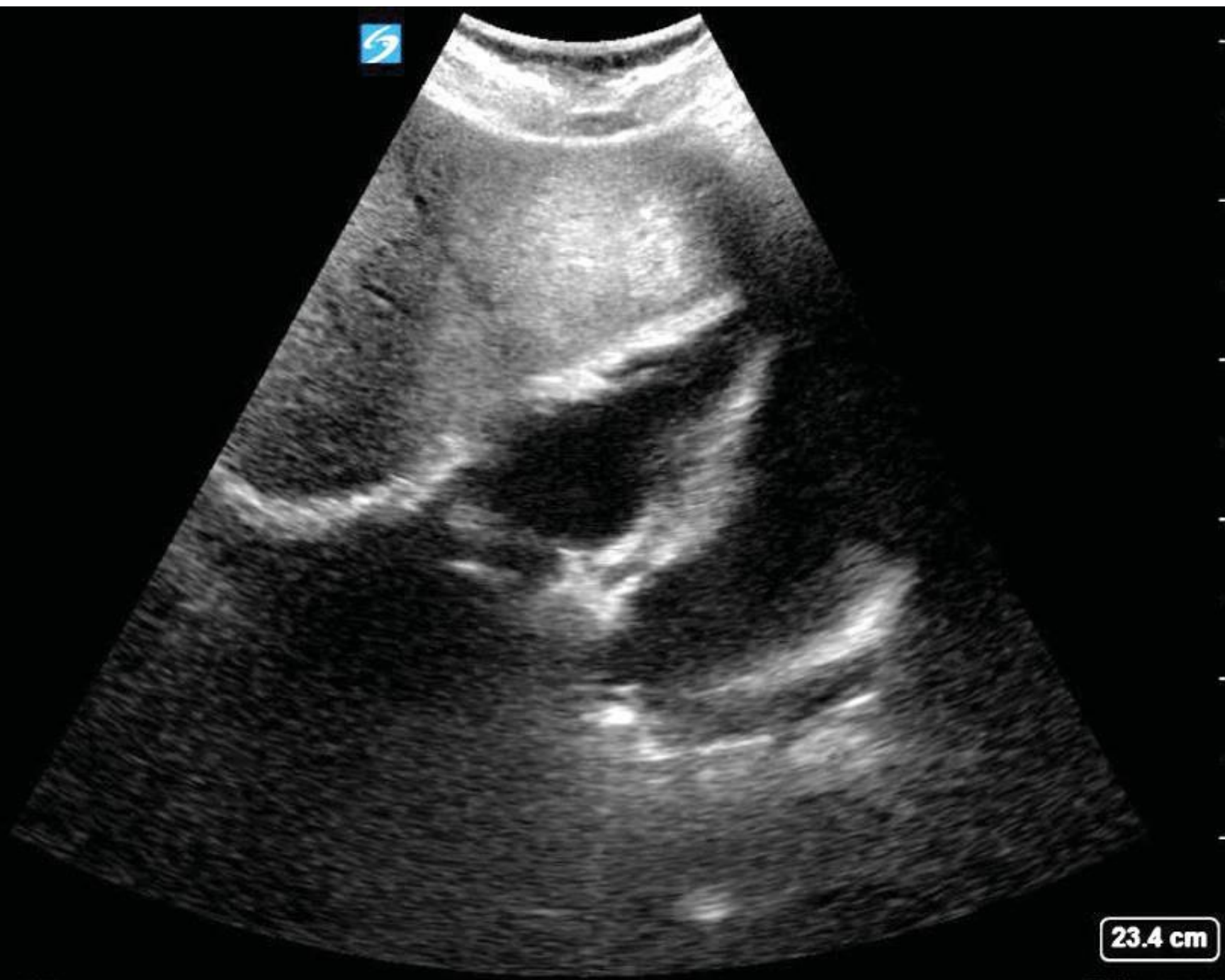
2D: G: 50
Gen DR: 0
MB
THI ↗



16.2 cm

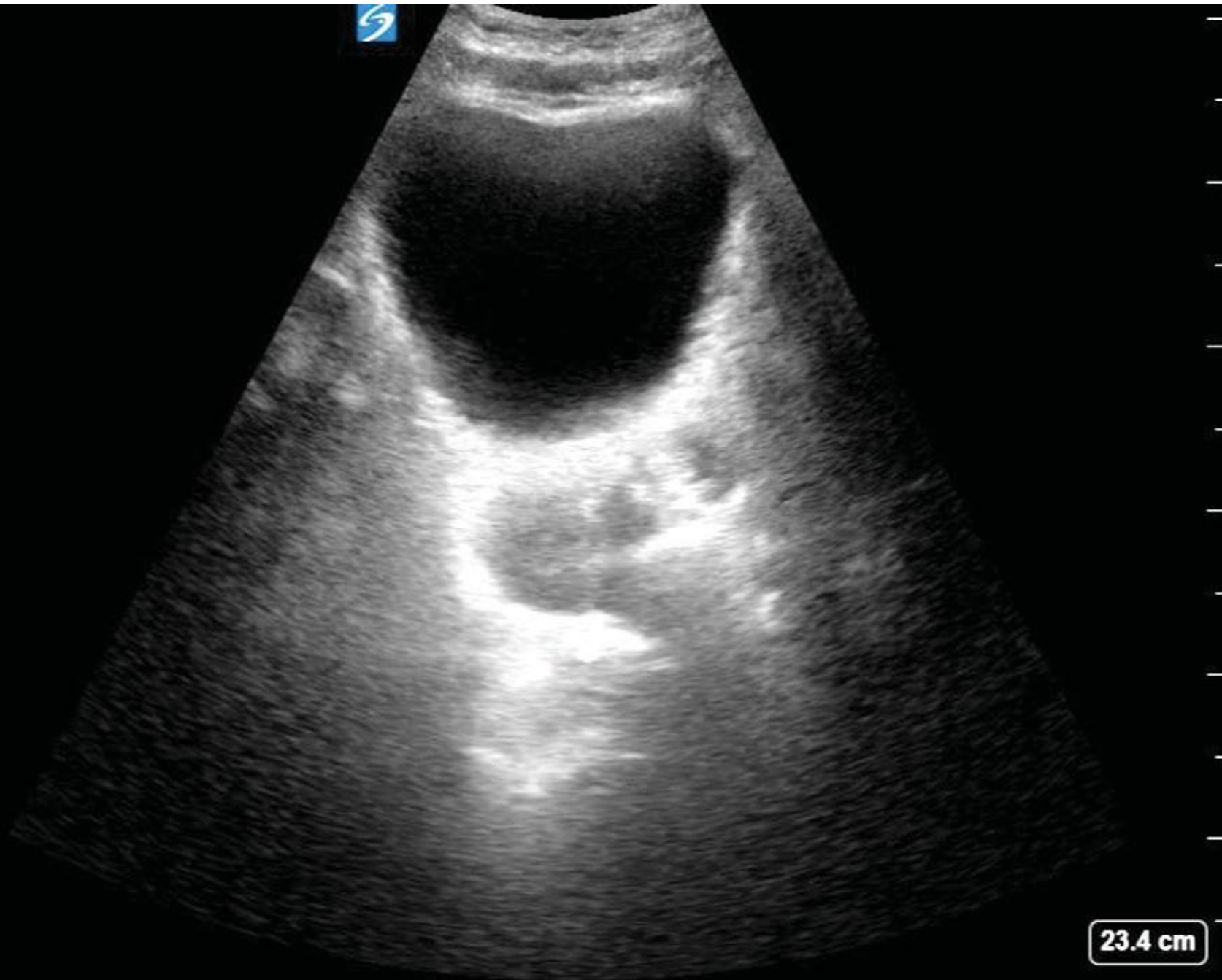
SonoSite
C60xp/5-2 Abdomen
MI: 0.9 TIS: 0.2

2D: G: 53
Gen DR: 0
MB
THI



23.4 cm

2D: G: 54
Gen DR: 0
MB



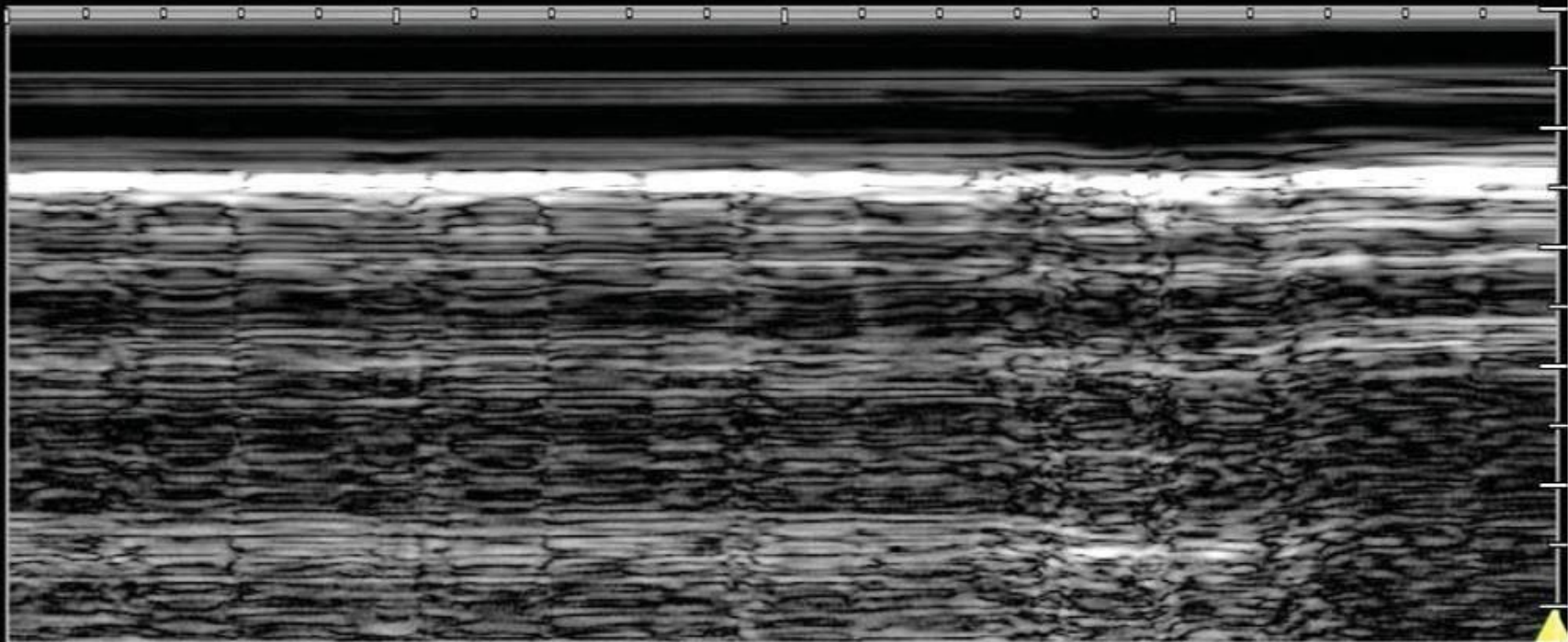
23.4 cm

SonoSite
C60xp/5-2 Abdomen
MI: 0.6 TIS: 0.2

2D: G: 50
Gen DR: 0
MB
THI



5.3 cm

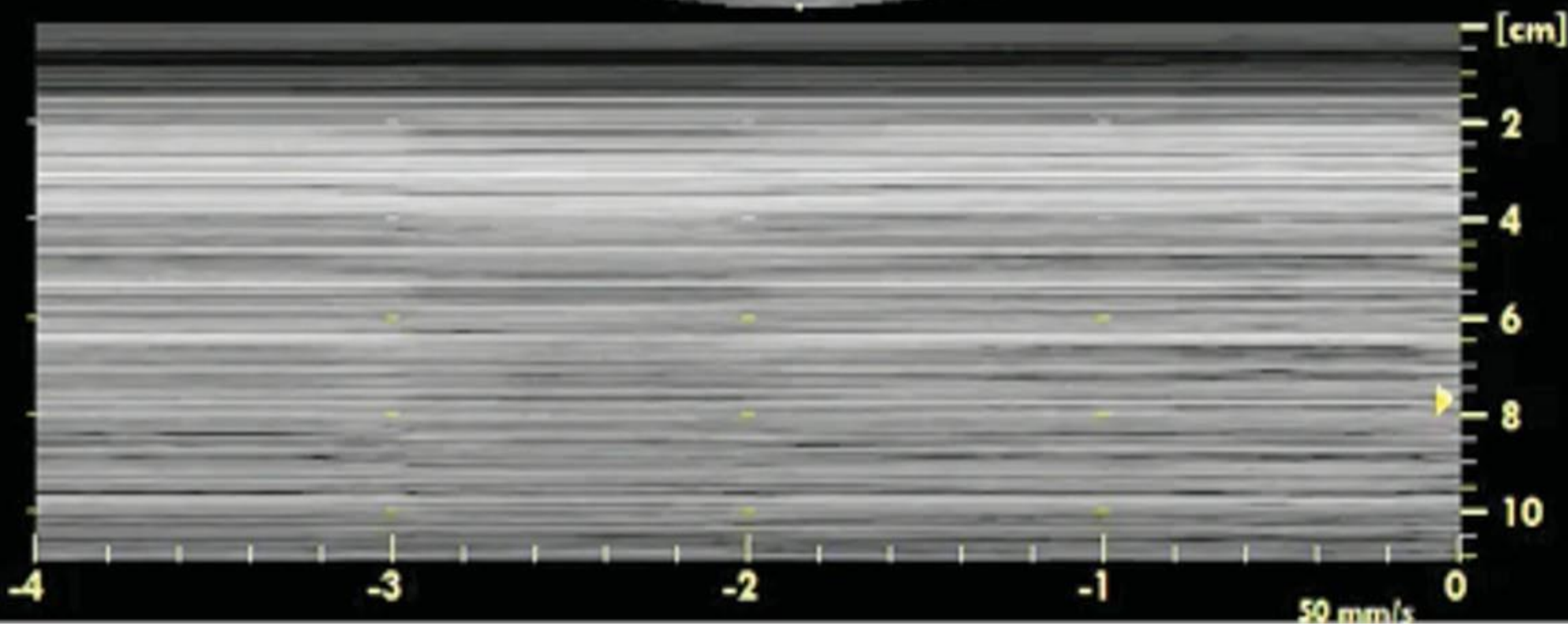
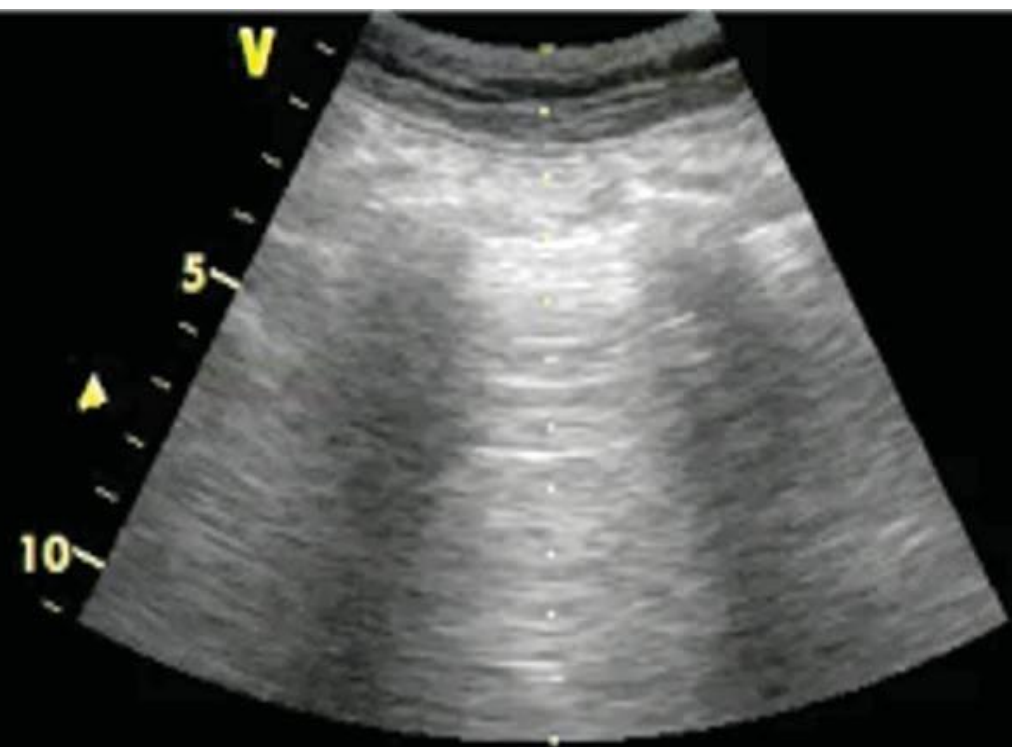


SonoSite
C60xp/5-2 Abdomen
MI: 0.8 TIS: 0.2

M: G: 54 2D: G: 54
Gen DR: 0

THI

1:32:44



Venous blood gas

RADIOMETER ABL800 FLEX			
ABL837 RH~RB PATIENT REPORT	Syringe – S 250uL	Sample #	16538
Identifications			
Patient ID	SDC 240194		
Patient Last Name	MURPHY		
Patient First Name	Mark		
Sample type	Venous		
T	36.1		
FO2(l)	1.0		
Operator	C.D. Henderson		
Blood Gas Values			
pH	7.28		[7.350 – 7.450]
pCO2	48	mmHg	[35.0 – 45.0]
pO2	55	mmHg	[75.0 – 100]
cHCO3~(P)c	21	mmol/L	[21.0 – 27.0]
cBase(B)c	-5	mmol/L	[-3.0 – 3.0]
P50c		mmHg	
Baro.		mmHg	
Oximetry Values			
aO2		%	
ctHb	131	g/L	[105 – 135]
Hct		%	
FO2Hb		%	[94.0 – 98.0]
FCOHb		%	[0.0 – 1.5]
FMetHb		%	
FHHb		%	[-]
Electrolyte Values			
cNa+	145	mmol/L	[135 – 145]
cK+	4.1	mmol/L	[3.2 – 4.5]
cCl-	111	mmol/L	[100 – 110]
cCa2+	1.12	mmol/L	[1.15 – 1.35]
AnionGap,K+c		mmol/L	[-]
Metabolite Values			
cGlu	5.1	µmol/L	[3.0 – 7.8]
cLac	3.6	µmol/L	[0.7 – 2.5]
cCrea		µmol/L	[36 – 62]
ctBil		µmol/L	[-]
Temperature Corrected Values			
pH(T)			
pCO2(T)		mmHg	
pO2(T)		mmHg	
Notes			

Structured trauma assessment

Primary survey

- C** **Catastrophic haemorrhage**
Find and control massive external haemorrhage
Life threats:
Exsanguinating external haemorrhage

- A** **Airway/C-spine**
Maintain or secure airway and C-spine
Life threats:
Airway obstruction, blunt/penetrating neck injury

- B** **Breathing/ventilation**
Support adequate ventilation/oxygenation
Life threats:
Tension pneumothorax, massive haemothorax, open pneumothorax, flail chest, ruptured diaphragm

- C** **Circulation with haemorrhage control**
Assess and control bleeding. Support haemodynamics
Life threats:
Cardiac tamponade, penetrating cardiac injury, intra-abdominal and pelvic trauma

- D** **Disability**
Rapidly assess and protect neurological status
Life threats:
Catastrophic cerebral haemorrhage

- E** **Exposure**
Assess for further injuries then maintain normothermia
Life threats: Hypothermia

Pre-simulation briefing

Establishing a safe container for learning in simulation



1

Clarify objectives, roles and expectations

- Introductions
- Learning objectives
- Assessment (formative vs summative)
- Facilitators and learners' roles
- Active participants vs observers

2

Maintain confidentiality and respect

- Transparency on who will observe
- Individual performances
- Maintain curiosity



3

Establish a fiction contract

Seek a voluntary commitment between the learner and facilitator:

- Ask for buy-in
- Acknowledge limitations

4

Conduct a familiarisation

- Manikin/simulated patient
- Simulated environment
- Calling for help

5

Address simulation safety

Identify risks:

- Medications and equipment
- Electrical or physical hazards
- Simulated and real patients

Note: Adjust the pre-simulation briefing to match the demands of the simulation event, contexts or the changing of participant composition.