

Structured assessment

A	Airway <ul style="list-style-type: none">• Voice – quality, breathiness, speaking in sentences.• Airway noises – stridor, audible upper airway secretions.
B	Breathing <ul style="list-style-type: none">• RR, SpO₂, supplemental oxygen requirement.• Breath sounds on auscultation.• Chest wall – external bruising or deformity, symmetry, flail.• Estimated inspiratory capacity – chest wall movement with quiet and deep breathing, performance of incentive spirometry (ability to sustain max inspiration or achieve volume >1000ml on volume device).• Cough – moist or dry, maximal volitional effort or pain inhibited.• Dyspnoea rating score – VAS or Modified BORG dyspnoea scale.• CXR.
C	Cardiovascular/circulatory <ul style="list-style-type: none">• HR, cardiac rhythm, BP.
D	Disability <ul style="list-style-type: none">• Assess GCS.• Pain rating scores – at rest, on movement/deep breath/cough.
E	Exposure <ul style="list-style-type: none">• Assess other injuries.• ICC observations.

Specific management

1. Referral to Acute Pain Management service and effective pain relief.
2. Upright positioning when in bed.
3. Early mobilisation and sitting out of bed.
4. Deep breathing exercises (+/- incentive spirometry).
5. Oxygen therapy +/- humidification.

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

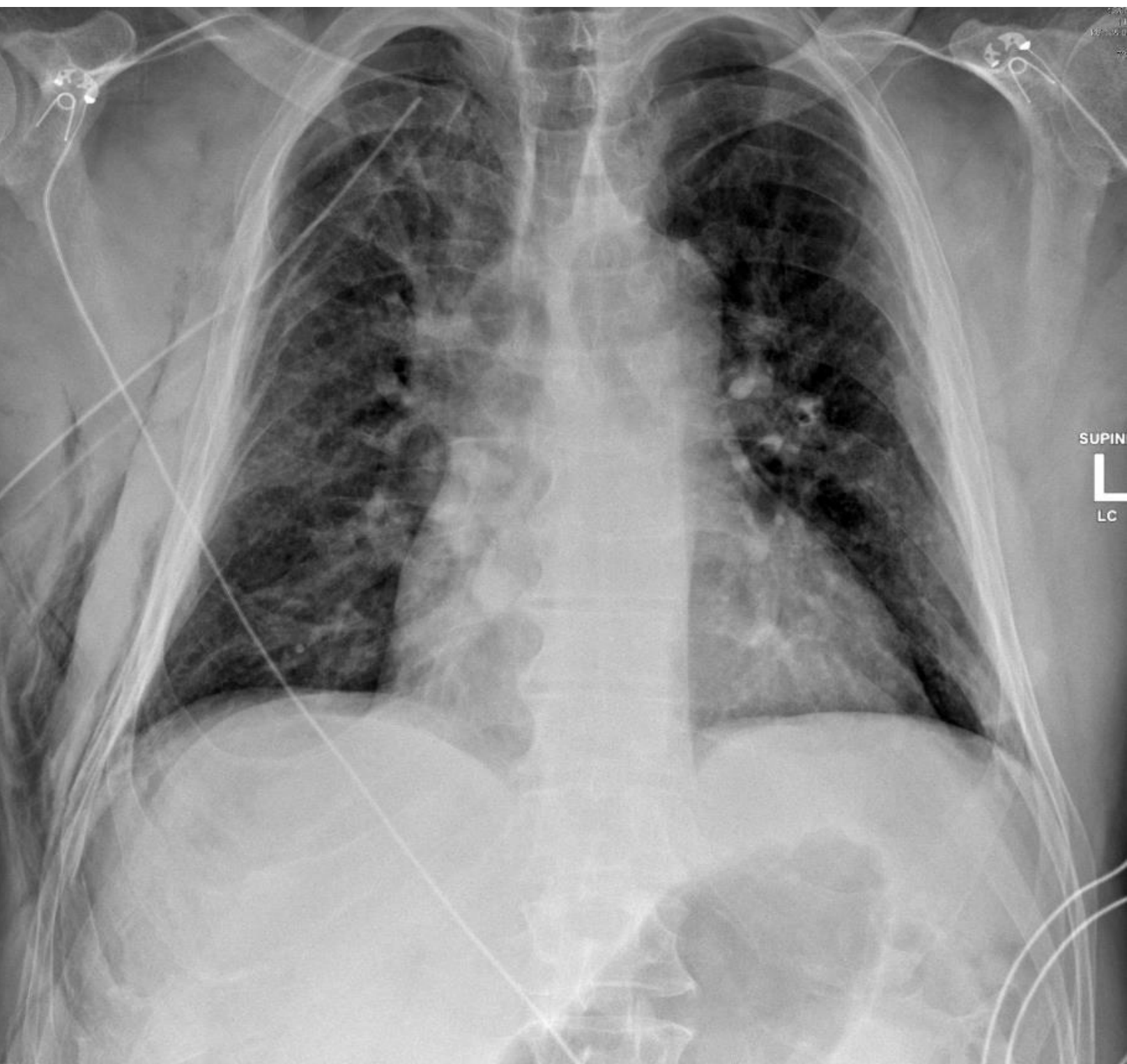
Address simulation safety

Identify risks:

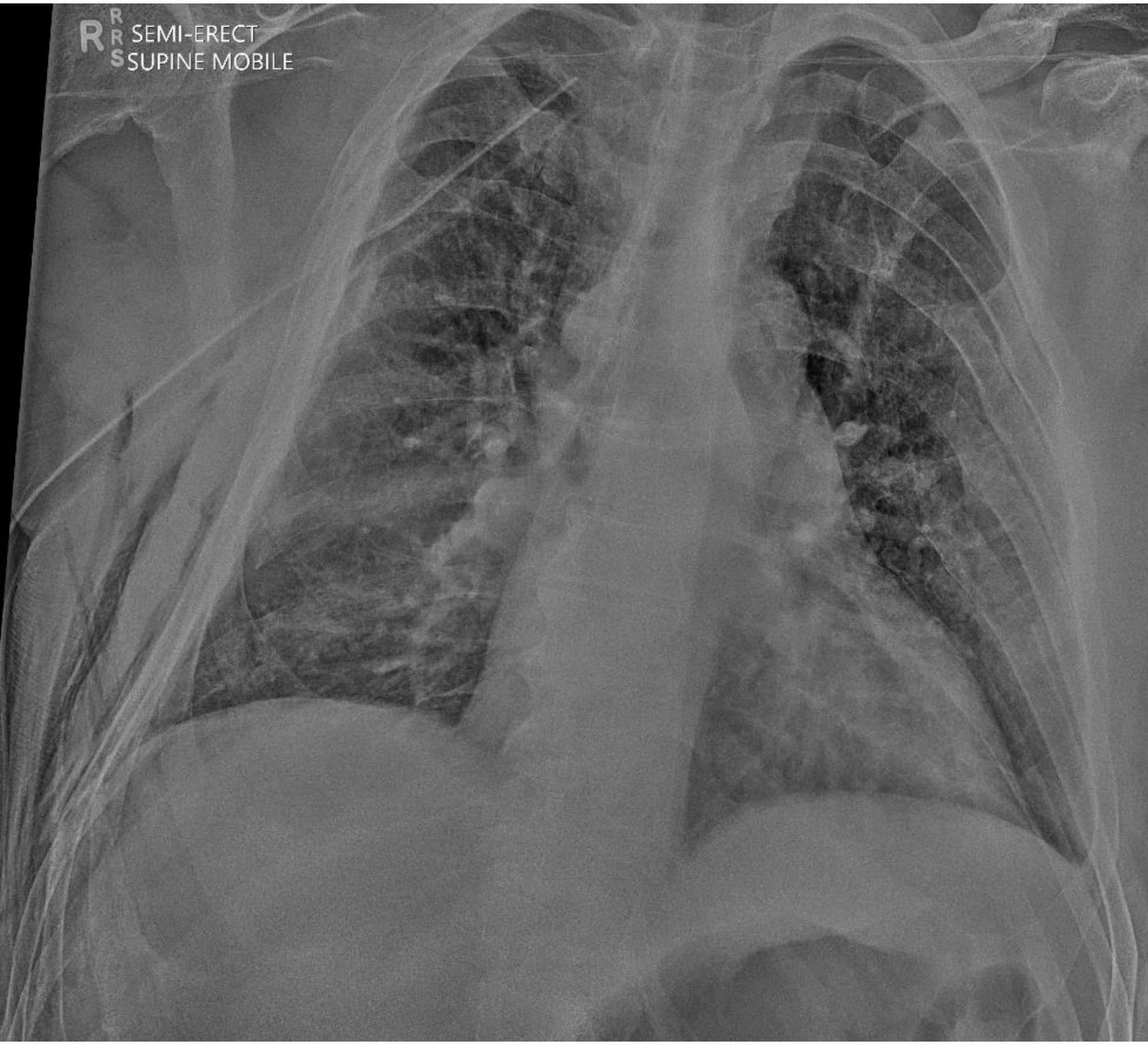
- Medications and equipment
- Electrical or physical hazards
- Simulated and real patients

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

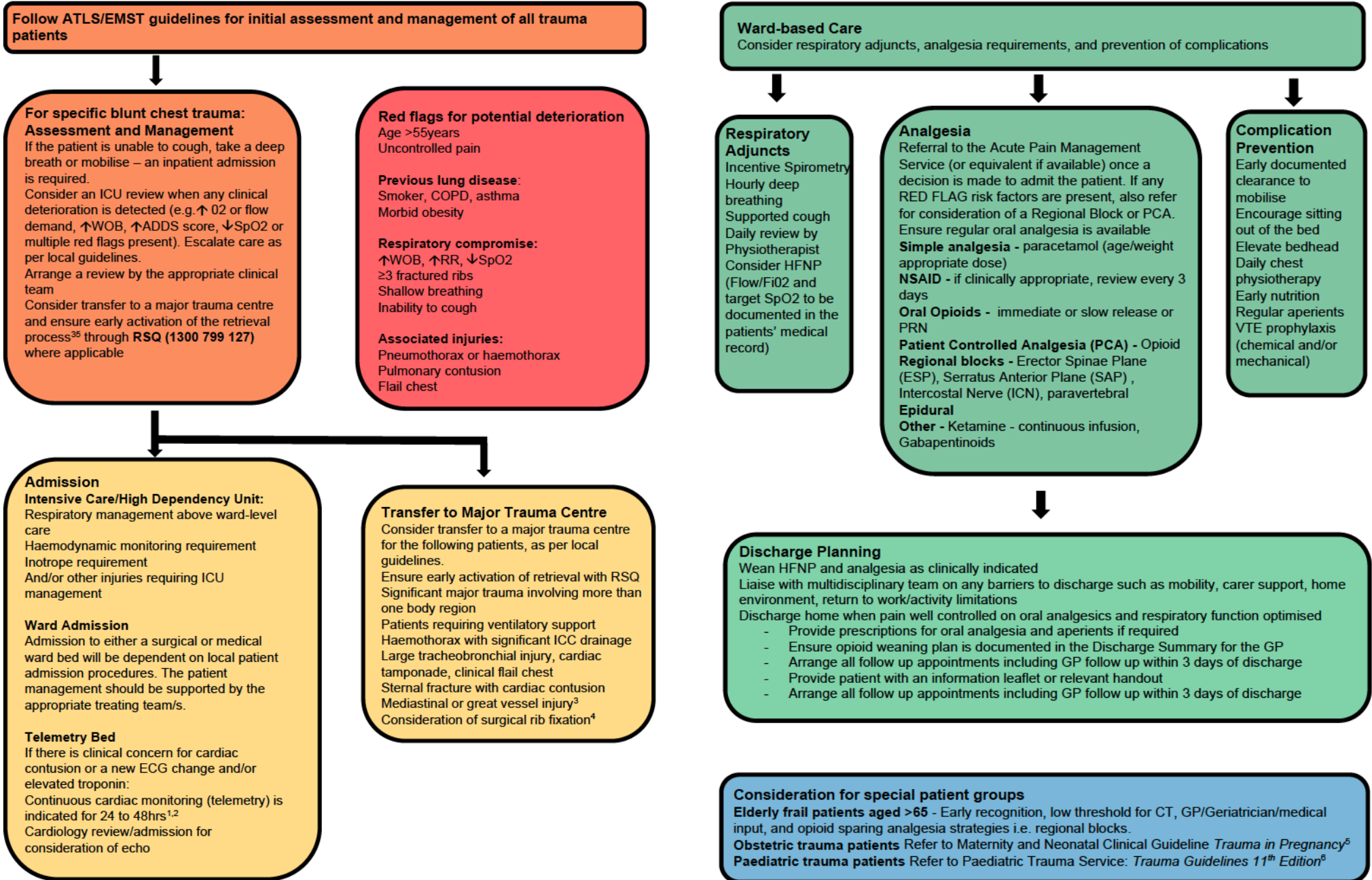
Day 1



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S SEMI-ERECT
SUPINE MOBILE



Clinical Practice Guideline: Blunt chest trauma (Queensland Health)



PIC Score

1 2 3 4 5 6 7 8 9 10

Pain

Patient-reported, 0-10 scale

Inspiration

Inspiratory spirometer; goal and alert levels set by respiratory therapist

Cough

Assessed by bedside nurse

3 - Controlled (Pain intensity scale 0-4)	4 – Above goal volume	3 - Strong
2 - Moderate (Pain intensity scale 5-7)	3 – Goal to alert volume	2 - Weak
1 - Severe (Pain intensity scale 8-10)	2 – Below alert volume	1 - Absent
	1 – Unable to perform incentive spirometry	

Patient name:

Date:

IS Goal: