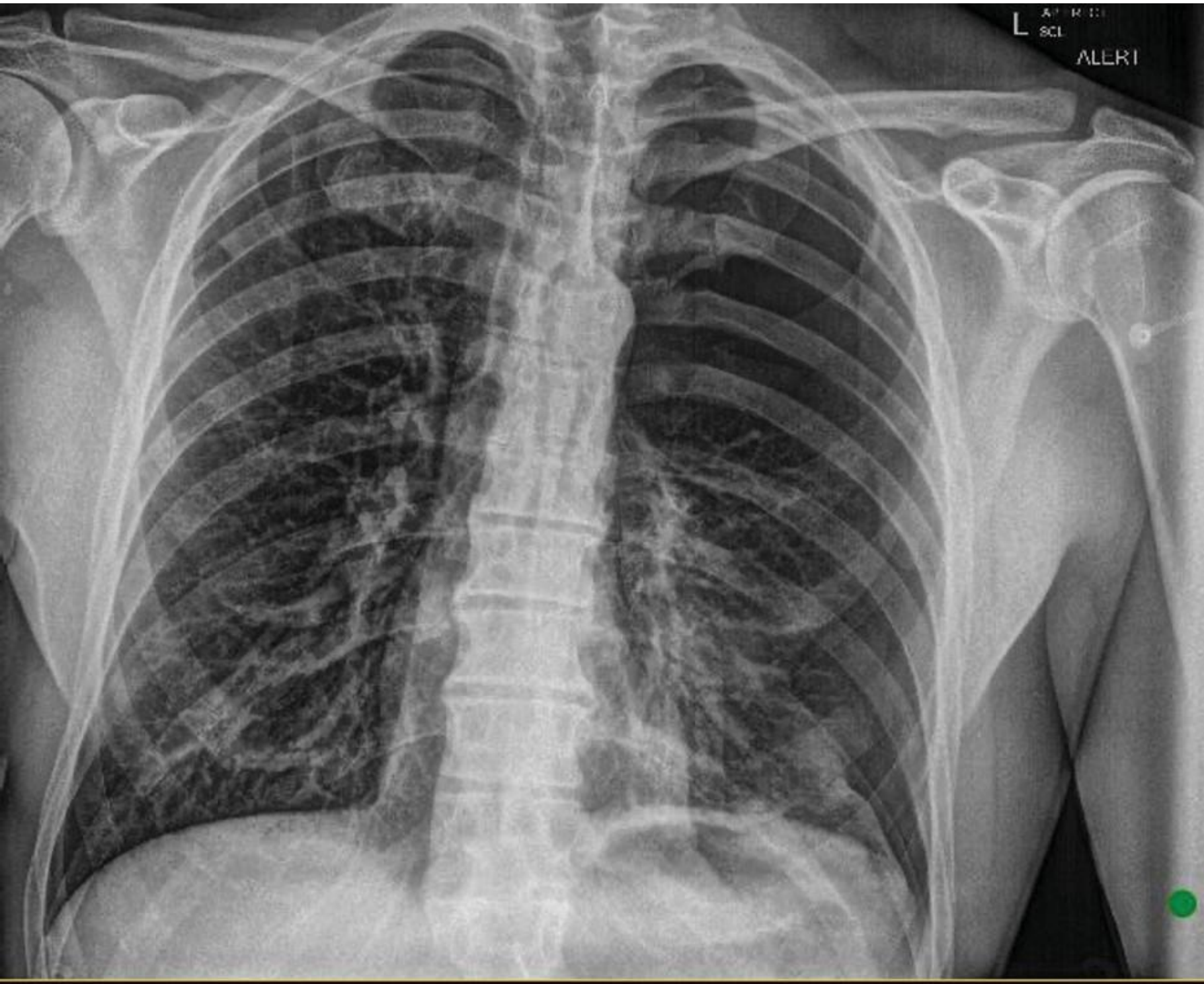
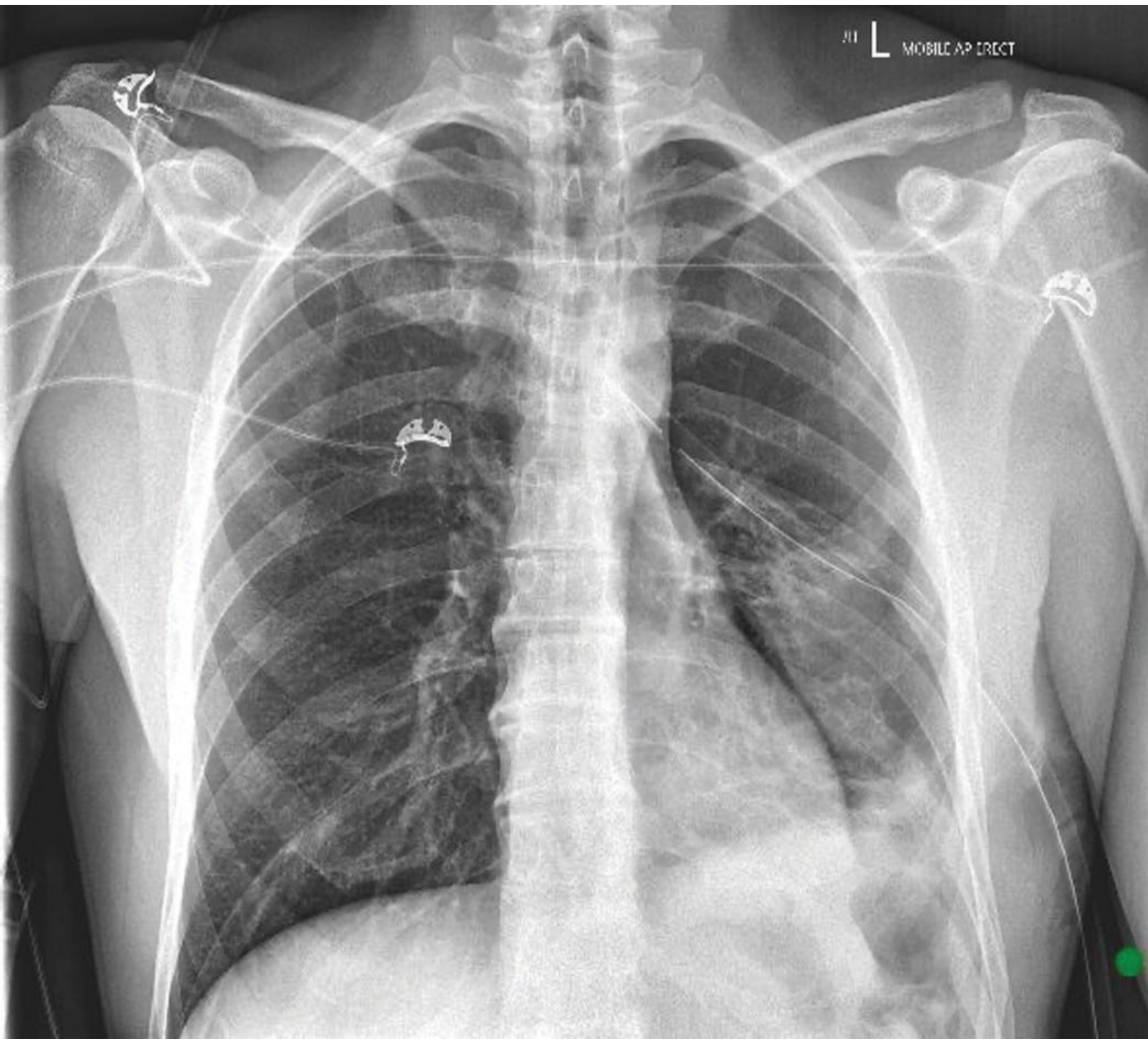
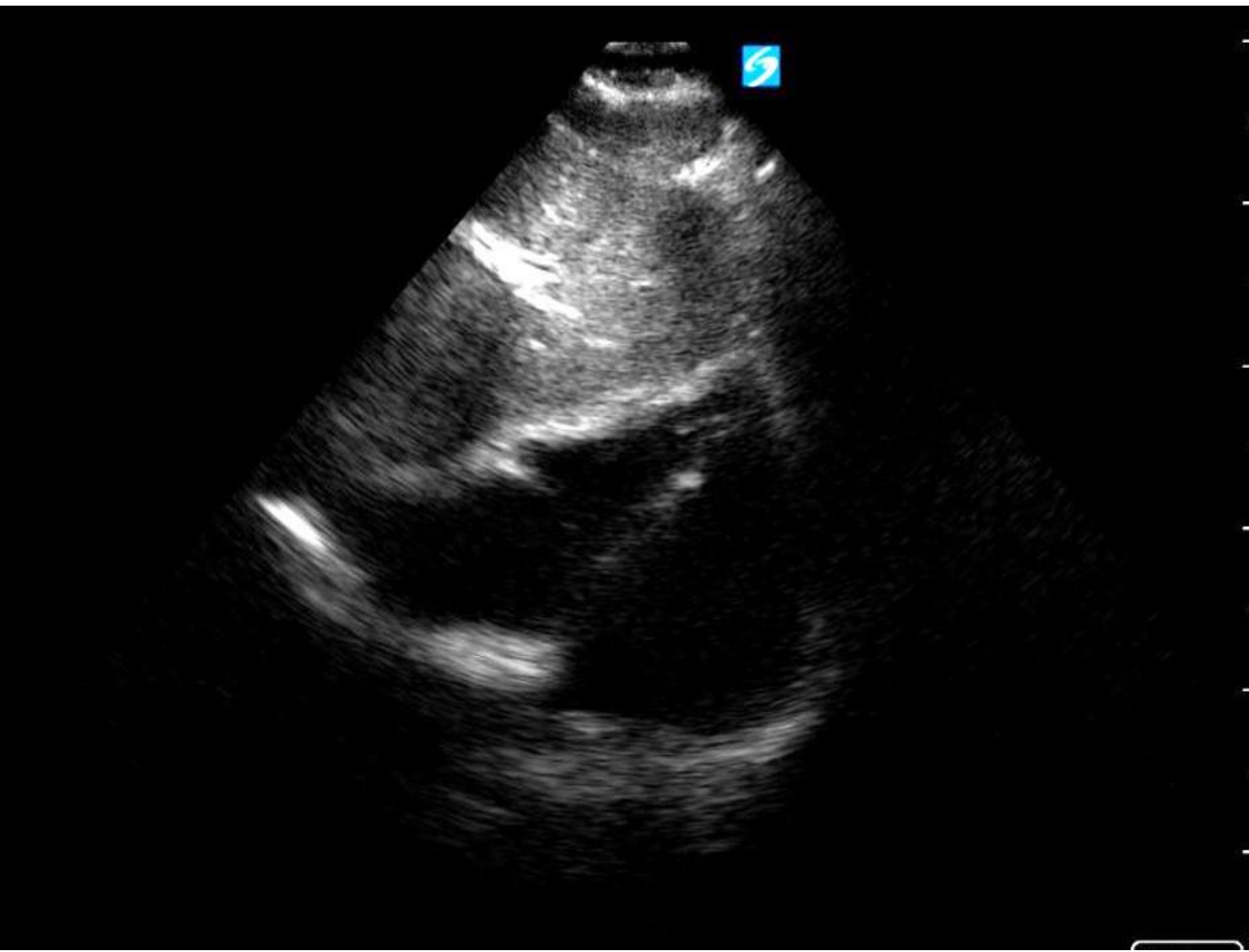


Chest X-ray 1: L) Pneumothorax (Pre ICC insertion)



Chest X-ray 2





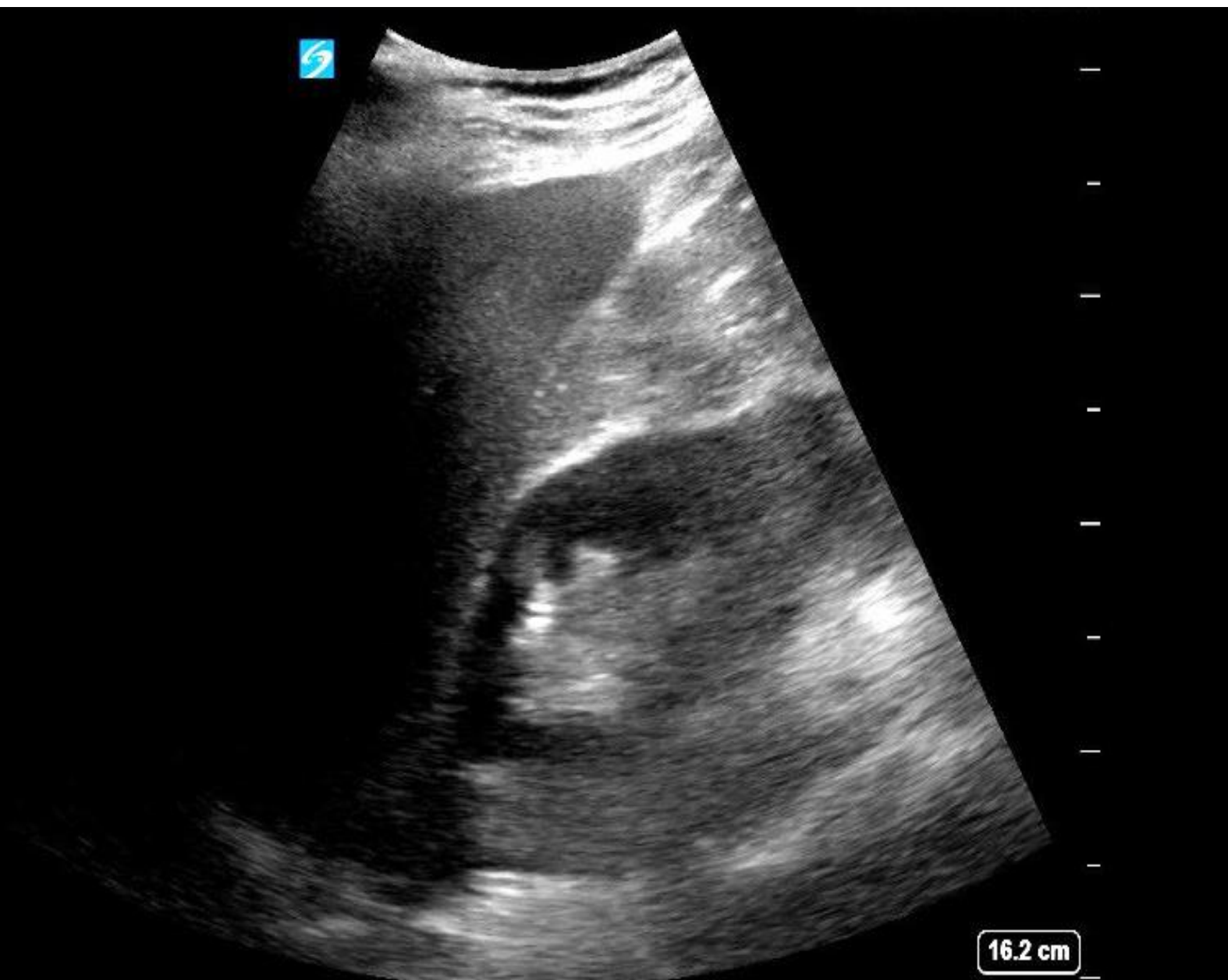


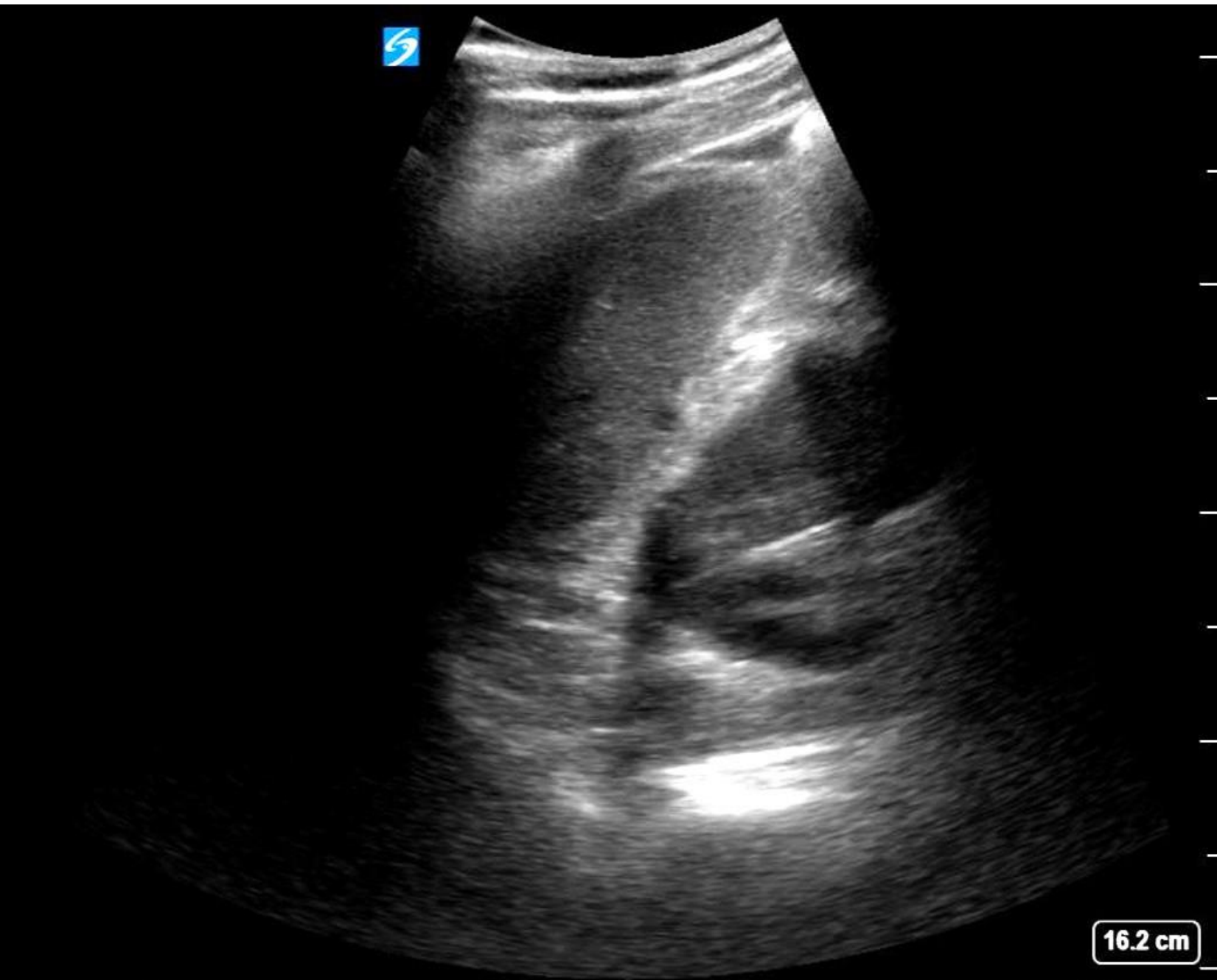
SonoSite
C60xp/5-2 Abdomen
MI: 0.9 TIS: 0.2

RBWH_

16.2 cm

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



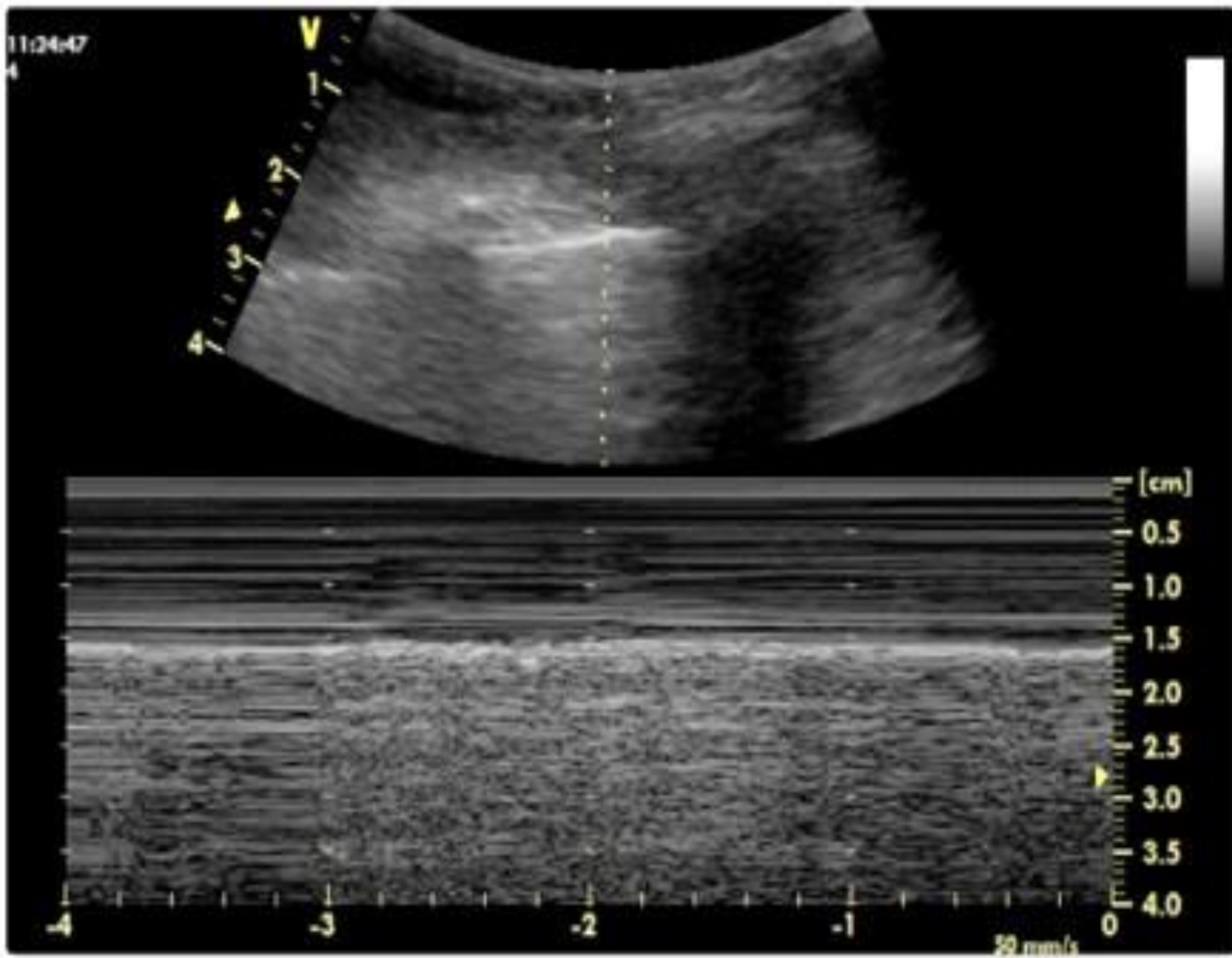


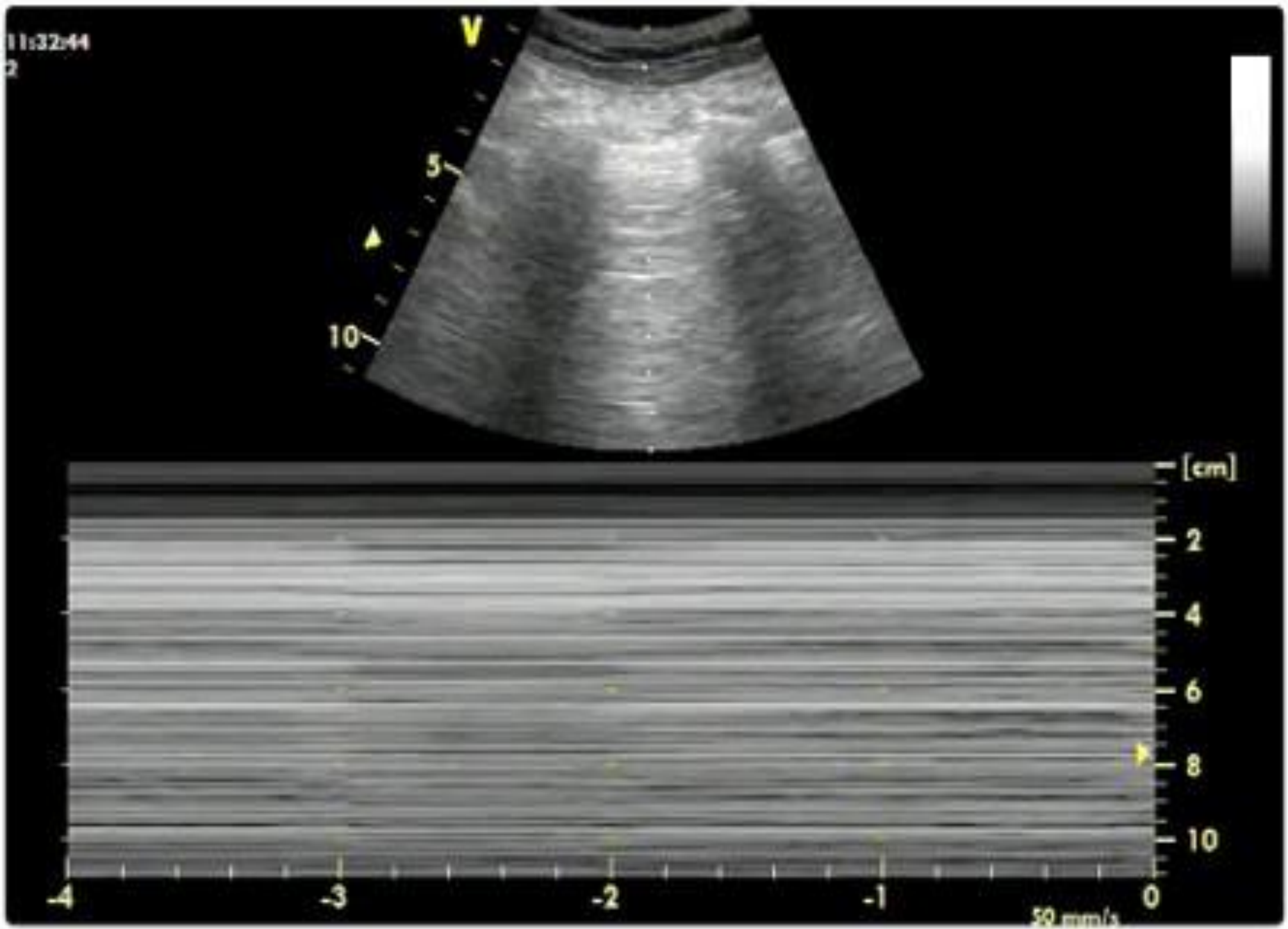
16.2 cm

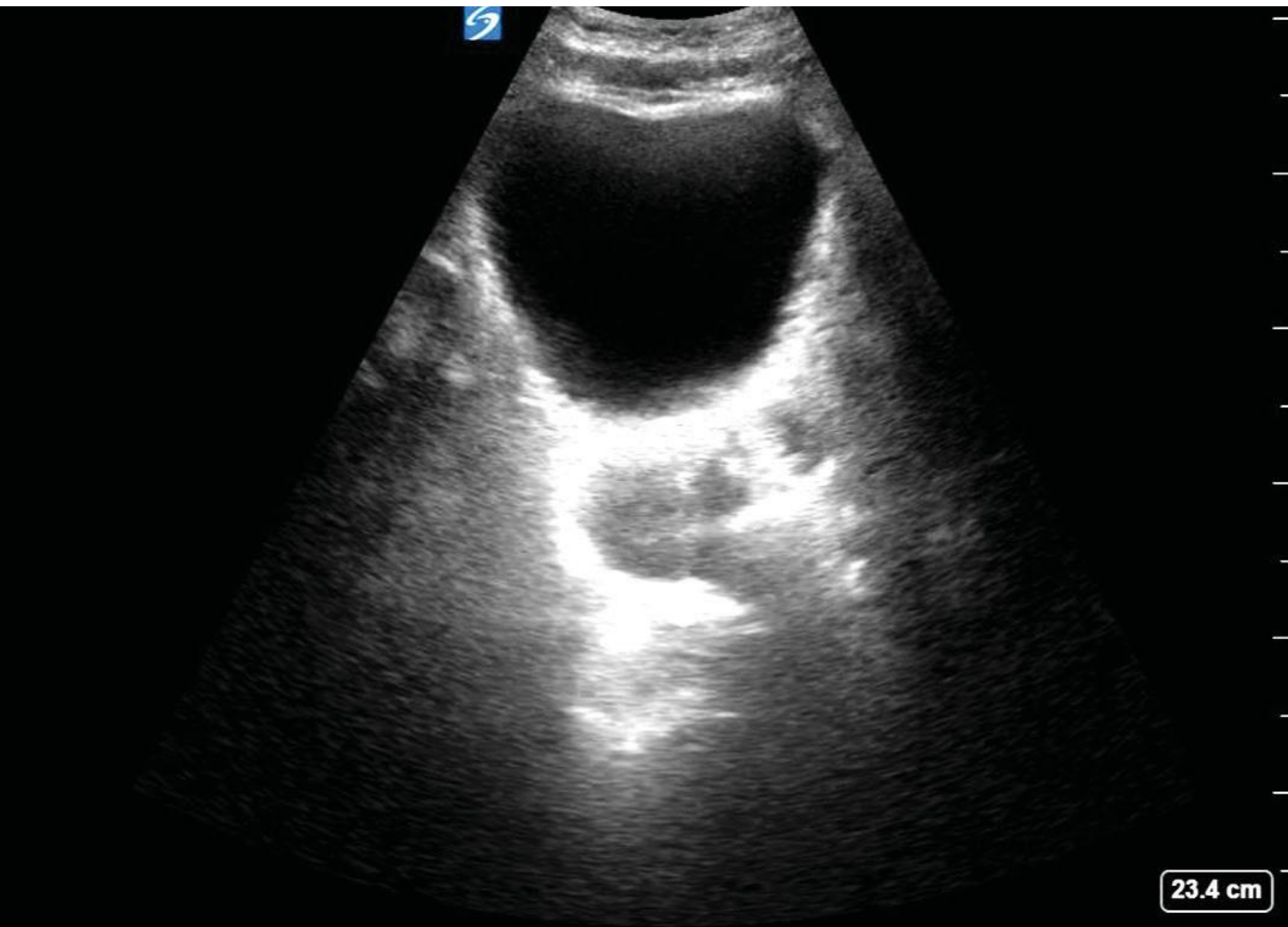
SonoSite
C60xp/5-2 Abdomen
MI: 0.9 TIS: 0.2

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

EFAST: (lung US m-mode) R lung





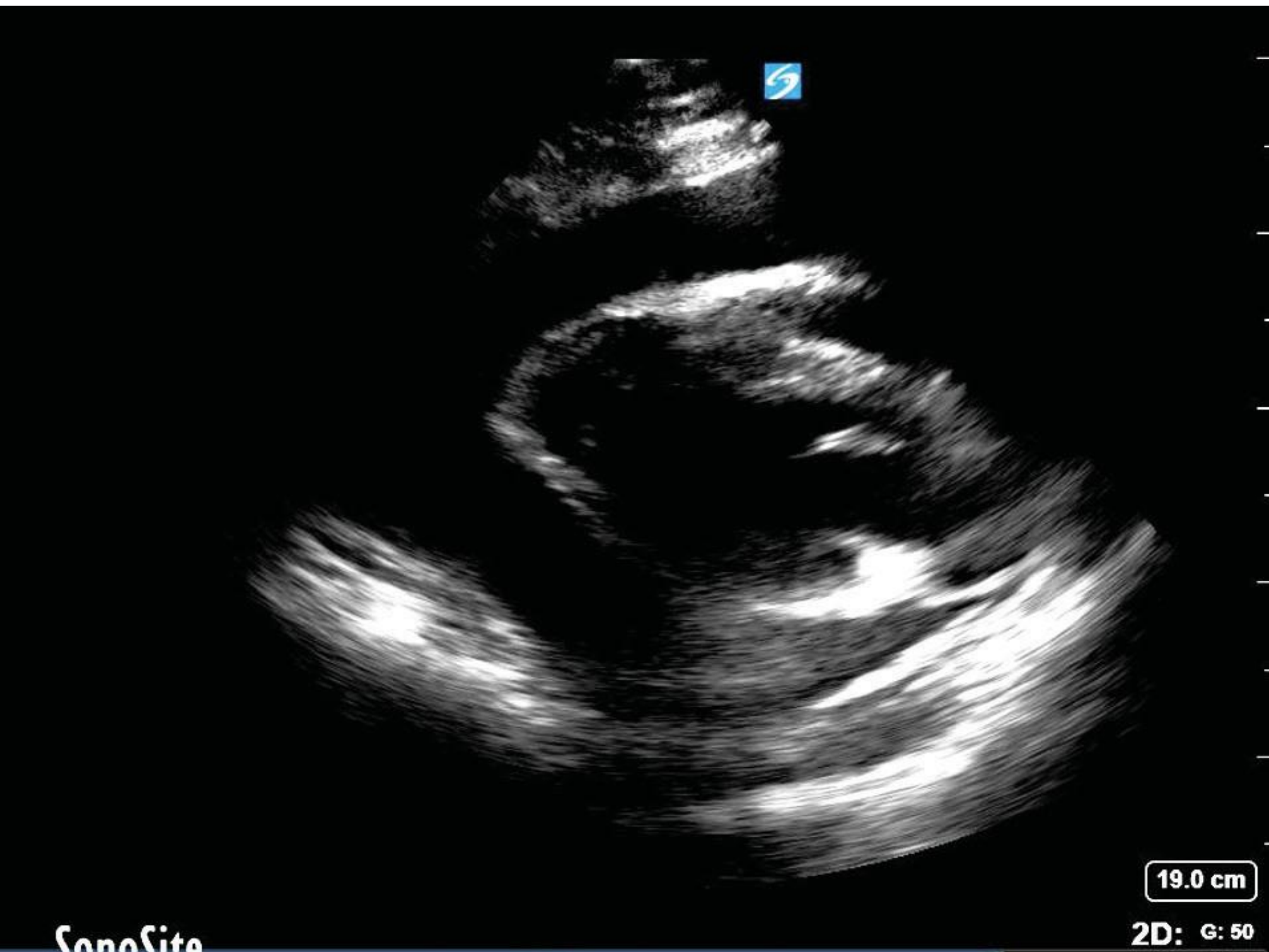


23.4 cm

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

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

Repeat EFAST: Parasternal long view/cardiac



19.0 cm

2D: G: 50

SonoSite

Transfusion Medicine - Group and Antibody Screen

Blood Group: O Rh(D) POSITIVE

Antibody Screen: Negative

GENERAL COAGULATION

INR	1.1
Prothrombin Time	11
APTT	27
Fib (derived)	2.4

Specimen type	Blood	Urate	0.28	mmol/L	(0.15 - 0.50)		
Sample Appearance	Clear	Protein	62	g/L	(60 - 80)		
Sodium	137	mmol/L	(135 - 145)	Albumin	42	g/L	(35 - 50)
Potassium	4.3	mmol/L	(3.5 - 5.2)	Globulin	20	L g/L	(25 - 45)
Chloride	106	mmol/L	(95 - 110)	Bilirubin	31	H umol/L	(< 20)
Bicarb.	26	mmol/L	(22 - 32)	Bili(Conj)	5	H umol/L	(< 4)
Anion Gap	5	mmol/L	(4 - 13)	ALP	47	U/L	(30 - 110)
Glucose	5.1	mmol/L	(3.0 - 7.8)	Gamma GT	11	U/L	(< 55)
Fasting RR	-->	(3.0 - 6.0)	ALT	12	U/L	(< 45)	
Urea	7.2	H mmol/L	(2.1 - 7.1)	AST	12	U/L	(< 35)
Creatinine	76	umol/L	(60 - 110)	LD	205	U/L	(120 - 250)
Urea/Creat.	95	(40 - 100)	CK	87	U/L	(46 - 171)	
eGFR	>90	mL/min/(> 60)					
		1.73m ²					

Venous blood gas

RADIOMETER ABL800 FLEX			
ABL837 RH~RB PATIENT REPORT	Syringe – S 250uL		Sample # 16538
Identifications			
Patient ID	SDC 240195		
Patient Last Name	HELLIER		
Patient First Name	Joel		
Sample type	Venous		
T	35.8		
FO2(l)	1.0		
Operator	C.D. Henderson		
Blood Gas Values			
pH	7.28		[7.350 – 7.450]
pCO2	51	mmHg	[35.0 – 45.0]
pO2	41	mmHg	[75.0 – 100]
cHCO3~(P)c	25	mmol/L	[21.0 – 27.0]
cBase(B)c	-10	mmol/L	[-3.0 – 3.0]
P50c		mmHg	
Baro.		mmHg	
Oximetry Values			
aO2		%	
ctHb	110	g/L	[105 – 135]
Hct		%	
FO2Hb		%	[94.0 – 98.0]
FCOHb		%	[0.0 – 1.5]
FMetHb		%	
FHHb		%	[–]
Electrolyte Values			
cNa+	134	mmol/L	[135 – 145]
cK+	4.1	mmol/L	[3.2 – 4.5]
cCl-	109	mmol/L	[100 – 110]
cCa2+	1.12	mmol/L	[1.15 – 1.35]
AnionGap,K+c		mmol/L	[–]
Metabolite Values			
cGlu	5.0	µmol/L	[3.0 – 7.8]
cLac	4.0	µmol/L	[0.7 – 2.5]
cCrea	72	µmol/L	[36 – 62]
ctBll		µmol/L	[–]
Temperature Corrected Values			
pH(T)			
pCO2(T)		mmHg	
pO2(T)		mmHg	
Notes			

Pre-simulation briefing

Establishing a safe container for learning in simulation



1

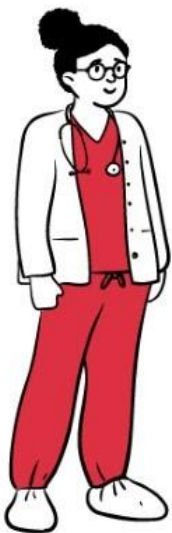
Clarify objectives, roles and expectations

- 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.

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