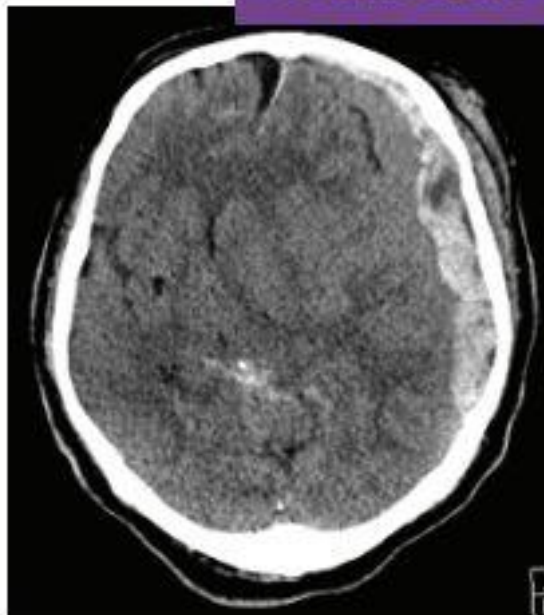


# TRAUMATIC BRAIN INJURY

## Clinical and radiological features of closed head injury

### Subdural haemorrhage



#### Clinical features

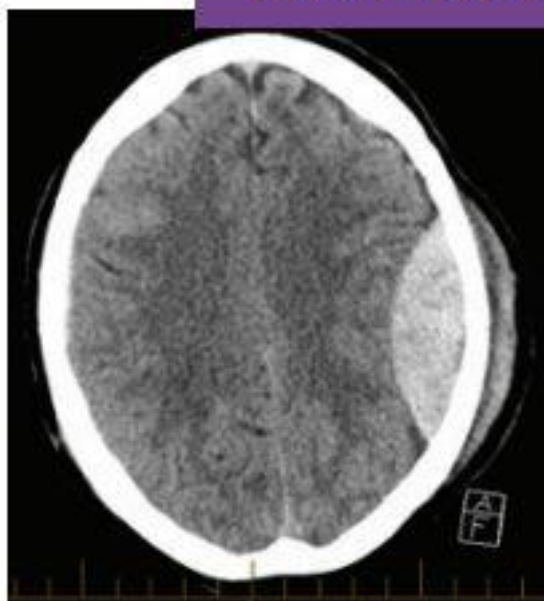
- Associated with trauma - younger patients high velocity, older patients low velocity.
- Confusion/vague neurological symptoms.
- Slower development of symptoms.
- History of anticoagulation use.

#### Radiological features

- Crescent shaped peripheral collection.
- Not limited by sutures.
- Fills dural reflections (falx cerebri/tentorium).
- Density can be varied (anticoagulants, acute bleed, mixed with CSF).

<https://radiopaedia.org/articles/subdural-haemorrhage-summary>

### Extradural haemorrhage



#### Clinical features

- Associated with high energy trauma - younger patients.
- Arterial bleed - middle meningeal artery.
- Headache.
- Localising signs.
- Rapid loss of consciousness.

#### Radiological features

- Associated skull fracture.
- Hyperdense biconvex extra-axial collection.
- Lens (lentiform) or egg-shaped collection.
- Clearly demarcated area between brain and skull.

<https://radiopaedia.org/articles/extradural-haemorrhage-summary>

# 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:

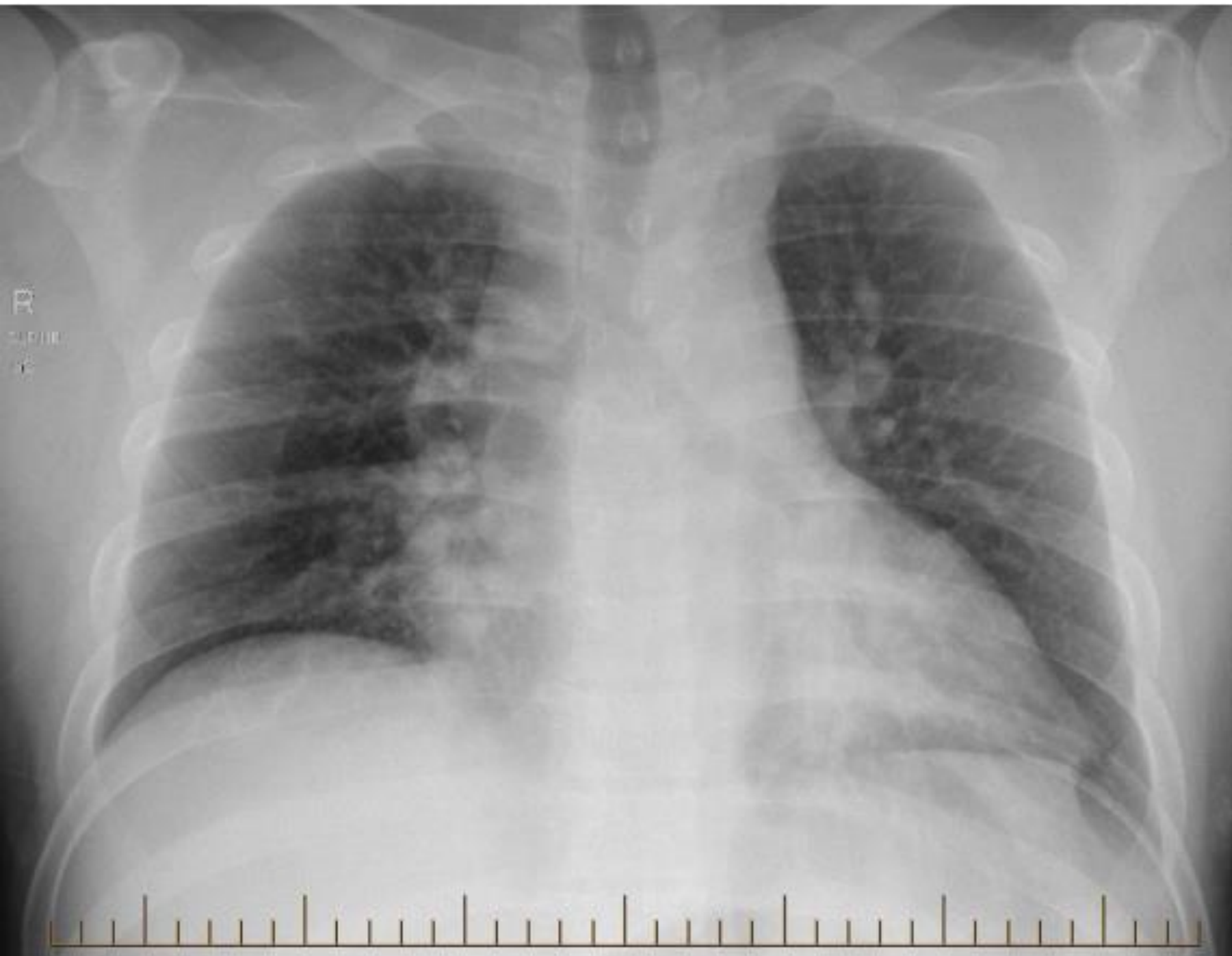
- Medications and equipment
- Electrical or physical hazards
- Simulated and real patients

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



# ABG/VBG template

RADIOMETER ABL800 FLEX			
ABL837 RH-RB PATIENT REPORT	Syringe - S 250uL	Sample #	16538
<b>Identifications</b>			
Patient ID			
Patient Last Name			
Patient First Name			
Sample type			
T			
FO2(I)			
Operator			
<b>Blood Gas Values</b>			
pH			[ 7.350 - 7.450 ]
pCO2	mmHg		[ 35.0 - 45.0 ]
pO2	mmHg		[ 75.0 - 100 ]
cHCO3-(P)c	mmol/L		[ 21.0 - 27.0 ]
cBase(B)c	mmol/L		[ -3.0 - 3.0 ]
P50c	mmHg		
Baro.	mmHg		
<b>Oximetry Values</b>			
aO2	%		
ctHb	g/L		[ 105 - 135 ]
Hct	%		
FO2Hb	%		[ 94.0 - 98.0 ]
FCOHb	%		[ 0.0 - 1.5 ]
FMetHb	%		
FHHb	%		[ - ]
<b>Electrolyte Values</b>			
cNa+	mmol/L		[ 135 - 145 ]
cK+	mmol/L		[ 3.2 - 4.5 ]
cCl-	mmol/L		[ 100 - 110 ]
cCa2+	mmol/L		[ 1.15 - 1.35 ]
AnionGap,K+c	mmol/L		[ - ]
<b>Metabolite Values</b>			
cGlu	µmol/L		[ 3.0 - 7.8 ]
cLac	µmol/L		[ 0.7 - 2.5 ]
cCrea	µmol/L		[ 36 - 62 ]
ctBll	µmol/L		[ - ]
<b>Temperature Corrected Values</b>			
pH(T)			
pCO2(T)	mmHg		
pO2(T)	mmHg		
<b>Notes</b>			



Pelvic Xray

