

Scenario Background

Video states: "ED, this is EMS, we are coming in with a 4 month old boy with respiratory distress. He has been sick for 4 days with cough, congestion, decreased feeding and wet diapers and difficulty breathing. His RR is 80, oxygen saturation is 86% on RA, but increases to 99% on blow-by oxygen. HR is 170, we are working on getting a BP now. We will arrive in approximately 2 minutes."

2 Minute Countdown

- Team assembles + confirms roles
- Asks for equipment: monitor, temperature, oxygen, NRB/BVM, access (IV/IO), Length-based tape, glucometer, medications
- Don PPE

Run Case Scenario

Video states: "The patient is arriving now. The infant continues to be tachypneic, working hard to breathe and desats if we take the blow-by O2 off"

Step 1

Expected Learner Actions:	Facilitator States or Response:
<ul style="list-style-type: none">• Places cardiac monitors, pulse ox, BP cuff	<ul style="list-style-type: none">• RR 90 O2 98% on BBO2• HR 170
<ul style="list-style-type: none">• Performs ABCDEs	<ul style="list-style-type: none">• Airway is open, copious secretions• Tachypnea, head bobbing, nasal flaring, tracheal tugging and retractions• Pulses are 2+ and CRT is brisk.• Responds to painful stimuli• No obvious injuries or rashes.
<ul style="list-style-type: none">• Broselow tape/app for weight	<ul style="list-style-type: none">• Weight 6 kg
<ul style="list-style-type: none">• Exposes infant chest and does skin assessment	<ul style="list-style-type: none">• ESI 1

Step 2

<ul style="list-style-type: none">• Airway interventions: repositioning maneuvers, suctions oral secretions, and calls for respiratory	<ul style="list-style-type: none">• Airway now patent with suctioning• O2 saturation is 86% on RA
<ul style="list-style-type: none">• Requests additional airway support (NRB, HFNC, CPAP)	<ul style="list-style-type: none">• O2 is not improving and patient is still working hard to breathe. Respiratory has been called and will be here in a little bit.

Step 3

- Verbalizes illness state, infant with acute respiratory failure
- Places on non rebreather or nasal cannula
- IV or IO placement

Obtains SAMPLE history

SAMPLE history (IF asked):

S/Sx: 4 m/o boy with 4 days of cough and congestion, 1 day heavy breathing. Has not fed well in the past 3 days. No fevers.

Allergies/Medications: None/None

Medical History: Uneventful birth at 38 weeks. History of eczema. Family hx remarkable for asthma. Vaccinations are up to date.

Last meal: Formula attempted bottle 4 hours ago with little success.

Events: URI symptoms, + sick contacts at home and daycare

Step 4

- Team verbalizes apnea

- Initiates appropriate interventions, bag-valve mask ventilation with 100% oxygen, stimulation, jaw-thrust/chin-lift/neck roll

Facilitator Statement:

- "Saturations initially improve on oxygen, but he still working hard to breathe. As the team is working on getting the IV, the patient becomes apenic.

Facilitator Statement:

- "The apenic episode resolves. The patient is breathing on his own, saturations are coming up"
- Standard option proceed to Step 5. Advanced option to CPAP and intubation proceed to Step 6.

Step 5

- Team notes improvement in breathing.
- Checks blood glucose and hydration status, covers patient in warm blankets
- Verbalized need to admit/transfer to higher level of care

Facilitator Statement:

- "The patient is breathing more comfortably on nasal cannula (or non rebreather)
- Scenario will end here with hand off to transport team or ICU

Step 6 CPAP

- Reassess while on positive pressure ventilation
- Notes that the patient is still working very hard to breathe
- Verbalizes need to proceed with endotracheal intubation
- Utilizes airway checklist per protocol

Facilitator Statement:

- "The respiratory therapist has arrived and they are placing the patient on CPAP 8 FiO₂ of 0.3."

Facilitator Statement:

- "Team verbalizes prep for endotracheal intubation, EtCO₂ present and ETT position confirmed with CXR"

Step 7 ETT

- Team reassesses the patient after intubation
- Formulates plan for maintenance sedation, fluid management, and titration of respiratory support

Facilitator Statement:

- "The receiving team (transport/PICU) has arrived, please sign out the patient."

Team hands off patient and updates family.

The scenario has ended.