Scenario 13: Pediatric Ear Infection

Manikin:	Environment:
Low-Fidelity Pediatric	Pediatrics Clinic

Estimated Run Time: 20 minutes

Objectives:

- Recognize the signs and symptoms of otitis media
- Describe and perform the correct technique for otoscopic visualization of the tympanic membrane

Equipment

- Stethoscope (pediatric size)
- Blood pressure cuff (pediatric size)
- Thermometer (oral or temporal)
- Scale
- Pulse oximeter with fingertip sensor
- Otoscope with pediatric speculum

Patient Profile

Name	Kirkland Z.
Age	3 years
Gender	Male
Weight	13.2 kg (29 lbs)
Past Medical History	None
Surgical History	None
Social History	Lives at home with his mother, Tilly
Allergies	None
Medications	None

Roles:

- **Primary nurse** (nurse/EMS/provider)
- **Primary assistant** (nurse/MA/tech)
- **Tilly, the patient's mother** (facilitator)
- **Provider** (provider or facilitator)

Pre-Brief Questions:

- What are the typical signs and symptoms of a pediatric ear infection?
- What are the differences between an external ear and middle ear infection?
- What would you expect an otitis media, or middle ear infection, to look like on otoscopy?

At-The-Door Brief

You are rooming Kirkland, a 3-year-old male. His mother, Tilly, brought him to the clinic because of ear pain.

Room the patient, obtain vital signs and a history, and provide a report.

Simulation – Initial State

Presentation	Kirkland is in his mother's arms, resting comfortably. Tilly explains that Kirkland has been complaining of left ear pain since yesterday. Last week, he had a cough and nasal congestion, though those have since resolved. Kirkland also had his first swim lesson two days ago. Vital signs: **HR** 108 | **BP** 94/58 | **RR** 26 | **Temp** 37.3ºC (99.1ºF) | **SpO2** 97% on room air
Expected Actions	- Collect a full set of vital signs with correct technique - Give a report to the provider
Prompts and Cues	- None

Simulation – Continuation

Presentation	After receiving the report, the provider expresses concern that Kirkland might have an ear infection. He has risk factors for both otitis media, an infection of the middle ear, and otitis externa, an infection of the outer ear. The provider asks the participants to accompany them to examine the patient and instruct Tilly regarding how to help hold Kirkland to avoid movement during the exam.

Expected Actions	- Demonstrate correct technique in the evaluation of the external and middle ear with an otoscope - Instruct the patient's mother on the correct technique for holding Kirkland still, stabilizing his head against Tilly's chest with the affected ear outward
Prompts and Cues	- Provider: "Let's have Tilly help hold Kirkland to keep him comfortable and avoid movement during the exam. We can have her hold Kirkland's head against her chest, with the left ear pointing out towards us."
Simulation – Conclusion	
Presentation	The provider notes that the exam findings are consistent with otitis media, or an infection of the middle ear. The provider states, "Kirkland has an acute otitis media. I'm going to go write him a prescription for amoxicillin. Do you mind answering his mother's questions while I'm gone?"
Expected Actions	- Answer Tilly's questions regarding the pathophysiology and management of otitis media
Prompts and Cues	- Patient's mother: "Why is Kirkland being prescribed oral antibiotics instead of ear drops?" - Patient's mother: "Does this have anything to do with his swim lessons? Is this what they call 'swimmer's ear'?"

Scenario 48: Geriatric Wound Care

Manikin:	Environment:
Low-Fidelity Geriatric	Skilled Nursing Facility

Estimated Run Time: 25 minutes

Objectives:

- Understand the principles of long-term wound care and prevention in geriatric patients

Equipment

- Moulage: Chronic sacral wound, can be pre-printed photograph or applied with washable marker
- Gloves
- Clean towels
- Soap
- Absorbent foam dressing

Patient Profile

Name	Ron F.
Age	89 years
Gender	Male
Weight	70.5 kg (155 lbs)
Past Medical History	Hypertension, hyperlipidemia, CVA, vascular dementia
Surgical History	Appendectomy, cholecystectomy
Social History	Resident in a skilled nursing facility, visited by grandchildren several times per week
Allergies	None
Medications	Atorvastatin, amlodipine, apixaban

Roles:

- **Primary nurse** (nurse/EMS/provider)
- **Primary assistant** (nurse/tech/CNA)
- **Provider** (provider or facilitator)

Pre-Brief Questions:

- How do we recognize and stage chronic wounds?
- What is the correct technique for cleaning and dressing a chronic pressure ulcer?

At-The-Door Brief

You are asked to assist with a wound evaluation and dressing change for Ron, an 89-year-old resident of your assisted living facility. Ron is bedbound secondary to motor deficits resulting from a stroke 3 years ago. He is known to have a chronic sacral pressure ulcer.

Evaluate the patient.

Simulation – Initial State

Presentation	Ron is resting in his bed. He has no specific complaints today and notes that it has been some time since his wound dressing was last changed. The participants are asked to assist with a wound check and dressing change. Vital signs: **HR** 68 | **BP** 135/75 | **RR** 18 | **Temp** 37.1ºC (98.7ºF) | **SpO2** 96% on room air
Expected Actions	- One participant should assist with rolling the patient to his side while the other takes down the sacral dressing
Prompts and Cues	- None

Simulation – Continuation

Presentation	The participants are asked whether the patient's wound looks infected, and what stage the ulcer is.
Expected Actions	- Verbalize elements of the physical exam important in assessing wound infection - Verbalize pressure ulcer staging criteria
Prompts and Cues	- Facilitator verbalizes that the participants do not see any erythema, drainage, or edema around the wound - Facilitator verbalizes that the pressure ulcer appears to be stage 3, with full-thickness erosion of the skin and visible subcutaneous fat

Simulation – Conclusion	
Presentation	The participants are asked to clean and apply a new dressing to the patient's pressure ulcer.
Expected Actions	- Gently wash the area surrounding the ulcer with soap and water - Apply an adhesive, absorbent, foam dressing to the wound - Roll the patient back to a comfortable position
Prompts and Cues	- None