**Appendix 3**

Equipment: 1 sim-man, 1 TTL, 1 anesthetist, 1 trauma team nurse. Trauma bay set-up. A confederate husband/friend being very concerned.

Scenario Summary: 38 year female involved in a head on high speed motor vehicle collision –was belted. Information given by paramedics was that bystanders witnessed brief loss of consciousness at the scene. By the time the paramedics arrived she had regained consciousness (I will read this script as the trauma team enters the sim room, acting as the paramedic).

Initial vitals: **BP 110/60, HR 101, Sp02 97, RR 19.**

If spoken to the mannequin will moan, not open eyes.

Upon examination: **BP 105/40, HR 110, SpO2 97, RR 22.** Contusion on forehead, bruise on left chest, open left femur fracture. Bilateral air entry. C-spine collar on. Mannequin moaning.

Team should begin initial resuscitation, insert 2 large bore IVs, sent off trauma panel, FHR monitoring and page OB and order initial X-rays.

If X-rays ordered 🡺 Pending

90 seconds later patient condition deteriorates. Mannequin no longer moaning. Vitals now: 80/40, HR 115, SpO2 90. If auscultate the chest unilateral air entry, barely palpable pulse.

Husband/friend getting more and more anxious and disruptive.

Team should intubate with MILS, open up IVs wide. Should consider a DDx: PNX, cardiac tamponade, great vessel injury, hemothorax, massive hemorrhage from femur, fat embolus.

Mannequin continues to deteriorate following positive pressure ventilation. BP not palpable, HR 140 VF, SpO2 – not reading. Scenario end with needle decompression.