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| **Case Title**  | Procedural Sedation |
| **Scenario Name** | Procedural Sedation/Dislocated Hip |

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| **Learning Objectives -** [**Use action words**](http://ubccpd.ca/sites/ubccpd.ca/files/Accreditation_Learning%20Objectives_%20Verbs.pdf) |
| **Knowledge:**1. Identify hip reduction techniques
2. Describe procedural sedation
 |
| **Skills:**1. Demonstrate procedural sedation
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| **Attitude/Behaviours**1. Demonstrate Team skills
2. Demonstrate Situational awareness
3. Demonstrate Graded Assertiveness
 |
| **Scenario Environment** |
| **Location** | ER |
| **Monitors** | Telemetry, crash cart |
| **Props/Equipment** |  |
| **Make-up/Moulage** | None |
| **Potential Distractors** | None |

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| **Case Introduction:** |
| 70 yo male who has a history of muscle cramps. Presents with severe L hip pain following muscle cramp while walking to car. Severe muscle cramp. c/o pain to L hip. |

| **Patient Parameters** | **Effective Management** | **Notes** |
| --- | --- | --- |
| **Phase 1: Neurovascular compromise****Condition:** Neurovascular compromiseSevere left leg pain, unable to move, left leg numb, circulation compromised to left foot**Initial Assessment*** **Heart Rhythm:** NSR
* **HR:** 88
* **BP:** 118/70
* **RR:** 16
* **SP02:** 99% on RA
* **T:** 36.7 C
* **Chest:** Normal
* **CNS:** GCS 15
* **GI:** Normal
 | 1. **Take a focused history** (see Notes column)
2. **Medical Management**
* Set up for procedural sedation
* Pre-procedural assessment
* IH Procedural Sedation Guidelines
* Attempt sedation with either fentanyl/midazolam or propofol—poor analgesia.
	+ Hypotensive following

(progress to Phase 2) | 1. **Focused history**

**PMHx*** Remote CAD

**Meds*** ASA

**Allergies*** none
 |
| **Phase 2: Procedural sedation hypotension****Condition:** UnstableDrop in BP from procedural sedation medications**Initial Assessment*** **Heart Rhythm:** Sinus Tachycardia
* **HR:** 110
* **BP**: 80/56
* **RR:** 12
* **SP02:** 91% on RA
* **CNS:** GCS 13
* **GI:** Normal
 | 1. **Patient Reassessment** (see Notes column)-

1. **Medical Management:**
* Addition of Ketamine to facilitate
* IV bolus
* Technique for hip reduction: traditional/Whistler/Captain Morgan
 | 1. **Patient Reassessment**

**Airway*** Maintaining own

**Breathing** * Apply oxygen for low sats

**Circulation*** Weak peripheral pulses
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| **Expected Patient Management** | **Debriefing Points** |
| 1. **Student**
2. **R1**
3. **Senior IM resident**
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**References:**

1. Hip Reduction technique

a. http://www.youtube.com/watch?v=lQMWaFX-MeQ

b. The Captain Morgan Technique for the Reduction of Hip Dislocations. Annals of Emergency Medicine. Hendey et. Al. Dec 2011

2. IHA Procedural Sedation Guidelines

**X-RAYS – Click** [here](https://extranet.interiorhealth.ca/IHUBCFaculty/Diagnostics/Forms/AllItems.aspx?RootFolder=%25252FIHUBCFaculty%25252FDiagnostics%25252FX%25252Drays&View=%25257bFD97E2FE-FD01-433F-B9CB-D75A4195924E%25257d)

**LABS – click** [here](https://extranet.interiorhealth.ca/IHUBCFaculty/Diagnostics/Forms/AllItems.aspx?RootFolder=%25252FIHUBCFaculty%25252FDiagnostics%25252FLabs&View=%25257bFD97E2FE-FD01-433F-B9CB-D75A4195924E%25257d) **OR fill out below**

**EKGs – click** [here](https://extranet.interiorhealth.ca/IHUBCFaculty/Diagnostics/Forms/AllItems.aspx?RootFolder=%25252FIHUBCFaculty%25252FDiagnostics%25252FECGs&View=%25257bFD97E2FE-FD01-433F-B9CB-D75A4195924E%25257d) **or paste**