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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 | |
| **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** |
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| **Phase 1: Neurovascular compromise**  **Condition:** Neurovascular compromise  Severe 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:** Unstable  Drop 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** |  |

**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**