

**SBP Case file: Cases 4-10**

[Cases 1-3 published [Acad Emerg Med](#). 2005 Dec; 12(12): 1191-4. available as an online Data Supplement at <http://www.aemj.org/cgi/content/full/j.aem.2005.06.026/DC1>]

## Case 8

**Title: Suspected Elder Abuse: Head Injury**

**Target Audience: Medical students, Residents**

**Author: John Vozenilek, MD, and Ernest Wang, MD, Division of Emergency Medicine, Evanston Northwestern Healthcare**

### **Case Narrative** (describes what the learner will experience)

**Overview:**

87 year old man with history of kidney advanced Alzheimers Disease. Brought to ED by son (not primary caregiver) for concerns over acute mental status decline and bruising. Son is concerned that his sister (daughter-primary care giver) is neglecting their father. There is a new bruise over the right temple and bruising in multiple stages of healing.

- Hypertensive and Bradycardic (SBP 190s, HR 40-50)
- Mental status extremely poor and difficult to assess- declines to failure to protect the airway (GCS ~13 to ~<8)
- People management: son and daughter engage in verbal altercation at the bedside

### **Learning Objectives or Assessment Objectives**

KEY: PC Patient Care, MK Medical Knowledge, PBL Practice Based Learning & Improvement, ICS Interpersonal & Communication skills, P Professionalism, SBP Systems Based Practice.

For expanded definitions see [www.centerforsimulation.org/dl/cc.pdf](http://www.centerforsimulation.org/dl/cc.pdf)

Simulation Objectives	MS		PGY		Core Comp		
	1	2	3	4		I Jr	Sr
Management							
Preparatory for treatment of Emergent condition (IV O2 Mon)			x	x	x	x	PC
Appropriate Neurosurgical Consultation				x	x	x	ICS, SBP
Blood Pressure Management					x	x	MK, PC
Management of ICH					x	x	PC

Stabilization of Increased ICP  
 Recognition  
 Physiologic Findings in increased ICP  
 Teamwork

Appropriate Mobilization of Staff  
 Data Gathering

LAB: CBC, Type Screen, BMG, UA, PT  
 ECG  
 Films: CXR (min post Intubation)

Studies: CT (timing)  
 Advanced Directives  
 Elder Abuse Reporting  
 Social Work Consultation

Debriefing Objectives (understands)  
 Role of Mannitol  
 Role of Patient Positioning  
 Role of Blood Pressure Control  
 Role of Hyperventilation  
 Risk factors for Elderly Abuse  
 Risk factors for ICH  
 Emergency Neurosurgical Consultation  
 Role of Anti-convulsives  
 Roles of Imaging  
 Advanced Directives

Importance of Team Interactions  
 Importance of Patient-Family  
 Communications

					x	x	PC
	x	x	x	x	x	x	MK
			x	x	x	x	ICS, P, SBP
							PC, MK, PBL, SBP
					x	x	PC
							PC, PBL, SBP
					x	x	PC, SBP
					x	x	PC, SBP
						x	PC, SBP
					x	x	MK
					x	x	MK
					x	x	MK
					x	x	MK
		x	x	x	x	x	MK
		x	x	x	x	x	MK
					x	x	MK, SBP
		x	x	x	x	x	MK
					x	x	PBL, SBP
					x	x	PC, SBP
							ICS, P, SBP
		x	x	x	x	x	ICS, P, SBP
		x	x	x	x	x	ICS, P, SBP

Critical actions checklist

- Endotracheal intubation (appropriate RSI) at signs of herniation
- Consult Neurosurgery
- ICP management, minimum of BP management and Mannitol
- Elder Abuse Reporting

**SYSTEMS-BASED PRACTICE Issues**

[Modifying factors] Addresses barriers to care.  
 Social work consultation

+	-	N/A

[Legal/professional issues] Elder Abuse reporting

[Legal/professional issues] Addressing Advanced Directives

[Diagnostic studies] What diagnostic studies are most efficient

[Prevention and Education] Admission for Social Work  
 Assessment- usually involving a visit to the home to evaluate the patient's functional status, living environment, and the condition of the caregiver.

[Consultation and Disposition] Effective disposition to consultant surgeon (admission criteria)


**Environment**

- A. Lab Set Up
  - Simulated ED
- B. Manikin Set Up
  - METI ECS
  - IV bags, tubing, catheters
  - Induction and Paralytic agents
- C. Props
  - ECG: Sinus Tach
  - X-rays, CXR pre and post intubation
  - CT scans, Sub dural hemorrhage
  - (basic airway and code blue cart is assumed)
- D. Distractors – two family members
  - Son- not the caregiver, angry at sibling for presumed neglect and abuse (may be played by another participant)
  - Daughter- the accused, defensive and denying abuse, indicating that the patient just “falls a lot”

**Actors**

- Nurse: Obedient but not helpful; confederate
- Neurosurgical Consultant: Wary (requires a good report, but available); confederate, or peer

**Debriefing Plan**

- A. Method of debriefing group: with video, knowledge support items
- B. Debriefing Materials