

This session is all about a patient called Samatha, who has cerebral palsy, and her patient pathway.

**Patient: Kate**

We meet Mum (Kate) at home during a routine low risk home birth attended by our midwife Hannah. Unfortunately, there are complications and the foetus suffers with a shoulder dystocia. 999 are called and our paramedic arrives to convey mum and baby to the hospital.

**Patient: Samantha**

Although the shoulder dystocia is managed, the baby requires a degree of resuscitation and is admitted to the NICU where neonatal encephalopathy is diagnosed; this is fairly mild and the child makes a good initial recovery but is kept under clinical and developmental surveillance for the first 2 years of life (as per NICE guidelines) as they are at increased risk of developing cerebral palsy.

During this time it is noted that there are some delayed milestones (not walking at 18 months) along with some abnormalities of tone, abnormal motor development and some feeding difficulties and mild speech difficulties.

Mild to moderate cerebral palsy is diagnosed at an MDT at 2 years.

The main symptoms in our patient are a very mild left sided hemiplegia with some spasticity, some mild swallowing problems affecting nutrition which are less prominent as the child ages, and some mild communication difficulties which improve as the child ages.

There is no learning difficulty and the patient will grow to be independent but need some help in the forms of therapy and aids/braces etc to achieve this independence.

This patient is likely to be on medication for their spasticity, pain associated with spasticity, laxatives and salivation.

TIME	SCENARIO	OCCUPATION
10:00-10:10	<b>Welcome To the Session</b>	
10:10 - 10:25	<b>SIMULATION 1</b> Home birth, second midwife hasn't arrived so Hannah calls our Paramedic Katie to assess. Shoulder dystocia has occurred but baby is delivered and passed to paramedic for neonatal resuscitation.	Midwife, Paramedic
10:25 - 10:40	<b>TEACHING SESSION 1</b> Shoulder dystocia.	Midwife
10:40 - 10:50	<b>TEACHING SESSION 2</b> Neonatal resuscitation.	Paramedic
10:50 - 11:00	<b>SIMULATION 2</b> Clare meets Samantha and Kate to preform a cranial ultrasound after the difficult birth.	Diagnostic Radiographer
11:00 - 11:10	<b>TEACHING SESSION 3</b> Magnetic Resonance Imaging (MRI).	Diagnostic Radiographer

<b>TIME</b>	<b>SCENARIO</b>	<b>OCCUPATION</b>
11:10 - 11:25	<b>BREAK - 15 MINUTES</b>	
11:25 - 11:40	<p style="text-align: center;"><b>SIMULATION 3</b></p> <p>Ellie speaks with Kate about weaning advice Sam is now 10mo. Baby Sam has struggled with some finger foods and had a choking incident, with a diagnosis of cerebral palsy Ellie puts in a SLT referral.</p>	Dietician
11:40 - 11:55	<p style="text-align: center;"><b>SIMULATION 4</b></p> <p>Reference to SLT from dietitian baby Sam weaned successfully on to purees and softer textures but when harder, chewy food like bread, fruit, vegetables were introduced there was coughing and a choking incident which frightened mum. Sally suggest some diet advice and language development.</p>	SALT
11:55 - 12:15	<p style="text-align: center;"><b>SIMULATION 5</b></p> <p>Sam comes to hospital for and MRI which will be done under sedation. Our nurse Claire measures Kate and Sam and goes through safety checks and prep and give sedation.</p>	Diagnostic Radiographer, Nurse
12:15 - 12:25	<p style="text-align: center;"><b>TEACHING SESSION 4</b></p> <p>Normal weaning.</p>	Dietician
12:25 - 12:35	<p style="text-align: center;"><b>TEACHING SESSION 5</b></p> <p>Language, eating and drinking milestones in children.</p>	SALT
12:35 - 12:45	<p style="text-align: center;"><b>TEACHING SESSION 5</b></p> <p>Ultrasound.</p>	Diagnostic Radiographer
12:45 - 12:55	<p style="text-align: center;"><b>TEACHING SESSION 6</b></p> <p>Dealing with unexpected situations and organisational skills</p>	Nurse
12:55 - 13:15	<p style="text-align: center;"><b>SIMULATION 6</b></p> <p>Multi-Disciplinary Team Meeting (MDT) Led by Dr Charlotte Field a paediatrician. Pulling together the findings and opinions from the radiologist, dietitian and SALT. The team work together to make a plan to help our patient.</p>	MDT: Doctor, SALT, Dietician, Diagnostic Radiographer
13:15 - 14:00	<b>LUNCH - 45 MINUTES</b>	
14:00 - 14:20	<p style="text-align: center;"><b>TEACHING SESSION 7</b></p> <p>Cerebral Palsy.</p>	Pharmacist

TIME	SCENARIO	OCCUPATION
14:20 - 14:40	<b>SIMULATION 7</b> Sam now 12 years old with Cerebral Palsy she recently started school and is struggling with PE. Physiotherapist Phil has been asked by school and Kate to come in and see if he can help.	Physiotherapist
14:40 - 14:50	<b>SIMULATION 8</b> OT meets with Sam in the community paediatric clinic. Sam is struggling with her fine motor skills which is impacting her ability to dress herself independently. She is struggling to do her laces, buttons, and zips. OT carries out intervention session to work on fine motor skills. OT encourages patient to think about different activities she could do at home to work on her fine motor skills.	Occupational Therapist
14:50 - 15:00	<b>TEACHING SESSION 8</b> Occupational Therapy in Paediatrics.	Occupational Therapist
15:00 - 15:10	<b>TEACHING SESSION 9</b> Role of Physio in Cerebral Palsy.	Physiotherapist
15:10 - 15:25	<b>BREAK - 15 MINUTES</b>	
15:25 - 15:45	<b>SIMULATION 9</b> Sam attends osteopathy clinic with her mum on recommendation from Phil the physiotherapist, seeking help with coordinated activities.	Osteopathy
15:45 - 16:05	<b>SIMULATION 10</b> Fitting an ankle-foot orthosis (AFO) following referral from Phil.	Orthotics
16:05 - 16:15	<b>TEACHING SESSION 10</b> Cranial Osteopathy.	Osteopathy
16:15 - 16:25	<b>TEACHING SESSION 11</b> Ankle-Foot Orthosis (AFO).	Orthotics
16:25 - 16:45	<b>BREAK - 20 MINUTES</b>	
16:45 - 17:00	Pharmacy Showcase	Pharmacist
17:00	<b>END OF DAY</b>	

