

Simulation Scenario Template

Appendix C: Facilitator Cheat Sheet & Debriefing Tips

Include key errors to watch for and common challenges with the case. List issues expected to be part of the debriefing discussion. Supplemental information regarding any relevant pathophysiology, guidelines, or management information that may be reviewed during debriefing should be provided for facilitators to have as a reference.

Important discussion points:

1. Exertional vs classic heat stroke (exertion related vs heat exposure related)
 - a. Exertional – with exercise, more likely to be young, no comorbidities, sweaty, flushed skin
 - b. Classic – comorbidities, older, higher mortality, not as diaphoretic
2. Treatment differences (Level 1A for cold water immersion for exertional vs 1C for classic usually due to elderly and comorbid nature of the latter)
3. Cold water immersion is 1st line for exertional heat stroke and can cool as rapidly as 0.2C/min
4. Target cooling temp of no less than 39C
5. Adjuncts – 4C IV fluids, fan and cold water to skin, ice packs to cover entire skin surface. If targeting specific areas, target palms, soles, cheeks.
6. Antipyretics are contraindicated in heat related illness – would not work
7. If cooling is not working – could intubate and paralyze
8. To prevent shivering – benzos, dexmedetomidine

References

1. Lipman et al. (2019) Wilderness Medical Society Clinical Practice Guidelines for the Prevention and Treatment of Heat Illness: 2019 Update. *Wilderness Medical Society Clinical Update Guidelines*. 30(4), S33 – S46.
[https://www.wemjournal.org/article/S1080-6032\(18\)30199-6/fulltext](https://www.wemjournal.org/article/S1080-6032(18)30199-6/fulltext).
2. Platt, M.A., Price, T.M. (2023) Heat Illness. *Rosen's Emergency Medicine: Concepts and Clinical Practice*. (10e, Chapter 129) Elsevier Inc.

