

**Multidisciplinary Center  
Team Based Pediatric Scenario Library**

Scenario Title	Description	Setting
Altered Mental Status Adolescent	A 14 y/o male who was recently admitted from the ER with a chief complaint of diabetic ketoacidosis	CC-ICU
Altered Mental Status Infant	A 2 m/o has altered mental status and likely has increased ICP as a result of non-accidental trauma	CC-ICU
Anaphylactic Shock	A 1 y/o diagnosed with pneumonia now noted to have increasing respiratory distress, flushing	ED
Anaphylaxis-Radiology	A 15 m/o female undergoing MRI with contrast, develops flushing, tachycardia, respiratory distress	ED
ARDS	A 16 y/o patient experiencing signs and symptoms of ARDS, requiring a thorough assessment and minimal treatment	PICU
ARDS VSD	A 4 y/o with Stage 4 osteosarcoma admitted with hypotension, sepsis. Develops progressive respiratory distress and failure	PICU
Asystole Hyperkalemia	A 22 m/o will progress to ventricular tachycardia and asystole but will improve if hyperkalemia is recognized and treatment is initiated	PICU
Bronchiolitis w/ Apnea	A 2 m/o infant with RSV bronchiolitis, respiratory distress who fatigues and goes apneic requiring RSI	PICU
Cardiogenic Shock	A 2 y/o female brought in with respiratory distress that decompensates to pulseless ventricular tachycardia ending with a successful resuscitation	PICU
Cath Lab Infant Mega Code	An 11 m/o with myocarditis and CHF that progresses into cardiac arrest during a heart cath	Cath Lab

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Clonidine Overdose	A 15 y/o girl with altered mental status who decompensates into apnea without correct treatments and recognition	ED
Cocaine OD	A 17 y/o boy complained of chest pains at a party, became agitated, then seized before losing consciousness. Associated with tachycardia and hypotension	ED
Heart Fail. w/ out Cardiac Arrest	A 5 m/o with myocarditis that progresses into unstable SVT	ED
Heart Failure Cardiac Arrest	A 2 week old with unstable SVT that progresses into PEA with ROSC	ED
Infant Brachycardia	A 14 m/o male who rapidly deteriorates, becoming hypoxic, somnolent, and bradycardic. Team needs to recognize impending respiratory failure and proceed to RSI	ED
Infant Pneumonia	A 10 m/o child with pneumonia and parapneumonic effusion, respiratory distress progressing to failure requiring RSI	ED
Intracranial Pressure	A 14 y/o with an EVD (external ventricular drain) develops ICP symptoms	ED
Morphine OD	A 14 m/o infant OD. Team needs to recognize opioid overdose and give naloxone—must repeat dose or patient will again develop respiratory depression	ED
Opioid OD Medulloblastoma	A 14 m/o F with Stage T3M1 Medulloblastoma with hypersensitivity to dilaudid	Interventional Radiology
Opioid Overdose	A 5 y/o developmentally delayed child experiencing apnea after morphine given, requiring aggressive management	Pediatric Stepdown

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Respiratory Distress-Pneumonia	A 10 m/o male patient that regardless of the intervention, the patient will progress to impending respiratory failure, requiring intubation	General Peds Ward
Seizure- Hypoglycemia	A 13 y/o male with Type I DM admitted with cellulitis and abscess on his leg	ED
Sepsis	A 5 m/o experiencing signs and symptoms of sepsis that will progress into decompensated shock if aggressive treatment isn't initiated	ED
Septic Shock	A 4 m/o medically complicated child who is experiencing sepsis that progresses to decompensated shock if aggressive treatments aren't initiated	PICU
Status Asthmaticus- Toddler	A 18 m/o unstable toddler who is in respiratory distress requiring the key steps in RSI to be reviewed	ED
Status Asthmaticus-Adolescent	A 16 y/o old unstable male with severe asthma requiring RSI	ED
Status Asthmaticus-Child	A 6 y/o with history of asthma progressing to impending respiratory failure requiring intubation	ED
Status Epilepticus	A 2 week old infant case focusing on stabilization of a patient in Status Epilepticus	ED
Status Epilepticus- Adolescent	A 14 y/o female patient with a history of Tuberous Sclerosis/ Intractable Epilepsy. 3 days ago, undergone functional hemispherectomy and was initially admitted at the PICU	PICU
TCA Overdose	A 4 y/o male brought to ED by grandpa d/t altered mental status requiring management of a TCA overdose	ED

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VSD Pulmonary Edema	A 2 m/o infant presenting with congestive heart failure becoming progressively unstable due to pulmonary edema	ED