

Role: Attending physician

You are the attending physician on the inpatient pediatric acute care ward. Last night, they admitted a 15-year-old teenage boy with a presumed history of autism from the unaccompanied minor migrant shelter. Per report, he was bashing his head against the wall and then fell and started convulsing. They performed a head CT in the emergency room and ruled out a severe traumatic brain injury. Still, you need to work him up and make sure he doesn't have encephalitis. You plan on consulting neurology for a routine EEG and performing an LP on the patient as soon as possible.

While you are grabbing something to eat for breakfast, you hear a security code called overhead for that patient. By the time you arrive, guards have restrained him, and the resident has ordered intramuscular lorazepam. Now he's calm and asleep in his bed, but you are not comfortable with him being on the floor. You think the patient should be transferred to the PICU to receive continuous sedation while they continue to medically clear him. Either way, he will probably need sedation for the LP...

This exercise begins with you, the bedside RN, a psychiatrist, and the pediatric intensivist calling the patient's sibling over the phone. (In the real world you would be calling through an interpreter.) The team will get a more extensive mental health history from the sibling and then explain what is happening and what y'all plan on doing next. Then you will hang up and talk amongst yourselves about what's the best thing to do for the patient and the staff.