Role: Pediatric intensivist (PICU attending physician)

You are the pediatric intensivist. This morning, you responded to a behavioral code on the floor. Apparently, it was for a 15-year-old male with presumed autism who has been admitted to the floor from an unaccompanied minor immigrant camp after sustaining a traumatic brain injury and seizing in the center. You told the resident to order some intramuscular Ativan while the security guards physically restrained him. The hospitalist arrived shortly thereafter to care for the patient, and you are about to return to the PICU. Before you leave however, the hospitalist wants you to join them on a call to the patient's sibling to tell them what happened.

This exercise begins with you, the bedside RN, the pediatric hospitalist, and the pediatric psychiatrist calling the patient's sibling over the phone. (In the real world you would be calling through an interpreter.) The team will explain to the sibling what just happened and what they plan on doing next. Then you all will hang up and talk amongst yourselves about what's the best thing to do for the patient and staff. The nurse and hospitalist might not feel comfortable caring for the patient on the floor, but you don't really see a critical care indication that would rationalize transferring the patient to the PICU. After all, the PICU is an incredibly dysregulating environment with lots of alarms, no doors on the rooms, other people who are critically ill… Regardless, you don't even think there is anything organic causing the patient's behavioral issues! He has autism and you just think he should be transferred to an inpatient psychiatry facility until he can be reunified with his family.