OCSE Marking Sheet

Local Anaesthetic Toxicity



**Detailed Assessment Criteria**

Medical Expertise

* Focused clarification of history and examination
	+ Identifies local anaesthetic toxicity as likely major issue with statement that 3mg/kg plain lignocaine exceeded or calculation based on patients weight performed
	+ Identifies that RMO did not use aseptic technique/drapes/sterile gloves etc
	+ Establish symptoms of local anaesthetic toxicity e.g dizziness/perioral tingling/tongue numbness/confusion/twitching
	+ Voices concerns for likely severity/deterioration including
		- Seizures
		- Arrhythmias > cardiac arrest
		- Respiratory Depression
		- Haemodynamic instability
	+ Requests appropriate monitoring and initial investigation/management
		- Move to resus
		- Obs now then continuous monitoring
		- ECG looking for prolonged cardiac intervals/arrhythmias
		- IV line
		- IV fluids for hypotension
		- Small boluses 1-5mg midazolam titrated for seizure prevention
	+ Explains potential need for further management to RMO
		- Treatment of seizures with midazolam
		- Intubation using propofol or thiopentone
		- Hyperventilation
		- Inotropes for hypertension
		- Intralipid – dose not necessary as long as state as per protocol
			* 1mg/kg bolus repeated maximum of x3
			* Infusion of
		- Potential need

Prioritisation

* Disposition to ICU

Communication

* Calm, clear and appropriate content
* Does not criticise or berate RMO in front of patient
* Tailors communication to level of registrar
* Explains in lay-terms to the patient

Scholarship and Teaching

* Explains reasons for LA toxicity to the RMO clearly

Leadership and Management

* Deals appropriately with RMO debrief
	+ Active listening, empathy, non judgemental
	+ Explains that errors were made and remedial action is necessary
	+ Recognises RMO distress and potential need to take time “off the floor”
	+ Explains the system issues need to be addressed – level of supervision inadequate/lacking presence of senior doctor
	+ States the need to address lacking supervision/system issues/potential bullying by nurses
	+ Mention of open disclosure to patient – by consultant
	+ Makes appropriate follow up meeting

**Examiner Notes**

* Candidate Performance Notes (Please provide candidate feedback including any areas of strength in their performance and suggestions for how they could improve.
* OSCE Incident Reporting Notes (Please provide details if an issue occurs which may influence this candidate’s exam outcome e.g. protocol breach, candidate illness etc.

