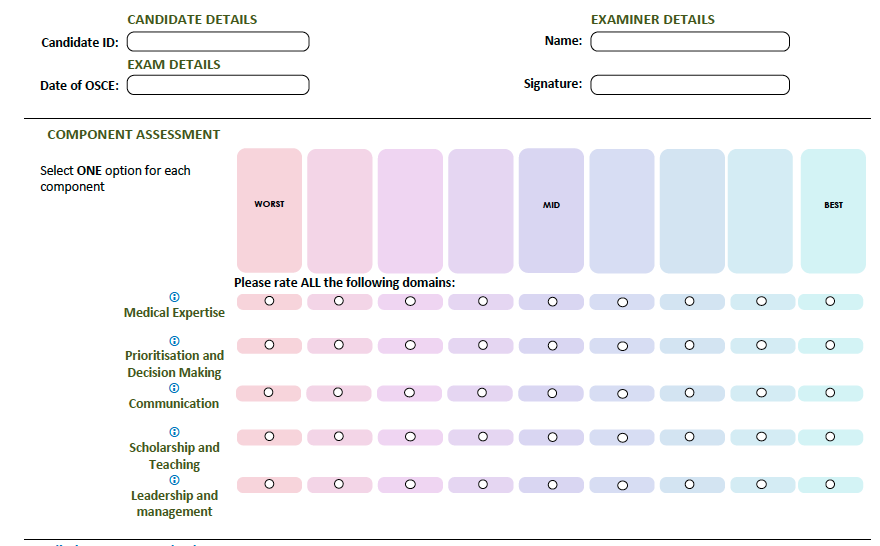
OCSE Marking Sheet

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.

