

|  |
| --- |
| **OSCE: Open the Floodgates** |
| **Time: Single Station** |
| **Author: Becky Day** **(adapted from AdelaideEDPhysicians)** |
| Medical Expertise |
| Communication |
| Scholarship and Teaching |

# Clinical Scenario Stem

A new registrar in early phase of advanced training has just started working in your emergency department. They have not seen a lot of obstetric presentations before. Yesterday, as they were finishing a late shift a severe early primary PPH arrived in the department just as they were leaving the dept. Luckily the night shift reg knew what to do.

## Candidate

You are the education consultant. You work in a hospital that has a lot of Obstetric presentations. Tasks

- Outline the causes, investigation and management of PPH to the new registrar.

- Answer any questions they might have

## Actor

You are a very nervous early phase advanced trainee in ED. You have just arrived at a new hospital, it is your first week. Yesterday as you were leaving a late shift you saw that a primary PPH, in a mother who had delivered at home, presented to the EDs. She had lost and estimated 1.5L, was hypotensive and confused. Luckily the night registrar took the case and you went home. You are now very worried as you have your first set of nights in charge next week – you feel a little out of your depth.

You are asking the consultant to outline an approach to PPH for you.

If you are asked more broadly about you upcoming nights, and how well prepared you feel, then you are to disclose that you are very anxious and haven’t really been sleeping well due to worry. You have had some anxiety issues in the past. You thought that you were on nights with another reg as well but you were wrong. You feel that you might not cope as the department is busier and less well supported than you expected.

## Examiner

No interaction with the candidate

To observe and mark only

# Assessment Criteria

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DOMAIN | Performs poorly, nowhere near the level of a new FACEM | Performssignificantly below the level of a new FACEM | Performs below the level of a new FACEM | Borderline at the level of a new FACEM | Performs at the level of a new FACEM | Performs very well, above the level expected of a new FACEM | Performs exceptionally and far exceeds the level of a new FACEM |
| Communication |  |  |  |  |  |  |  |
| Medical Expertise |  |  |  |  |  |  |  |
| Professionalism |  |  |  |  |  |  |  |
| Prioritisation |  |  |  |  |  |  |  |

# Detailed Assessment Criteria

## Communication

* Patient, uses silence, allows trainee to ask questions
* Clarity of explanation
* Picks up cues that Reg is nervous about nights and wants to talk more about it

## Medical Expertise

Call for HELP

* Obstetrics and Anaesthetic

Resus

* 15L NRB O2
* Monitoring – full non invasive
* 2 large 16G or bigger IVC in ACF
* Bloods – FBC/EUC/LFT/Coag/CM x4/CMP/VBG
* MTP considered
* Inform patient what is going on

Address causes

* **Tone - commonest**
* **Tissue**
* **Trama**
* **Thrombin**

Treatments aimed at 4Ts

**TONE**

* Fundal Rub
* Oxytocin – stat 10U (can rpt), infusion 40IU in 1L over 4hrs (10u/hr)
* Ergometrine 50mcg x2 doses
* Misoprosol 1g PR
* Prostaglantin
* IDC inserted to empty bladder
* Manual compression
* Uterine pack/tamponade with balloon

**TRAUMA**

* PV – repair lacs
* Check for inversion and rupture

**TISSUE**

* Check completeness of placenta
* Remove products from the OS
* Consider theatre for RPOC

**THROMBIN**

* MTP
* Product replacement – aim for MTP targets
* TXA 1g over 20m, 1g over 8 hrs
* Avoid hypothermic/hypocalcaemia/acidosis
* Aortic compression

**THEATRE**

* Haem control
* B Lynch
* Arterial ligation
* Hysterectomy
* Embolisation

**Bonus if**

Define PPH - >500mls for spont and >1000mls for CS in 24hrs

Massive PPH - >50% circ vol in 3 hrs or >150mls/hr ongoing

Talk to family/get SW etc

## Scholarship and Teaching

* Pace and content appropriate
* Allows questions
* Checks understanding