# 2010:1 SCE Rehash

**SCE1**

**Domains**

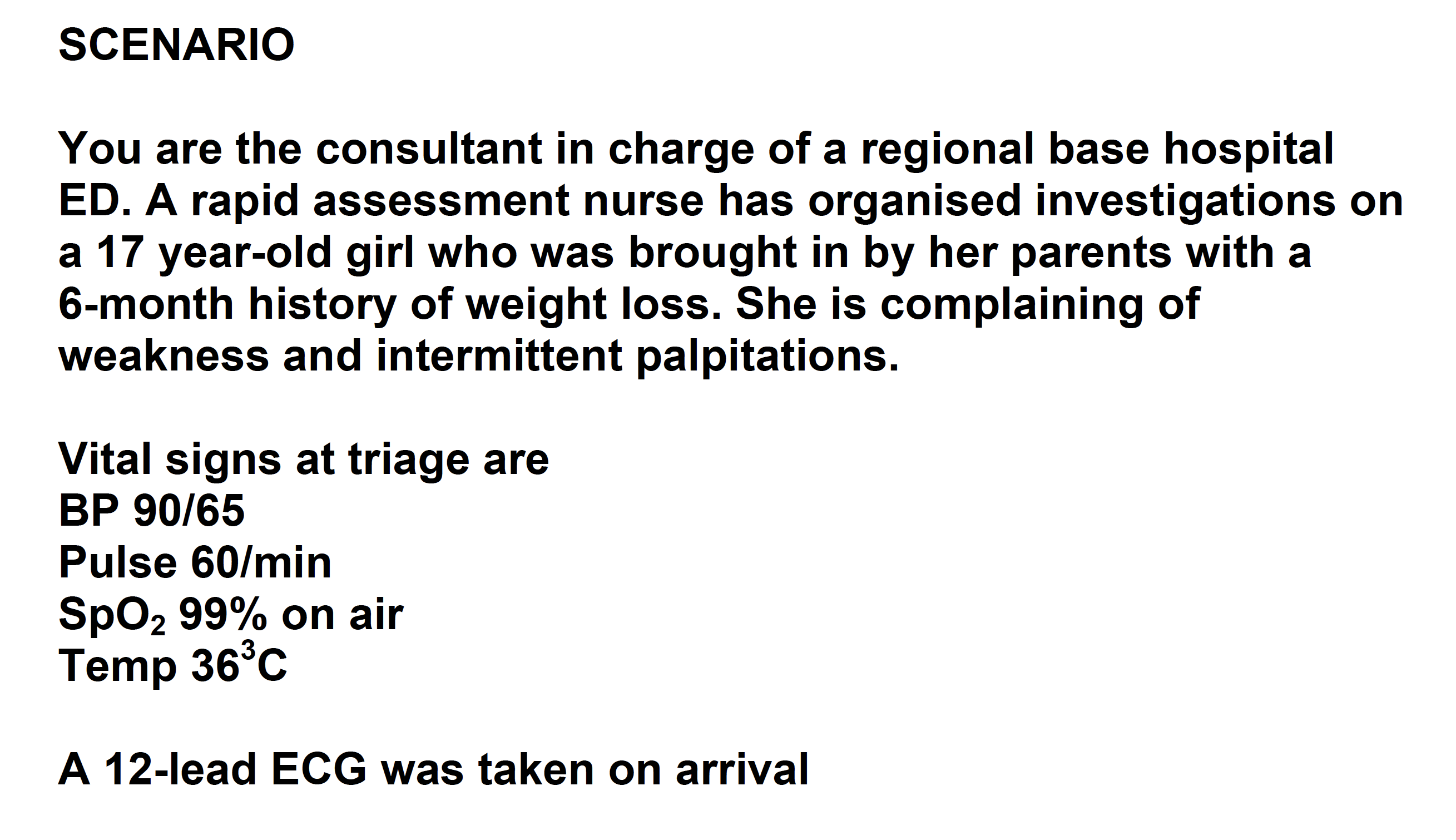
**Medical Expertise (40%)**

**Prioitisation and Decision Making (40%)**

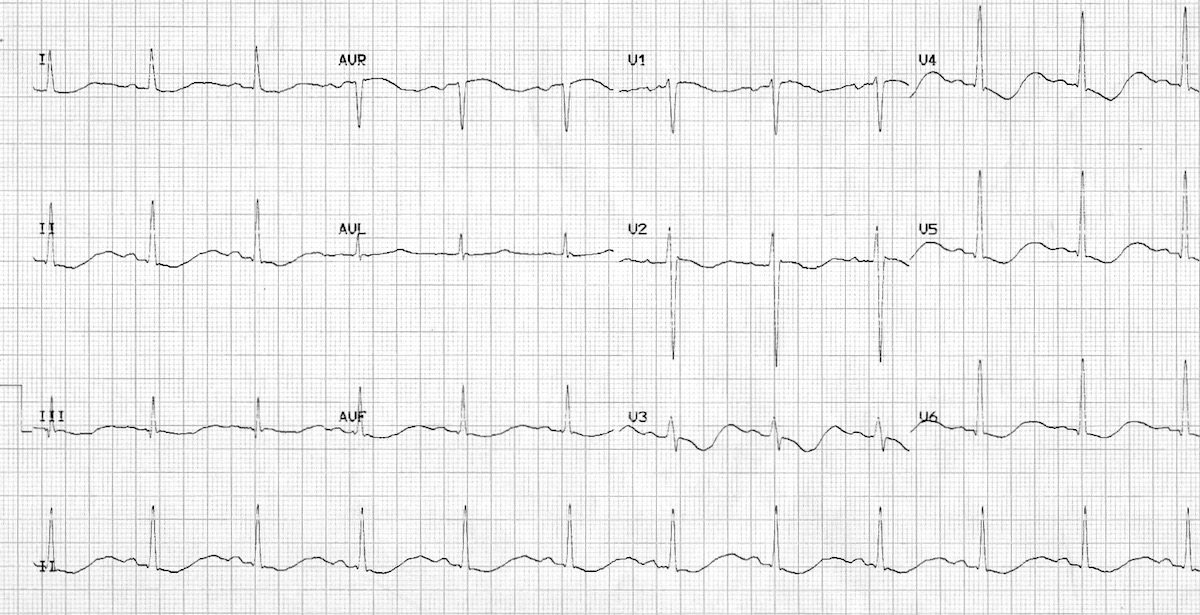
**Professionalism (20%)**

This is a standardised case based discussion. You will be discussing an evolving case with the examiner.

Be specific when answering including dosages and equipment sizes. It is important to explain your rationale for decisions made.

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Outline the assessment of this patient



**SCE 2**

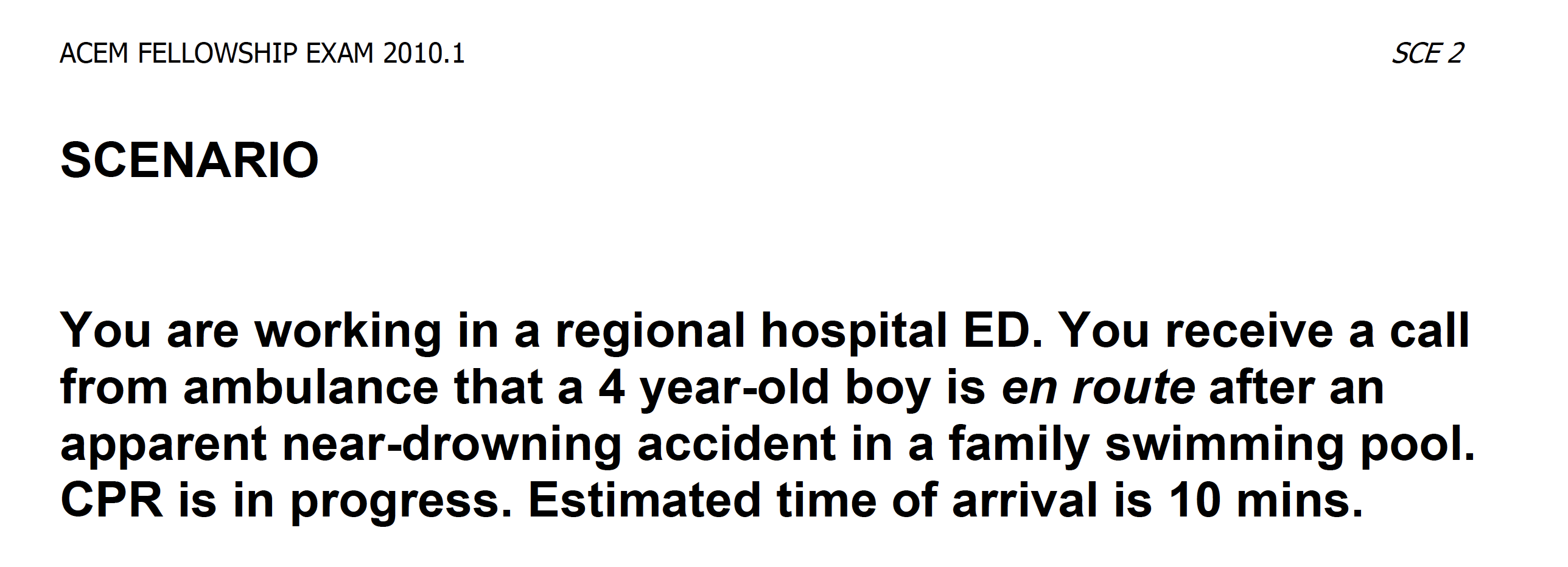
**Medical Expertise (40%)**

**Prioitisation and Decision Making (40%)**

**Health Advocacy (20%)**

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Be specific when answering including dosages and equipment sizes. It is important to explain your rationale for decisions made.



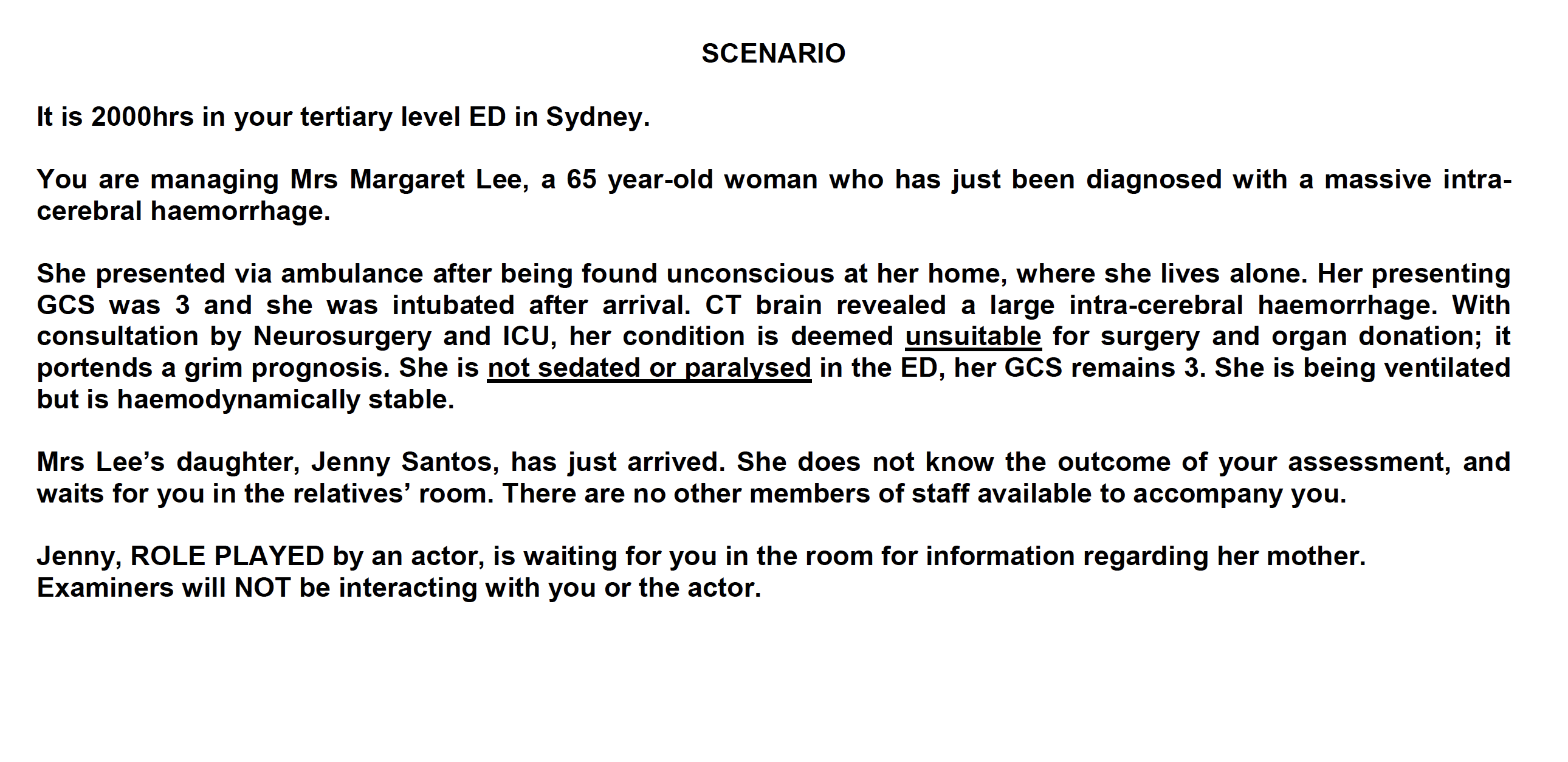
Outline your preparation for the arrival of this patient

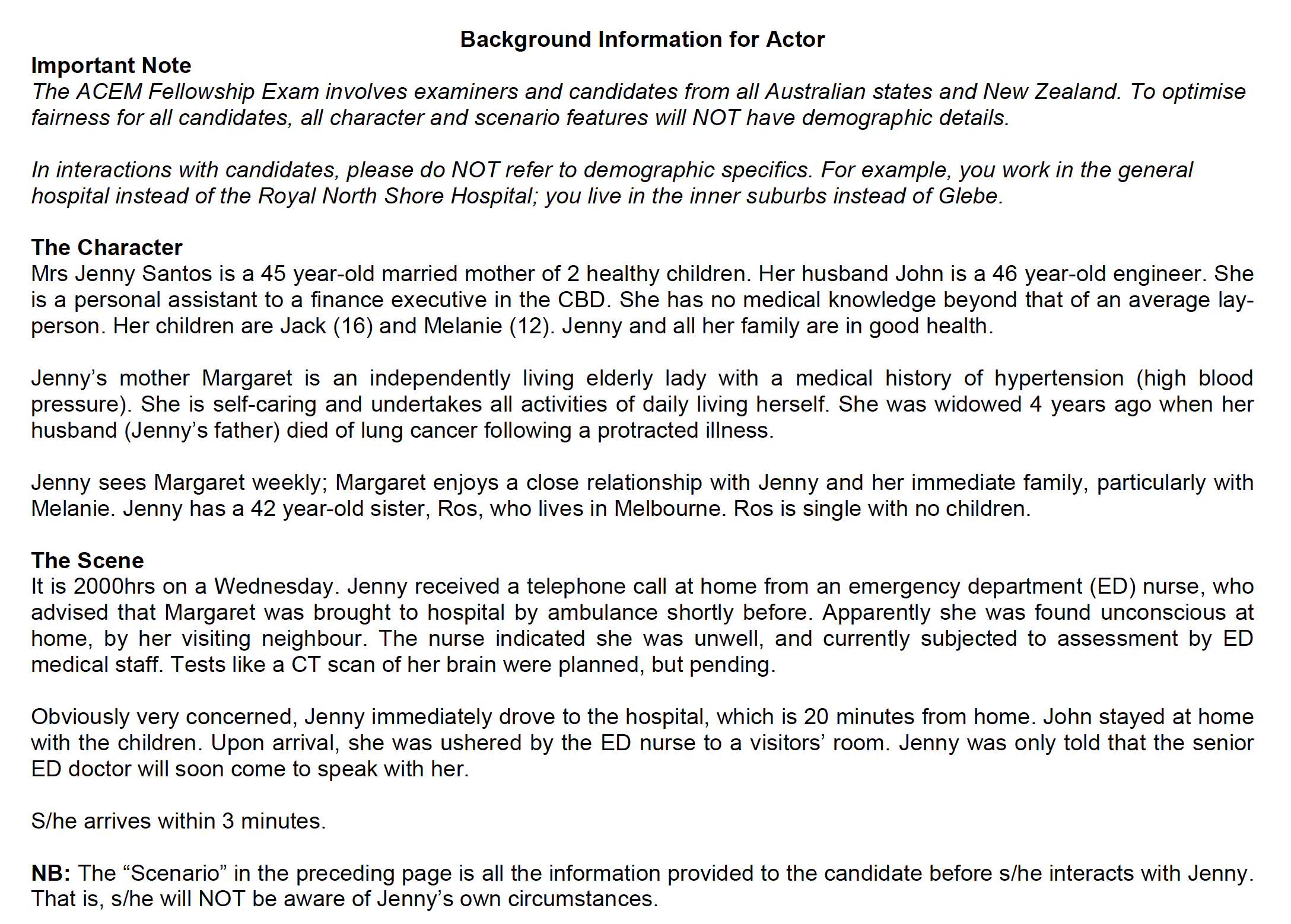
**Communication Station 3**

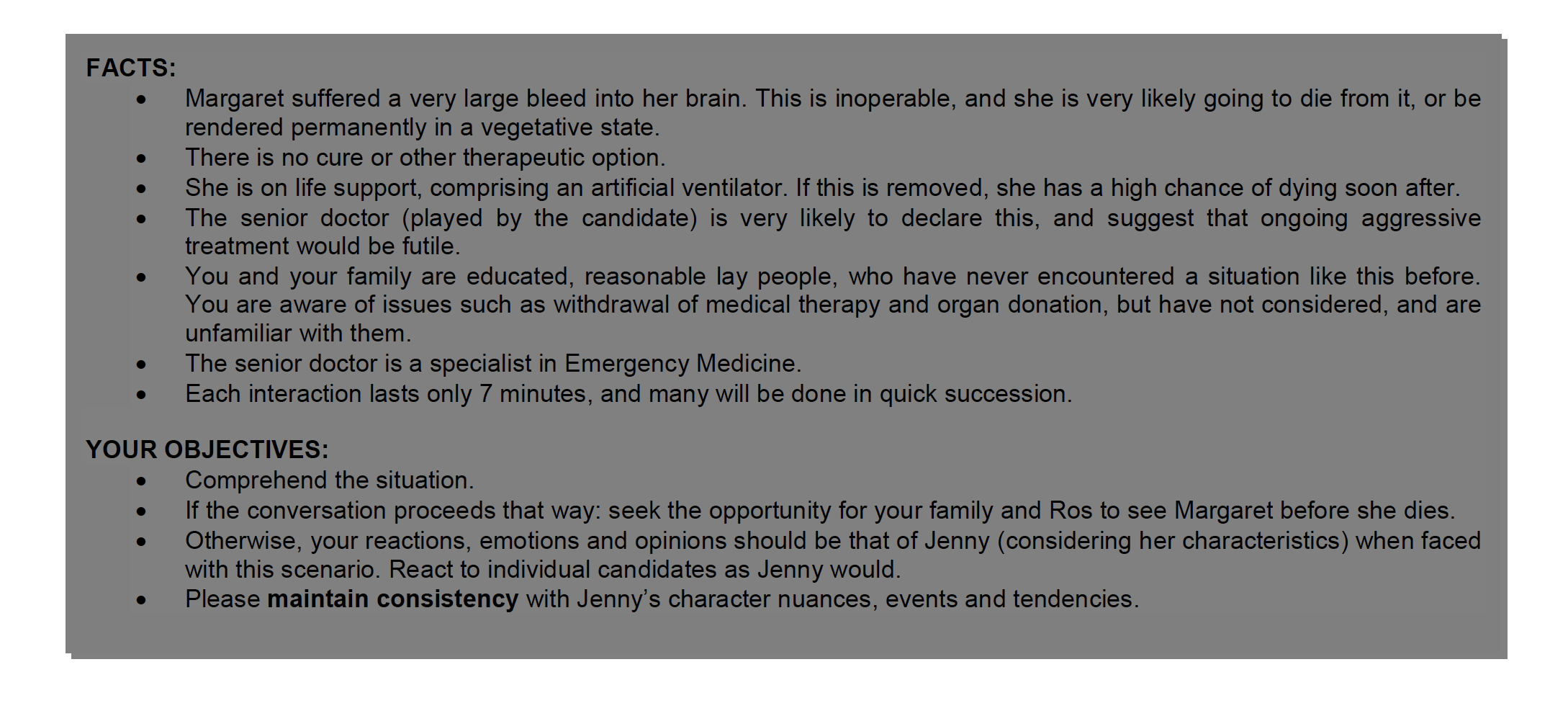
**Communication (50%)**

**Prioritisation and Decision Making (30%)**

**Health Advocacy (20%)**

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**SCE 4**

**Domains**

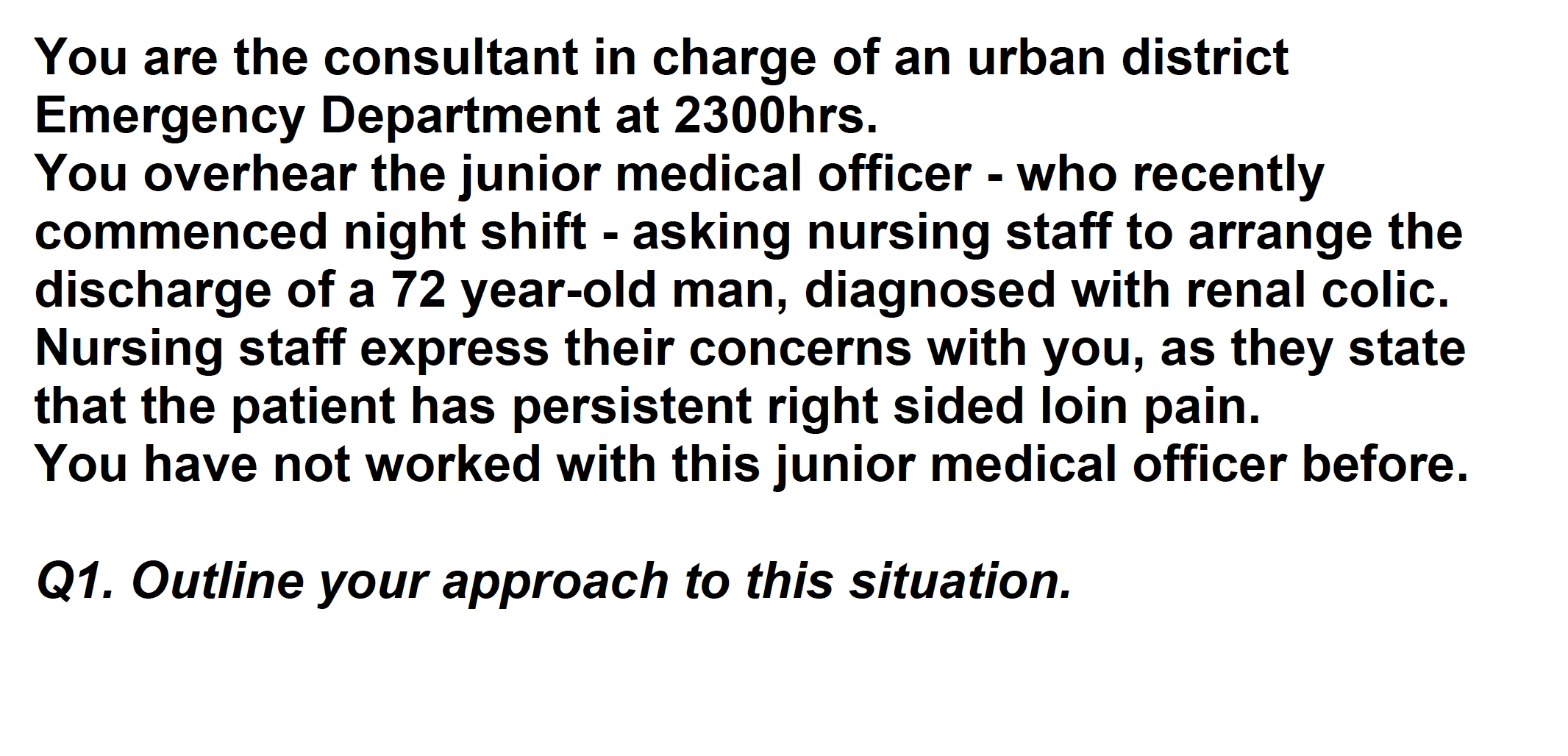
**Medical Expertise (40%)**

**Prioitisation and Decision Making (40%)**

**Professionalism (20%)**

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**SCE 5**

**Domains**

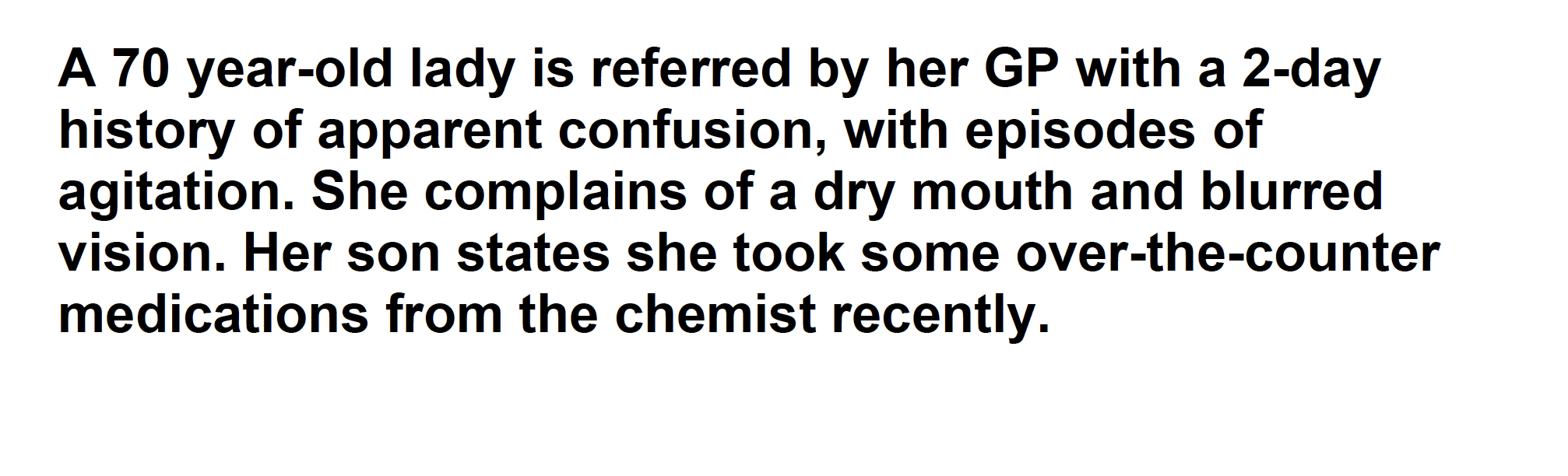
**Medical Expertise (40%)**

**Prioitisation and Decision Making (40%)**

**Professionalism (20%)**

This is a standardised case based discussion. You will be discussing an evolving case with the examiner.

Be specific when answering including dosages and equipment sizes. It is important to explain your rationale for decisions made.

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Outline your differential diagnosis in this patient

**SCE 6**

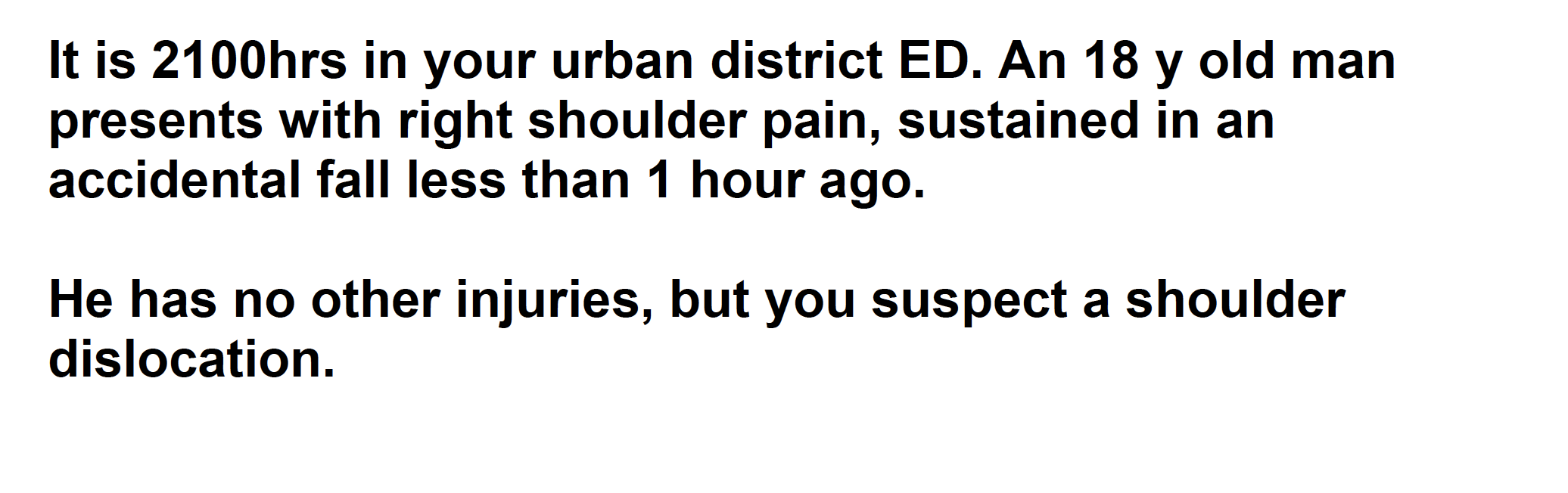
**Domains**

**Medical Expertise (50%)**

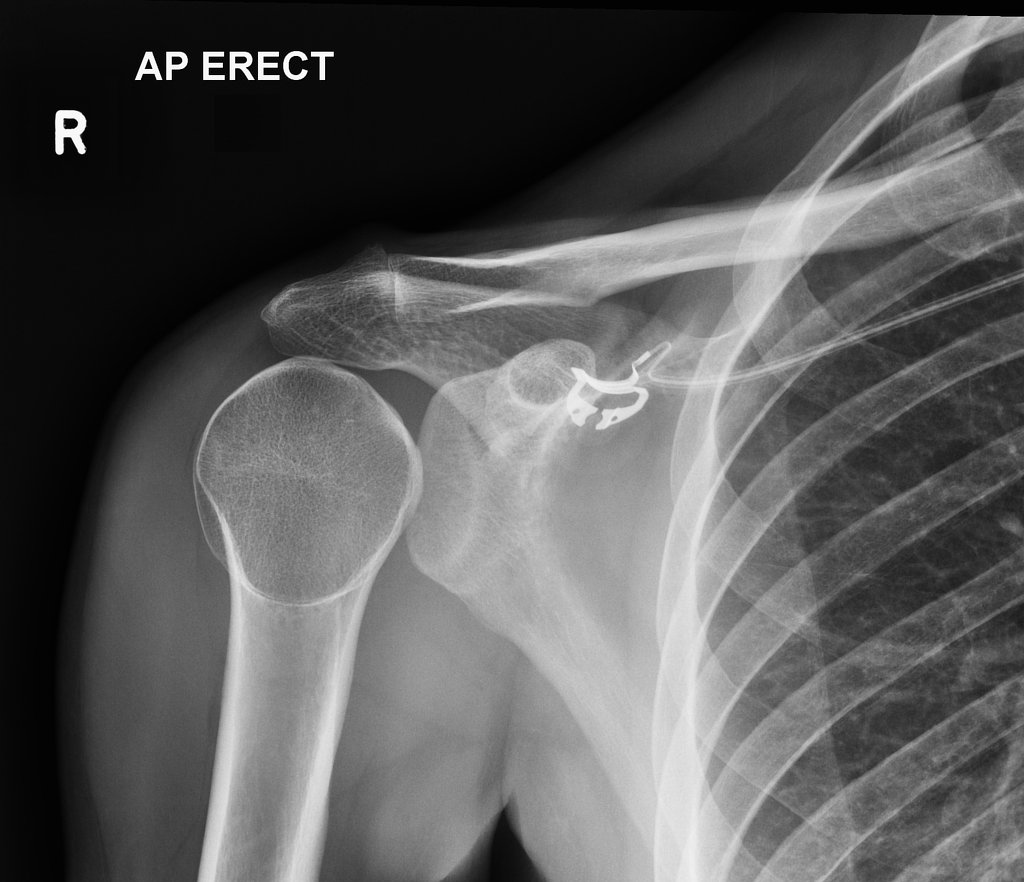
**Prioritisation and Decision Making (50%)**

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Be specific when answering including dosages and equipment sizes. It is important to explain your rationale for decisions made.



Interpret the XRay





# SCE Rehash SIMs (Feb 3)

**SIM 1**

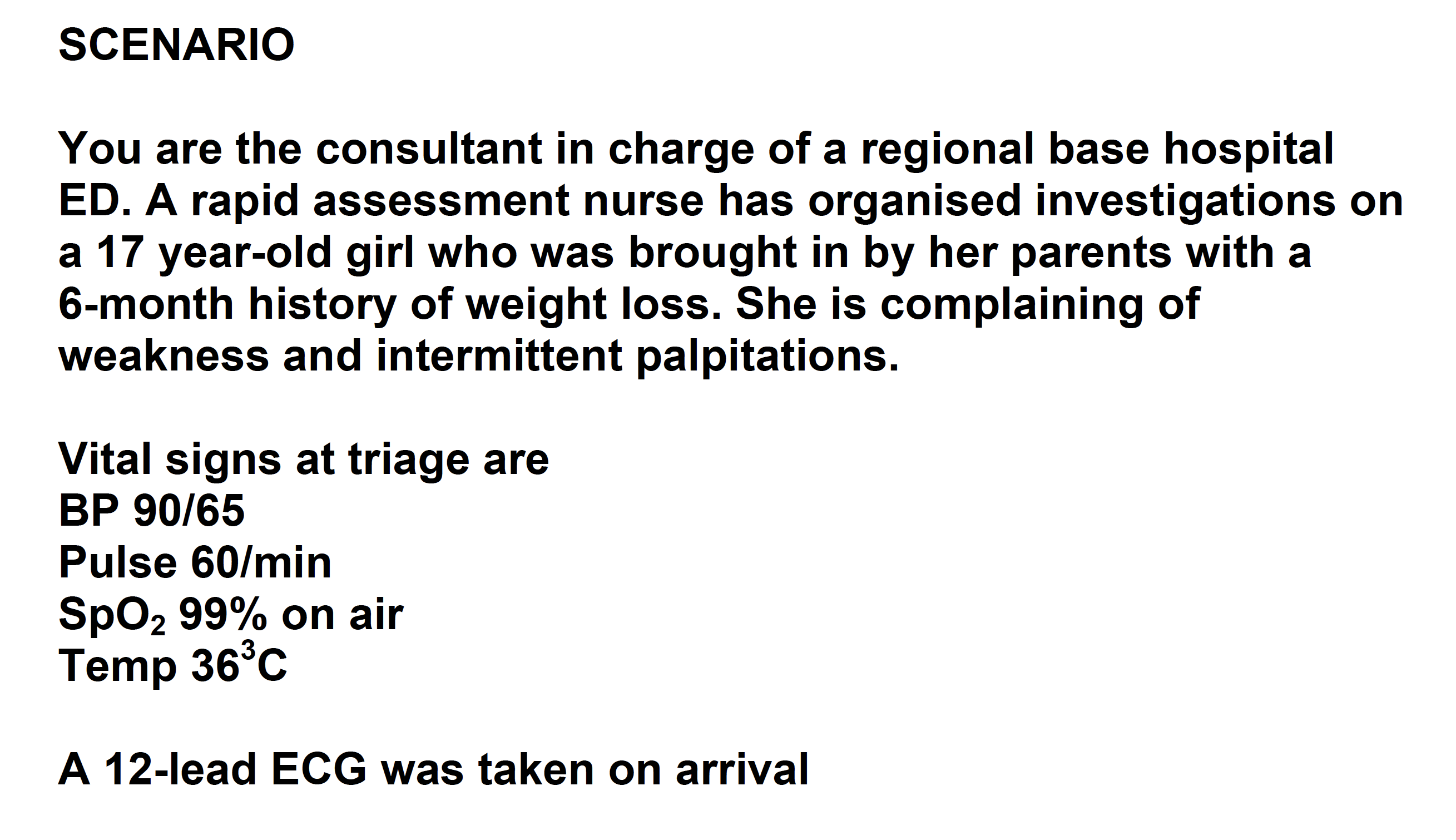
The is a 7 minute simulation station

**Domains**

Medical Expertise (30%)

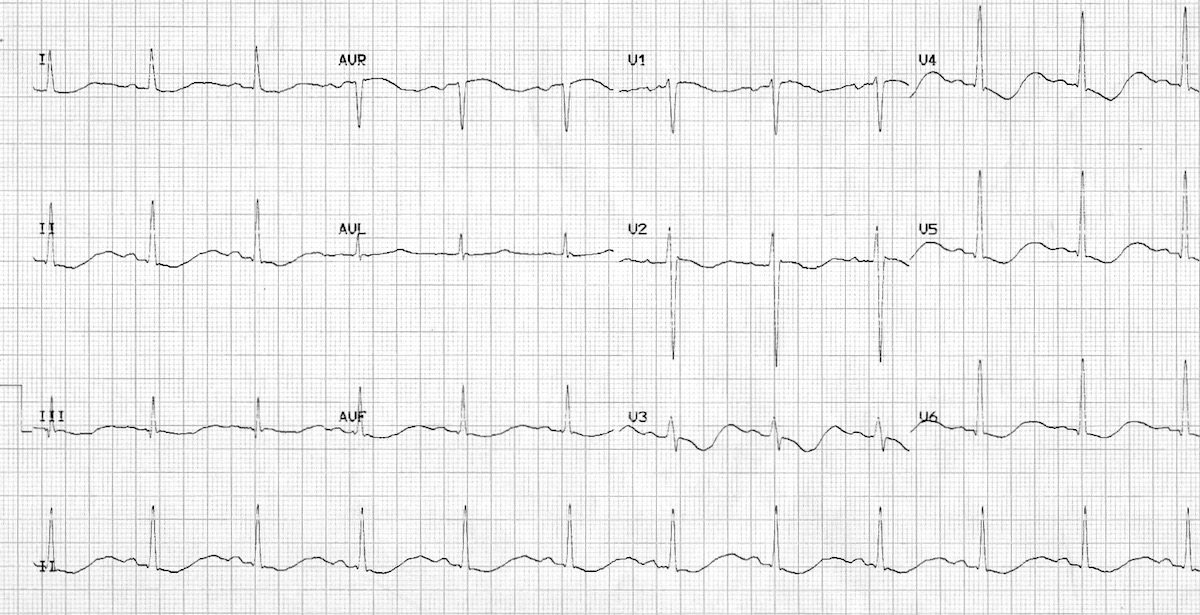
Prioritisation and Decision Making (40%)

Teamwork and Collaboration (30%)

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She has deteriorated and has been moved to the resus room. The registrar has asked you to come and assist. You are the team leader and as such should instruct the team from the end of the bed. You have a competent registrar and nurse assisting you who can perform all reasonable tasks that you ask of them.

ECG Provided with stem



**pH 7.51**

**pCO2 47**

**HCO3 38**

**BE +9**

**K 1.4**

**Na 131**

**Gluc 3.0**

**Cl 81**

**Lact 3.4**

**Creat 150**

**(VBG provided during SIM)**

**SIM 1 Instructions**

Handover of food restriction Hx and that patient appeared to have an episode of reduced LOC before she was on the monitor but has recovered. Exam findings reveal a thin and dehydrated girl with lanugo hair. Poor teeth and some grazes on knuckles

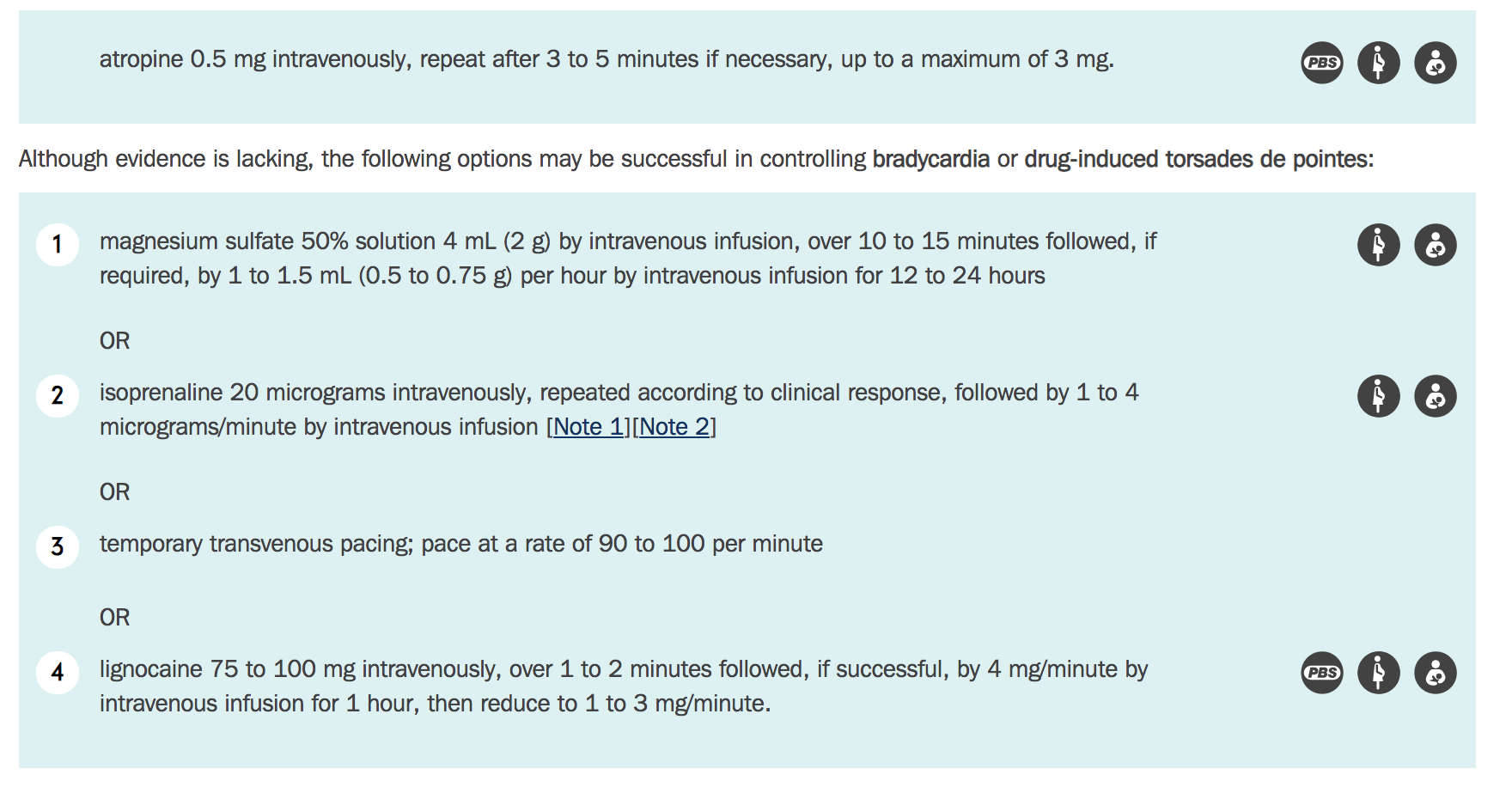
ECG – Long QT, U waves, ST/T changes, broad p waves

Directed to assessment of patient – VBG, Other bloods specifically electrolytes

2 Mins into SIM has a 20 second episode of torsades (conscious)

VBG shows K 1.4

Recurrent episodes of torsades requiring Mg, K replacement, IV fluids, isoprenaline, atropine, pacing if persistent



Prolonged episode of torsdes degenerates to VF? If time

**ALTERNATIVE SIMs**

- Enters the room as patient in Torsades and rapidly degenerates to VF

- Requires full ALS with shocks etc

**SIM 2**

The is a 7 minute simulation station

**Domains**

Medical Expertise (30%)

Prioritisation and Decision Making (40%)

Teamwork and Collaboration (30%)

You are working in a regional centre and have been called out of a meeting to assist the registrar. A 4 year old boy (est weight 20kg) has been brought in by ambulance after a near drowning in a swimming pool. CPR is in progress. He has had an LMA placed en route and has adequate IV access.

You are the team leader and as such should instruct the team from the end of the bed. You have a competent registrar and nurse assisting you who can perform all reasonable tasks that you ask of them.

pH 7.1

pCO2 80

HCO3 12

K 3.4

Na 143

Cl 110

Gluc 5.4

Lact 9.0

**SIM Instructions**

**Handover from registrar**

- Found in pool, last seen 5 mins before playing on the deck

- Face down, parental CPR

- Down time 15 mins

- No shocks, Adrenaline x4 with ambos – nil here yet

- LMA – but poor seal and very noisy chest

- Team doing 30:2 incorrectly

- Pupils equal but fixed

- 200mls saline given

**Obs**

PEA

Sats unrecordable

**Priorities**

- Oxygenation, intubation – size 5 ETT, no drugs

- Tube to 14cm

- Suction

- FIO2 1.0

- Neuroprotective strategies

- Adrenaline 2mls 1:10000 or 200mcg every 3-5mins

- Instruct team to do 15:2 till intubated then continuous resps 8-10,

- CPR rate 100/min

- Look for signs of trauma

- Retrieval if get ROSC

- Parents/SW

**Progress**

ROSC after intubated

Post ROSC management

- check tube

- vent settings (FIO2 1.0, Vt 120, PEEP 10, RR 25-30)

- Sedate, analgese and paralyse

- Neuroprotective considerations

- CXR/CO2/check position

- A-D assessment

- ICD/NG/Temp/other supportive care

- ICU

**SIM 3**

The is a 7 minute simulation station

**Domains**

Medical Expertise (30%)

Prioritisation and Decision Making (40%)

Teamwork and Collaboration (30%)

A 65 year old female who lives alone has presented after a fall at home, she was found confused and unable to give any Hx by the cleaner. She had a GCS of 11 on arrival and has just returned from CT with the registrar. (See CT prop)

She had a brief self terminating seizure en route back from CT.

**Observations**

P 100

BP 170/70

Sats 96% RA

RR 20

T 37

You are the team leader and as such should instruct the team from the end of the bed. You have a competent registrar and nurse assisting you who can perform all reasonable tasks that you ask of them.

**SIM Instructions**

**Reg to provide Hx**

- GCS 10 in CT

- Seizure 1min en route back from CT

- GCS initially 3 but rapidly returned to 10

- Family member has just arrived and given the Hx that the patient is on warfarin for AF. No other comorbidities or meds

- INR pending

- VBG normal

- ECG normal

- No advanced care directive

Reassess A-D plus

Appropriate reversal of warfarin

- 10mg vit K

- Prothrombinex 4 factor (or 3 factor plus 15mls/kg FFP)

Urgent neuroSx contact

Patient has a further seizure

- Midazolam

- Intubate and ventilate

- Neuroprotective strategies

**SIM 4**

The is a 7 minute simulation station

**Domains**

Medical Expertise (30%)

Prioritisation and Decision Making (40%)

Teamwork and Collaboration (30%)

You are the team leader and as such should instruct the team from the end of the bed. You have a competent registrar and nurse assisting you who can perform all reasonable tasks that you ask of them.

A 58 year old man has presented to ED with abdominal pain and a collapse. He has a history of AAA and is wait listed for an endovascular graft. He has hypertension and AF.

**Observations**

BP 60/40

P 130

Sats 97% RA

RR 26

T 36.2

**VBG**

pH 7.1

pCO2 30

HCO3 14

Lact 6

K 3.4

Cr 150

**SIM instructions**

**Hx from Reg**

- Sudden abdo pain and collapse

- Hypotensive and confused

- Had 1L saline

- No mention of meds unless specifically asked – non anticoagulated if asked but on aspirin

- Only 1 access in left hand 22G

**Priorities**

Surgeons

Access with IO/RICC

Bloods/VBG and CM/Esp Ca

Volume replacement/MTP with end points/TXA/fluid warmer

Keep warm

Discuss with family/wishes

**Progress**

Patient arrests in PEA

ALS per protocol

ETT/LMA/BVM

Ongoing products ++++

Expedite surgeon in case of ROSC

After 2 units get ROSC

Standard post ROSC care plus ongoing MTP

**SIM 5**

The is a 7 minute simulation station

**Domains**

Medical Expertise (30%)

Prioritisation and Decision Making (40%)

Teamwork and Collaboration (30%)

You are the team leader and as such should instruct the team from the end of the bed. You have a competent registrar and nurse assisting you who can perform all reasonable tasks that you ask of them.

A 70 year old lady presents with a 2 day Hx of apparent confusion and agitation. She appears dehydrated and is severely bradycardic. She has a history of angina, hypertension and osteoarthritis. She takes verapamil, aspirin, panadol osteo and perindopril. She recently had a psychogeriatric admission for severe depression with suicidal ideation 1 month ago.

**Observations**

P 30

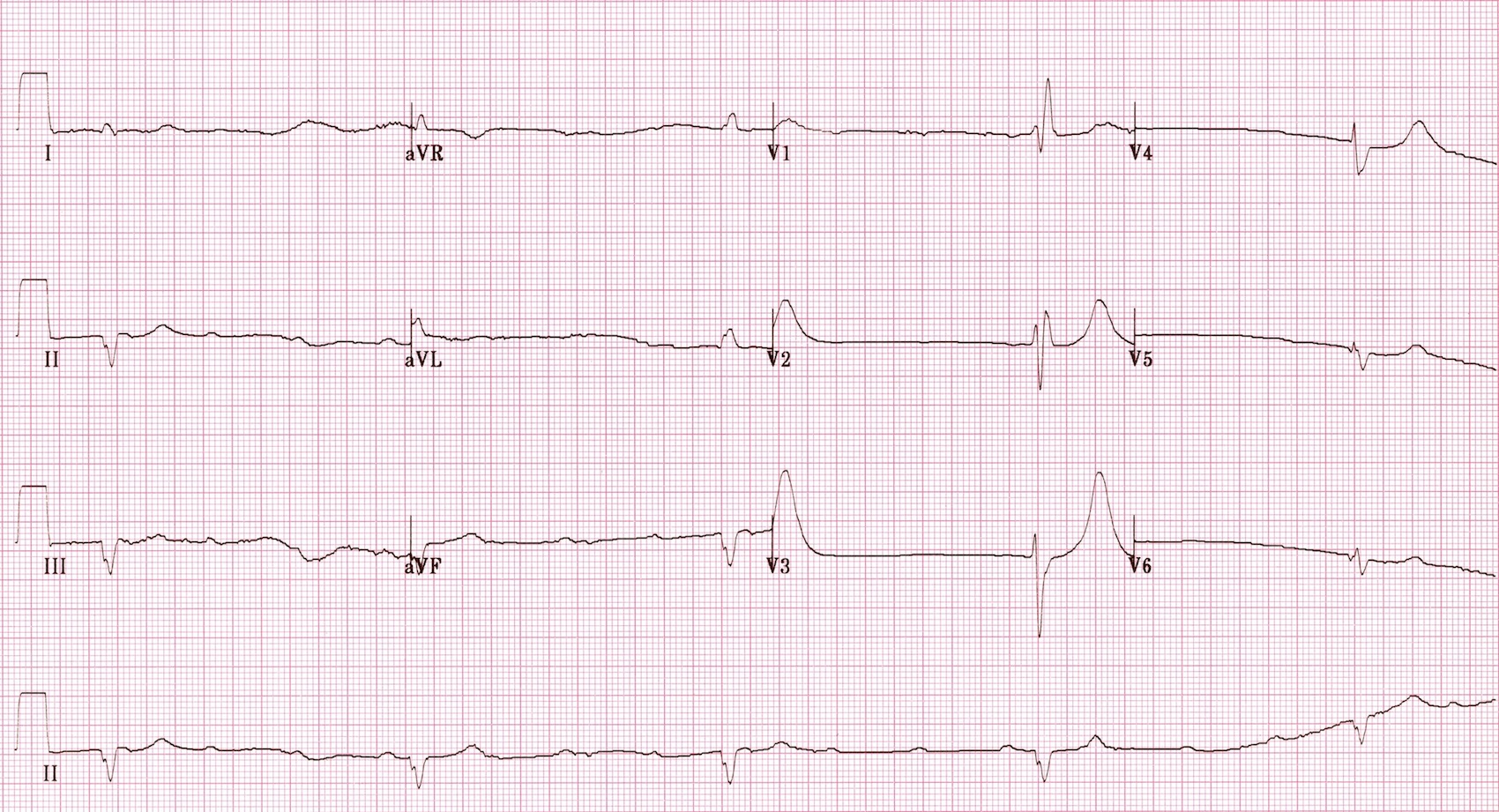
BP 60/40

Sats 91% RA

RR 18

T 37

GCS 10



**SIM Instructions**

**Registrar Handover**

- Found confused and collapsed by son

- He is on way but told ambos that worried she has taken an overdose

- All pills are missing, not sure of quantities

- Perindopril, verapamil, aspirin 100mg, panadol osteo

- No Hx from patient

- Hypotensive and bradycardic, GCS 10, wont speak

- Had 1L saline

- VBG shows an uncompensated high AG metabolic acidosis with lactate of 5 and renal impairment

- No evidence of triple base defecit of salicylates if asked

- BSL normal if asked for – don’t state unless asked

ECG interp

High grade AV Block

Priorities

- Send panadol and salicylate levels

- Manage CCB overdose

- Discuss WBI with tox – if suggested state that

- Calcium 30mls 10% gluconate – can repeat

- Inotropes – Nad/Ad

- Fluids

- HIET – 1unit/kg

- Consider Intralipid

HR drops to 20

- Pacing/atropine

- Likely to need intubation but not immediate

- Start NAc as timings and doses unclear and panadol level unavailable

- Discussion with Son