

OSCE

Candidate information

Your RMO has been seeing a 48 year old male who sustained three rib fractures after an unfortunate rugby tackle. This is his only injury.

The RMO was working in NSW, where they had a chest injury protocol. They have brought a copy of this with them and have some questions regarding the evidence behind the protocol.

Please answer their questions.

Domain	%
Medical expertise	25
Prioritisation and decision making	
Communication	25
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	50
Professionalism	

Rib fracture protocol discussion

Actor (RMO) information

You have been seeing a 48 year old male who sustained three rib fractures during an unfortunate rugby tackle. This is his only injury. You were working in NSW recently, and have a copy of a Chest Injury Protocol with you, which you would like to discuss with your consultant.

The patient has no medical history but is a chronic smoker with a 20 pack year history.

****Prop: incomplete copy of protocol**

Prompts:

- Do all patients with rib fractures need admission?
- What is the evidence for HFO2, analgesia, etc?
- What are some analgesic options for rib fractures?

Marking:

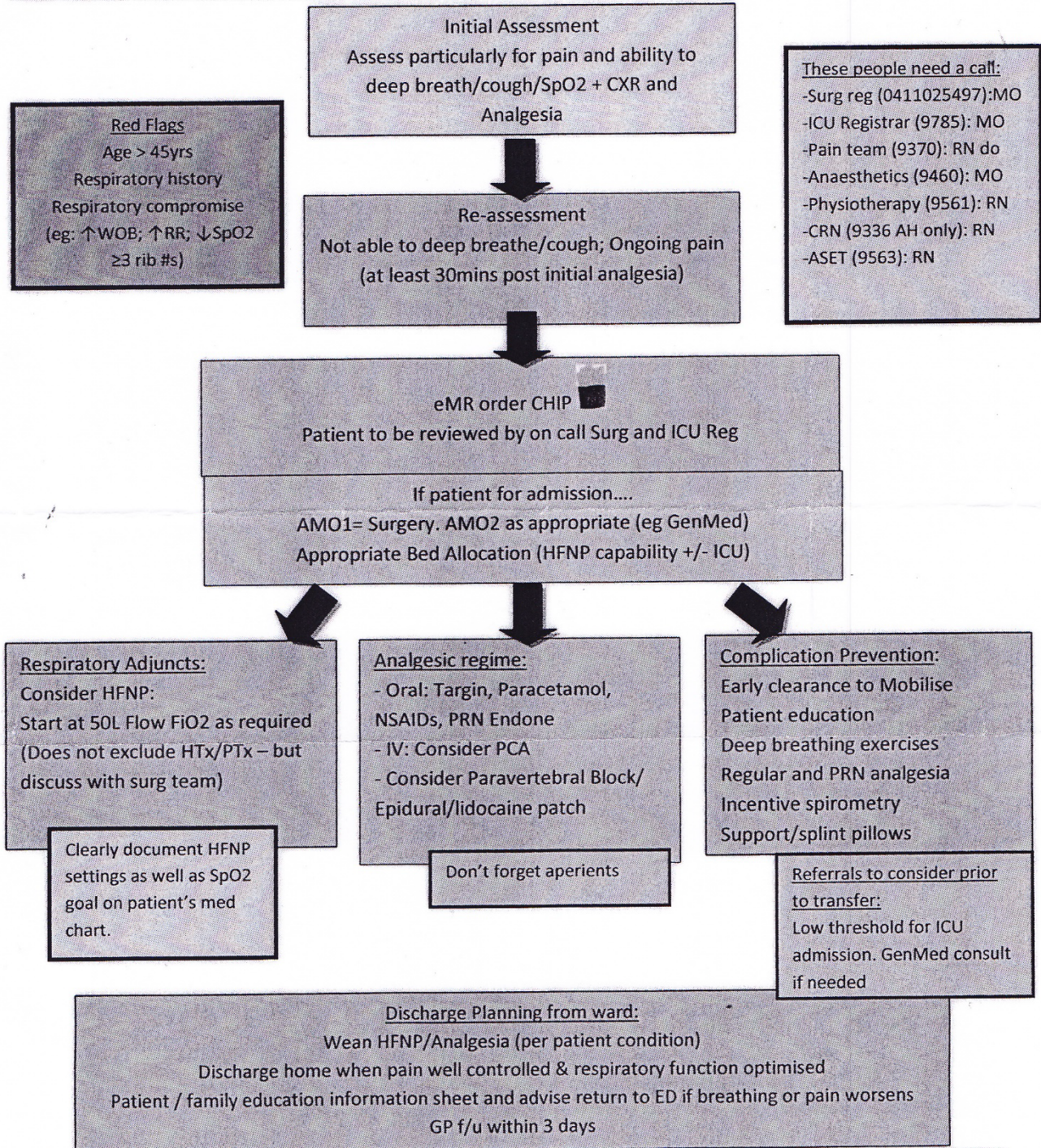
- Rib #s cause exacerbation of COPD
- High morbidity/mortality, particular in COPD pts
- Basic COPD Mx won't help if fractures present
- Pulmonary complications may take up to 48-72 hours to become evident
- >4 ribs associated with higher mortality rates
- Rib stabilisation/surgery useful if intubated with flail chest, resp failure, prolonged intubation/ventilation, non-intubated with flail and decreasing pulmonary function

	Mark
Explains the rationale for admission in high risk patients	2
Identifies need for good analgesia	2
Explains the evidence for HFO2	1
Explains possible complications	1
Lists teams to contact and rationale for this	1
States at least two pain options (oral, IV, thoracic epidural, paravertebral block)	2
Approach – calm, concise, organised	1



CHIP: Early notification Chest Injury Pathway

ED CLIN PD 08



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