**OSCE**

**Candidate information**

A 10 year old boy is carried into your rural ED by his father. They were camping in outback Northern Australia when the boy trod on a snake. He has a small bloody wound on his right leg. A bandage was applied by the father. They arrived in the ED by private car after a 50 minute drive. The patient is in resus and is GCS 15/15.

Your RMO has applied a pressure immobilisation bandage and would like to discuss the case with you. Some results are available already.

| **Domain** | **%** |
|---|---|
| Medical expertise | 40 |
| Prioritisation and decision making | 30 |
| Communication | |
| Teamwork and collaboration | |
| Leadership and management | |
| Health advocacy | |
| Scholarship and teaching | 30 |
| Professionalism | |

**Paediatric snake bite**

**Actor (RMO) information**

A 10 year old boy is carried into your rural ED by his father. They were camping in outback Northern Australia when the boy trod on a snake. He has a small bloody wound on his right leg. A bandage was applied by the father. They arrived in the ED by private car after a 50 minute drive. The patient is in resus and is GCS 15/15.

You have applied a PIB and would like to present the case to your consultant. You have some results back, but most bloods are pending. You (of course) have several questions for your consultant.

**You have a set of blood results to show your consultant**

Prompts:

- What are the symptoms of envenomation to look for?
- What neurological complaints may he have if envenomated?
- What blood tests should I order?

Marking:

- What are the symptoms of envenomation to look for? *Headache, vomiting, dizziness due to low BP, abdominal pain*
- What neurological complaints may he have if envenomated? *Diplopia, dysarthria, muscle weakness, respiratory fatigue*
- What blood tests should I order? *FBE, Coags, EUC, CK, VBG*
- Tetanus status
- Correctly identifies VICC from blood results – this is an indication for antivenom
- Other interpretation: Hb normal (no MAHA, but seek WCC and platelets). Elevated CK (rhabdomyolysis).
- Interpretation: presence of VICC limits possible snakes to Brown snakes, Taipan, and Tiger snake.
- Death adder doesn't cause coagulopathy. Black snake – fibrinogen would be normal.
- Leaves PIB in situ until antivenom commenced/completed and patient stable.
- Mainstay of care is supportive and antivenom.
- Monitor bleeding, neurotoxicity, myotoxicity.

| | Mark |
|---|---|
| **Explains symptoms of envenomation to look for** | 2 |
| **Orders appropriate tests** | 2 |
| Identifies VICC from blood results | 1 |
| Identifies VICC as indication for antivenom | 1 |
| Explores possible snakes responsible based on bloods | 2 |
| Leaves PIB in situ until antivenom commenced/pt stable | 1 |
| Approach to teaching – organised, clear, concise, safe | 1 |

**Blood results (interim)**

| | |
|---|---|
| Hb 135 | (130-170) |
| Platelets 207 | (150-400) |
| | |
| APTT 90 | (25-36) |
| INR >9.0 | |
| D dimer positive | |
| | |
| Fibrinogen <60 | (180-440) |
| CK 1500 | (150-499) |