

OSCE

Candidate information

You are the retrieval consultant for a tertiary centre. A doctor at a peripheral centre is requesting retrieval of a 69 year old morbidly obese male who presented with 2 days of worsening dyspnoea. The patient is being treated for respiratory sepsis and has been given 3 Litres normal saline and IV ceftriaxone and azithromycin.

The local doctor has requested retrieval as the hospital has no HDU facility. They have asked for advice on how to optimise the patient whilst they await the retrieval team. They have performed an ABG on the patient.

The patient's vital signs are:

HR 124

BP 90/54

RR 36

Sats 90% on 15 L NRBM

Temp 38.8 C

Domain	%
Medical expertise	60
Prioritisation and decision making	20
Communication	20
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	
Professionalism	

Transfer of Type 2 RF

Actor (doctor) information

You have contacted the retrieval consultant to arrange transfer of a 69 year old morbidly obese male who presented with 2 days of worsening dyspnoea. The patient is being treated for respiratory sepsis and has been given 3 Litres normal saline and IV ceftriaxone and azithromycin.

You have asked for advice on how to optimise the patient whilst you await the retrieval team and have performed an ABG on the patient (prop).

The patient's vital signs are:

HR 124

BP 90/54

RR 36

Sats 90% on 15 L NRBM

Temp 38.8

Prompts:

- What does the ABG show?
- How should the patient be managed while waiting for transfer?
- Should we intubate? Why/why not?

Marking:

- Analysis of blood gas: acute respiratory acidosis and (likely high anion gap) metabolic acidosis. Elevated Aa gradient. Type 2 respiratory failure.
- Management:
 - BiPAP 7/12 at 100%
 - consider trial of nebs
 - further IVT and noradrenaline if need
 - steroids if COPD history
 - intubation if BIPAP fails
 - strict FBC – IDC insertion
 - Optimise posture – sit patient up at 30 degrees
 - analgesia PRN, paracetamol, etc.
- Intubation: no right or wrong. Just needs to justify decision one way or the other. Must acknowledge difficult intubation risk and operational issues – peripheral hospital etc.

	Mark
Accurate analysis of blood gas	2
Appropriate management of T2RF – must suggest BiPAP, approp settings	2
Discussion of pros and cons of intubation	2
Mentions other treatments – steroids, norad, etc	2
Other management while waiting – posture, nebs, etc	1
Approach to caller – collegiate, concise, clear	1

ABG on 15L NRBM

pH 7.10

PaO₂ 59

PaCO₂ 60

HCO₃ 16

BE -9

Lactate 6