OSCE

Candidate information

Your RMO has been seeing a 4 year old child with respiratory symptoms. Jaxon has been unwell for two weeks, with the same symptoms as his mother – cough, coryza, malaise. He has had fevers which respond to Panadol. He is immunised and has no significant medical issues.

His mother has brought him in due to concerns about his ongoing fevers. Your RMO is unsure how far to investigate this child, as it is currently "respiratory season" and many children are presenting with these symptoms. His lungs are clear.

Please discuss the risk stratification of LRTI/pneumonia with your RMO, and answer any questions they have.

Obs:
RR 45
Sats 95% RA
T 40.2
BP not done
HR 145

Domain	**%**
Medical expertise	50
Prioritisation and decision making	
Communication	20
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	30
Professionalism	

Paediatric pneumonia

Actor (RMO) information

You have been seeing Jaxon, a 4 year old boy with two weeks of ongoing cough, coryza, and malaise. His mother has the same symptoms. He has had fevers which respond to Panadol. He is fully immunised. His lungs are clear. His mother has brought him in due to ongoing fevers, and you are unsure how much to investigate, as it is "respiratory season" and many children are presenting with these symptoms.

Of note, Jaxon is "sleeping" when you see him. You have inserted an IV, which did not elicit much of a response from Jaxon.

Obs:
RR 45
Sats 95% RA
T 40.2
BP not done
HR 145

Prompts:

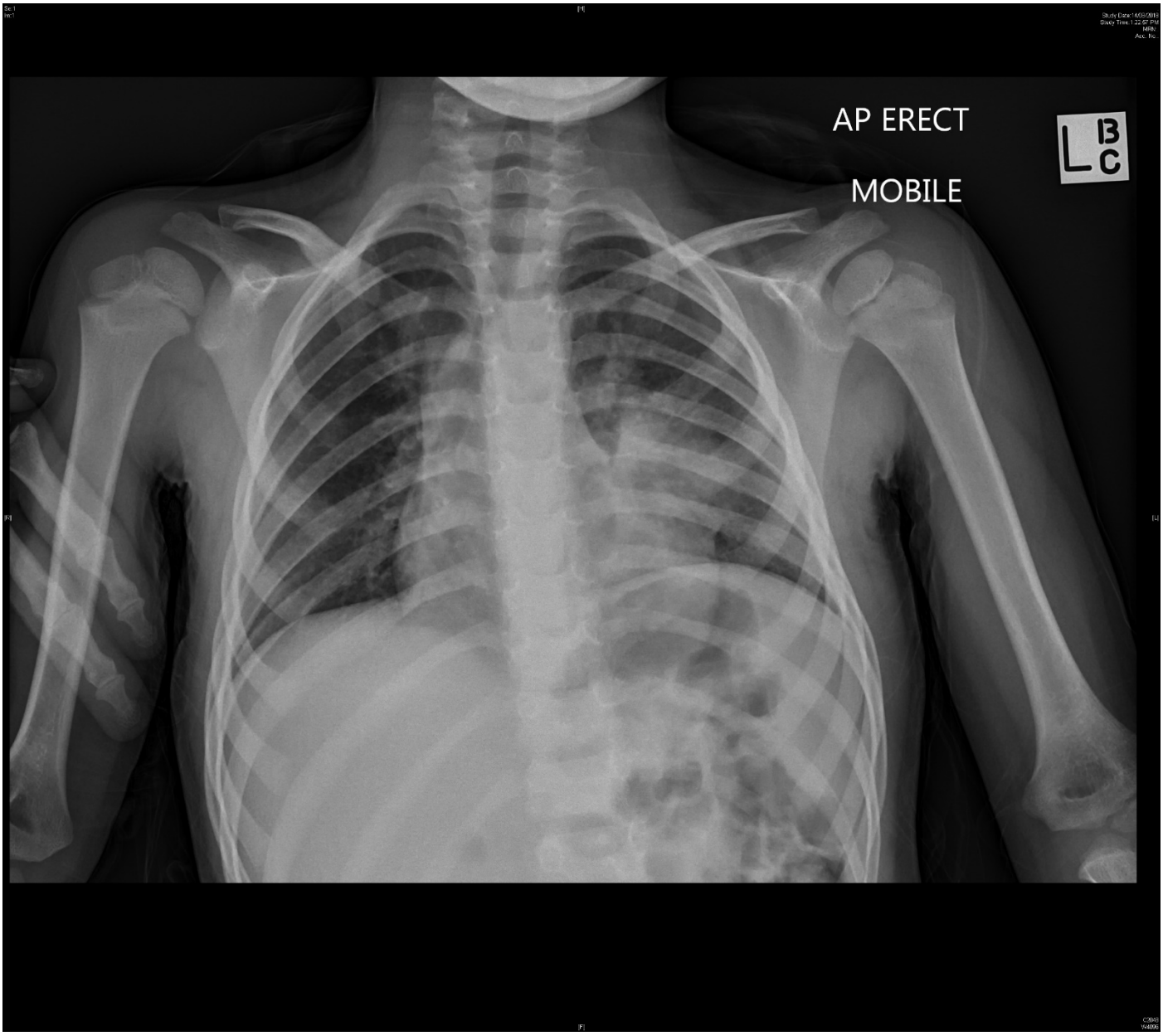
- Should I do a CXR on this child? Why?
- What does the CXR show?
- What are the signs and symptoms of moderate/severe pneumonia in children?

Marking:

- Identifies need for CXR in Jaxon – abnormal obs, prolonged illness, "flat" child
- Interprets CXR appropriately: the cardiac and mediastinal contour is normal. Left heart border has been rendered indistinct, presumably by lingular pneumonia.
- Educates RMO on signs/symptoms of pneumonia in children
    - History: persistent fever, tachypnoea at rest, cough, increased WOB/Resp distress, lethargy/looks unwell
    - Examination: hypoxic (<92%), crackles, high RR for age, WOB, apnoea, dullness to percussion
    - Consider severe pneumonia if there are clinical features of pneumonia AND two or more of severe resp distress, severe hypoxaemia or cyanosis, marked tachycardia, altered mental state
- If mild, CXR and blood NOT recommended for Dx/Mx
- EUC – hyponatremia from SIADH = do if child receiving IVT
- FBE and blood film
- Blood cultures/NPA if severe pneumonia

(From RCH)

	Mark
Interprets CXR appropriately	2
Educates RMO on signs/symptoms of pneumonia	2
Identifies need for CXR in Jaxon	1
Clear understanding of indications for bloods/CXR in pneumonia	2
Explains when to do to NPA/blood cultures	1
Approach to teaching – structured, concise, organised	1
Offers further education options	1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