

OSCE

Candidate information

You are the consultant on call for trauma. The junior registrar has called you as there is a child en route to ED with a priority 1 medical issue.

You are “facetimeing” the registrar as you drive the 10 minutes into ED. The registrar is requesting help preparing for the arrival of the patient, who is due to arrive in 5-10 minutes.

Domain	%
Medical expertise	20
Prioritisation and decision making	40
Communication	20
Teamwork and collaboration	20
Leadership and management	
Health advocacy	
Scholarship and teaching	
Professionalism	

Paediatric drowning APLS

Actor (junior Registrar) information

You are facetimeing your consultant, who is on call for trauma. The ambulance service called through to advise that they are bringing in a 4 year old boy who was found in a pool. The child is currently under CPR and the ETA is 5-10 minutes.

You want to ask the consultant how to prepare for the child, particularly which drugs and doses you need to prepare. You also want to ask what the prognostic factors are for drowning victims.

Your consultant is driving in and *may* be here by the time the child arrives.

Prompts:

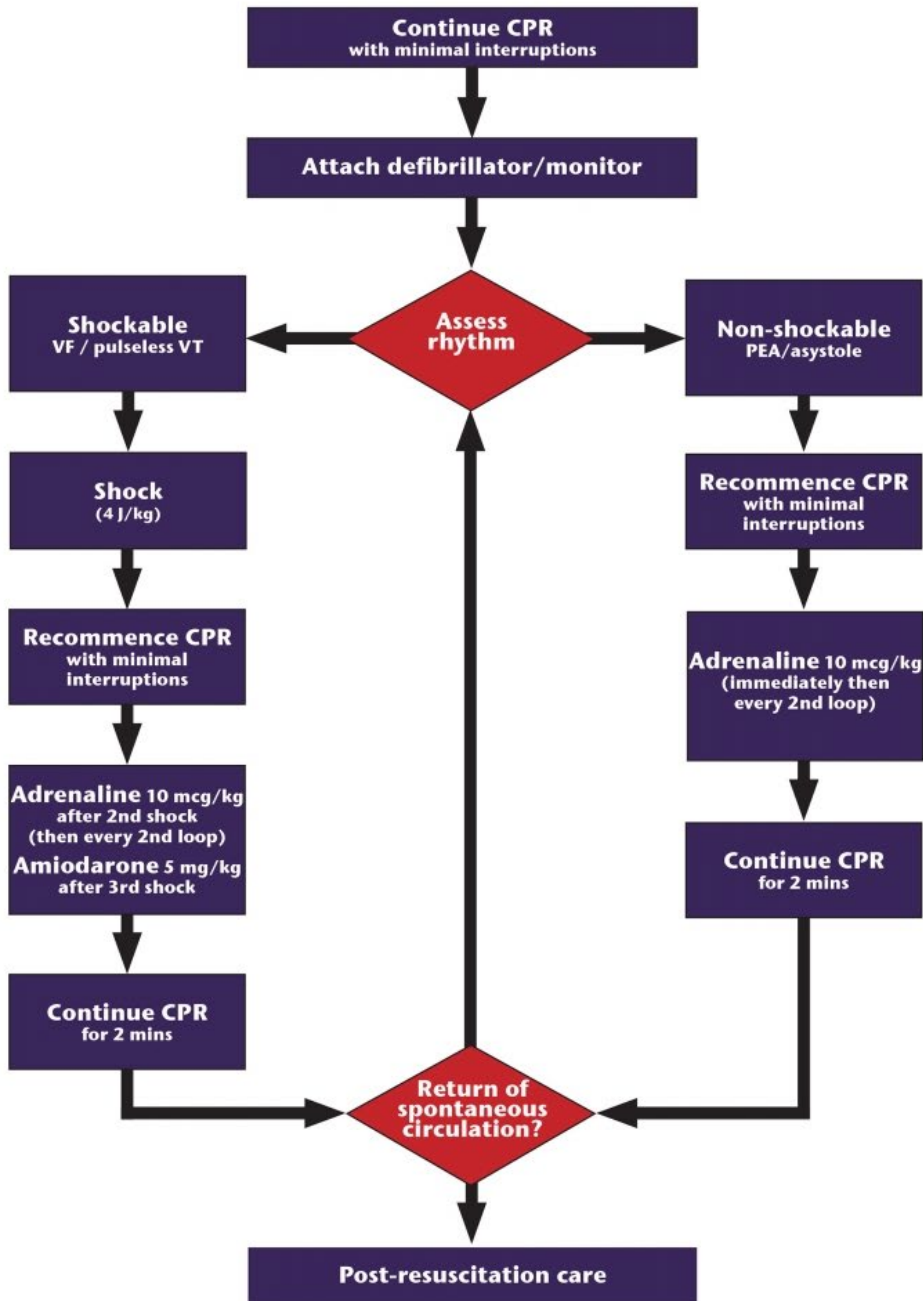
- What drugs and doses should I have ready?
- Could you briefly run through the APLS algorithm?
- What are the prognostic factors for drowning victims?

Marking:

- Drowning prognosis (Orlowski scale): Age <3years, submersion >5min, CPR delayed >10mins after rescue, coma on arrival in ED, pH<7.10 on arrival in ED. If 1 or 2 criteria present, 90% achieve a good recovery. If 3 or more criteria present, only 5% recover.

	Mark
APLS drugs and doses	2
Describes APLS algorithm – either shockable or non-shockable	2
Gives clear plan of approach – early tube, CPR, etc	1
Orders appropriate investigations – temp, VBG	1
Mentions at least three prognostic factors in drowning	2
Advises other help needed – paediatrics, ICU, anaesthetics, etc	1
Approach to Registrar	1

Paediatric advanced life support



During CPR

Airway adjuncts (LMA/ETT)
Oxygen
Waveform capnography
IV/IO access
Minimise interruptions to CPR
Plan actions before interrupting compressions (e.g. charge manual defibrillator to 4 J/kg)

Consider and correct

Hypoxia
Hypovolaemia
Hyper/hypokalaemia/metabolic disorders
Hypothermia/hyperthermia
Tension pneumothorax
Tamponade
Toxins
Thrombosis (pulmonary/coronary)

Post-resuscitation care

Re-evaluate ABCDE
12 lead ECG
Treat precipitating causes
Re-evaluate oxygenation and ventilation
Temperature control (cool)