OSCE

Candidate information

Your intern has been seeing Dorothy, a 94 year old female from a HLCNH. Dorothy has metastatic melanoma, with mets to her spine, lungs, liver, and kidneys. She has presented with likely pneumonia; her nursing home has a current influenza outbreak. She has no advanced care directive.

Dorothy is normally compos mentis and her daughter is arriving soon to visit her. She is currently stable but her BP is slowly trending down and she is hypothermic at 34°C.

Your intern has not taken a resuscitation status before and has approached you to ask how to do this. The intern would also like to know what medications Dorothy may need if she is for comfort measures.

The department is under control.

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

Resusc status and meds for palliation

Actor (intern) information

You have been seeing Dorothy, a 94 year old female from a HLCNH. Dorothy has metastatic melanoma, with mets to her spine, lungs, liver, and kidneys. She has presented with likely pneumonia; her nursing home has a current influenza outbreak. She has no advanced care directive.

Dorothy is normally compos mentis and her daughter is arriving soon to visit her. She is currently stable but her BP is slowly trending down and she is hypothermic at 34°C.

You have not taken a resusc status before and asked your consultant for advice on this. You also want to know what medications Dorothy may need if she is for comfort measures.

Prompts:

- What do I need to ask in taking a resuscitation status?
- What should I check first?
- What if Dorothy arrests before we have a resusc status?
- What if her daughter disagrees with Dorothy's decision?
- What medications should we chart for Dorothy if she is palliative?

Marking:

- What do I need to ask in taking a resuscitation status?
    - Is pt for ICU, intubation, CPR, comfort measures etc
- What should I check first?
    - Is Dorothy able to give a resusc status, or is she too unwell?
- What if Dorothy arrests before we have a resusc status?
    - Common sense: attempt resusc without performing heroics
- What if her daughter disagrees with Dorothy's decision?
    - If Dorothy is compos mentis, her wishes come first
- What medications should we chart for Dorothy if she is palliative?
    - Subcut morphine is 2x stronger than oral morphine Q2H
    - Hydromorphone is 5x more potent than morphine Q2H (good for poor renal fxn)
    - Restlessness: haloperidol 0.5mg SC Q6H, midazolam 1-2mg s/c Q4H, clonazepam 0.25mg to 1mg s/c Q6H
    - Secretions: glycopyrrolate 0.2mg to 0.4mg s/c Q2H, buscopan 10-20mg s/c tds
    - Dyspnoea: morphine
    - Vomiting: Ondansetron, haloperidol

	Mark
Discusses questions involved in taking resuscitation status	2
Gives list of appropriate medications for palliative patients	2
Explains need to check competence/capacity before resuc status checked	1
Explains need to assume full resusc if not otherwise stated	1
Common sense approach to possible arrest in elderly pt	2
Explains that Dorothy's wishes override those of her daughter	1
Approach to teaching intern	1