OSCE

Candidate information

You are just starting your shift. The department is under control. The morning Resusc Registrar wants to discuss a case with you.

This morning, they saw a priority 1 patient from a high level care nursing home who presented with the following history: severe dementia, CML, CHF, renal impairment, DM2.

The patient has since died, and the registrar wants to discuss management of the case with you. They are emotionally fine, but want to learn from the experience.

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

Elderly diabetic with low GCS

Actor (junior registrar) information

You have been on the morning shift. This morning, you saw a 63 year old female from a high level care nursing home who presented with the following history: severe dementia, CML, CHF, renal impairment, DM2. She presented with a GCS of 9 and the following results on arrival to ED:

ABG (room air)

pH 6.79
CO2 28.6
O2 68
Hb 80
Urea 12
Na 135
K 5.8
Cl 106
Glu 49
Lac 11.2
HCO3 4.4

Obs:
BP 70/40
HR 70
RR 28
T 32®C

She was treated for severe DKA as per protocol, but arrested one hour into treatment. In reading through her nursing home notes, it appears her regular insulin was ceased two days ago for reasons unknown.

You would like to discuss the case with your consultant.

Prompts:

- How would you have approached the case?
- Should we have pushed the resusc attempts further? (no resusc status in notes)
- What is her osmolarity?
- Is this a coroner's case?

Marking:

	Mark
Interprets ABG accurately (HAGMA, resp compensation, lactate etc)	2
States management of DKA with doses/endpoints (fluid, 0.1u/kg/hr insulin etc)	2
States this is a likely coroners referral	1
Calculates osmolarity (2Na+glu+urea) and states it is elevated (331)	1
Mentions anaemia – possible need for transfusion	1
Asks about resuscitation status	1
States no heroics with resuscitation effort given comorbidities	1
Approach to discussion – collegial, concise	1

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