

OSCE

Candidate information

A senior Registrar has come to present a patient to you. They have just seen a frequent flyer patient with chronic alcohol abuse. Joe is homeless and frequently presents to ED intoxicated. On this occasion, a concerned bystander called SAAS after finding him unconscious on the street. Joe roused briefly with ambulance staff and told them he hadn't drunk for a day after being robbed and that his left arm was numb after sleeping on it for several hours.

The Registrar is concerned about the blood gas, which will be available in the room for your perusal.

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

Actor (Reg) information

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You are concerned about the blood gas and have questions about how to manage the blood gas abnormalities. Of note, you have not screened Joe for CHI or other causes of his condition. Joe has in fact had a seizure, struck his head, and sustained a SDH, explaining his left arm weakness.

Prompts:

- Should I give sodium bicarbonate to correct this gas?
- How should I manage Joe?
- Can I put him in Short Stay to sober up?

Marking:

	Mark
Interprets VBG accurately	2
Identifies risk of other injury in an alcoholic patient	2
Appropriate management of starvation/alcoholic ketoacidosis	1
Explains need for AWS/withdrawal management	1
Explains need for broad assessment/broad mind in alcoholic patients/indigent patients	1
Involves DASSA/social work	1
Approach to Registrar – non-judgemental etc	1

Prop – venous blood gas result

pH 6.874

pCO₂ 31

O₂ 31

Hb 127

K 4.7

Na 147

Cl 99

Glu 7

Lac 23

VBG from Port macquarie