OSCE

Candidate information

Your RMO has been seeing a 65 year old man who was referred by his GP with confusion and vomiting. The patient lives at home with his wife, and his only medical history is a knee replacement in 2006 and AF.

Your RMO has performed some investigations and would like to discuss the case with you. The patient is currently stable and being cared for on a monitored Resus bed.

Obs:
BP 95/40
HR 40
Sats 99% RA
Afebrile

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

Digoxin toxicity mx

Actor (RMO) information

You have been seeing Peter, a 65 year old male sent by his GP with confusion and vomiting. The patient lives at home with his wife, and his only medical history is a knee replacement and AF.

**The patient is on digoxin, but you are only to mention this if the consultant mentions the ECG is consistent with digoxin use. You can say the patient is on "sigmax" or "linoxin" if you feel like it.

You have performed some investigations and would like to discuss the case with your consultant. The patient is currently stable and being cared for on a monitored Resusc bed.

You have an ECG and some blood test results for the consultant (props).

Marking:

- Reads ECG:
  Supraventricular bradycardia ?slow AF as no visible p waves
  T wave inversion and ST depression inferolaterally,
  Reverse tick sign laterally and prominent u waves laterally
- Interprets bloods and clinical picture as consistent with digoxin toxicity
- Explains indications for digibind
  - In this pt: haemodynamically unstable bradyarrhythmia and symptoms
  - Generally: cardiac arrest, any symptoms in presence of impaired renal function, mod/severe GIT symptoms, K>5 (acute), serum digoxin >15nmol/L (acute)
- Dose of digibind not needed but would score points for it
- Explains treatment of hyperkalaemia: usual treatment (discussion of calcium not needed)
- Specific treatment for this patient: atropine 0.5-1mg IV, unlikely to work but may as well try. IV bolus for hypoperfusion.

	Mark
Interprets ECG appropriately	2
Interprets bloods and clinical picture as likely digoxin toxicity	2
States indications for digibind	1
Dose of digibind	1
Explains treatment of hyperkalaemia	2
Mentions treatments for patient's bradycardia/hypotension	1
General manner of teaching – organised, clear	1

Bloods (serum)

Na 142

K 6.7

Creatinine 502

Urea 50.1