OSCE

Candidate information

Your registrar was working in a peripheral hospital associated with your tertiary centre yesterday. They witnessed an intubation that went wrong, and want to discuss the case with you.

The case involved an 11 month old child with cystic fibrosis who had presented with suspected pneumonia. The on-duty consultant decided to intubate the child, and an adverse event occurred. The registrar has recovered emotionally from the event, but would like to discuss it with you to see what went wrong.

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

Ketamine laryngospasm

Actor (Registrar) information

You were working in a peripheral hospital associated with your tertiary centre yesterday. You witnessed an intubation that went wrong, and want to discuss the case with your favourite consultant.

The case involved an 11 month old child with cystic fibrosis who had presented with suspected pneumonia. The on-duty consultant decided to intubate the child, and an adverse event occurred. You have recovered emotionally from the event, but would like to discuss it to see what went wrong.

The consultant intubated with ketamine, and the child developed stridor, then arrested. The child was successfully resuscitated. You have several questions regarding this:

Prompts:

- What caused this?
- What are the contraindications for ketamine induction?
- How should laryngospasm from ketamine be managed?

Marking:

- Why did the child stop breathing? **Laryngospasm**, anaphylaxis, apnoea, other causes
- What are the contraindications for ketamine induction?
    - Children under 12 months
    - Chest infection /URTI or lung disease.
    - History of previous airway surgery or congenital anomaly.
    - Procedures that will stimulate the posterior pharynx.
    - Cardiovascular disease including hypertension.
    - Head injury with LOC, altered conscious state or vomiting.
    - Poorly controlled seizure disorder.
    - Glaucoma or acute globe injury.
    - Psychosis, Porphyria.
    - Thyroid disease.
- How should laryngospasm from ketamine be managed?
    - Stepwise approach: positive pressure may break the spasm; pressure at Larson's notch, then paralysis and intubation.

	Mark
Identifies laryngospasm as likely cause of arrest	2
Structured approach to management of laryngospasm	2
Specifies contraindications to ketamine induction	2
Mentions other possible causes of arrest	1
Approach to RMO – manner, sensitivity	1
Addresses any questions/concerns voiced by RMO	1
Offers further teaching/support/education	1