OSCE

Candidate information

Your Registrar has asked to discuss a case with you as a case based discussion. They had seen 78 year old Dorothy, an asthmatic who presented with dyspnoea, productive cough, and haemoptysis. She had been on regular nebs (salbutamol and atrovent), prednisolone, voriconazole, and augmentin by her GP.

Her RR was 30 and her sats 95% on 3 litres oxygen.

On arrival her ABG on FiO2 32% was:

pH 7.48

CO_2 32

O_2 69

HCO_3 24

Her bloods were unremarkable.

Please discuss the case with your RMO, answering any questions they may have.

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

Asthma with aspergillus

Actor (Registrar) information

You have arranged a CBD with your consultant after seeing 78 year old Dorothy, an asthmatic who presented with dyspnoea, productive cough, and haemoptysis. She had been on regular nebs (salbutamol and atrovent), prednisolone, voriconazole, and augmentin by her GP.

Her RR was 30 and her sats 95% on 3 litres oxygen. On arrival her ABG on FiO2 32% was:

pH 7.48
CO_2 32
O_2 69
HCO_3 24

Her bloods were unremarkable. Her initial CXR (prop) was unremarkable.

Three hours after seeing her, she suddenly deteriorated. Her sats were 84% on 4L HM, RR 48. Her repeat CXR (prop) is shown.

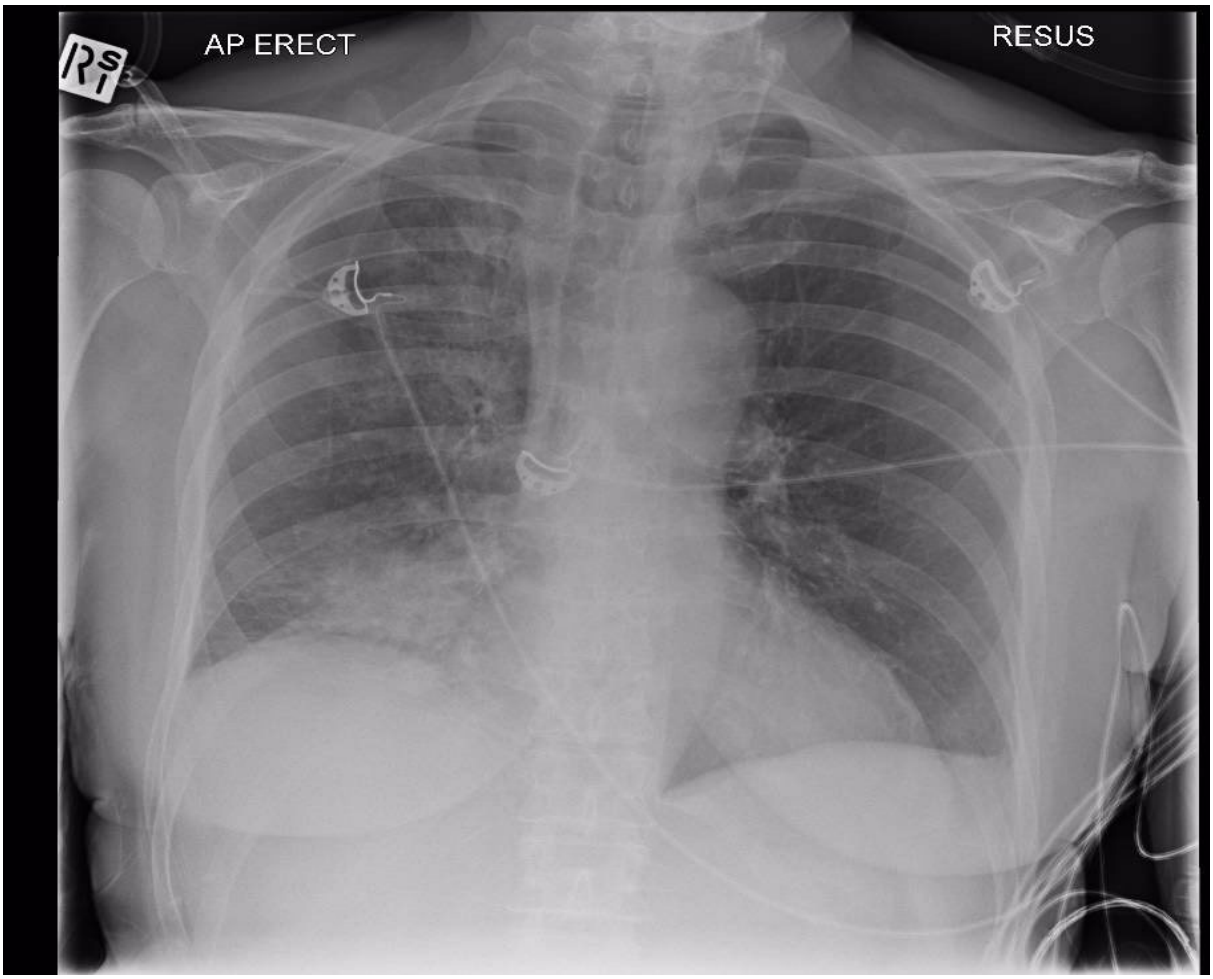
Prompts:

- What is the differential diagnosis for her altered CXR?
- How would you manage this acutely?

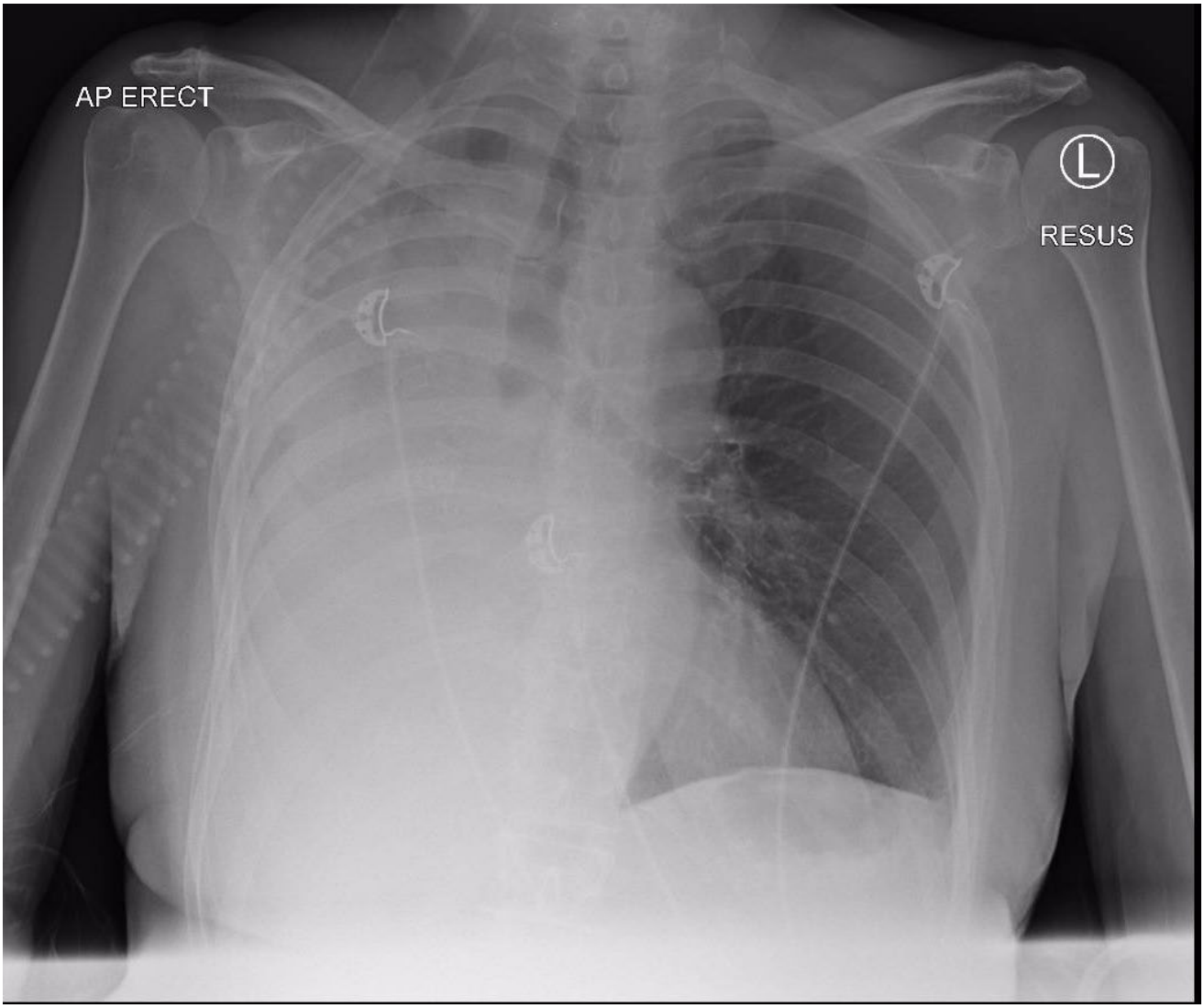
Marking:

- Acute management: ICU urgent review, Oxygen, intubation, urgent bronchoscopy, antibiotics/antifungals/IVT etc
- Obstruction was caused by a fungal ball – bronchoscopy took one hour to remove this
- Tubed by ICU in ED – likely difficult tube

	Mark
Correctly interprets CXR – opacification of lung (avoid "white out" phrase)	2
Correct/safe management of presumed bronchus blockage – tube, bronchoscopy	2
DDx for bronchus obstruction – fungal ball, infection, blood, other	1
Appropriate treatment of fungal/infective mass – abx/antifungal	1
Identifies that patient deteriorated before intubation (so not blocked tube)	2
Discusses risks involved in intubation (asthmatic, pre-oxygenation, hypotension risk)	1
Approach to Registrar – collegiate, approachable	1



Xray one – on arrival



Xray 2 – post deterioration