OSCE

Candidate information

Your intern has been seeing a 10 year old patient at triage. Jackson was playing in a park when a large tree branch fell, landing on the top of his head. The branch was estimated to weight 30kg. There was no loss of consciousness at the scene or after. An ambulance was called and transported him to hospital. His uninjured mother is with Jackson.

Your intern is having trouble managing Jackson, and has approached you early for advice.

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

C spine injury paediatric

Actor (intern) information

You have been seeing 10 year old Jackson on a bed at triage. Jackson has been struck on the head by a tree branch today whilst playing at a park. The branch was estimated to weigh 30kg. There was no LOC at the time or after; the ambulance was called and brought him to ED. His uninjured mother is with him.

Jackson is agitated and upset, and is not tolerating the C-spine collar the ambulance driver placed on him. A senior registrar had ordered a CTB and C spine, but the C spine images have not been reported. The CTB shows no acute pathology.

You have approached your consultant to ask for advice on how to stabilise his C spine pending the imaging being reported.

Prompts:

- How can we immobilise the C spine in a paediatric patient?
- (after showing CT result) What does this show?
- Is this a stable or unstable injury?
- What clinical deficits would he have?

Marking:

	Mark
Offers at least two options to immobilise the neck suitable for paediatric patient	2
Accurately interprets CT spine and states unstable injury	2
Correlates CT result with clinical deficits *	1
Suggests trauma call	1
Suggests MRI for patient, with usual caveats given age/anxiety	1
Disposition – neurosurgery	1
Involves mother in management, particularly of C spine	1
Appropriate drugs and doses for mild sedation/anxiolysis**	1

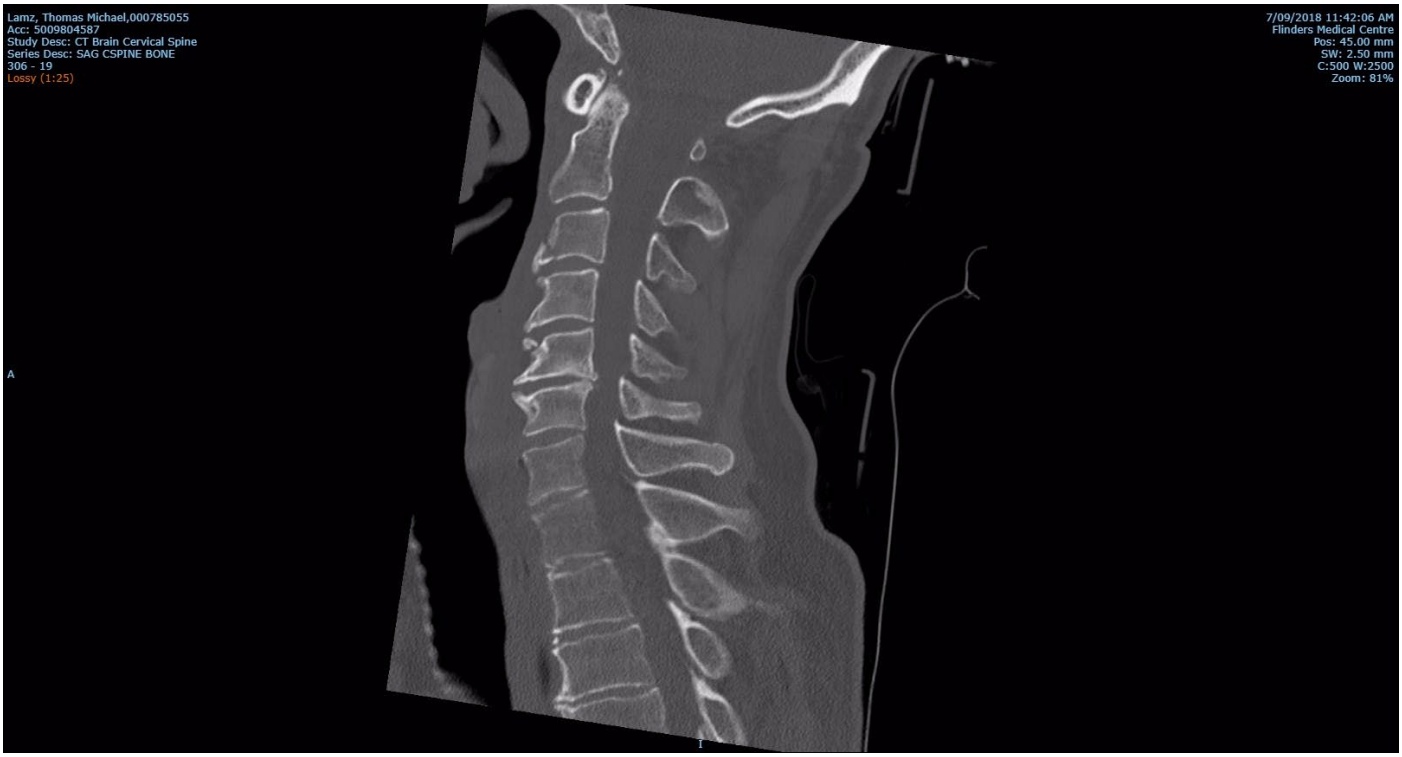
*** CT result: Nondisplaced fracture of the left C1 posterior arch. Teardrop fracture of the vertebral body of C3. Nondisplaced fracture through the right inferior articular process of C4. Oblique fracture through the anterior superior osteophyte of C5.**

MRI result: ALL disruption at C5 and C6/7. Associated prevertebral hematoma. Interspinous ligament sprain at C3-4, C4-5. At least moderate canal stenosis at C5/6 with cord indentation but no evidence of myelopathy.

Options for immobilisation of C spine in paediatric:

- Optimise position e.g. thin foam mattress with cut out for occiput
- Adequate analgesia
- Reassurance – mother, staff, environment
- One-piece hard collar; consider early application of soft 2 piece collar, e.g. Phili-collar
- Sandbags and tape: No longer advised in a hospital setting.

**Sedation/analgesia options: intranasal fentanyl 1.5 mcg/kg, i.v. fentanyl 1 mcg/kg or morphine 0.1 mg/kg


Lamz, Thomas Michael,000785055
Acc: 5009804587
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