OSCE

Candidate information

Your senior registrar has asked you to discuss a recent case with them. The registrar had managed a burns patient, arranging appropriate transfer to the nearest burns unit. During transfer, the patient deteriorated and had to be intubated, causing a hypoxic brain injury.

The registrar would like a discussion with you regarding prophylactic intubation in burns patients.

Domain	**%**
Medical expertise	20
Prioritisation and decision making	
Communication	40
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	40
Professionalism	

Burns pre-transfer intubation

Actor (Registrar) information

You are a senior registrar who recently transferred a burns patient to the nearest burns centre. The patient had 30% TBSA burns to the torso, but no facial burns. The nearest burns centre is 3 hours by flight transfer.

You were upset to find that your patient had to be intubated during the flight, and suffered a hypoxic brain injury as a result. You are now wondering if you should have prophylactically intubated him, and wish to discuss the indications for prophylactic intubation in burns patients with your consultant. You have made time to do so.

Prompts:

- When should a burns patient be prophylactically intubated?
  - Facial/airway burns
  - Flying transfers/long distance transfers
  - (chest/torso burns with risk of ARDS/impaired respiratory effort)
- What are the risks of intubating a burns patient?
  - Difficult to pre-oxygenate and BVM
  - Rapid deoxygenation on intubation
  - Difficult airway
  - Increased risk of aspiration
  - Increased risk of tracheal stenosis if subglottic injury
  - Hypotension on induction
  - Vasopressor use may impair perfusion to burns – increased necrosis
  - Fluids may increase interstitial oedema, esp if hypotensive
  - Intubating burns patients may increase mortality

Marking:

- Able to discuss options as if colleague-to-colleague
- Addresses questions with knowledge and evidence-based answers
- No clear right or wrong in this situation, but able to justify their decision to tube/not tube pre-transfer.

	Mark
Able to discuss options colleague-to-colleague	2
Specifies when a burns pt should be prophylactically intubated	2
Addresses/acknowledges Registrar's distress if present	2
General manner to Registrar	2
Knowledge of evidence around mortality in burns pt with intubation	2