OSCE
Candidate information

You have been asked to talk to a junior registrar regarding a recent case. The case involved a drug overdose that lead to a patient being intubated due to ongoing seizures, risk of airway compromise, and violent behaviour secondary to the overdose.

The head nurse has approached you to tell you the junior Registrar had been asked to review the intubated patient and manage him, as the patient was trying to remove his ETT and grab passing nurses. The nurse is concerned as the Registrar gave the patient a stat dose of vecuronium to control his movements.

Please discuss the case and management with the Registrar and act accordingly.

Domain	**%**
Medical expertise	
Prioritisation and decision making	
Communication	40
Teamwork and collaboration	
Leadership and management	
Health advocacy	30
Scholarship and teaching	
Professionalism	30

Actor (Registrar) information

You have been managing a patient with a drug overdose. The patient is a homeless 38-year-old Indigenous male who presented with overdose of an unknown drug. He presented in a violent, agitated state and intermittently had generalised seizure activity leading to a post-ictal state. You intubated the patient without difficulty using propofol and suxamethonium in order to preserve his airway and manage his behaviour.

An hour after intubation, you were asked to see the patient as he was trying to remove his ETT and grabbing passing nurses. In order to control his movement, you gave a stat dose of 10mg vecuronium *without increasing sedation*.

Your consultant has been asked to speak to you about this decision and your management of the patient.

You may play this as a Registrar who is showing signs of burnout, or just one who lacks understanding of how to manage intubated patients.

Prompts:

- "I thought that vecuronium would be the quickest way to stop him grabbing things."
- "He's just a drug addict, does it matter?"

Marking:

	Mark
Explains need for sedation before paralysis and reasons for this	2
Gives options for management of agitated patient on ventilator (BZD, droperidol, etc)	2
Screens Registrar for both knowledge deficits and burnout symptoms	2
Offers ongoing education option/follow up meeting	1
Screens for other management of patient – bloods taken etc	1
Advises that needs to be notified as adverse event (RiskMan, SLS, or similar)	1
Approach to Registrar – non-confrontational, understanding	1