OSCE

Candidate information

Your RMO has been seeing Mavis, an 82 year old normally well female who was brought in by ambulance after sudden onset of right facial droop and slurred speech whilst defecating.

Her symptoms had completely resolved by time of SAAS arrival 12 minutes later.

Your RMO has ordered a CTB but is unsure about whether to use the ROSIER/NIHSS/ABCD2 score for this patient, and whether to call a Code Stroke.

The patient is now 3 hours post symptom onset and is now symptom free and neurologically normal.

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

Should we call a code Stroke?

Actor (RMO) information

You have been seeing Mavis, 82 years old, who three hours ago had sudden onset of right facial droop and slurred speech whilst defecating. Her symptoms had completely resolved by the time of SAAS arrival, and she is now symptom free with a normal neurological examination. She lives at home, and is usually well.

You have ordered a CTB, but are unsure whether to call a Code Stroke, and whether to use the NIHSS/ROSIER/ABCD2 score for this patient.

You have asked your consultant for advice on this.

Prompts:

- When should we use the NIHSS/ROSIER/ABCD2 scores?
- What is the evidence for each?
- Should we call a Code Stroke?

IF time: the CTB is called through as a "dense left MCA infarct". You ask the consultant, why did the rules fail? The consultant should then call a Code Stroke.

Marking:

- ABCD2 score: used to identify risk of stroke, but misused in ED as a triage tool. Used to assess pts with suspected TIA; aims to identify pts with low or high risk of early disabling stroke. Score >4 = refer.
- ROSIER score – any score >0 suggests acute stroke. Scores <=0 have low possibility stroke but not completely excluded. NOT used in suspected TIA with no neurology when seen.
- NIHSS: should be used for prediction of stroke severity and prediction of outcome. Some physicians use it to decide if tPA indicated – severe strokes get tPA. Excellent predictor of pt outcomes.

	Mark
Clearly explains indications for NIHSS/ROSIER/ABCD2 scores	2
Explains each score briefly (bonus point for actual scores)	2
States no Code Stroke to be called in this pt (prior to imaging result)	1
Clear understanding of when to use each score	1
Approach to RMO – open, clear, concise	1
Offers to see pt with RMO	1
Calls code stroke when results of CT are given	1
Explains that no rules are 100%, hence near-miss infarct	1