OSCE

Candidate information

Your junior registrar has been assessing a 35 year old male, previously well, who was brought in by ambulance after an MVA. He was the restrained driver of a car that slid in wet weather at approximately 40kph and struck a tree. His only injury is a strike to the left lateral head.

Your registrar presents the case to you, advising you the patient is alert, PEARLA, but amnesic to the events. He wants some advice on management of the patient. You are at a peripheral hospital with CT, but no surgical services.

His vitals are:

BP 130/85
HR 90
Sats 98%
Temp 36.5 C
GCS 14/15 (E4 V4 M6)

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

Acute EDH mx

Actor (junior registrar) information

You have been assessing a 35 year old male, previously well, who was brought in by ambulance after an MVA. He was the restrained driver of a car that slid in wet weather at approximately 40kph and struck a tree. His only injury is a strike to the left lateral head. The patient is alert, PEARLA, but amnestic to the events.

You want some advice on management of the patient, asking first if the patient meets the criteria for a CT brain.

His vitals are:

BP 130/85
HR 90
Sats 98%
Temp 36.5 C
GCS 14/15 (E4 V4 M6)

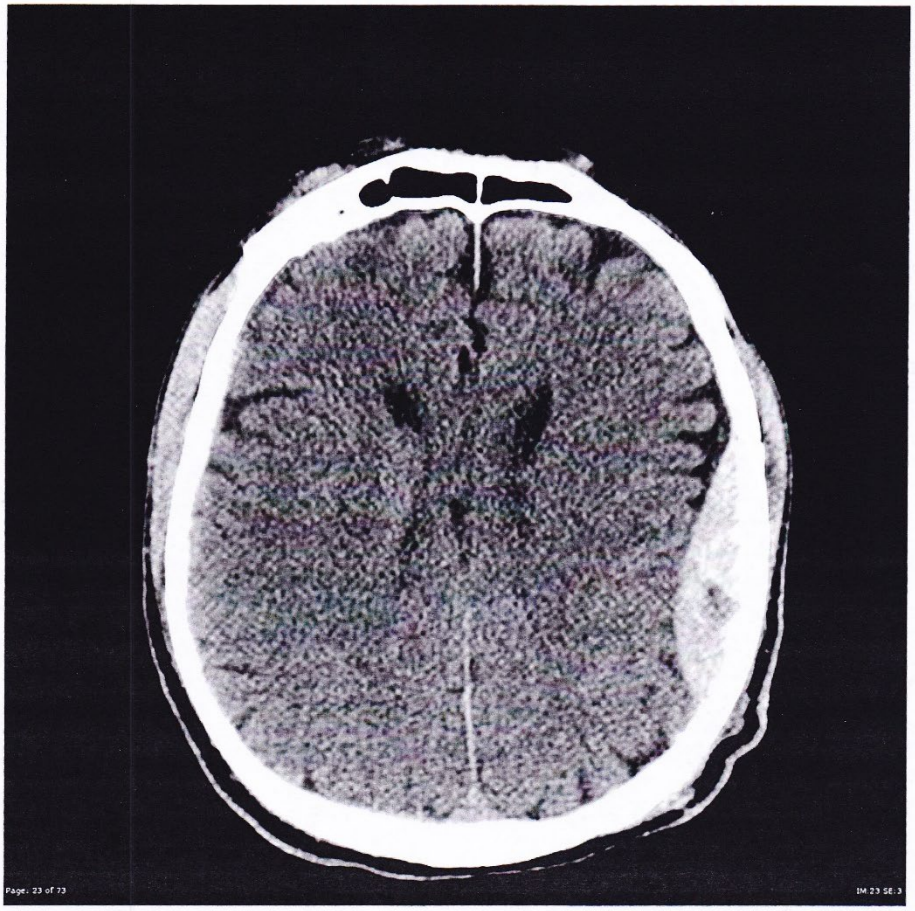
Prompts:

- What are the Canadian CT rules for head injury?
- (after showing the CTB) What does the CT show?
    - How should this be managed?
    - Should the patient be intubated?
    - What are the important considerations when intubating this patient?
- If he cones, what steps should we take?
- Discuss options for transfer – flight vs road

Marking:

- What are the Canadian CT rules for head injury? GCS < 15 2 hours post injury, basal skull #, vomiting >2x, Age > 65, suspected open or depressed skull fracture
- (after showing the CTB) What does the CT show? Acute extradural haemorrhage, left side, open # skulll
    - How should this be managed? Neurosurgery, prevention of secondary injury, Abx, transfer
    - Should the patient be intubated? Yes – for transfer and control of dynamics
    - What are the important considerations when intubating this patient? Avoid drop in BP, pre-load with fentanyl, RSI, avoid secondary injury to brain, tape not tie, 30 degree tilt to bed etc
- If he cones, what steps should we take? Mannitol (1g/kg) or HS (3ml/kg of 3%)
- Discuss options for transfer – flight vs road

	Mark
States Canadian CT rules	2
Interprets CT accurately	2
Describes management of this injury clearly	2
States need for transfer	1
Discusses options of transfer – flight vs road	1
Describes medications for raised ICP management (doses not required)	1
Describes considerations for intubation of ICH patient	1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