**OSCE**

**Candidate information**

You are the telemedicine consultant at a tertiary hospital. You have been video-called by a peripheral hospital for advice on managing a patient.

The CMO has been seeing 21 year old Kesha, who presented with two days of vomiting and diarrhoea. She has also had a recent exacerbation of her asthma, with productive cough and fever for 5 days. She has been unable to take her regular medications due to illness.

Kesha has been taken to the resuscitation room in the ED, where her GCS is 14/15 (E4 V5 M5). Her BP is 90/60 ad her HR 120. Her radial pulses are "unpalpable".

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

**Addisonian crisis**

**Actor (CMO) information**

You are the CMO at a peripheral hospital. You have video called the nearest tertiary hospital consultant for advice on managing 21 year old Kesha, who presented with two days of vomiting and diarrhoea. She has also had a recent exacerbation of her asthma, with productive cough and fever for 5 days. She has been unable to take her regular medications due to illness.

She normally takes hydrocortisone and fludrocortisone for her Addison's disease, and thyroxine for low thyroid function.

Kesha has been taken to the resuscitation room in the ED, where her GCS is 14/15 (E4 V5 M5). Her BP is 90/60 ad her HR 120. Her radial pulses are "unpalpable".

You have some preliminary results (props – bloods, ECG) but are unsure how to manage her in the acute phase.

Prompts:

- How should I manage her acutely?
- What does the ECG show?

**Marking:**

Gives patient large amount of fluids – this pt had 5 litres of NS/Hartmanns.

Given 50ml 50% dextrose and 200mg hydrocortisone IV.

| | Mark |
|---|---|
| **Identifies major abnormalities on blood results** | 2 |
| **Appropriate management – IVT +++, sugar, hydrocortisone** | 2 |
| Considers thyroxine dose IV | 1 |
| Recognises need to transfer patient to tertiary centre | 1 |
| Recognises QT prolongation on ECG and manages appropriately | 2 |
| Considers antibiotics for flare of asthma | 1 |
| Approach to colleague – structure, organisation etc | 1 |

**Results**

Na 128

K 5.6

Cl 104

HCO3 16

Urea 8.2

Creat 110

Alb 19

CRP 146

Hb 97

WCC 16.4

Plat 160

Lactate 3.7

BGL 1.8

Ketones 0.7

P
QRS -9
T -84

- ABNORMAL ECG -

12 Lead ECG Report (Standard)

Unconfirmed Diagnosis