OSCE

Candidate information

Your intern has been assessing a 26 year old female who presented after a low speed MVA. The patient is 38/40, G1:P0, and has no past medical history. The patient is currently GCS 15/15.

The intern has taken a thorough history and done a full examination, and has been asked by the triage nurse to "send the patient to BAS", as the patient is more than 20 weeks pregnant and stable.

Please discuss the patient with the intern and determine the management required.

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

Pregnancy trauma eclampsia

Actor (intern) information

You have been seeing a 26 year old female, 38/40 pregnant (G1:P0), who presented after a low speed MVA. The patient has no medical history and does not use drugs. There were no significant injuries from the MVA.

The patient is currently GCS 15/15, but cannot recall why she had the accident. She was drowsy after the accident (post ictal!). You are being pressured by the triage nurse to "send the patient to BAS" as she is more than 20 weeks pregnant.

You have done a thorough assessment/examination of the patient, and want to discuss management of this patient with your consultant. She currently has mild abdominal pain and a headache, but no focal neurology.

If asked, the patient's vital signs are:

BP 190/110

HR 110

Sats 99% RA

Afebrile

Marking:

- Identifies cause of accident as eclamptic seizure
- Routine assessment: forensic BAL, consider/discuss licence cancellation, routine bloods, Kelihauer test, Group and test/anti D
- CTG monitoring required for now and until delivery (normally 4 hours post trauma)
- Involvement of Obs Gynae
- Identifies need for management of eclampsia:
    - MgSO4 4g IV over 15 mins
    - BZD if seizes again
    - Labetalol 10mg, nifedipine 10mg, hydralazine 10mg IV
    - Betamethasone 12mg IM
    - Delivery of child

	Mark
Identifies eclamptic seizure as possible cause of accident	2
Identifies management of eclampsia – appropriate doses/structure	2
Mentions CTG monitoring need	1
Involves Obs Gynae	1
Mentions MVA management – BAL, bloods, Group, etc	2
Discusses appropriateness of moving pt to BAS	1
Offers further education, approach to intern, etc	1