

Instruction to Candidates – Aim for 8 minutes

You are a Foundation doctor in A&E.

Jamie Cook has presented acutely to A&E with a collapse.

You have 6 minutes to perform an appropriate assessment, the examiner will then ask you some questions.

Patient name: Jamie Cook

Age: 76 years

How would you acutely manage this patient?

Student should perform an ABCDE assessment

Feedback and additional information are given to the student as they move along with the A to E.

A:

The airway is patent.

B:

Equal air entry bilaterally, normal vesicular breath sounds

SpO₂ 89% on air

Respiratory rate 20

ABG shows respiratory acidosis.

C:

BP 60/30

HR 150

Cool peripheries, capillary refill 4 seconds

Heart sounds are faint, S₁, S₂ and added heart sounds are difficult to assess due to the very fast heart rate

Insert 2 large bore IV cannulas

D:

Patient opens his eyes when his name is called, groans (inappropriate words).

Pt obeys commands when asked to open eyes, patient points to his abdomen when asked where his pain is.

“Tummy hurts, going in my back”

(GCS 12)

E:

Abdominal examination: Pt is diffusely tender on palpation, most severe in the umbilical area, where a pulsatile mass is felt.

PEARLA

Patient looks pale

BM 5.6

Temp 36.4

Feedback:

A:

Student looks, listens, and feels for breath sounds (looks at chest movements, with their ear next to the patient's nose, feeling for warm breaths on their cheek).

Student looks inside the patient's mouth for a patent airway.

B:

Student asks for RR and SpO2 and carries out a respiratory examination.

The examination findings are only provided to the student if they listen to the chest.

Student suggests carrying out and ABG.

Student should suggest putting oxygen on the patient at this point before moving on.

C:

Student has to manage the patient's BP, otherwise this station is failed.

IV fluids 500 mL stat, fluid boluses continued until systolic BP reaches at least 100.

Student should escalate to seniors/suggest ICU input before moving on.

D:

Student calls out patient's name (to check response to voice), asks patient to open his eyes, and checks the best motor response.

Student gives an accurate estimate of the GCS or uses AVPU score.

Student realises that the GCS is decreased.

E:

Student attempts to/suggests exposing patient completely

Student carries out focused abdominal examination (PIPPA of the abdomen).

What are your differentials?

AAA (rupture)

Sepsis

Massive bleed

The patient initially responds to the IV fluids, and the BP slightly increases, during which time you go and check the patient's PMH in the patient's electronic notes.

You find out that the patient has an abdominal aortic aneurysm, which was 5.3 cm in diameter the last time imaging was done, which was 1 year ago.

What is your most likely differential now?

AAA rupture

The ABG you did comes back, showing a Hb of 50.

How will you now manage this patient?

Take blood for a G&S and cross-match

Call 2222: Activate the massive haemorrhage protocol pathway

Immediately request 2 units of O negative blood immediately and administer to patient

What else would you do to manage this patient?

- Call your registrar for help
- Arrange a CT angiography to visualise any AAA rupture
- Contact the Vascular Surgeon on-call and arrange for patient to go theatre immediately for an open graft/endovascular stenting.

Student should emphasise immediate theatre for repair and not elective (since AAA is leaking).

Topic	Clear Fail	Fail	Satisfactory	Good	Excellent
Student manages to identify where the patient's pain is					
Student suggests looking at the PMH of the patient once he is more stable					
Student Performs an appropriate ABCDE assessment					
Differential dx					
Investigations					
Rapport/communication skills					
Overall					

Note:

Male: female ratio of AAA is 6:1

Affects 1 in 20 men aged >65 (5%), incidence increases with age

Risk factors include smoking and hypercholesterolaemia

95% are infrarenal

There is most often a positive family history