

CANDIDATE INSTRUCTIONS

Structured Case Based Discussion - In this station you will discuss a case scenario as follows:

You are an emergency medicine consultant in a rural emergency department. It is 1800hrs on a Sunday.

A 68 year old male patient has just been delivered to your department by private vehicle. 30 minutes ago he was driving a quad bike on his farm when it rolled over and crushed him underneath. He was able to extricate himself and flag down a passing motorist, who drove him to the hospital.

Your nursing staff have established his identity and placed him on a hospital bed in C-spine precautions. The nursing staff report a contusion to his right scalp and a severely deformed left ankle. They have inserted two 16g IV lines, attached monitoring, and taken a set of vital signs:

HR 80 bpm

BP 120/60

RR 28

Sats 86% on 2L oxygen via nasal prongs

Temp 34

GCS 14 (E4, V4, M6)

PMHx: Hypertension, Hyperlipidaemia, Insomnia, Mitral Valve Replacement

Medications: Cilazapril, Atorvastatin, Rivaroxaban, Zopiclone, Metoprolol

Allergies: nil

Your tasks are to:

- discuss your management of this patient

Further information will be revealed as the case progresses

You have 7 minutes to complete this station

Domains:

Medical expertise	50%
Prioritisation and decision making	50%

CASE PROGRESSION

ABC assessment with emphasis on likely haemorrhagic shock with coagulopathy.

LEFT chest has reduced air entry

Abdomen tender

Head injury

No C-spine tenderness

Left ankle is pulseless

Actions:

Immediate reversal of rivaroxaban

- Prothrombinex 50 units/kg

- TXA 1g stat + 1g over 8hrs

- consider recombinant factor 7a 100mcg/kg

Empiric administration of RBCs would be reasonable

****Rewarming****

EARLY arrangement of transfer to a definitive centre

Specify resuscitation end goals - MAP 70mmHg with head injury

PoCUS: no free fluid in abdomen. Large volume of free fluid in left hemithorax

Chest drain insertion: 2000mL released on insertion, nil further bleeding

After arranging transfer, patient's GCS decreases to 6. Vomits. Right pupil is fixed and dilated

Actions:

- intubate with appropriate medications

- neuroprotective measures

Oxygen

CO2

Head up 30 deg (post CT)

No neck compression

Normothermia

His wife arrives. She is unaware of events. Outline the key points of your discussion with her.