



OSCE 2

Candidate Instructions

This is a **7 minute** Standardised Case-Based Discussion (SCBD) station.

You will be interacting directly with an examiner. You will be asked to outline your assessment and management to the following clinical situation. Further information will be provided as the case evolves. The examiner will be assessing your medical knowledge, as well as the reasoning and rationale to your approach and decisions.

Please be as specific as possible when answering. You are an emergency consultant in a tertiary level hospital. For example, when discussing drugs describe doses, when discussing investigation or management provide reasons why you chose that approach.

Case Information:

Mark Matthews is a 65 year old man who has been brought in by ambulance following an out of hospital cardiac arrest.

Mr Matthews developed chest pain whilst mowing his lawn. Shortly after he was witnessed to collapse and his wife called the ambulance. His son performed chest compressions until the ambulance arrived.

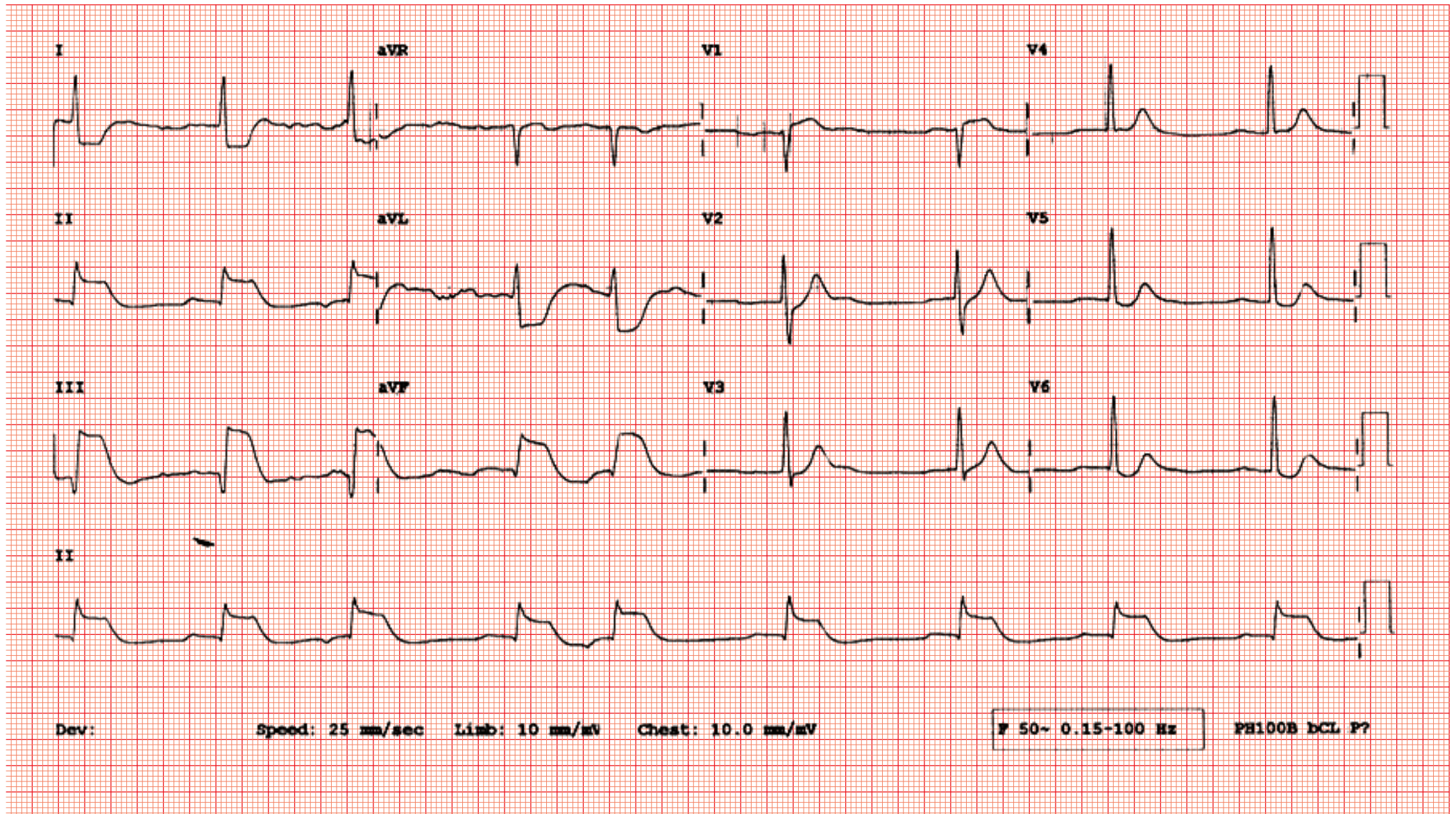
History as per the paramedic team:

- Initial rhythm was ventricular fibrillation (VF)
- DC shock x 2 delivered
- 1 mg adrenaline IV
- CPR with bag valve mask ventilation performed
- Return of spontaneous circulation (ROSC) was achieved 10 minutes after the emergency call
- Time since the start of his pain: 75 minutes

The patient's vitals on arrival to hospital are:

HR 55 bpm
BP 85/50 mmHg
RR 12 /min
SaO₂ 94 % (6L/min O₂)
GCS 14 (Eyes open to voice)

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Vitals after successful defibrillation

HR	55 bpm
BP	80 /40 mmHg
RR	18 /min
SpO ₂	96 % (6L /min O ₂)
GCS	13 (E4, V4, M5)



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Initial VBG

		Reference range
pH	7.29	(7.35 – 7.45)
pO ₂	33 mmHg	(80 – 100)
pCO ₂	50 mmHg	(35 – 45)
HCO ₃	20 mmol/L	(22-27)
BE	- 3.1	(-2.5 - +2.5)
Lactate	4.1 mmol/L	(< 2.0)
BSL	7.9 mmol/L	(5.5 – 8.0)
Na ⁺	138 mmol/L	(135 - 145)
K ⁺	3.4 mmol/L	(3.5 – 4.5)