

1. Lead examiner

Candidate Number:

2. Co-examiner

Final

Mark:

SCENARIO

You are a consultant in a small rural emergency department. The hospital has radiology and pathology with general medical and general surgical cover. There is a small high-dependency unit (HDU) staffed by anaesthetists. A 57 year-old man presents to the ED with 12 hours of severe upper abdominal pain, fever, nausea and vomiting. He appears jaundiced. Initial assessment:

HR 120 bpm; BP 110/60 mmHg; RR 22, Temperature 37.8°C. He is exquisitely tender and guarded in his epigastrium and right upper quadrant.

Question 1: What are your differential diagnoses?

Expected Response	Details & Comments	½ - 1 min
Unwell pt & abnormal vital signs Differential diagnosis:	Cholecystitis, complicated Ascending cholangitis Acute pancreatitis (alcohol, or gallstone) Acute hepatitis Perforated peptic ulcer Other	3/3 to pass

Question 2: Describe and interpret his results.

Expected Response	Details & Comments	1 min
Biochemistry	Grossly deranged LFT with evidence of obstruction Markedly elevated lipase = c/w acute gallstone pancreatitis . Consistent with clinical picture Normal renal function and bicarbonate.	
Haematology	Mild leucocytosis with neutrophilia, consistent with acute inflammatory response No anaemia or thrombocytopenia, indicating haemorrhagic complication	
Diagnosis	Probable choledocholithiasis with acute gallstone pancreatitis . Differential = EtOH. No evidence acute renal failure, acidosis or haemorrhagic complication, but patient at risk.	

Question 3: Describe your management of this patient.

Expected Response	Details & Comments	2.5 min
Supportive care PROMPT for details	IV fluids – details, aggressive crystalloid, resuscitative plus maintenance, target parameters e.g. UO 0.5 ml/kg Analgesia - Titrated narcotic analgesia, antiemetic Nil by mouth / NGT if severe vomiting - Monitoring progress eg glucose, Ca.	Bold to pass
Specific Rx	Empiric antibiotics – ceftriaxone / metronidazole, or ticarcillin/ clavulanic acid. - Transfer for definitive Rx - ERCP (not available) or surgery	
Disposition PROMPT for details	- Urgent transfer to tertiary hospital - high morbidity & mortality for this condition - needs definitive Rx e.g. need ERCP - Managing this patient at the regional hospital as described would be inappropriate given the condition's prognosis and its treatment	Consider options, justify
? CT scan	Can be justified for scoring / prognostic purposes – unlikely to be of benefit in this situation. Better to expedite transfer.	
Other	Liaisons: patient and NOK, receiving hospital, retrieval service Documentation	

Question 4: Describe the predictors of severity in acute pancreatitis?

Expected Response	Details & Comments	2.5 min
PROMPTS: Are there any patient / laboratory / radiological / scoring systems	Aetiology Patient factors: Age / co-morbidities Presence of organ failure Scoring systems - Ranson's Criteria (5 on Ax): <u>APACHE II</u> score ≥ 8 (not all physiological for this are known either) Radiological (contrast enhanced CT): local Cx e.g. necrosis, abscess, pseudocyst Location – Facilities, staff, expertise	3/5

Question 5: (Optional). Discuss the utility of scoring systems in acute pancreatitis.

Expected Response	Details & Comments	
	Ranson's Criteria: 48-hour parameters are to be measured. Unsure if to use criteria for gallstone, or no gallstone aetiology. In other words, Ranson's Criteria of little value. <u>APACHE II</u> Score > 7 at admission: sensitivity for severity is 65% and specificity 76%.	

Comments: (if you fail the candidate, please state why)

If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?