

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

You are a consultant in tertiary referral hospital ED in a major city on a Saturday afternoon. You are called and told of a stadium collapse. Ambulance Control confirm there are multiple injured patients who will probably be sent to your ED.

Question 1:

How would you prepare for the anticipated influx of patients?

(2 minutes)

Expected Response	Details & Comments	
Activate disaster plan Prompt – who else needs to be notified?	Activate Hospital Disaster Plan via Operator. This initiates a cascade of events within the hospital, of which the Emergency Department has a key role. All activities are coordinated through the Central Command Area. I would request assistance from the ED Director to coordinate the ED response:	
Disaster triage	Establish triage area with doctor nurse clerk triage team in ambulance bay The triage area may be located outside the ED doors	
Surge management Staff, Care areas, Equipment	Make space in ED. Patients to wards, clinic areas, Home for GP review Admitted patients to wards, over-census	
Identify alternate venues of care	Establish areas such as clinic areas for treatment of walking wounded Establish specific areas in ED for treatment of categories of patients	
Staff Tracking of Pts	Call in extra staff , all meet in central area, then delegate to specific areas, Ensure roster, to allow for prolonged response Organise easily visible ID to aid with assigning tasks- challenging to keep tabs on. impt for tracking / location of pts, relocating with families, audit at later date	
Sustaining supplies and stock	Management of open fractures, airway equipment and RSI drugs, fluids, bicarbonate glucose, calcium, dressings. Storeman to keep stock supply.	
Manage sustainable/ appropriate level of staffing	Ensure staff rotation, watch for signs of stress/distress, consider recruiting from offers of help regionally and internationally, enable staff to check family friends.	

Question 2:

You receive a call from the Ambulance to say that they are transporting the 1st patient, a 40 year old man with chest injuries. The remaining patients are trapped and will be at least 50 minutes away.

Please describe the key features of his X-ray.

(1 minute)

(included in stem)

Expected Response	Details & Comments	
Poor film, supine		
Fractured upper ribs Right side at least 4	Fractured upper ribs (1-6 at least) No obvious Pneumo or Haemothorax Mediastinum wide, trachea deviated to right. [no monitors, no collar] Indicates high energy chest trauma with high likelihood of severe chest injury, lung contusion, haemothorax etc. Very likely will require intubation and ventilation to manage his chest injury	Pass bold + one other

Question 3:

His oxygen saturation has now decreased to 85% on high flow oxygen.

Outline your immediate management

(2.5 minutes)

Expected Response	Details and comments	
Reassess patient. Team approach, ABCD -treat reversible causes Prompt if intubating without mention of ICC 'what are the potential complications of intubation in this patient?'	Assess and treat concurrently [needs to have systematic, safe approach] - A - clear if needed. Prepare for intubation. - B - check for tension, needle if present, ventilate if hypoventilating ICC will be needed. Timing after relief of tension and/or ventilation - C - IV access and fluids. Send bloods Saturation 85% suggest need for urgent intubation and ventilation Disposition – ICU via CT (prompt if needed)	

Question 4:

Discuss the use of imaging during this multiple casualty situation.

(1.5 minutes)

Expected Response	Details and comments	
Issues to consider:	Access to other parts of the hospital Number of patients and demands on the imaging resources	Prompt if required 'what are the pros and cons of the imaging modalities available?'
Within ED Plain XR	Pros Pt stays in ED/Resus room portability to bedside Useful for CXR, Pelvis XR, limbs	Cons Time consuming Set up time Radiation in clinical area
Ultrasound	Bedside test, repeatable Useful for FAST, myocardial assessment, pneumo/haemothorax, vascular access, some limb #s, pregnant patients	Needs cleaning. Infection risk.
Outside ED clinical area CT	Accurate, rapid, diagnostic	Requires transfer – resource intensive and takes time
Summary	Likelihood of needing large number of plain x rays various types. Likelihood of frequent use of USS Judicious use of limited CT scans	

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

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

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