

1. Lead examiner

Candidate No:

2. Co-examiner

Final Mark:

SCENARIO

A 5 yo boy has been allocated a triage category 4 after falling from playground equipment on a busy Saturday afternoon. He presents with his mother. After a 1-hour wait he is wheeled into ED treatment area crying.

Photo of the boy included with the stem.

Question 1: Outline the key features of your history and examination (included in stem).

Expected Response	Details & Comments	
History Event Symptoms AMPLE	Witnessed? May get an idea about safety of the playground from the scene Hx Dominant hand?	
Examination	Exclude other injuries Arm: potential limb threatening injury; open/closed; NV status – at risk with this injury particularly bleeding with compartment syndrome from injury to brachial artery and bleeding from #d bone ends, risk to median nerve +/- ulna nerve Skin at # site Cap refill of fingers Degree of pain	

Question 2: These are his x-rays. (AP + lateral views). Describe and interpret these films.

Expected Response	Details & Comments	
Findings	Off ended supracondylar # humerus > 100% displaced medially and dorsally; shortened <i>Prompt:</i> How would you describe this x-ray to the orthopaedic registrar Significant swelling	
Relevant -ves	Closed No other #s seen No gas in tissues	
Interpretation	Severe supracondylar # requiring urgent reduction Risk of neurovascular compromise is high <i>Prompt:</i> how would you summarise this injury to the orthopaedic registrar	

Question 3: There is no Orthopaedic service at your hospital and the nearest is 3 hours away. The boy's skin around the fracture site appears white. Outline your management now.

Expected Response	Details & Comments	
Orthopaedic emergency	Needs reduction in ED via procedural sedation as skin is compromised <i>Prompt:</i> What if there is no pulse?	
Informed consent	Explain injury and risk of permanent disability; reason for urgency; potential risks of procedure and sedation; potential complications. **Prompt: What information do you need to convey to the mother to ensure informed consent ?	
Analgesia	IN Fentanyl (2mcg/kg), nitrous oxide, IV Morph	
Procedural sedation	As per ACEM guidelines : 2 docs (1 for sedation, 1 for procedure) + 1 Nurse Appropriate area in the ED IV access; monitoring Many options for drugs eg ketamine (1-2mg/kg IV; 2-4 mg/kg IM), propofol (anaesthetic dose is 2.5-3 mg/kg), morphine + midaz (0.15mg/kg) candidate to specify and justify their choice <i>Prompt:</i> What agent/s would you use and what dose/s?	
Procedure	Gentle longitudinal traction with counter traction on the upper arm Above elbow back slab with elbow close to 90 degrees, with pulse maintained. Elevation in sling	
Post procedure care	Post-sedation observations Re XR to check position Needs ongoing assessment re distal NV status Ongoing analgesia Arrange transfer	

Question 4: What issues would you highlight in a departmental review of this case?

Expected Response	Details & Comments	
Triage category		
Waiting time		
Analgesia		
Potential limb threatening injury		
Potential threatening injury		
Medico-legal issues		

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?

SCENARIO

A 5yo boy (see photo) has been triaged category 4 after falling from playground equipment on a busy Saturday afternoon.
He presents with his mother.

After a 1-hour wait he is wheeled into ED treatment area crying.

QUESTION 1: *Outline the key features of your history and examination (Photo included in stem).*





