

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

You are the Consultant in an urban ED, on a busy shift. You receive ambulance pre-notification about a domestic dispute. They are transporting 2 patients both with shotgun wounds. ETA is 10 minutes.

- Patient 1: 46 year-old male with wounds to his left chest and abdomen.
GCS 12 (E3, V4, M5); HR 110/min and thready
BP 80/p He is on high flow oxygen and has IV saline running.
- Patient 2: 43-year-old female with minor wounds to her left forearm. Her vitals are stable.

Question 1: Outline the issues involved in this scenario.

1 min

Expected Response	Details & Comments	
2 injured pts, 1 critical	Will need adequate personnel/teams to care for them – designate clear roles Trauma Call for Trauma team, alert OT , CT, blood bank etc, ensure SW involvement	
Busy dept	Organisation of care for these pts and others in dept Will need to clear space for incoming pts – may need to shift some out etc	
Shotgun wounds	forensic evidence, documentation, police involvement	
?Safety	Pts, staff, ?others	
Media	Likely tv, press, radio – need a plan to manage them, involve media liaison	

Question 2: The ambulance arrives. The male patient is in shock despite 2 litres of normal saline; his GCS has fallen to 8. His chest is hyper-resonant on the right, with bilaterally reduced breath sounds. He has an acute abdomen. Outline your approach to his management.

2 min

Expected Response	Details & Comments	
Critically injured	Hypotensive, tachycardic, decr GCS with unprotected airway, sig chest and abdo inj Aim = stabilise while preparing for OT as definitive mgt	
Acute/initial resus	Oxygen 100 % Fluid resuscitation Blood (Saline, activate massive transfusion guideline)	
Manage chest inj	Decompress right side and intercostal tube, bilat chest drains	
Secure airway	RSI – most experienced person	
FAST US	For free intraperitoneal fluid and ?pericardial fluid	

Question 3: You have initiated management of this patient. A CXR is ordered. Describe and interpret this film.

2 min

Expected Response	Details & Comments	
CXR - supine	Multiple shot gun pellets overlie the left hemithorax, with a cluster of pellets in the midline - ? in the mediastinum ETT in situ - ?tip in right main bronchus (some comment on tube position) Large right pneumothorax with radiological tension Right ICC drain – crosses midline (needs reposition or second tube) Left side – No IC catheter at present no obvious pneumothorax (? Haemothorax) but air under heart and LUQ abdo ? ruptured diaphragm Fractured left ribs (?6-8)	

Question 4: The male has been transferred to theatre. While you are reviewing the female, the police ring to advise you of her husband's possible arrival. He is the suspected perpetrator, and may be armed. Outline your response.

1 min

Expected Response	Details & Comments	
Issues	Request immediate police presence and alert hospital security Activation of hospital code/ disaster plan (? Regional variation) Clinical leadership – communication with, and liaison with key stakeholders including alerting hospital management Notifications Ongoing clinical Mx – patient 2, and rest of ED Media	
Security	Liaise with police and hospital security Alert hospital Mx – activation of hospital code	
Communication	Staff: notification , and role delegation. OT staff should also be notified. Careful communication with patients and members of public : balance of effect - cooperation vs panic Hospital management	
Rest of ED	Patient 2 still requires care +/- protection Other patients require ongoing care Attempt to secure department, make staff patients and visitors as safe as possible All patients and members of public incorporated into hospital code Ambulance bypass	
Media	Code specifies response to media: issues are safety, confidentiality, public awareness	

Question 5: In general, outline the principles of forensic evidence collection.

1 min

Expected Response	Details & Comments	
Principles	Collection only by trained personnel, without compromise of emergent clinical care Preservation of evidence, chain of evidence Documentation Hand over to police	
Meticulous collection without destroying / contaminating evidence	Gloves Collect clothing and all articles in bags Do not cut through holes in clothing, cut around them	
Documentation	Write in pts words, do not embellish Draw pictures to help with recall Take photos – yourself +/- Police photographer preferably	
Hand over	Storage before hand over: preservation and security Hand over to designated member of police Documentation	

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

SUPINE

