

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

A 35 year old female is triaged into a monitored cubicle in your ED after taking an overdose of her mother's 'heart tablets'.

Question 1: Please outline your initial assessment.

(2 minutes)

Expected Response	Details & Comments	
History	Details of ingestion. Collateral, pill packets. Co-ingestion	Bold to pass
<i>Prompt: what ingestions are you concerned about.</i>	? life-threatening ingestion: Ca++ channel blockers (CCB), B-Blockers, digoxin, anti-arrhythmics (Type I & III).	3 to pass
	Past medical history & medications	
	Mental state & safety issues - Voluntary patient? Mental health act regulation/ 1:1 Nursing required? Psychiatric history.	Bold to pass
Examination If give very generic answer, use prompt Prompt: Given the possible ingestion, what specific examination findings are you looking for	ABC, pulse, BP, toxidrome to suggest agent, co-ingestion. 1) CCB, B-Blocker: bradycardia/AV block/hypotension 2) type I antiarrhythmic (or propranolol): tachycardia, hypotension, QRS widening 3) Digoxin: Peaked T wave, nausea, bradyarrhythmias/ AV block or rarely tachyarrhythmias 4) Sotalol: bradyarrhythmia, ↑QT, torsades	
	Psych features: Hallucinations, delusions, etc	
Investigations	ECG as above (<i>Prompt for features if not given above.</i>) BSL (up in BB, down in CCB), Blood gas (hyperkalaemia with Dig), U&E's , digoxin level Paracetamol level	Bold to pass

Question 2: Her mother reports that she has taken 30 x 240mg sustained release verapamil 2 hours ago. Initial observations are normal. Her initial ECG shows normal sinus rhythm at a rate of 70/minute.

What would you do now ?

(2 minutes)

Expected Response	Details & Comments	
Potentially lethal OD Prompt: What is your risk assessment ?	Sustained release verapamil, high risk of deterioration , may be delayed	
Decontamination	Activated charcoal and consider whole bowel irrigation indicated. <i>Prompt: what is the role of decontamination in this patient?</i>	All bold to pass
Seek expert advice		
Monitoring	Continuous monitoring in high dependency area. 24 hours minimum.	
Mental Health Act?	May require involuntary detention/ treatment under Guardianship or Mental Health Act / Duty of care	

Question 3: When you next review the patient, these are her observations: PR is 40, BP 80/40, RR 18, Sats 97% on RA. Her GCS is 12 (E3, V4, M5). How would you manage her? (2 minutes)

Expected Response	Details & Comments	
Life threatening ingestion confirmed.	Escalation of therapy to support circulation + continuation of bowel decontamination which may require intubation for airway protection in light of fall in GCS. Relocate to resus room with 1:1 nursing. Consultation Toxicologist.	
Airway	Airway protection Needs ongoing whole bowel irrigation. Toxicity likely to worsen + be prolonged. Unless GCS 'normalises' with improved BP then perform RSI and continue WBI.	
IV fluids		
CVS support	End points of therapy: MAP 60-70, HR 60, perfusion, UO 1ml/kg/hr, lactate/BE	
	IV calcium: hi dose boluses + infusion. Target ionised Ca > 2 mmol/L	
	Inotropes: Catecholamine (eg. Adrenaline/ noradrenaline up to 50 mcg/min). Art line + CVL.	
	Insulin euglycaemic therapy: Actrapid 1 u/kg bolus + 25g glucose IV. Insulin at 0.5-2u/kg/hr. Dextrose 50% at approx. 1 ml/kg/hr. 30 min BSL.	
2nd line therapy	Glucagon: 5mg bolus + 5mg /hr if effective. Supply issues. Transcutaneous pacing: May be of benefit, issues with poor pump function Intralipid ECMO	
ICU/ HDU	Notify ICU : potential admission depending on degree of therapy. If requiring maximal medical therapy then transfer to facility with availability of IABP +/- ECMO or cardiopulmonary bypass	

Question 4: After phone consultation ICU suggests CCU admission under cardiology as they have no vacant ICU beds. How would you respond? (1 minute)

Expected Response	Details & Comments	
Inappropriate suggestion	Risk of deterioration. CCU lacks expertise to manage all potential complications/ administer therapies. Ask ICU consultant to review the patient	Needs to engage in consultant level discussion
Options	Make an ICU bed or transfer to ICU	
	Transfer a less unwell patient to another ICU	
	HDU level of care available?	
	Ongoing review by ICU, Appropriate documentation of discussions	

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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Question 1: Please outline your initial assessment.

These are now her observations:

PR is 40

BP 80/40

RR 18

Sats 97% on RA

Her GCS is 12 (E3, V4, M5)