



Cabrinini Practice OSCE 3

Candidate instructions:

This station is a **Simulation Standardised Case-Based Discussion**. You will be interacting directly with an Examiner. You will be asked to outline your assessment and management of the following clinical situation. Further information will be provided as the case evolves. The examiner will be assessing your medical knowledge as well as your reasoning and rationale to your approach and decisions.

Please be as specific as possible when answering. For example, when discussing drugs, describe your dosage regimen and the reasons why you chose that regimen, as opposed to other regimens.

This is a simulation SCBD OSCE you are to describe how you would interact with the team and how you would perform your duties as you would in your clinical practice.

Case Information:

You are the consultant in charge of a Tertiary Urban ED. Your senior Registrar has performed a procedural sedation with Ketamine of a 24 year old man with a dislocated shoulder.

The shoulder has been reduced but the team has activated the emergency alarm and you are the consultant who attends. Your team consists of a senior ED Registrar and 2 nurses.

There are no covid concerns with this patient.

Initial Vital signs:

Temp 36.4 degrees
HR 120
BP 160/90
RR 4
O2 sats 91% on 40% O2 BVM
GCS 10

Domains examined:

Medical Expertise - Management	50%
Team Work and Collaboration	20%
Prioritization and Decision Making	30%



Examiner Instructions:

Case Information:

You are the consultant in charge of a Tertiary Urban ED. Your senior Registrar has performed a procedural sedation of a 24 year old man with a dislocated shoulder.

The shoulder has been reduced but the team has activated the emergency alarm and you are the consultant who attends. Your team consists of a senior ED Registrar and 2 nurses.

There are no covid concerns with this patient.

Initial Vital signs:

Temp 36.4 degrees
HR 120
BP 160/90
RR 4
O2 sats 91% on 40% O2 BVM
GCS 10

Stage 1: 0-2 Mins *'On your arrival the Registrar states: 'Thanks for coming. This man had a procedural sedation and shoulder reduction. After the shoulder was enlocated he vomited a little and now I just can't bag him'. How would you manage this situation?'*

Additional info: Procedural sedation was Ketamine 200mg. The patient was fasted for 2 hours.

Expected response:

'The pt has probably aspirated and has laryngospasm'

Assume Team Leadership, can call for help - anaesthetics

Allocate roles and ensure that each clinical is able to perform these roles - Reg- airway, nurse 1 ivc, drugs and nurse 2 calling for assistance, drugs

Utilize closed loop communication

Summarize situation and gather info from Reg 'I just can't bag him'

Vital signs: T 36.7 HR 120 RR 4 O2sats 91% on 40% FiO2 BVM, GCS 10, end tidal CO2 connected but no trace

Airway maneuvers – airway position, 2 handed BVM technique on 100% O2, suction, jaw thrust, chin lift, head tilt (need minimum 2)

Airway adjuncts – NPA, Guedel (needs minimum 1)

Stage 2: 2-5:30 Mins

'After a few minutes his Vital signs are now:

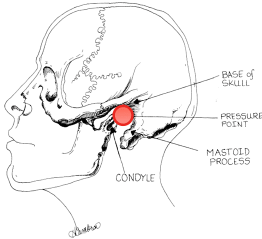
Temp 36.5
HR 140
BP 180/100
RR 2
O2sats 81% (Hand to candidate)
GCS 7

Expected response:

'The pt has probably aspirated and has laryngospasm'

Management: (need bold)

- **Positive pressure** vent with BVM and PEEP valve to try to overcome laryngospasm
- Attempt to break the laryngospasm by applying painful inward and anterior pressure at 'Larson's point' bilaterally while performing a jaw thrust. Larson's point is also called the 'laryngospasm notch'.



- **Deepening sedation**/anesthesia (e.g. low dose propofol) to reduce laryngospasm
- **Paralyze and intubate** – since severe hypoxia paralyze (suxamethonium 1-2 mg/kg IV or Rocuronium 1.2-1.5mg/kg) and propofol and perform intubation:
Prepare:
 - Equipment - video laryngoscopy, LMA, bougie, NPA, suction, ETT, Guedel, Bag- Mask-Valve, Apneic O2
 - Personnel- most experienced intubator, team leader, airway nurse, drug nurse, scribe
- Plan A – Video laryngoscopy
- Plan B – LMA
- Plan C – Video laryngoscopy with bougie
- Plan D – second operator eg Anaesthetics or deepen sedation and BVM less likely to require surgical airway

Stage 3: 5:30-7 Mins *'You successfully intubate the patient. His Vital signs are now normal. What would you do now?'*

- Post intubation care – secure ETT, reasonable ventilator settings, sedation, CXR, NGT, End tidal CO2
- ICU ref - ? Bronchoscopy and suction for aspiration
- Sling for shoulder, orthopedic opinion/follow-up
- Accept iv antibiotics eg ceftriaxone and metronidazole
- **Contact NOK** and explain adverse event – known complication of Ketamine, open disclosure
- Review event (further Hx, fasting time, etoh intake) and arrange **debrief** and flag for review by hospital Governance
- Review procedural sedation policy and training and specifically laryngospasm management
- Document events

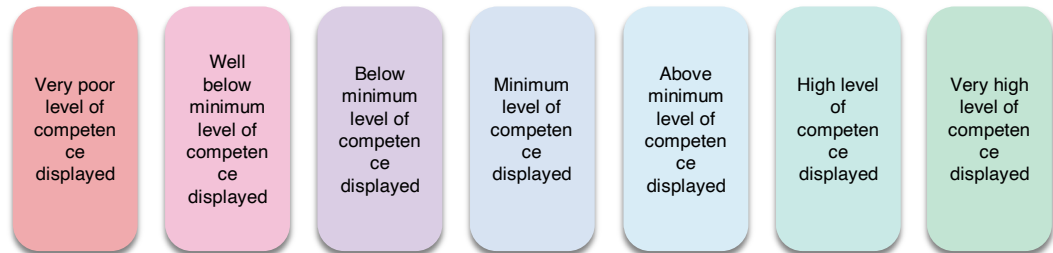


Vitals Signs:

Temp	36.5
HR	140
BP	180/100
RR	2
O2sats	81% on 100% FiO2 BVM
GCS	7

Examiner Marking Sheet**COMPONENT ASSESSMENT**

For each Domain below, select the ONE best option that best represents the candidate's level of performance. The option "**minimum level of competency displayed**" represents the level of safe independent practice **as a junior FACEM** in Australasia



Please rate ALL the following domains:

Medical Expertise –Management	☐	☐	☐	☐	☐	☐	☐
Teamwork and Collaboration	☐	☐	☐	☐	☐	☐	☐
Prioritization and Decision Making	☐	☐	☐	☐	☐	☐	☐

Detailed assessment criteria

Please use the following criteria to inform your ratings above (mandatory items in ***bold italics***)

Medical Expertise:**Management****Initial:**

-Airway maneuvers – airway position, 2 handed BVM technique on 100% O₂, suction, jaw thrust, chin lift, head tilt (***need minimum 2***)

-Airway adjuncts – NPA, Guedel (***needs minimum 1***)

Ongoing:

-***Positive pressure*** vent to try to overcome laryngospasm

-Attempt to break the laryngospasm by applying painful inward and anterior pressure at 'Larson's point' bilaterally while performing a jaw thrust. Larson's point is also called the 'laryngospasm notch'.

- ***Deepening sedation/anaesthesia*** (e.g. low dose propofol) to reduce laryngospasm

- ***Paralyse and intubate*** – since severe hypoxia paralyse (suxamethonium 1-2 mg/kg IV or Rocuronium 1.2-1.5mg/kg) and perform intubation:

Prepare:

-Equipment - video laryngoscopy, LMA, bougie, NPA, suction, ETT, Guedel, Bag- Mask-Valve

-Personnel- most experienced intubator, team leader, airway nurse, drug nurse, scribe

-***Plan A*** – Video laryngoscopy

-Plan B – LMA

-Plan C – Video laryngoscopy with bougie

-Plan D – second operator eg Anaesthetists or deepen sedation and BVM less likely to require surgical airway

Post Intubation:

- secure ETT, reasonable ventilator settings, sedation, CXR

- ICU ref - ? Bronchoscopy and suction for aspiration

- Sling for shoulder, orthopedic opinion/follow-up

- Accept iv antibiotics eg ceftriaxone and metronidazole

- ***Contact NOK*** and explain adverse event

Teamwork and Collaboration:

Allocate roles, act as team leader, ensures team is comfortable with their roles
Closed loop communication, clear instructions
Summarizes situation and plan
Review event and arrange **debrief** and flag for review by hospital Governance
Review procedural sedation policy and training and specifically laryngospasm management
Document events



Prioritization and Decision Making

Identifies life-threatening **laryngospasm** and airway obstruction
Stepwise approach to manage laryngospasm
Rapidly acts to **deepen sedation, paralyse and intubate**

Station Summary: SIM SCBD Laryngospasm during procedural sedation

INFORMATION

EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence the candidate's exam outcome
e.g. protocol breach, candidate illness, etc

GLOBAL RATING FOR STANDARD SETTING:

This scale is used in the standard setting process for the OSCE. Please rate the candidate's OVERALL performance in this OSCE. The rating should take into account the entirety of the OSCE, rather than just a sum average of the individual domain scores. This element **MUST** be completed for the standard of the examination to be set.

Well Below
Standard

Below
Standard

Just at
Standard

Above
Standard

Well Above
Standard

In terms of a **safely practicing junior emergency physician**, select the ONE option that best reflects the candidate's performance in this station:

☐☐☐☐☐

EXAMINER SIGNATURE:

Reference: <https://litfl.com/laryngospasm/>