
Station Number FOUR: Case Based discussion

Candidate instructions

This is a 7-minute station.

You are a consultant in a regional Emergency Department, working an evening shift in Fast Track. You have general surgery and general medicine service on site, but no inpatient specialty surgical units.

The nurse in your area has asked you to come and review a patient they are concerned about. A 55 year old man with a sore throat has been sent to one of your cubicles. His triage note reads : “4/7 of swollen tonsils and difficulty eating and drinking.” The nurse is concerned they are not suitable to be in this low acuity area.

His obs at triage were:

- HR 112
- BP 124/78
- RR 18
- Sats 94% on room air
- Temp 38.6
- GCS 15

He has no known past medical history.

Your tasks are to:

- Outline your initial approach to the situation and assessment of the patient.
 - Answer any further questions from the examiner as the situation unfolds.
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This OSCE will assess the following domains:

- Teamwork and collaboration 40%
- Medical Expertise
 - Assessment 30%
 - Management 30%

Examiner Instructions

This is a 7 minute 'simulation style' case discussion on the subject of sore throats with potential airway compromise. The candidate is expected to know about more sinister diagnoses for sore throats than simple tonsillitis acknowledge the nurse's concerns and identify potential airway risk for this patient.

Part 1 (minutes 0-2): *"Outline your initial approach to the situation and assessment of the patient"*

The candidate should acknowledge the nurse's concerns and clarify what specifically they are concerned about.

Candidate should request a repeat set of observations.

The candidate should assess the patient looking for potential causes for the patients symptoms and red flags including signs of airway compromise.

History

- Duration of symptoms as well as progression of symptoms
- Associated symptoms – e.g., myalgia, cough, coryza may point to influenza vs a true tonsillitis
- Systemic symptoms – fever, malaise, vomiting
- Pt factors – age, comorbidities, indigenous, medications/ immunosuppression, vaccination history
- Airway concerns – voice change e.g. stridor, hot potato, mouth opening – trismus, able to swallow secretions, able to lie flat
- Prior medical review/ treatment of this illness
- Allergies

Examination

- Well, unwell
 - Repeat observations
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- Stridor
 - Drooling
 - Peritonsillar abscess
 - Submandibular swelling

Part 2 (minutes 3-5): “The pt has had 4/7 of odynophagia, and progressive difficulty swallowing his own saliva. On examination he looks unwell and has a hoarse voice, but is able to talk and is comfortable sitting up in bed.

Outline your differential diagnoses and management priorities”

The candidate should identify that this is a patient with the potential for deterioration, and identify the need for them to be in a higher acuity area.

They should apply O2, ensure have adequate IV access and send bloods including fbe, uec and crp and viral PCR

They should ensure appropriate PPE is worn

Should label some potential differentials:

- **Epiglottitis**
- Severe Quinsy
- Tonsillitis/Infectious Mononucleosis
- **Deeps space neck infection/ Ludwig’s angina**
- Anaphylaxis/ allergy (less likely in clinical scenario)
- Others - Malignancy, Trauma – e.g., haematoma, Retained FB

Should instigate management

- Iv steroids
 - Consider antibiotics
 - Adrenaline nebs
 - Analgesia
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Part 3 (minutes 5-7): “Despite your initial management the pt deteriorates and is in severe respiratory distress with rr 25 and sats 86% on 15l. Anaesthetics are unavailable. How would you secure this patient’s airway?”

- Emergency buzzer/ call for extra help
 - Allocate roles
 - BVM with peep 15l, pre-oxygenate
 - Additional steroid
 - Further call to anaesthetics to advice of crash emergent intubation
 - Double set up
 - Experienced operator to attempt VL, small size tube e.g., size 6, anticipate difficulty
 - 2nd experienced operator to prep FONA access kit
 - High likelihood to need FONA so predetermine trigger points e.g., 1 failed VL, sats < 80%
 - RSI with adequate dose of sedative and paralysis.
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Part 4 (if time allows): “Describe your step wise approach for performing front of neck access?”

- Identify cricothyroid membrane by palpating up from sternal notch or down from thyroid cartilage.
 - Stabilise thyroid and cricoid cartilage
 - Vertical incision through skin
 - Horizontal incision through cricothyroid membrane
 - Rotate scalpel blade and pass bougie through hole
 - Railroad 6mm ETT or small tracheostomy tube over bougie
 - Remove bougie, inflate cuff and attach BVM for ventilation
 - Check placement – tube fogging, chest rise, breath sounds, ETCO₂
 - Secure tube – ribbon/tape
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Examiner Marking Sheet

Examiner name(s):

Candidate Name:

OSCE Station:

DOMAIN	ASSESSMENT CRITERIA	MET/NOT MET
	Assessment for potential red flags	
Medical Expertise	• Hx –voice change, not managing own secretions, unable to lie flat • Appropriate differential diagnosis • Exam – stridor, trismus, swelling, unwell • Instigating appropriate initial therapy when diagnosis not clear – Steroids, antibiotics • Move pt to resus • Perform FONA • Staff safety - PPE	
Teamwork and Collaboration	Acknowledge nursing staff concerns Review pt in timely prompt manner Move pt to high acuity area Role allocation Liaison with ENT and Anaesthetics	

COMMENTS AND CONSTRUCTIVE FEEDBACK

GLOBAL ASSESSMENT RATING

Please rate this candidate's OVERALL performance in this OSCE:

In terms of a **safely practising junior emergency physician** please select the ONE option which best reflects this candidate's performance in this station

**Well
Below
Standard**

☐

**Below
Standard**

☐

**Just at
Standard**

☐

**Above
Standard**

☐

**Well
Above
Standard**

☐