

1. Lead examiner

Candidate Number:

2. Co-examiner

Total Mark:

SCENARIO

An 84 year old lady is brought to your ED by her daughter, who is frustrated with her mother because she cannot mobilise today. The patient appears unwell, frail and markedly underweight. She has a hot, swollen, painful right leg. She has mild dementia, and lives with adult daughter, who is her carer. Her vital signs at triage are T 38.6deg, P 120 bpm, BP 95/60 mmHg, RR 22, O₂ sat 97% on air.

Question 1: Outline your immediate management of this patient

(2 minutes)

Expected Response	Details & Comments	
Very sick elderly lady	Triage to high acuity area, resus, monitoring etc	
Appears to have SIRS (sepsis syndrome) +/- shock	Goal directed therapy	
Supportive Care	Oxygen, IV access, IV fluid , N Saline initially, Urinary catheter, monitor urine output Analgesia since in pain	
Specific Care (Prompt for antibiotic choice)	Likely organism G POS cocci, Community acquired MRSA? Treat with IV antibiotics according to local protocols Flucloxacillin, vancomycin, timentin, clindamycin?	
Disposition	Likely to need ongoing management in high acuity area, possibly HDU Depending on response to initial resuscitation Need to consider limits of care	

Question 2: Describe your goals of treatment and endpoints in this patient.

(2 minutes)

Expected Response	Details & Comments	
Key Issues	- Resuscitation and management of patient with severe cellulitis- hypotensive - Principles of treatment – fluid resuscitation – intravenous antibiotics - Dementia – ability to consent for treatment/carer to give consent – need to establish competence - Boundaries of care may need to be established – Candidate for aggressive treatment/ICU? - Social/carer issues – inadequate care? - Discharge planning	
Goals of treatment	Restore CVS stability Treat the underlying infection Ensure positive interaction with patient/family	
Endpoints	Discussions with family regarding likely poor prognosis with a plan to specify boundaries of care Aim for adequate BP, MAP >65 mmHg and adequate urine output 2 ml/kg/hr. Monitor serum lactate, aim for adequate tissue oxygenation, normal lactate level Initial fluid bolus, 1 litre, monitor response. If good response to fluids then persist with IV fluids and antibiotics. In an 84 year old with use simple measures.	
Endpoint depends on:	Degree of dementia? Comorbidities? Lives at home with daughter – quality of life? Is there an advance care directive? If low level of dementia then more likely to consider higher level of care Need to establish ability of patient to consent to treatment – competence Will probably need daughters involvement in treatment decisions	
Prompt if needed: Any other issues?	Consider– Is the patient a surgical/ICU candidate? Have patient's wishes been discussed? What are the daughter's/family's wishes? Information from other medical carers – especially GP	
Discharge planning	Should start from time of admission Is daughter coping in the role? Does daughter require support? Does patient require services/placement? Involvement social work/allied health to further investigate home situation	
Disposition	Admission to inpatient unit for ongoing care- HDU or ward depending on level of care	

Question 3: The patient does not respond well to treatment. The family say that they want “everything” done. What is your response?
(2 minutes)

Expected Response	Details & Comments	
Discuss boundaries of care with patient and family	Prolonging life versus prolonging death? Offer to do “everything” appropriate eg: oxygen, IV fluids, IV antibiotics but not necessarily including CVC, art line inotropes etc Intubation/ventilation? Probably not	
	Prompt initial treatment, observe response. If good response, keep going with simple measures, If poor response, consider palliative care especially if evidence of renal failure or worsening hypotension	
Ongoing discussion with family	Likely very poor prognosis even if maximal treatment if poor initial response	
If family persist in their request (Prompt if necessary)	Ask ICU consultant or admitting team to join you in a discussion with the family regarding the likely benefits and the likely harm of aggressive/ invasive treatment	
	Collaborative decision regarding boundaries of care	

Question 4: During your interaction with the patient and her daughter you become concerned about the possibility of “Elder Abuse”. In general, what features would you look for to support your suspicions?

(1 minutes)

Expected Response	Details & Comments	
General	Failure of caregiver to allow staff to be with patient alone Tension or argument between patient and caregiver Signs of undue stress shown by caregiver	Reasonable answer probably 4-6 of all
History	Separate from daughter appropriate to question even with mild dementia	
Physical	Unexplained bruise, welts, unexplained fractures Broken spectacles, pressure sores Restraint marks eg rope marks to wrists	
Sexual	Signs of local trauma	
Neglect	Weight loss, dehydration, malnutrition Untreated physical conditions such as pressure sores Delay in accessing medical care, eg: for infections or injuries Poor sanitation Apparent failure to dispense/use medications appropriately	
Other sources	Information from visiting nurses, LMO etc may be important	

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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