

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

A 3/12 old term baby is brought to the ED by his parents who state that he has become increasingly blue over the last few hours. He has had previous surgery for congenital heart disease. He is triaged to the resuscitation area.

On your initial examination he is deeply cyanosed and floppy.

Observations: P 160/min, RR 80/min, O₂ sats – no trace detectable

Question 1: Describe your initial management**(2 minutes)**

Expected Response	Details & Comments	
Call for help	Paediatric registrar/ Consultant +/- NICU registrar	1
Assemble team	ED Medical and nursing staff Social worker/ nursing staff assigned to take care of parents Appropriate equipment estimate weight 4kg (eg Broselow tape) Radiant heater Paed airway equipment / resuscitation trolley	3
Airway/ Breathing	Airway manoeuvres, BVM ventilation, 100% oxygen , gentle suction	2/3
Circulation	Rapid IV access +/- IO if delay Urgent BSL and treat if <3- 5ml/kg 10% dextrose IV bolus 10ml/kg N/Saline bolus (warmed) Assess perfusion (cap refill / BP), Temp	3
Early IV antibiotics	Ampicillin 50mg/kg + cefotaxime 50mg/kg or 50mg/kg ceftriaxone + vancomycin 25mg/kg	
CXR	ECG / FBC/EUC/ BSL/ BI culture/ Blood gas	1
Concurrent history	From parents/ old notes / Cardiothoracic Sx Neonatal Hx etc	

Question 2: After 10 minutes of BVM ventilation he is less cyanosed but still floppy and poorly perfused with no recordable oxygen saturations. His BSL is 6.8

You decide to intubate. Describe how you would do this

(2 minutes)

Expected Response	Details and Comments	
Preparation and intubation	Allocate roles - experienced intubator Appropriate sized equipment - ETT, (3.5-4 mm uncuffed) blade Position Suction available Safe drug choice / why - eg fentanyl/ ketamine/ midazolam / suxamethonium / morphine / ? atropine NGT Secure ETT/ NGT - (tape / elastoplast)	5/7
Confirm ETT position	Clinically / Formula (age/ 2 + 12) ETCO₂ CXR	3/3
Ventilate	Appropriate paed ventilator/ neopuff / hand bag	1

Question 3:

After intubation you organise a CXR, please describe and Interpret this xray

(1 minute)

Expected Response	Details & Comments	
Mobile supine film	ECG Monitoring in-situ NGT in stomach ETT good position Globular heart Right pleural effusion Bilateral interstitial infiltrate ? Pulmonary oedema Hazy right heart border ? infection ??prosthetic material midline	4/5
DDx: CCF/Pul oedema/ infection	Infection + one other	2

Question 4: Following intubation and ventilation his perfusion has improved and the decision is made to retrieve him to a specialist centre. The retrieval team will arrive in 45 minutes

Describe his ongoing care in the ED whilst awaiting their arrival

(2 minutes)

Expected Response	Details & Comments	
Reassessment and supportive care	Recheck ABC / Ventilation / ECG monitoring / NIBP Blood gas / SaO ₂ / ETCO ₂ BSL Keep warm- radiant heater Ongoing sedation +/- paralysis Secure IV access / appropriate fluids Maintain adequate perfusion / BP- ? need for inotropes- based on expert advice Role of ?digoxin/ frusemide IDC- urine output (1-2ml/kg/hr) End points: pink warm, cap refill < 2 sec, BP >70 mmHg, passing urine	5/6
Communicate with parents	Support from staff member	
Prepare for team's arrival	Documentation copies of notes, Xray	

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: Describe your initial management.