

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

It is 1600hrs at your tertiary ED. You are asked to review a 22 year-old woman who presents with lower pelvic pain and PV bleeding. Her vital signs are:

- HR 90 per min
- BP 120/80 mmHg
- GCS 15

Question 1: Describe your assessment of this woman.

Expected Response	Details & Comments	
Broad DDx (Prompt if not given)	• Ectopic pregnancy (EP) • Threatened, incomplete, missed abortion (miscarriage) • Dysmenorrhoea • Non-gynaecological cause of pain	
Directed History	Previous pregnancies LMP - ? normal period Quantify PV bleeding - no of pads Risk factors for EP- prev EP, IUD, Hx PID, smoker, fertility enhancing drugs Abdo pain-quality, location, radiation, ?shoulder tip pain Other Sx Previous Surgery Hx of PV discharge, dyspareunia, endometriosis and PID	
Examination	Current vital signs indicate haemodynamic stability - postural BP may help Ongoing monitoring important Abdo exam- peritonism Perineal / pad inspection +/- PV exam-cervical excitation, ?adnexal mass / tenderness	
Investigation	Bedside - urine HCG Laboratory - FBC, quantitative β -HCG, blood group ? FAST or bedside U/S (? TV) Formal U/S	

Question 2: Her last menstrual period (LMP) was 6 weeks ago. The patient's quantitative β -HCG is 1200 IU/L. A trans-vaginal ultrasound reveals no intrauterine gestational sac, no adnexal mass and no free pelvic fluid. Discuss these findings.

Expected Response	Details & Comments	
β -HCG and U/S findings are indeterminate	May still be an EP or early pregnancy Concept of discriminatory zone for β -hCG	
Rpt β -HCG	β -HCG will increase in normal pregnancy by at least 50-60% in 48 hrs	

Question 3: What is your approach to the disposition of this patient.

Expected Response	Details and Comments
Clinical factors	Amount of bleeding, pain, vital signs, anxiety
Social factors	Access to hospital, resources at home, patient understanding and expectations
Follow up options	Requires rpt β -HCG in 48 – 72 hrs and F/U ultrasound when clinically indicated Early pregnancy clinic / GP / specialist
	Time of evening (would be early to late evening, after tests performed)
Advice to pt if discharged	Indications for return: • Increased pain, bleeding • Subsequent U/S proof of EP or failed pregnancy Provide written discharge advice Offer counselling, social worker

Question 4: The patient's blood group returns as O negative. Discuss your management of this finding.

Expected Response	Details & Comments	
<i>Risk of Rhesus iso-immunisation</i>		
Explain need for anti-D	Indications, reasons, Administration of anti-D: 250 IU, given IM (may need to look up dose) Provide details of potential isoimmunisation	
Risk and benefits	Blood product Risk of isoimmunisation in subsequent pregnancies	
Consent (prompt)	Verbal/ written	
Follow up	Need for further immunisation later in pregnancy	

Question 4: The patient was appropriately discharged. She returns 2 weeks later with further PV bleeding and an ultrasound showing intrauterine foetal demise. She is upset and angry, alleging poor care during her first visit. Outline your approach to this situation.

Expected Response	Details & Comments	
Clinical priorities	Deal with current clinical situation Attend to Mx needs: fluid resus if indicated, analgesia, referral for D&C	
Gather info	Understandable emotions Acknowledge her complaint Establish specific reasons for her sentiments Determine progress since last discharge ? Additional Rx, advice, Investigations in the interval period Review clinical records, including follow up Instructions	
Recruit help	Advice from peers, senior colleagues, experts Liaise with patient's GP Social work Support person for patient	
Explanations	Explain management was appropriate in first visit Foetal demise potential / expected complication in this case Advise that specific issues will be investigated and addressed Offer scheduled time to meet and discuss, after initial Rx	
Risk Management	Documentation Review processes for F/U of such cases Incident report Advise ED Director	

Comments: (if you fail the candidate, please state why)

If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?

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