

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

A 26 year old female is transferred to your tertiary emergency department with a 2 day history of recurrent syncope. Her referral letter states that she has a 3 day hx of nausea and vomiting and a diagnosis of recurrent pseudo-obstruction.

Her vital signs on arrival are PR 75/min, BP 105/50, RR 20/min, T 36.8 °C, O₂ saturation 99% (room air). She looks unwell and appears significantly underweight.

The nurse performs a 12 lead ECG.

Question 1: Please describe the ECG.

(1 minute)

Expected Response	Details & Comments	
Shows 12 lead ECG	Sinus rhythm Rate changes (possible sinus arrhythmia, possible Mobitz 2) Normal PR interval QT prolongation (esp inferior leads) U waves T wave abnormality anteroseptal leads	To pass = Prolonged QT + 2 other bold

Question 2: How would you assess this patient?

(2 minutes)

Expected Response	Details & Comments	
Assessment Location	Monitored bed – main concern re cardiac syncope Key. identify causes/precipitants of syncope	Bold to pass
History	Detailed Hx of syncopal events – from both patient and any witness ? warning, ? aura, ? duration, ? precipitants, ? assoc chest pain, SOB, palpitations, nausea, diaphoresis, neurological phenomena, ? recovery - incontinence Detailed hx re GIT s/s, weight loss Systems review – to identify cause of syncope, source of potential sepsis PMHx – metabolic, endocrine, DM, renal, anaemia, valvular heart disease, prolonged QT syndrome, PE etc Mental health, eating disorders, pseudo seizure, conversion disorder FHx – esp sudden death, MVP Meds – prescribed and OTC Allergies Recreational Drugs ? pregnant	
Examination	Vitals – general appearance, hydration status, ?anaemic, ?identify septic focus, ?rash – postural BP, BMI/weight , CVS (any suggestion of structural cardiac disease, murmurs, MVP) Neuro - ? focal neurology Resp – ? resp distress, pneumonia, PE, DVT GIT – assess for peritonism, rectal examination	
Investigation	Bedside – BSL, ABG/VBG , U/A, Urine BHCG, Lab – FBC, EUC, CMP , BSL Imaging - CXR Compare present ECG to previous	

Question 3: Whilst you are assessing the patient she loses consciousness and her output. This is her rhythm strip.
What is your immediate management?

(2 minutes)

Expected Response	Details & Comments	
Immediate Mx = terminate TDP		All bold to pass
?Precordial thump	Aim = terminate TDP	
Institute CPR	Institute CPR, call for defibrillator	
DC shock Biphasic 200J x 3 as witnessed (ACLS protocol)	DC shock in TDP if HD compromise or arrest with shockable rhythm May not be effective – CPR and intubate if not responding and continue with ACLS as per ARC guidelines	
Correct underlying cause	IV magnesium to terminate arrhythmia Correct electrolyte abnormality eg K, Mg, Ca Unstable – recurrence likely	
Prevent recurrences of TDP	External overdrive pacing Or Pharmacologically –Isoprenaline infusion (C/I in congenital long QT)	
Avoid antiarrhythmic drugs	As they may potentiate it	

Question 4: The patient responds to your treatment and has been stable for several hours. She is attempting to leave. What are the issues?

(2 minutes)

Expected Response	Details & Comments	
Complex issues		Consultant issues; discussion of complexities
Competence	Clear consciousness; able to make decision to leave, patient autonomy	
Duty of care	Potentially life threatening, medical stability,	
Mentally disordered	Suicidality, eating disorder, scheduling	

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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