Monash Practice OSCE 2020.1

**OSCE 5**

**Candidate Instructions**

This station is a **Standardised Case-Based Discussion**. You will be interacting directly with an Examiner. You will be asked to outline your assessment and management to the following clinical situation. Further information will be provided as the case evolves. The examiner will be assessing your medical knowledge as well as your reasoning and rationale to your approach and decisions.

Please be as specific as possible when answering. For example, when discussing drugs, describe your dosage regimen and the reasons why you chose that regimen, as opposed to other regimens.

**Case Information:**

You are a consultant in a tertiary emergency department. A 31 year old man presents with 6 hours of severe central chest pain, in the background of a flu-like illness over the last week.

Vital signs at presentation:

HR 60 bpm

BP 100/60 mmHg

RR 35 /min

O2 sat 93% room air

Temp 37.5 deg

He is triaged to the resuscitation area. A 12-lead ECG is taken (provided)

**Your task:**

1. Describe and interpret the ECG.
2. Answer any further questions from the examiner.

This OSCE will assess the following domains:

Medical Expertise (60%)

Prioritisation and Decision-making (40%)

A copy of this case information is provided in the examination room.



Question 4: (2 mins)

Soon after successful intubation the patient’s BP is 60/40 mmHg. Outline your approach to

the hypotension.

* Confirm BP
* Check rhythm
* Check induction drugs - Side effects, correct dose and drug, allergy etc
* Examine patient - Chest – trachea, air entry, bronchospasm, rash
* Check ventilator - Disconnect and hand ventilate, check circuit and settings etc
* Repeat tests - ECG, CXR, echo, electrolytes
* Antiarrhythmic drugs as needed - ?amiodarone
* Fluid – as needed
* Inotropic support - Adrenaline/aramine boluses if recalcitrant hypotension, followed by infusion. Aim for normotension (MAP > 75mmHg).
* Other
	+ Specific Rx: ? corticosteroids
	+ Refer to ICU / cardiology
	+ Consider IABP/VAD if refractory shock
	+ Retrieval and transfer prn