**Death and Dying / Forensics – Small Group Session**

1. An 85-year-old man presents with a leaking AAA and hypotension. The surgical registrar consents the patient for theatre then rushes away to prepare. The nurse approaches you and says the patient has expressed concern about the surgery and isn’t sure it is necessary.
	1. Outline your approach to this situation
2. A 35yo man presents in SVT. His HR is 200, BP 110/60, GCS 15. He has no PHx and is not on any regular medications. Your registrar elects to give him adenosine. Post Adenosine he develops VT alternating with asystole, requires 6 defibrillations, 15 rounds of adrenaline, is Intubated and on an Adrenaline infusion 60mic/min. Total time to ROSC is 50minutes. His pupils are fixed and dilated.
	1. Outline your approach to the family
3. An 80 year old with end sage COPD on home O2, from home with a large and doting family, presents with severe dyspnoea. He has signs consistent with a severe exacerbation of COPD, has type II respiratory failure on ABG and has no obvious reversible pathology on CXR. His son arrives and is insistent that the patient be intubated.
	1. Outline your approach to this situation
4. A 40-year-old male with Downs syndrome is brought to the ED from a Care facility with a STEMI. He has a good quality of life but has a significant cognitive impairment. There is no Carer available or NOK. The interventional cardiologist states he will not take the patient to the Cath lab without consent.
5. Outline your approach to this situation.
6. A 72 yo lady from a high-level care nursing home presents to your ED after an unconscious collapse. Her GCS is 8, HR 85, BP 180/95, RR 10, Sats 94%RA. Usual GCS is 13.
	1. Outline your initial assessment.
	2. What investigations (if any) would you perform?
	3. Her distraught family insist that she should be for full, active resuscitation
		1. Outline your approach with the family