

## SCENARIO 1 Resuscitation

You are the Consultant on duty commencing your day shift. Before you commence handover the Nurse in charge directs you to resus, where your night staff are attempting to resuscitate a patient.

As far as the nurse is aware the patient is elderly, and was brought in by ambulance in cardiac arrest. The resuscitation has been ongoing for the last 15 minutes.

Your Night registrar is an experienced senior ED trainee.

You will be expected to take handover from your night registrar and direct the ongoing resuscitation appropriately.

Assessment:

Medical Expertise

Communication

Teamwork and collaboration

Domain	Criteria for high rating
<b>Medical expertise</b>	<p>Rapid assessment of futile resus</p> <p>Appropriate exclusion of reversible causes</p> <p>Sound knowledge of resus processes and ALS protocols</p> <p>Recognises the patient is a Coroners case until further information is available.</p>
<b>Communication</b>	<p>Direct communication style allows night registrar to give key information without waffle</p> <p>Appropriately gains rapid handover</p> <p>Clear directions to night staff</p> <p>Asks for opinion before ceasing resuscitation</p>
<b>Scholarship and teaching</b>	<p>Appropriate clear directions to team</p> <p>Seeks and validates opinions of resus team</p> <p>Thanks team appropriately for resus efforts</p>

**This is not a typical Resuscitation station – the aim of the station is to rapidly come to a position that appropriate resus efforts have been made, and cease resuscitation. Nothing the candidate will attempt will be successful.**

### **Confederate 1 – Night Registrar**

You are an experienced ED trainee with previous critical care experience. You will rapidly give handover to the ED consultant – see summary points below.

Opening line “Hi I’m.... The night registrar. I’m a bit unsure where to go next here....”

Key points to the scenario are:

- 80 year old man, found unconscious at home by the patients NOK. No bystander CPR was attempted.
- Ambulance arrived 9 minutes after initial 000 call and found no output, CPR was commenced at that time.
- Initial rhythm on monitor was PEA.
- Patient intubated at scene.
- 3 cycles of adrenaline in community prior to transport to ED without output
- Pre hospital time from initial 000 call was 25 minutes

### **IN ED:**

- Chest compressions continuing continuously
- ETT placement checked and confirmed in good position.
- Possible PEA on arrival in ED but rapidly deteriorated into asystole.
- Further 3 cycles adrenaline given IV as well as bolus bicarbonate (you just thought you’d give it a go)
- If asked you have performed an USS, and could not see a Pneumothorax or pericardial effusion (you are experienced with the use of USS).

After handover to the candidate you will follow all directions the candidate gives

You have a VBG available if requested by the candidate (prompt the candidate at 4 minute mark if not already requested)

If not prompted before this point, at 1 minute remaining ask the candidate whether CPR should be continuing

**Confederate 2 - Nurse**

You are an experienced ED nurse, who is able to follow commands. You are currently doing CPR.

After resus discontinued ask candidate "Can I take the ETT out?"



VBG  
pH 6.75  
pCO2 18  
pO2 17  
HCO3 4  
BE -27

Na 131  
K 4.8  
Cl 111  
Cr 152  
Lactate 19  
BSL 11



**Question 1 Resuscitation**

**Candidate Name:**

**A. Component Assessment**

Select ONE option that best represents the candidate's performance in this OSCE. Use the 9-point graded scale, where 1 is poorest and 9 is best. TICK ONE CELL for each row below.

	1	2	3	4	5	6	7	8	9
<b>Medical Expertise</b>									
<b>Communication</b>									
<b>Teamwork and Collaboration</b>									

**B. Station Difficulty (please circle):**                      Low                      Moderate                      High

**C. Examiner Notes on Candidate Performance**

Positives

Areas for Improvement

Suggestions

**D. Global Rating for Standard Setting (please circle)**

Clear Fail                      Marginal Fail                      Borderline                      Marginal Pass                      Clear Pas