



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case - 8 minutes

NAME:

Benjamin Styrziki

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SECTION A: This information is given to the candidate

INSTRUCTIONS TO CANDIDATES

Standard Instructions

- This is an 8 minute station.
- Read the following scenario.
- Manage the significant elements of this case.

Additional Instructions

- You may ask the examiner for any examination findings
- The examiner may ask you several questions about this case and related matters.

SECTION A: This information is given to the candidate

SCENARIO:

You are grabbed by your receptionist with the words "Help. Quick" and taken to the treatment room where your nurse has just given Benjamin Styrziki his 4 year old immunizations

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Benjamin Styrziki

D.O.B.: 27/03/2002 **(4)**

Allergies: nil

Current Medications

Nil

Immunisations

Up to date

Past Medical History

Nil

SECTION B: This information is given to the patient role player/examiner

THE STORY IN DETAIL

You are the nurse at the practice. A dummy will be on the floor for the candidate to resuscitate

Information to be given as candidate walks in the door:

I had just given Benjamin his vaccine. I was cleaning up and he started breathing noisily, and starting to look puffy. He's just dropped to the floor.

Information only to be given with appropriate enquiry from the candidate:

He was weighed today, 16kg

Vaccines given – Infanrix IPV (DTP, polio), priorix (MMR)

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

- What would you like me to do?
- Do we need the oxygen?
- What dose do I need? His weight today was 16kg

The second examiner may also role play "extra help" and perform tasks requested by candidate

When recovered – what should I tell his mother?

SECTION B: This information is given to the patient role player/examiner

PHYSICAL EXAMINATION

Candidates are to ask for specific examination findings

General Appearance	Flushed swollen face, urticarial rash, limp lying down, noisy breathing, respiratory distress. If appropriate treatment not given, becomes quiet, cyanotic		
Weight 16	Height :105cm	BMI 14.5	Temp 37°C
BP no small cuff nearby	Pulse 150, very faint. If appropriate treatment not given, becomes pulseless	RespRate 4/min If appropriate treatment not given, RR becomes undetectable	
Cardiovascular			
Respiratory	Stridor and widespread wheezes		
Skin	Urticarial rash		
	Resps restart and pulse character becomes stronger if adrenaline given.		

INVESTIGATIONS

None available

SECTION C: This information is given to the examiner/facilitator

Listed below are the key issues to be covered in this case. *(The facilitator/examiner can "tick" these as covered during the consult)*

1. Call for help – receptionist to call ambulance, get another doctor & nurse in the practice. Take mother outside/out of the way
2. Allocate tasks to team members. Candidate as team leader should manage the airway.

A. Airway

Give high flow oxygen via Hudson mask/ air viva

Simple airway manoeuvres – chin lift, jaw thrust

Adrenaline is the definitive treatment.

- Candidate must know IM dose = 0.01 ml/ kg of 1 in 1000 (0.16 ml)
- Dose can be repeated if needed.
- May discuss IV doses, adrenaline infusion

Nebulised salbutamol for persistent wheeze

Consider nebulised adrenaline if persistent Stridor

B. Breathing

Oxygen. If patient deteriorates, 2 breaths initially, use of bag and mask

C. Circulation

IV access, start compressions if patient becomes pulseless, IV fluid bolus if cardiovascular collapse (20ml/ kg crystalloid). CPR To be given at the ratio of 30 compressions: 2 breaths.

3. Once patient is stable
 - Steroids, including dosage, administration (Hydrocortisone 10mg/kg NB takes 3-6hr for effect)
 - Antihistamines
4. Positioning on recovery
5. Transfer to hospital for observation.
6. Discuss what had happened with mother
7. Discuss immunizations in the future. Should be done in hospital under supervision

If time permits, the examiner may also ask the following:

- What do you check for prior to immunisations?
- Severe allergies
- History of severe reaction

Questions on CPR technique in a child

This checklist below is a guide to Key Features used by Examiners to assist in clinical case ratings. The lists are not intended to be prescriptive or exhaustive and do not form part of the marking

On completion of the case, the candidate/examiner/group may wish to score themselves as part of a feedback process.

Place a cross (X) along each line according to the candidate's performance on that item.

CLINICAL CASE RATINGS KEY FEATURES CHECKLIST

(*) key feature relevant to this case		Inadequately Covered Well 1	Covered 10
1	● Communication and Rapport	-----	
2	* ● Inter-professional	-----	
3	● History taking	-----	
4	* ● Physical examination	-----	
5	● History and Physical	-----	
6	● Physical Examination	-----	
7	● Physical Examination Findings	-----	
8	● Investigations	-----	
9	* ● Diagnosis	-----	
10	* ● Problem Definition	-----	
11	* ● Medical Knowledge	-----	
12	● Public Health Issues	-----	
13	* ● Management	-----	
14	* ● Procedural Skills	-----	
15	● Ethical and Medico Legal	-----	
16	● Critical Appraisal Skills	-----	
17	●	-----	
		Frequently	Not at all
18	● Prompting Required	-----	

Key Features Clinical Case Rating Descriptions

2. Inter-professional Communication Skills

Rate the candidate on how well they communicate with other health professionals.

Rate the candidate on their ability to perform an appropriate and systematic examination which is focussed and not overly inclusive. Specific findings relevant to the case should be elicited.

9. Diagnosis

Rate the candidate's ability to make an accurate diagnosis based on interpretation of the history, physical examination and investigations.

10. Problem Definition

Rate the candidate on their ability to identify, define and prioritise the physical, psychological and social issues involved for the patient, the family and the community.

11. Medical Knowledge

Rate the candidate's medical knowledge of the physical, psychological and social issues involved in this question.

13. Management

Rate the candidate on their ability to manage the issues raised in this case, both now and in the future. Candidates should offer effective explanations, education and choices to patients, and involve the patient, family and relevant community resources in their immediate and on going management plans. Candidates should demonstrate responsibility for the immediate and ongoing management of the patient.

14. Procedural Skills

Rate the candidate's ability to perform the procedure appropriately and competently with regard for patient safety and comfort.

17. Other

18. Prompting

To what extent was prompting/probing necessary to assist the candidate?

The 6 categories are: Almost continuously (cross on far left), very frequently, frequently, occasionally, minimally, not at all (cross on far right).

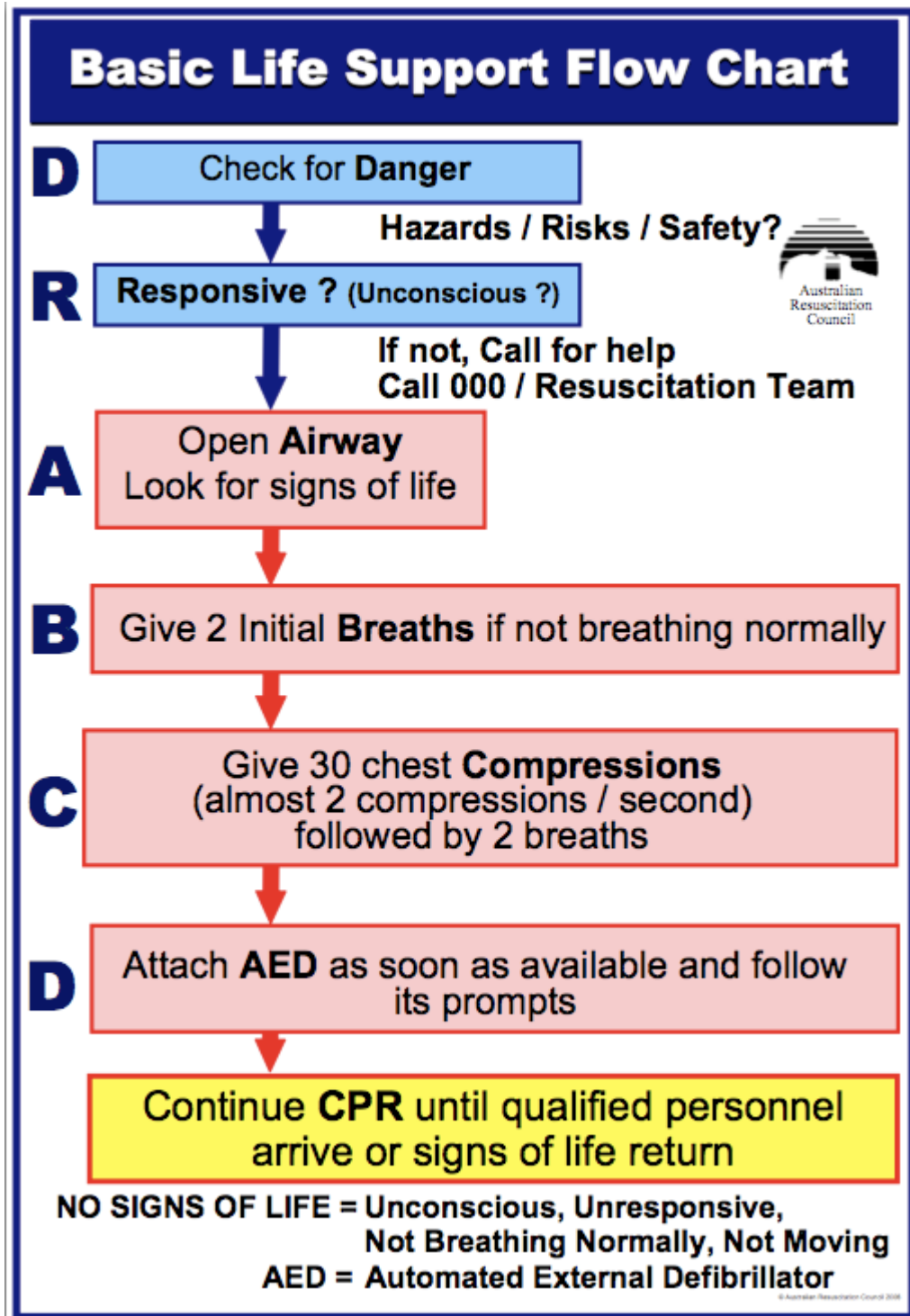
References and Study Notes:

See flow charts below for BLS, Paediatric Arrest

The Australian Immunization Handbook

Any up to date Emergency Handbook

<http://www.resus.org.au/public/guidelines/index.htm>



Paediatric Cardiorespiratory Arrest

Basic CPR
Compression - Ventilation Ratio 30: 2

Advanced CPR
Compression - Ventilation Ratio 15: 2

Attach Defibrillator – ECG Monitor

Assess Rhythm

Shockable
VF / Pulseless VT

Non-Shockable
PEA / Asystole

One DC Shock¹
Biphasic or
Monophasic
2J/kg

Immediate
CPR 2 min

One DC Shock²
Biphasic or
Monophasic
4J/kg

Immediate
CPR 2 min

During CPR

Check electrode/paddle positions & contact
Attempt/verify/secure IV / IO access
Correct Reversible Causes

- Hypoxaemia
- Hypovolaemia
- Hypo/Hyperkalaemia
- Hypo/Hyperthermia
- Tamponade
- Tension pneumothorax
- Toxins / Poisons / Drugs
- Thromboembolism

Consider:

Intubation / Advanced Airway
Vasopressor
Adrenaline 10 mcg/kg every 3 min
Antiarrhythmic
Amiodarone 5 mg/kg OR
Lignocaine 1 mg/kg for VF/VT.
Magnesium 0.1 - 0.2 mmol/kg for
Torsade de pointes

Buffer

NaHCO₃ 1 mmol/kg
Atropine 20mcg/kg + Pacing
(for asystole & severe bradycardia)

Adrenaline
10 mcg/kg IV / IO

Continue
CPR 2 min



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¹ For witnessed arrest, give up to 3 stacked shocks (2,4,4 J/Kg) at first defibrillation attempt.

² If further shocks are needed these should be single shocks 4J/kg.

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