M13 and M14 OSCE Notes

Consultation Skills

- Angry, Demanding Patients
- Breaking Bad News to Relatives
- Requesting a Post-Mortem
- Resuscitation Orders
- Advanced Directives

Examination Skills

- Assessing Critically Ill Patients (SIMMAN)

Procedures

- Manual Handling (Advanced)
- Death Verification and Certificating

Investigation Interpretation

- Understanding Intensive Monitoring – look at Kumar & Clarke, p1145

Other

- EWS/ALERT
- ALS – also put in about ATLS secondary and tertiary survey
- Prescribing (also see PSA Handbook)
- Handover (SBARD/RSVP)

Procedures

Death Verification

Before Death Confirmation

- Check resuscitation status of the patient
  - If not for resuscitation, confirm death
  - If there's uncertainty, commence CPR
- Ask ward staff about circumstances of death as this needs to be documented
- Ask for patient's notes
- If family/friends are present:
  - Introduce yourself
  - Offer condolences
  - Explain the need to confirm the death
  - Offer the family the opportunity to wait outside
  - Ask if they have any concerns or questions

Death Confirmation

1. Wash hands
2. Confirm identity of patient
   a. Check wrist band
3. General inspection – skin colour/any obvious signs of life
4. Look for signs of respiratory effort
5. Does patient respond to verbal stimuli?
   a. "Hello Mr Smith, can you hear me?"
6. Does the patient respond to pain?
   a. Press on fingernail, trapezius squeeze, supraorbital pressure
7. Assess pupils with pen torch
   a. After death, they become fixed and dilated
8. Feel for a central pulse
   a. Carotid artery
9. Auscultation
   a. List to heart sounds for at least 2 minutes
   b. Listen for respiratory sounds for at least 3 minutes
10. Wash hands and exit the room (ensure door is closed and curtains are drawn)

Documentation

- Ensure patient details are on top of each sheet
- Also confirm patient's location e.g. which hospital and which ward

Beginning Entry into the Notes

- Add date and time
- Write name and role

Documenting Death Confirmation

- Reason for attending and who asked you to attend
  - Asked to confirm death of Mr Smith by staff nurse Amanda Miles

    - Who was present whilst you were confirming the death
  - Staff/deceased patient's family and friends
- Circumstances of death
  - Location of patient
  - Individual who first noted patient to be dead
  - Any individual present at moment of death
- Confirmation of death assessment
  - Identity confirmed by wrist band
  - General inspection
  - No signs of respiratory effort
  - No response to verbal stimuli
  - No response to painful stimuli
  - No pupillary response to light
  - No central pulse
  - No heart sounds after 2 minutes of auscultation
  - No respiratory sounds after 3 minutes
- Outcome of assessment including time of death
- Any discussions had with staff/relatives
- Any concerns from staff/relative

Completing the Entry in the Notes

- Your full name and roll
- Your signature
- Your GMC number
- Your contact number e.g. bleep

HOSPITAL: GM Infirmary
WARD: 46
CONSULTANT: Dr Giles

PATIENT NAME: Frank Deacon
DATE OF BIRTH: 11/5/1940
HOSPITAL NUMBER: X748462

DATE / TIME	DOCUMENTATION	
17/02/17 11:37	<u>Dr Lucy Smart - Medical registrar</u> Asked to confirm death of Mr Frank Deacon by staff nurse Amanda Miles. Patient's wife (Hillary Deacon) present during death confirmation assessment. Patient was located on ward 46 in side room 1. He was receiving palliative therapy for advanced, metastatic lung cancer. His wife was present at the moment of death and reports that she noted his breathing became more laboured and then stopped about 30 minutes go. Death confirmation assessment: • Identity confirmed as Frank Deacon from wrist band • Patient in bed, eyes closed, no signs of life • No respiratory effort noted • No response to verbal stimuli • No response to supraorbital pressure • No carotid pulse palpable • Pupils fixed and dilated bilaterally • No heart sounds noted during 3 minutes of auscultation • No breathing sounds noted after 3 minutes of auscultation DEATH CONFIRMED AT 17/2/17 AT 11:30 No concerns from staff members or patient's wife. Dr Lucy Smart Medical SpR LSmart Bleep 54372 GMC number 37288	

Death Certification

Cremation Forms

- Need to fill out two forms:
  - Form 4 = filled out by doctor who was tending to the person who died when they passed
  - Form 5 = filled out by a second doctor who talks to the first, examines the body and speaks with one other person present at the time of death

Investigation Interpretation

Understanding Intensive Monitoring

- central venous catheter, arterial catheter for determination of transpulmonary thermodilution and pulse contour analysis determination of cardiac output, bladder catheter, temperature probe, and transcranial doppler

Other

Handover - SBARD

Situation

- I'm Sarah Carlton, a FY1 on … ward. Can I confirm I'm speaking to …? And what's the name? (write that down)
- I have a ... year old male/female patient who is scoring … on NEWS and I'm really worried about them, do you mind if I tell you more about them?

Background

- They have a background of…
- What they came in with
- Any relevant PMH

Assessment

- I've examined the patient, can I tell you the results? – start with worst one
- Observations
- Examination
- My impression so far is that…
- So far, I have done…

Recommendation

- Please can you come and see them as soon as possible?
- Is there anything you'd recommend me doing in the meantime?

Decision

- So just to recap, you've asked me to… I'll document this in the notes
- And you're coming as soon as you can, when will this be

Prescribing

Scenario 1 – MI Management

- James Hunter is 43y/o married painter and decorator (DOB 2.2.64 Hosp No 83000). He is on no regular medication but is known to be allergic to penicillin (he got a very itchy widespread rash as a child). Weight 78.5kg
- He is admitted to the accident and emergency department at 10am after 4 hours of severe chest pain. His ECG reveals an acute ST elevation myocardial infarction and he has already received primary intervention. All of his routine bloods (U&E, LFT, FBC) are within normal range
- Please write up his drug chart for
    a) Parenteral anticoagulation following STEMI. Also Indication when therapy should stop
    b) PRN medication
    c) Regular medication patient needs now

Answer 1 – MI Management

- Parenteral anticoagulation following STEMI. Also, Indication when therapy should stop
    - FONDAPARINUX 2.5mg SC OD
    - Until discharge/up to 8d
    - Stop 24h before CABG and restarted 48h after
- PRN medication
    - Morphine 5mg IV OD
    - Metoclopramide 10mg IV
- Regular medication
    - Bisoprolol 2.5mg PO OD (CI'd – Verapamil)
    - Aspirin 75mg PO OD
    - Ticagrelor 90m PO OD for 12m
    - Atorvastatin 80mg PO OD

Scenario 2 – Pre-Operative

- Petunia Langhorn (Hospital number 12409) is a 78 year old lady (DOB 12/1/1934) who fell off a ladder while washing her windows. She had a Colles fracture to her left wrist last year but is otherwise fit and well and her admission blood tests are normal. She takes weekly Alendronic acid and Adcal D3 2 OD. She has no known allergies. Her eGFR is 53.
- She now has a fractured neck of femur and is Nil by Mouth pending her operation later tonight.
- Please write up her drug chart including
    - Her regular medication
    - Inpatient Thromboprophylaxis and consider what outpatient prescription for extended thromboprophylaxis would be required.
    - PRN analgesia
    - Antibiotic prophylaxis
    - Fluids prior to surgery

Answers 2 – Pre-Operative

- Inpatient thromboprophylaxis - LMWH e.g. Enoxaparin 20mg or 40mg if high risk
    - Elective hip replacement – LMWH **for 28d** + anti-embolism stocking until discharge

- Elective knee replacement – LMWH **for 14d** + anti-embolism stocking until discharge
    - Fractured pelvis, hip – LMWH for 1m
- PRN analgesia
    - Morphine 5mg (max QDS) IV
    - Paracetamol 1g (max every 4h) PRN
- Antibiotic prophylaxis
    - Not recommended in: tonsillectomy, laparoscopic gall bladder (unless high risk – acute cholecystitis, jaundice), hernia repair
    - Should be given IV 30 minutes before surgery
    - Usually 1 dose of IV Tazocin 4.5g
    - **ORTHOPAEDIC – CO-AMOXICLAV 1.2g IV (Co-Trimoxazole in penicillin allergy)**
- Fluids Requirements
        - Sodium and potassium = 1mmol/kg/day
        - Water = 25ml/kg/day
        - Glucose = 50g/day

Scenario 3 - IECOPD

- Mr John Smithers has been in hospital for 4 days with an infective exacerbation of COPD. The consultant says he can come off his nebulisers today and if stable tomorrow if he can go home. He should have a total of 10 days of Prednisolone and the consultant recommends a combined long acting beta agonist and steroid (combined) inhaler
- Please write up his
    - Amended drug chart (note: students have to write up regular nebs & steroids first)
    - TTO medication

Scenario 3 – Answers

- If on steroids for <3w, can stop abruptly
- Symbicort – budesonide and formoterol

Scenario 4 – EOL Care Answers

- Mr James Radcliffe is dying of pancreatic cancer. He has had very bad backpain and has been admitted for end of life care. Pain control is the priority and the senior nurse suggests he would be better on a subcutaneous pump because he is not able to take his oral medication regularly. He is normally on MST 30mg bd. Please prescribe an appropriate pump.
- He also requires a PRN prescription for breakthrough pain - show how you would prescribe this?
    - To convert to SC Morphine, divide by 2
    - To convert to SC diamorphine, divide by 3
    - PRN prescription – 1/6 daily dose prescribed of Oromorph

Scenario 5 – Parkinson's that can't swallow

- Domperidone
- Unable to swallow:
    - NG tube
    - Rotigotine transdermal patch
- Intestinal gel for Parkinson's if can't swallow