

<p>Before you enter the station: Think – where are you? A&E? GP? In a public place?</p> <p>What questions do you need to ask based on the presenting complaint?</p>	<p>In the station:</p> <ul style="list-style-type: none"> • Will probably be a conscious adult ‘patient’ • So you still need to do your standard intro, gel, confirm pt details and consent • Don’t forget your patient global marks • Be calm – it might be an emergency situation but rushing won’t help – you have plenty of time! • Any observations you want – either ask the examiner for the result or measure the ‘real’ one, whichever you feel comfortable doing • Any investigations (ECG, bloods) ask the examiner for the result (don’t start taking their blood!!!) 			
<p>The Brief History</p> <ul style="list-style-type: none"> • Remember the key questions you thought about based on the presenting complaint on the vignette • Likely to be a straightforward case like cardiac chest pain, sepsis • Briefly cover the SOCRATES of the complaint and any relevant risk factors <p>Pick a few obvious complaints and practice taking brief histories, learn key management and risk factors. Remember to ask about drug history and allergies - you might need to give this patient stat medication!</p> <p style="text-align: center;">Do they look sick?</p> <p>Is there anything obvious that gives it away – breathless? Pale? Monitoring device, meds, mobility aids?</p>				
<p>Airway</p>	<ul style="list-style-type: none"> • They’ll probably be talking = patent airway = move on • For completeness: Signs of compromise include choking, stridor/stertor, snoring <ul style="list-style-type: none"> • GCS<8 = airway compromise • Check the mouth for any obvious foreign bodies, suction anything you can see • Airways can be opened using head tilt chin lift or jaw thrust • Airway adjuncts: <ul style="list-style-type: none"> • Non-definitive airways: oropharyngeal (Guedel), nasopharyngeal, laryngeal mask (iGel) • Definitive airways: endotracheal tube with inflated cuff, tracheostomy 			
<p>Breathing</p>	<p><u>Inspection</u></p> <ul style="list-style-type: none"> • Expose the chest • Bilateral, symmetrical expansion? • Scars? Skin changes? Wound? • Resp rate 	<p><u>Palpation</u></p> <ul style="list-style-type: none"> • Chest expansion • Tracheal location 	<p><u>Auscultation</u></p> <ul style="list-style-type: none"> • Listen across lung fields (ideally front & back) • Breath sounds? Normal? Added sounds (creps, wheeze)? Reduced sounds? 	<p><u>Investigations/Management</u></p> <ul style="list-style-type: none"> • Oxygen sats – either ask examiner or there will be a probe • If sats are <94% oxygen should be started - don’t worry about which to begin with, whack on 15L via non-rebreathe as hypoxia kills
<p>Circulation</p>	<p><u>Examination</u></p> <ul style="list-style-type: none"> • Pulse • CRT • BP • Heart Sounds 	<p><u>Next steps</u></p> <p>For almost any situation you’d want:</p> <ul style="list-style-type: none"> • ECG (12 lead) • Get IV access via a large bore cannula 	<p><u>Initial Management</u></p> <p>You should know what the problem is now you have Hx, obs and signs. If they appear septic you can start the S6 once you have IV access, taking cultures, measuring lactate, giving IVAb and fluids ACS? (Chest Pain, ECG changes, lifestyle) start MONA (Morphine, Oxygen, Nitrates and Aspirin), request Troponin</p>	
<p>Disability</p>	<p>AVPU (will probably be Alert in the OSCE) If reduced level of consciousness – think why? Have they taken any drugs? Check their chart. Any trauma? Do they need a head CT? Don’t Ever Forget the Glucose – is it DKA?</p>			
<p>Exposure</p>	<p><u>Examination</u></p> <p>Time for a more thorough look</p> <ul style="list-style-type: none"> • Look for rashes • Wounds • Do the rest of your cardio/resp/abdo exams 	<p><u>Everything Else</u></p> <p>Think about further management you could do</p> <ul style="list-style-type: none"> • Urine monitoring 		
<p>Presenting & Next steps</p>	<p>S – Who is it, where are you, are you worried B – What did they present with (one sentence), what did you find? A – What have you done R – Who do you want, and when (urgently?) Does the patient need to go somewhere? (ITU, Cath Lab) The examiner may expect you to interpret an investigation</p>			

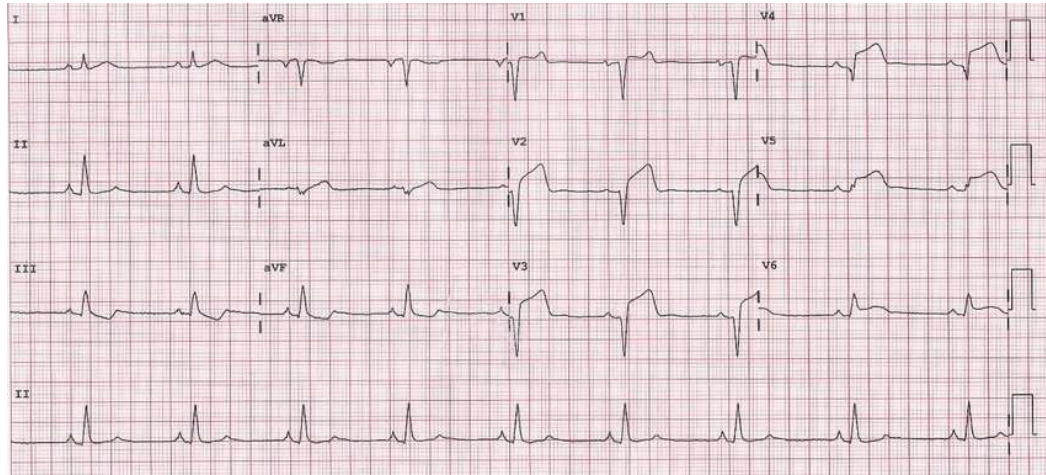
Case 1

Vignette: You are a third year medical student placed in A&E. Please perform an A-E assessment of Mr Smith, who has been brought in by ambulance with chest pain.

Hx – what questions do you ask? Which are the most important?

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Investigation:



What will your next steps be?

Case 2

Vignette: You are a third year medical student placed in A&E. Please perform an A-E assessment of Ms Jones, who has abdominal pain.

Hx – what questions do you ask? Which are the most important?

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Investigation:

What will your next steps be?

