

MCEM OSCE- April 2013.

- 1) Admitted to CDU for observation after head injury whilst drunk. Next day ready to discharge- hx of alcohol use (binge drinking) and give advice on ETOH use/ binges.
- 2) APLS- febrile seizure - management. Seizure algorithm, I/O access, advice to parents (6 month old baby)
- 3) ECG teaching to 1st year med student- has no prior knowledge.
- 4) Haematoma block teaching to FY1/2- no model just theory.
- 5) Suturing
- 6) History - renal colic. Management and interpret CT-KUB
- 7) History - headache. Sounded like temporal arteritis or trigeminal neuralgia.
- 8) Exam - Knee. Hx of patellar dislocation; management plan.
- 9) Exam- respiratory system.
- 10)History- confused patient; meant to check BM and she is hypo.
- 11)MSE - 4 - maria
- 12)Breaking bad news - 45y 5th cycle IVF and 10/40 pregnant. Abdo pain and passed PV clot.
- 13)Breaking bad news- wife of pt - found collapsed GCS of 3 CT shows Ca lung with multiple brain mets & neurosurgeons / medics cant do anything
- 14)ATLS - elderly fallen against table. C- spike already cleared. On exposure notice a flail chest. Assess, manage and refer on / stabilise patient.
- 15)ALS 50yrs calcium channel blocker O/D. PEA arrest then VT - Shock - Then ROSC - post resus care plan.
- 16)21yr fever, night sweats recent return from East Africa & didn't take antimalarials
- 17)Disaster management - 7 pts from tube station with sore eyes and throats; unknown substance. Have to organise dep't, resus and decontaminate with triage nurse and plan for arrival. Get a breakdown of the 7 pts triage points.