

Deteriorating Patient 2 – Notes for Candidate

Deteriorating patient – 10 minutes

You will not be expected to handover the case during this station. The structure will be:

0 – 6 minutes:

Perform an ABCDE assessment, asking the nurse for any observations and clinical signs at the appropriate stages of your assessment.

Manage the patient appropriately during the ABCDE assessment.

Inform the nurse of the investigations you would like to perform and briefly explain why each is needed.

6 – 10 minutes:

Perform a procedure as requested by the examiner. (You will not be required to obtain consent or to communicate with the mannequin).

Interpret the results of the procedure (which will be provided for you).

Deteriorating Patient 2 – Examiner marksheet

MARKING RUBRIC	✓
<p>Opening:</p> <ul style="list-style-type: none"> Introduces themselves. Confirms Patient demographics. Explains and gains consent from patient about consultation. 	
<ul style="list-style-type: none"> AIRWAY <p>Airway clear – Patient is John Hammer, 34M who has presented with drowsiness. No relevant PMHx NKDA Gargling breath sounds – <i>tilt head to the right to move the tongue forward.</i></p>	
<ul style="list-style-type: none"> BREATHING <p>RR – 6 O2 – 92% on air Inspection – poor chest movement Chest wall movements equal and reduced B/L Percussion – normal Auscultation – normal Central trachea and no cyanosis <i>Requests CXR and ABG/VBG + gives 15L O2 via non-rebreathe mask</i></p>	
<ul style="list-style-type: none"> CIRCULATION <p>CRT < 2 Skin is flushed, feels warm to touch HR – 100 BP – 120/92 HS I + II + 0 Carotid and JVP normal Apex beat normal <i>Requests ECG + 2x wide bore cannula + FBC, U&Es, LFTs, Coag, CRP + blood toxicology screen especially for opioids.</i></p>	
<ul style="list-style-type: none"> DISABILITY <p>Pinpoint pupils B/L Arrived as AVPU – P, still AVPU - P Cap glucose – normal Temperature – 36.9 <i>MUST HAVE GIVEN IV NALOXONE 400mcg BY THIS STAGE. APPROPRIATE TO GIVE DURING C ALSO.</i></p>	
<ul style="list-style-type: none"> EXPOSURE <p>Needle track marks on arms</p>	
<ul style="list-style-type: none"> CLINICAL SKILL <p><i>Please draw up naloxone 200mcg/ml, you do not need to obtain consent. – can either do this in the clinical skills lab or verbalise the steps</i></p> <p>4. Wash hands and don PPE 5. Check expiry date of all drugs with a second checker</p>	

6. Check drugs correctly prescribed including saline for flush 7. Correctly draw up drugs at adequate dose – 2ml required here 8. Check patient details again 9. Inspect the cannula and flush 10. Attach the drug and administer at appropriate rate 11. Flush cannula again and close 12. Clean away equipment and clean 13. Provide aftercare advice to patient	
<ul style="list-style-type: none"> • INVESTIGATION <p><i>Please interpret the investigations in the context of this patient</i></p> <p><i>ABG shows mixed acidosis, which is a marker of severe opioid intoxication. Respiratory depression and anaerobic respiration from tissues combine to create a severe mixed acidosis.</i></p>	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

Deteriorating Patient 2 – INVESTIGATIONS

pH (7.35 – 7.45)	7.28
PO ₂ (10 – 14 kPa)	6.5
PCO ₂ (4.5 – 6.0 kPa)	6.8
HCO ₃ (22 – 28 mmol/L)	18
Lactate (< 4mmol/L)	4.5