

Deteriorating Patient 3 – 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 3 – 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 Margeret Thomas, 78F who has presented post-fall, no head trauma. Severe pain near her lower abdomen and right leg. Known postural hypotension. NKDA</p>	
<ul style="list-style-type: none"> • BREATHING <p>RR – 19 O2 – 96% on air Inspection – normal Chest wall movements equal and normal B/L Percussion – normal Auscultation – normal Central trachea and no cyanosis <i>Requests VBG</i></p>	
<ul style="list-style-type: none"> • CIRCULATION <p>CRT > 2 Skin is flushed, feels warm to touch HR – 154 BP – 98/66 HS I + II + 0 Carotid and JVP normal Apex beat normal <i>Requests ECG + 2x wide bore cannula + FBC, U&Es, LFTs, Coag, CRP, G+S + crossmatch</i> <i>Also asks for saline bolus – must switch this to O-ve blood as soon as #NOF is discovered.</i></p>	
<ul style="list-style-type: none"> • DISABILITY <p>Pupils equal and reactive B/L Arrived as AVPU – A, still A Cap glucose – normal Temperature – 36.9</p>	
<ul style="list-style-type: none"> • EXPOSURE <p>No external bleeding Right leg is shortened, abducted and externally rotated. <i>Requests urgent AP and lateral x-rays of the pelvis to visualise NOF.</i> <i>Begins O-ve blood transfusion</i> <i>Suggests to call orthopaedics on call to take for surgery and place an iliofascial block/suggests to administer another sensible form of analgesia such as pentonox.</i></p>	

- **CLINICAL SKILL**

Please administer 10mg of morphine sulphate via IM injection, you do not need to obtain consent. – can either do this in the clinical skills lab or verbalise the steps

5. Apply PPE
6. Clean Tray + Trolley
7. Gather Correct size Needle (Blue/ Green), Sharps Bin
8. Check Medication against what has been prescribed, including Dose + Expiration date
9. Locate Acromion process and measure 3 finger breadths below
10. Using ANTT, open the Needle + Syringe and connect them together. Expose the needle
11. Pull down on patient's skin to apply Z-track technique
12. Insert the needle at 90° and gently aspirate to look for blood
13. Slowly administer medication at rate of 1ml over 10 seconds
14. Withdraw slowly and release Z-track pressure
15. Make needle safe on a hard surface and dispose in Sharps Bin
16. Thank patient and provide Aftercare (Pain, Fever, Infection signs, Drug side effects)

- **INVESTIGATION**

Please interpret the investigations in the context of this patient

***AP film of a right #NOF, displaced fracture, will need urgent orthopaedic input.
FBC shows a normal Hb, despite haemorrhaging from the fracture, the Hb will remain normal as it is a marker of Hb concentration in the blood, and the remaining blood in her circulation has not been diluted. A low Hb would only emerge due to a chronic illness such as iron deficiency anaemia.***

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

Deteriorating Patient 3 – INVESTIGATIONS

FBC - Hb (135 – 180 g/L)	140
MCV (82 – 100 fl)	89
Platelets (150 – 400 * 10 ⁹ /L)	160
WCC (4 – 11 * 10 ⁹ /L)	5.2
Neutrophils (2 – 7 * 10 ⁹ /L)	3.1
Lymphocytes (1 – 3 * 10 ⁹ /L)	1.6
CRP (<10 mg/L)	9

