

Handover Station 3 - Notes for candidates

You are an FY1 doctor, you have just arrived for the evening shift covering the medical wards. Your colleague has arrived to give you handover from the day and to discuss 5 relevant patients.

Station will last 10 minutes.

You will be expected to effectively take part in handover from your colleague.

Basic information will be available for the next station 16 prioritisations.

Handover notes for the actor

Case 1

- Jill Powell 50 year old
- Admitted with UGI bleeding
- PMH: Alcohol excess, Previous Cholecystectomy, Heart Failure
- DH: Bisoprolol, Dalagliflozin, Ramipril, Furosemide PO 20BD
- He is for an OGD in the morning as currently haemodynamically stable.
- Plan from the ward round is that if Hb <80 then to transfuse which he has had 1 unit finish and another currently running.
- He is currently scoring high on EWS: 6 RR 26, O2: 93% 4L via NC (previously on room air), BP: 130/75, Pulse: 130, Alert, Tempertaure: 36.5.
- He had started feeling very short of breath so the nurses have put him on oxygen.
- A CXR has been requested.

Case 2

- 76 year old Mark Andrews
- Admitted with delirium cause unknown
- PMH: Dementia, AF
- DH: Warfarin, Bisoprolol
- EWS: 0
- He has just had a fall. The fall was unwitnessed. He fell in the toilet, has come out and told the nurses about the fall. He cannot recall how it happened but may have hit his head on his way down. Complains of some pain in his left arm which hit the toilet rail. No pain in his neck. Please assess him urgently. He may require other investigations.

Case 3

- 44 year old Flora McDonald
- Admitted with Pyelonephritis
- PMH: Chronic constipation, Previous apendicectomy, Diabetic on insulin
- DH: On IV Co-Amoxiclav, Lantus , Novorapid (currently paused as on sliding scale)
- This gentleman is diabetic but has been refusing to eat and drink for a few days now so has been started on sliding scale. Fluids are about to finish. Bloods were taken later in the day. They should be back now - please prescribe a bag of fluids accordingly.

Case 4

- Callum Brown 70
- He was is being treated for a DVT
- PMH: Lung Cancer - for palliative treatment only
- DH: Apixaban
- He has a catheter in situ as was struggling to pass urine. He was trialed without a catheter this morning. Since the morning he has passed 50 mls of urine. Minimal pain in the supra pubic region. Nursing team have encouraged oral fluids. Please can you review need for insertion of another catheter.
- Nursing team have been asked to do a bladder scan.

Case 5

- Jake Smith 25
- Admitted with a resolving LRTI.
- PMH: Alcohol excess in the past,
- DH: Nil
- Nursing team have told you he would like to self discharge because the doctors have kept him waiting all day with results of his blood tests. He does not appreciate not being told what is going on. Please could you talk to him.

Prioritisation 3 - Candidate Information

You are the FY1 doctor and you have just arrived for the evening shift covering the medical wards.

Your colleague has just completed the handover and discussions of 5 patients from the day. There is an advanced nurse practitioner, a staff nurse, 2 healthcare assistants on the ward.

The station will last 10 minutes.

You will be expected to: Review the patients results then explain to the examiner prioritization and management of the patients.
For each decision you should explain your reasoning.

Pre-prioritisation information

Case 1: Jill Powell

Pre-Prioritisation information

CXR: Appearance of bilateral infiltrates

Fluid balance chart:

	Water	IV	Urine	Vomiting	Total	cumulative
Input	1.5L	0			1.5L	• 2000 mls
Output			500 mls	0	500 mls	

Pictures on Nerve Centre show: Bilateral Pitting Oedema

Case 2: Mark Andrews

Nursing team assessment:

- GCS: 15/15
- Suspects injury to L arm as patient is in pain
- No C-Spine injury
- Patient is on anti-coagulation
- Conclusion: Minor suspected injury

Medication	Dose	Time given
Warfarin	5mg	18:00 (due)
Bisoprolol	1.25 mg	Given 08:00

Case 3: Flora McDonlad

U&E	10/03/24
Na+	135
K+	3.5 (3.6)
Urea	5
Creatinine	120
eGFR	>90

Case 4 Callum Brown

- Bladder scan shows residual volume of 625 mls.
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Case 5: Jake Smith

- Nursing notes are available for you to view:
- 10/03/24 - Mr Smith had breakfast, only managed to have a yoghurt in the morning. Refused to have lunch because wanted to know the results of his blood tests. Doctors have been informed to have a conversation with him.

Gathers Information: Asks probing questions. Confident and Structured Demonstrates good clinical understanding Asks questions appropriate to individual case (I.e. not rote questioning)	
Patient – centred Clearly demonstrates that the safety of the patient is paramount Appropriately concerned about the degree of acuity on the ward Picks up on foundation doctors cues (verbal and non-verbal) and adjusts questioning accordingly	
Risk Stratification Demonstrates good knowledge of the underlying cases Enquires about EWS and any investigation results that may aid decision making	
Professionalism Keeps their peer engaged and focussed during handover Does not judge peer for any tasks incomplete or missing/ incomplete information. Shows empathy	

Prioritisation:

Priority 1:

- Jill Powell
- This gentleman is scoring high on EWS. He has a transfusion running. You should be suspecting some transfusion associated reaction. He needs prompt assessment especially given his new CXR appearance, positive fluid balance. He may decompensate very quickly so probably need some IV diuretics. He also needs a senior review and may need ITU admission. You can ask the nurses to sit the patient up and stop the transfusion. If he is very fluid overloaded, the heart can struggle to pump that much 'fluid' around, kidneys can become hypoperfused - can lead to multi organ failure.

Priority 2: Mark Andrews

- Patient has had an unwitnessed fall, possible a head injury.
- Is on anti-coagulation which needs to be stopped.
- GCS is 15/15 but due to antico-agitation may warrant a CT head.
- Patient being able to leave the toilet on their own is reassuring but will still need a prompt falls assessment. This is second priority because if patient is able to move C-Spine then C-Spine injury is unlikely. Even so you can request the ANP to perform a falls assessment. Other dangerous outcome can be a bleed which he is at risk of due to anti-coagulation but given GCS is normal, you can just book a CT head and that'll take time. The ANP is also able to request investigations. So in the time you take to review patient 1 these things may be back and then you can review patient 2.

Priority 3: Callum Brown

- Trial without a catheter has failed. This patient needs a catheter. Nursing team is often not trained to insert male catheters so this may be a task only you are able to do. You can ask the HCA to get all the equipment ready whilst you review sick patients and then you can insert the catheter.

Priority 4: Jake Smith

- He wants to self discharge because he is not happy with the care. You can delegate this task to the ANP or the nurse in the wards who can convey the blood test results to him. If he would still like to speak to a doctor then that can be arranged but in the meantime it may calm him down enough to not want to self- discharge.

Priority 5: Flora McDona

- Fluids are running currently. You can prioritize this last because you have checked the blood results so can be assured the current fluid is optimum and does not need changing immediately or a senior review because the potassium is very low.