

## **Deteriorating Patient 1 – 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 1 – Examiner marksheet

<b>MARKING RUBRIC</b>	✓
<b>Opening:</b> <ul style="list-style-type: none"> <li>• Introduces themselves.</li> <li>• Confirms Patient demographics.</li> <li>• Explains and gains consent from patient about consultation.</li> </ul>	
<ul style="list-style-type: none"> <li>• <b>AIRWAY</b></li> </ul> Airway clear – Patient is John Smith, 68M who has chest pain, cough, and SOB No relevant PMHx NKDA No wheeze or stridor	
<ul style="list-style-type: none"> <li>• <b>BREATHING</b></li> </ul> RR – 31 O2 – 93% on air Inspection – tachypnoea Chest wall movements equal and normal B/L Percussion – dullness over the left lower zone Auscultation – crackles over the left lower zone Central trachea and no cyanosis <i>Requests CXR and ABG/VBG, give oxygen and titrate down from 15L non-rebreathe aiming for 94-98%</i>	
<ul style="list-style-type: none"> <li>• <b>CIRCULATION</b></li> </ul> CRT < 2 Skin is flushed, feels warm to touch HR – 130 BP – 110/90 HS I + II + 0 Carotid and JVP normal Apex beat normal <i>Requests ECG + 2x wide bore cannula + FBC, U&amp;Es, LFTs, Coag, CRP – accept blood cultures.            It would also be appropriate to give broad spec IV Abx at this stage</i>	
<ul style="list-style-type: none"> <li>• <b>DISABILITY</b></li> </ul> Pupils equal and reactive B/L Was AVPU – A, but has become more confused, now AVPU – V Cap glucose – normal Temperature – 39.4 degrees C	
<ul style="list-style-type: none"> <li>• <b>EXPOSURE</b></li> </ul> Nothing of note <i>Requests sputum culture</i>	
<ul style="list-style-type: none"> <li>• <b>CLINICAL SKILL</b></li> </ul> <i>Please perform an arterial blood gas, you do not need to obtain consent. – can either do this in the clinical skills lab or verbalise the steps</i> 5. Apply PPE 6. Clean Tray + Trolley 7. Gather ABG Syringe, Chlorhexidine ampoule/ wipe, Sterile gauze, Micropore tape, Sharps bin	

<p>8. Explains Allen’s Test: Occlusive pressure to Radial + Ulnar arteries. Ask patient to clench fist + relax hand. Once palm blanched, release Radial artery. Flushing should return within 5-15 seconds</p> <p>9. Locate Radial Artery at point of Maximum Pulsation</p> <p>10. Using Ampoule, clean skin for 30s in a cross-hatch formation. Ampoule into Sharps Bin</p> <p>11. Open Syringe and expose needle, without touching key parts</p> <p>12. Locate and stabilise Radial Artery without contaminating puncture site</p> <p>13. Insert needle bevel-up at 45°</p> <p>14. Allow syringe to fill to 1mm, aspirate gently if required</p> <p>15. Remove needle while applying pressure to puncture site with sterile gauze</p> <p>16. Apply pressure continuously for 5 minutes, check if bleeding stopped then apply tape</p> <p>17. Make needle safe on hard surface, remove from Syringe. Dispose in Sharps Bin</p> <p>18. Expel air from Syringe, apply cap. Keep syringe on ice if &gt;15 mins away from ABG Machine</p> <p>19. Note patient’s Temperature + FiO2 received, along with 3 points of Identification</p> <p>20. Send sample for processing</p> <p>21. Thank patient and provide Aftercare (Safety-net about Pain/ infection/ Neurovascular abnormalities)</p>	
<p>• <b>INVESTIGATION</b></p> <p><i>Please interpret the investigations in the context of this patient</i></p> <p><b><i>ABG shows respiratory acidosis, and importantly a raised Urea – in the context of this patient, CURB4 pneumonia, requires admission for IV Abx and potential escalation to HDU.</i></b></p> <p><b><i>CXR shows left lower lobe consolidation consistent with pneumonia.</i></b></p>	

**Global Impression:**

- Excellent
- Good
- Pass
- Borderline
- Fail

**Patient Impression/comments:**

## Deteriorating Patient 1 – INVESTIGATIONS

pH (7.35 – 7.45)	7.32
PO <sub>2</sub> (10 – 14 kPa)	8.2
PCO <sub>2</sub> (4.5 – 6.0 kPa)	6.1
HCO <sub>3</sub> (22 – 28 mmol/L)	23
Lactate (< 4mmol/L)	2.0
Urea	7.3

