

Post Operative Management – Notes for Actor

Patient demographics:

You are Franklin Clinton, a 32-year-old male recovering on the post-operative ward after a intramedullary nail procedure for a femoral shaft fracture. You suddenly develop shortness of breath, haemodynamic instability, and a petechial rash. When asked, you will tell the doctor that you feel very out of breath.

Presenting Complaint: Breathlessness

History of Presenting Complaint:

- Breathlessness came on 10 minutes ago out of nowhere
- You feel like your heart is racing
- You feel dizzy

Additional symptoms (reveal only if asked):

- RASH: you have noticed a new rash all over your torso which wasn't there the last time you checked.

Negative history:

Deny the following if asked: fever, features of meningism, drowsiness, chest pain.

ICE

C: worried about something serious happening.

PMH + Surgical History

- No medical conditions
- Recent IM nailing for femoral shaft fracture following skiing accident

Drug History

- Morphine PRN for the pain

Family History

- Nothing of note
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Diagnosis: FAT EMBOLISM

Post Operative Management – Notes for Candidate

Role: Foundation Year 1 doctor on the post-operative ward

Presenting complaint: Breathlessness

This is Franklin, a 32-year-old male who is on the post-operative ward with breathlessness

Please take a brief history from this patient, you have 3 minutes to do so.

Then briefly outline to the examiner the physical exam you would do and what you would look for, you will have 2 minutes.

Then you will be asked to interpret some investigations for 3 minutes.

There will be 2-minutes of further questions from examiner at the end

Post Operative Management – Examiner marksheet

HISTORY:

“Please take a brief history from the patient”

- Student takes a brief and focused history, asking about the onset of breathlessness and any precipitating factors.
- Asks about relevant symptoms such as fever, chest pain, and features of haemodynamic instability.
- Quick scan of relevant PMHx, DHx (including allergies) and FHx
- Asks about what surgery the patient had
- Asking about a rash is unlikely from most students, but extra points if they pick this differential up in the history.

Examination:

“Please briefly state what examination you would do and what you would look for”

- Observations to check for haemodynamic instability
- Examination of the wound site to check for bleeding
- Cardiovascular/Respiratory examination – with relevant signs backed up by reasonable rationale

“On examination, the patient is tachypnoeic, tachycardic, afebrile, and has a petechial rash all over their torso and conjunctiva”

Investigation interpretation:

“Please interpret the following investigations” (hand them interpretation page)

- ABG: uncompensated respiratory alkalosis + type 1 respiratory failure
- CXR: normal
- Rash: *just for student reference, not tested.*

Follow-up questions:

1. What are your top two differentials
 - Fat embolism
 - Pulmonary embolism
 - Meningococcal septicaemia

2. What additional investigations would you request?

FBC – WCC

U&Es – renal function due to potential sepsis

CRP – inflammation

Coagulation screen – potential DIC if sepsis

BLOOD FILM – fat globules

CTPA – global ground glass changes

Blood cultures for sepsis

3. What is your initial management plan?

Refer to ICU for mechanical ventilation, only supportive treatment can be provided in this case

Global Impression:

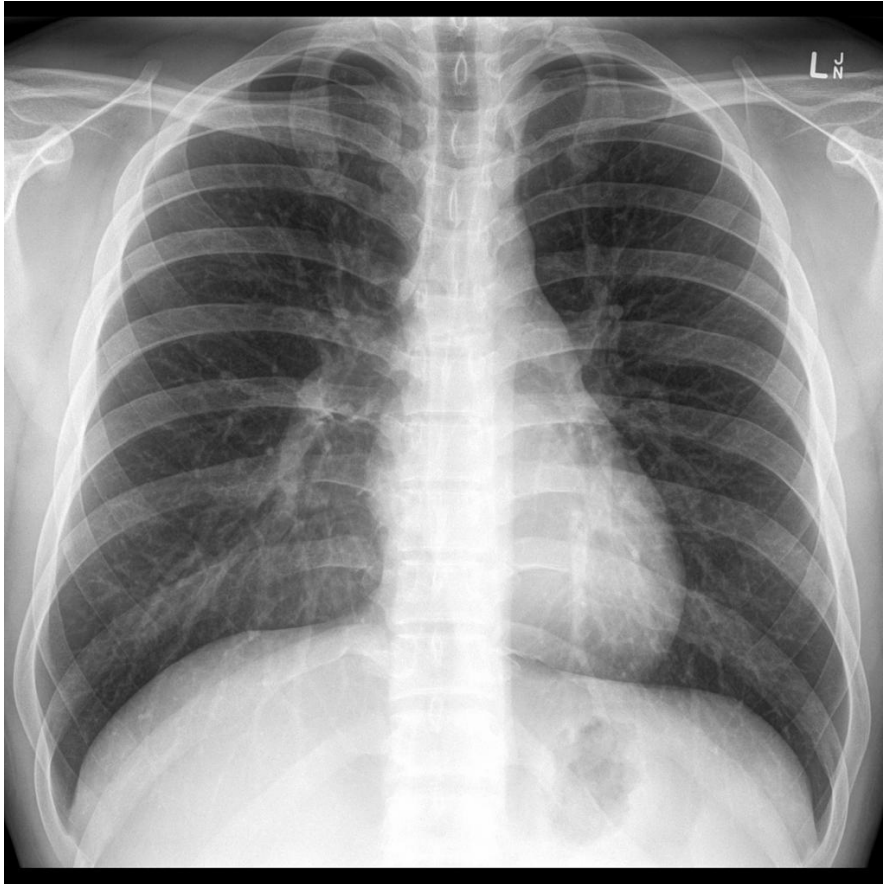
- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

(this is a difficult case – due to it being one of the more uncommon presentations)

Post Operative Management – Investigations for Interpretation

pH (7.35 – 7.45)	7.49
PO ₂ (10 – 14 kPa)	7.3
PCO ₂ (4.5 – 6.0 kPa)	2.9
HCO ₃ (22 – 28 mmol/L)	23
Lactate (< 4mmol/L)	2.0



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You do not need to interpret the rash, it is just for reference



<https://cme.lww.com/ovidfiles/00124635-201904150-00003.pdf;jsessionid=CC6DBB5AE54E1FF3C3BD10DA6AAACE688>