

Specialities within the Emergency Department 1 – Notes for Candidate

Specialities within the Emergency Department 10 minutes

You are the FY1 working in the Emergency Department.

Mandy Goodwin is a 32-year-old female presenting with PV bleeding post-partum.

You are expected to:

- Take a history from the patient
- Explain the likely diagnosis, any investigations that may be required, and your management plan
- Answer any questions the patient has

Specialities within the Emergency Department 1 – Notes for Actor

Patient demographics:

Mary Goodwin is a 32-year-old female who gave birth 48 hours ago and is now presenting to ED with PV bleeding which started this morning.

History of Presenting Complaint

- PV bleeding started this morning when she woke up
- Has gone through 3 pads in the last 5 hours and feels like it's getting heavier
- No clots
- Blood is dark red- looks different to the lochia from the last day
- Feels tired- have put it down to giving birth recently and new baby
- Some abdominal discomfort but no pain
- No fevers
- No syncope or light-headedness
- No shortness of breath

Obstetrics and Gynaecology History

- Gave birth to baby girl 2 days ago: NVD, normal blood loss, 38+2 weeks
- Currently breastfeeding
- G1P1
- Up to date with smear tests- no abnormalities ever detected

PMH + DH

- Asthma
- Well controlled with purple Seretide 50 inhaler and salbutamol inhaler when needed
- No surgical history
- Childbirth was first time she has been in the hospital
- NKDA

FH

- Dad died of a heart attack at 45 years, no other FH

SH

- Non-smoker
- Drank 2 units a week prior to pregnancy
- No illicit drug use
- Lives with husband and newborn

ICE

- Ideas: Thinks its normal but midwife advised if there is bleeding to get it checked

OSCE Express – Sumedh Sridhar, Dr Nidhi Agarwal

OsceAce - ©OSCEACE 2024 - Sumedh Sridhar, Hemanshu Monga, Ronit Hardasani

- Concerns: This is her first pregnancy- should this bleeding be something to be concerned about?
- Expectations: To be checked over and make sure nothing is wrong

Diagnosis: Secondary Post-Partum haemorrhage (PPH)

Questions to ask (if the student has not already answered these)

1. What do you think is going on? Is it something serious?
2. Why could I be having a PPH?
3. What is the plan now?
4. What will be the treatment?
5. Will I have to be admitted to hospital?

Specialities within the Emergency Department 1 – Examiner marksheet

MARKING RUBRIC	✓
Opening: <ul style="list-style-type: none"> • Introduces themselves. • Confirms Patient demographics. • Explains and gains consent from patient about consultation. 	
History of Presenting Complaint <ul style="list-style-type: none"> • Sufficiently explores the presenting complaint to explore timing, onset, progression and quantifies blood loss 	
Explores red flag symptoms <ul style="list-style-type: none"> • Explores red flag symptoms including syncope, fevers and shortness of breath 	
Obstetrics and gynaecology history <ul style="list-style-type: none"> • Takes a brief obstetric history asking about delivery, previous pregnancies, gynaecological conditions and cervical smears 	
PMH, DH, FH and SH <ul style="list-style-type: none"> • Explores patient’s background briefly and only asks relevant questions • Confirms patient’s allergy status 	
ICE <ul style="list-style-type: none"> • Appropriately explores the patient’s ideas, concerns and expectations • Answers questions in a confident and clear manner, avoiding use of jargon • Demonstrates empathy throughout consultation 	
Explanation of diagnosis <ul style="list-style-type: none"> • Explains suspected diagnosis of secondary post-partum haemorrhage • Briefly discusses that there are multiple causes of secondary PPH including retained placental tissue, uterine infection and inadequate closure of spiral arteries at placental site 	
Explanation of Plan (Investigations and Management) <ul style="list-style-type: none"> • Explains plan in a confident and jargon-free manner • Speculum examination to assess amount of bleeding and take a high vaginal swab to look for infection • Blood tests (FBC, CRP, U&Es, clotting screen, group and save) – don’t have to list this to patient however can explain what will be looked for and why • Pelvic ultrasound scan to look for retained placental tissue • Will discuss case with obstetricians for review by specialist team • Will be treated with some medications to help the uterus contract (syntocinon, syntometrine, carboprost, misoprostol) – do not have to give names of medications to patient • If the bleeding is not controlled then surgical intervention may be needed, however medical management will be trialled first • If she develop any signs of infection or tests come back showing infection will commence antibiotics as well • Hospital admission likely to monitor bleeding 	
Ending consultation: <ul style="list-style-type: none"> • Summaries and clarifies any points • Thanks Patient • Signposting 	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: