



rOSCE Anaphylaxis

You are a duty consultant on a Sunday morning at an urban district hospital. Your role today is to assess the patients in your short stay unit.

Your first patient is a 15-year-old male named Murray, with a provisional diagnosis of anaphylaxis. He developed symptoms after eating lobster for the first time. The paramedics administered intramuscular adrenaline at the scene, before transfer to the ED for assessment. He was deemed suitable for observation in SSU overnight with nil complications.

In the notes you see a script for an EpiPen. Murray has not been briefed about its indication and use.

Tasks

- Obtain a focused history from Murray with respect to the provisional diagnosis
- Give Murray instructions on the use of an EpiPen
- Provide a management plan

DOMAINS

Medical Expertise (40%)

Communication (30%)

Health Advocacy (30%)

INSTRUCTIONS FOR CONFEDERATE

You are a 15 year old male, eating lobster for the first time with your family. You developed the following symptoms

- Dyspnoea and wheeze, but no stridor
- Swelling of the lips(angioedema)
- Swelling of the eyes
- Paraesthesia of the tongue
- Widespread urticarial rash
- No syncope

This is your first episode of anaphylaxis.

You were initially treated with IM adrenaline at the scene when the ambulance was called. Subsequently you were transferred to the emergency department and assessed by the ED MO. During which no further adrenaline was required. You were given 'a bag of fluid on the drip' for 4 hours, observed, then transferred to the Short Stay Unit because it was getting late at night.

During the stay in ED/SSU, there was no adverse events. You did not require any oxygen, and have eaten breakfast this morning. Currently you are by yourself in SSU and your parents are about half an hour away.

The management you received (which may not necessarily conveyed to the candidate unless they ask)

- IM adrenaline, prednisolone 50mg PO, ranitidine 300mg PO
- IV fluids 100mL NSaline per hour for 4 hrs

You are asthmatic and also have eczema. You rarely require your ventolin, and not on inhaled corticosteroids.

You have no other regular medications, and no established allergies. There are no new mediations recently.

There is a family history of atopy. No other members with seafood allergy. No other food allergy known. You do not smoke. There is no family history of autoimmune disorders, or malabsorptive states.

An observation chart can be provided upon request and it is normal. Shouldn't spend too much time on this and move the candidate on.

If anything else is asked, it is negative.

You met the ED MO last night who said you will need an epipen tomorrow and said the pharmacy would explain everything. Thus you know nothing about

- indication
- administration
- action after usage
- who to follow up with
- family members, school notification
- need for a medicalert/bracelet or card
- expiry of epipens
- what to avoid, ie shellfish

You are a difficult 15 year old male, and are very reluctant the use an epipen. You don't like the ideas of needles and the thought of it makes you want to faint. You will spend a few moments to be obstructive to assess the candidate's ability to handle conflict. With appropriate explanation and coercion, you agree with the use of an epipen.

You expect the duty consultant to explain that you had a severe allergic reaction, likely to shell fish. It is important to be observed for a period of 4 hours. Kept in ED overnight due to timing of the day. You expect a demonstration of the use of the Epipen, and a reasonable and safe discharge advice.

If the candidate mentions anything about Tryptase and complements, you may respond with 'the resident did mention it and they will check the results and contact me'. As this is the first episode, it's importance may not be as high.

At the 6-minute mark, if the confederate has not discussed discharge planning, ask:
"I think my parents are here. What instructions can you give me before I go home?"

CURRICULUM DOMAINS

MEDICAL EXPERTISE	On completion of Provisional Training, the trainee will be able to...	On completion of Advanced Training Stage 1, the trainee will be able to...	On completion of Advanced Training Stage 2, the trainee will be able to...	On completion of Advanced Training Stage 3, the FACEM will be able to...
Core Emergency Medicine Care: Focused Assessment				
Clinical assessment	<p>Use universal precautions when performing any assessment.</p> <p>Demonstrate consistent use of the focused assessment as the standard approach.</p> <p>Recognise that a structured ABCDE approach to the critically ill or injured patient is an example of a focused assessment.</p> <p>Describe the importance of history taking and how it forms the basis of the diagnostic process.</p> <p>Demonstrate the presence or absence of relevant physical signs in an appropriate examination.</p> <p>Perform a detailed subsequent systematic assessment in patients with more complex presentations.</p>	<p>Complete a focused clinical assessment while simultaneously looking for evidence of time critical diagnoses.</p> <p>Recognise inconsistencies within elements of the focused assessment that require clarification.</p> <p>Seek collateral history to support clinical findings.</p>	<p>Complete an accurate focused clinical assessment of an undifferentiated patient within a limited timeframe.</p> <p>Tailor assessment style to both the patient and the situation.</p> <p>Complete a focused clinical assessment of a patient to clarify the findings of a junior clinician.</p>	<p>Adapt the focused clinical assessment to situations with a paucity of clinical information.</p> <p>Conduct a fragmented focused assessment which becomes whole over time.</p>
COMMUNICATION				
	On completion of Provisional Training the trainee will be able to...	On completion of Advanced Training Stage 1, the trainee will be able to...	On completion of Advanced Training Stage 2, the trainee will be able to...	On completion of Advanced Training Stage 3, the FACEM will be able to...
Communication with Patients, Carers and the General Public				
Communicating with patients	<p>Elicit a thorough, relevant and accurate medical history.</p> <p>Obtain collateral history from carers and witnesses.</p> <p>Communicate the likely diagnosis and treatment plan to a patient.</p> <p>Provide clear discharge information to a patient, including written material where appropriate.</p>		<p>Elicit a history in a focused and timely manner, while acknowledging the patient's other expressed concerns.</p> <p>Elicit the beliefs, wishes, expectations and concerns of the patient, with regard to their problem(s), diagnosis and treatment plan.</p>	<p>Demonstrate effective communication with patients in any situation.</p>
Communicating with paediatric patients	<p>Identify the key aspects of communication with paediatric patients and their families or carers.</p>	<p>Describe in broad categories the developmental stages of paediatric communication, from the pre-verbal age to adolescence.</p> <p>Utilise age appropriate communication with paediatric patients.</p>	<p>Elicit the beliefs, wishes and expectations of a paediatric patient's parent or carer, with regard to their child's problem(s), diagnosis and treatment plan.</p> <p>Convey clear information about diagnosis, risk/benefit considerations, and treatment options to a paediatric patient and their parent or carer.</p> <p>Balance the communication needs of a paediatric patient with those of their parent or carer.</p>	<p>Adapt communication style to effectively engage a paediatric patient and their parent or carer.</p>
HEALTH ADVOCACY				
	On completion of Provisional Training, the trainee will be able to...	On completion of Advanced Training Stage 1, the trainee will be able to...	On completion of Advanced Training Stage 2, the trainee will be able to...	On completion of Advanced Training Stage 3, the FACEM will be able to...
Principles of Health Advocacy				
General principles	<p>Define patient-centred care.</p> <p>Recognise the duty of the medical professional to act as a patient advocate.</p>	<p>Deliver patient-centred care within an individual presentation.</p> <p>Define health advocacy in relation to Emergency Medicine.</p>	<p>Balance patient autonomy with best clinical practice in patient encounters.</p> <p>Demonstrate knowledge of patient rights and consumer advocacy guidelines as they apply to Emergency Medicine.</p>	<p>Exhibit health advocacy systematically in patient care</p> <p>Use consumer advocacy resources to advise patients on issues relating to Emergency Medicine.</p>

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Health promotion	Identify the interaction between mental, physical and social well-being in relation to health. Provide basic health promotion and immunisation when requested.	Opportunistically promote healthy lifestyle choices and provide simple health promotion messages to all patients.	Contribute to the creation of management plans that include health promotion for all ED patients	Contribute to the creation of tailored management plans with a focus on complex recurrent patients. Systematically develop management plans that include health promotion.

ASSESSMENT

<p>Medical Expertise</p>	<p>Establishes the diagnosis of a severe anaphylactic reaction, requiring adrenaline and observation</p> <p>Thorough history of symptoms</p> <ul style="list-style-type: none"> - Mucocutaneous changes - Acute airway obstruction - Hypotension, syncope - Wheeze - Previous history, family history, other atopic states or allergies - Screening for secondary causes <ul style="list-style-type: none"> o Drug reaction o Autoimmune/immunological: family hx o Environment: venom, stings – can ask about any bites of note <p>Review treatment initiated as part of routine SSU assessment.</p> <p>The task expects the use of an EpiPen. Justify the reasoning on medical grounds “severe life threatening allergic reaction”</p> <p>Good understanding of the use of an EpiPen</p> <ul style="list-style-type: none"> - Removal of the safety cap - Can inject through clothing - Skin prep not essential - Hold down for 10 seconds - Call an ambulance <p>Allows the actor to repeat, either verbally or better still, actual use of the device</p>
<p>Communication</p>	<p>Establishes rapport early, introduction and an overview of the encounter</p> <p>Assess the capacity of a minor, and check for the availability of a guardian</p> <p>Begins with open questions and allows the confederate to explain his story</p> <p>Appropriate use of closed questions to screen for important but uncommon causes of anaphylaxis</p>

	Active listening, and acknowledges the patient's concerns: why do I really need to use an epipen?
Health Advocacy	<p>Explains to the confederate the importance of compliance to the treatment:</p> <ul style="list-style-type: none"> - Indication - Consequence of non compliance - Other options: desensitization, but may take a while <p>Appropriate safe follow up plan</p> <ul style="list-style-type: none"> - GP - Immunologist - Return to ED if relapse of symptoms - If unsure, may ask the pharmacist to help with explanation again - Inform family and school of the diagnosis - Consider the use of a medicalert