

ACRRM PC StAMPS Examination

Practice Scenario 2011

Examiner:

Scenario Information provided to Registrar:

Annabel, a 15 year old female patient with known asthma presents with her Father to your clinic with worsening asthma. The patient appears distressed.

Step	Questions	Key Concepts/Issue to be Demonstrated	Possible Prompting Questions
1 1/60	<p><i>This scenario has 3 parts</i></p> <p>Please describe in general terms what you will do to assess the severity of this attack?</p>	<p>Key Concept: Understands how to assess severity of asthma</p> <ul style="list-style-type: none"> ▪ Discusses the need for rapid assessment to ascertain if immediate treatment required such as oxygen therapy and immediate salbutamol ▪ Discusses the primary (mental state and respiratory muscles) and secondary (oxygen saturation on air, pulse rate, Peak flow measurements relative to best known normal PF and ability to talk) signs of respiratory distress and is able to describe the classifications into mild, moderate, severe, life threatening. ▪ Discusses that presence or absence of wheeze is a poor indicator 	
2 5/60	<p>Your assessment of Annabel reveals the following:</p> <ul style="list-style-type: none"> ▪ She can only speak single words and she appears exhausted and cyanosed. ▪ Pulse rate is 132/min ▪ Peak Flow 150 (usual best is 420) ▪ Oxygen saturation on room air is 88% <p>Please describe how you will now manage Annabel</p>	<p>Key Concept: Demonstrates appropriate management of acute severe/life threatening asthma</p> <ul style="list-style-type: none"> ▪ Recognises severe, possibly critical life threatening asthma ▪ Calls for help ▪ Ensures O2 started ▪ Continuous Salbutamol (delivered with O2, >8L/min) until stable then repeated doses at 20min intervals ▪ Establishes IV line ▪ Uses Ipratropium with Salbutamol every 20mins for 1st hour (3 doses) then 2 hourly basis ▪ Reassess patient status and vital signs after initial treatment: check spirometry/O2 saturation/heart rate/respiratory rate and pulsus paradoxus status ▪ Treats with Steroid Prednisolone – oral if possible 1mg/kg or IV if vomiting, or methylprednisolone. ▪ Treat with Magnesium sulphate 50mg/kg over 20mins then infusion with 30mg/kg/hr ▪ Adrenaline if anaphylaxis present ▪ Arranges hospital admission ▪ Calm approach Father - considered ▪ CXR if not responding to initial treatment and/or pneumothorax suspected. ▪ Seeks specialist advice with aminophylline infusion or salbutamol infusion 	<ul style="list-style-type: none"> ▪ How do you rate the severity of Annabel's asthma attack? ▪ What would you do next? ▪ What information do you give to Annabel's Father during initial treatment?

<p>3 4/60</p>	<p>Annabel recovers quickly whilst in hospital. She confides that she is reluctant to use her puffer at school as she feels it's 'not cool'.</p> <p>Please describe your discharge planning</p>	<p>Key Concept: Demonstrates understanding of Adolescent issues and need for appropriate follow up</p> <ul style="list-style-type: none"> ▪ Consider adolescence/cultural issues and encourages engagement with Annabel to negotiate appropriate care ▪ Safe puffer technique ▪ Reviews triggers for asthma ▪ Asthma management plan ▪ Family/school nurse ▪ Follow up essential 	<ul style="list-style-type: none"> ▪ Outline the conversation you will have with Annabel at discharge? ▪ What are the common causes of poor asthma control? ▪ What follow up arrangements will you make?
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References:

Asthma Best Practice Guidelines, RCH 1999, Asthma Strategy Group

Asthma (acute). RCH clinical guidelines

Fanta CH, Fletcher SW 'An overview of asthma management' Uptodate 18.3

Asthma – mild, moderate and severe ACRRM PDA guidelines

National Asthma Council of Australia: 'Asthma Management handbook'; 'Written Asthma Action Plans' www.nationalasthma.org.au