

What to Expect from the OSCE

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Stations

1. Communication Skills – 5 mins
2. pBLS – 5 mins
3. Examination – 10 mins
4. History – 10 mins
5. Recognition of Child Abuse – 5 mins
6. Recognition of Sick Child – 5 mins



Communication Skills

- Explain 1 of 3 scenarios to “parent”
 - 14 month old with mild gastroenteritis
 - 2 year old who has had febrile convulsion
 - Mother concerned about vaccination
- All you need to do is learn information on website
- Key things to include:
 - ICE
 - Find out what they know already/what they have been told
 - Check their understanding of what you have told them
 - Ask for further questions
 - Safety net
 - Leaflets are useful



pBLS

- Revision session tomorrow
- Child/infant who has stopped breathing or is choking
- Likely to have to demonstrate or talk through both scenarios



Examination

- WIPE
 - Introduce yourself to parent and child
 - Make sure child is appropriately positioned – on bed if cooperative, if not with parent is fine
- Probably general examination
- Systematic – start with least upsetting examinations
- Opportunistic – if child is difficult, take chances where possible. Consider starting with auscultation if child unlikely to remain cooperative
- Consider how to present – will be healthy child
- Some people take a toy or stickers



History

- Take history from “parent”, will be 2 of:
 - Family history
 - Social history
 - Birth history
 - Developmental history
 - Immunisation history
- Make notes throughout history (including family tree if appropriate)
- Name, gender, age of patient. Who history is from. Where you are.
- Stick to the history you have been asked to take
- Sign page after entry
- Be thorough

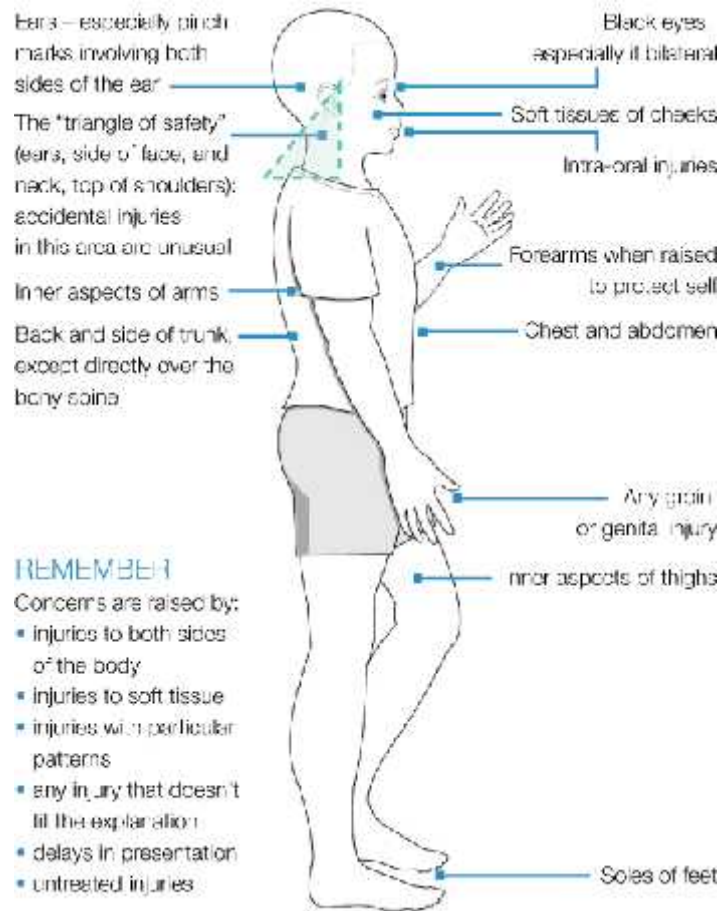


Recognition of Non-Accidental Injury

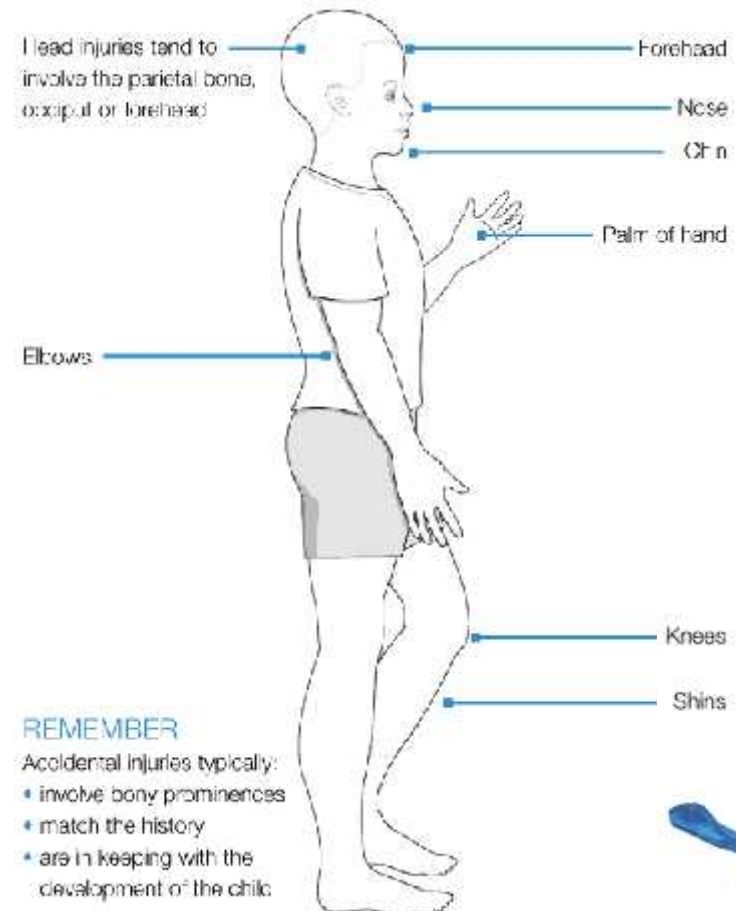
- Unmanned station
- 4 photos of children with injuries
- Pick 2 showing injuries caused by non-accidental injury
- One line answer giving reason for picking photo
- Give immediate management plan
 - Treat injury if necessary
 - Inform senior paediatrician
 - Document everything including notes and clinical photos if appropriate
 - Check if child is on child protection register
 - Inform police if necessary
 - Check if any siblings may be at risk
 - Ensure child looked after in place of safety
 - Inform social services, GP, health visitor



High Risk Sites for Non-Accidental Injury



Typical Sites of Accidental Injury





Likely to be NAI



Likely to be accidental





Likely to be accidental



Likely to be NAI





Likely to be NAI



Likely to be accidental



Recognition of the Sick Child

- Unmanned station
- 4 videos of unwell children
- Pick 2 showing children requiring immediate treatment
- One line answer giving reason for picking photo
- Give immediate management plan
 - **ABCDE assessment MUST be your first line**
 - Describe your initial management plan



Recognition of the Sick Child



Assessment:

- Purpuric rash – could be meningococcal septicaemia

Management:

- **ABCDE assessment**
- Give antibiotics (ceftriaxone) and fluids
- Take bloods and blood cultures



Recognition of the Sick Child



- + barking cough
- + stridor
- + hoarseness

Assessment:

- Child in respiratory distress

Management:

- **ABCDE assessment**
- High flow oxygen
- If child is wheezy, consider nebulised salbutamol



Recognition of the Sick Child



Assessment:

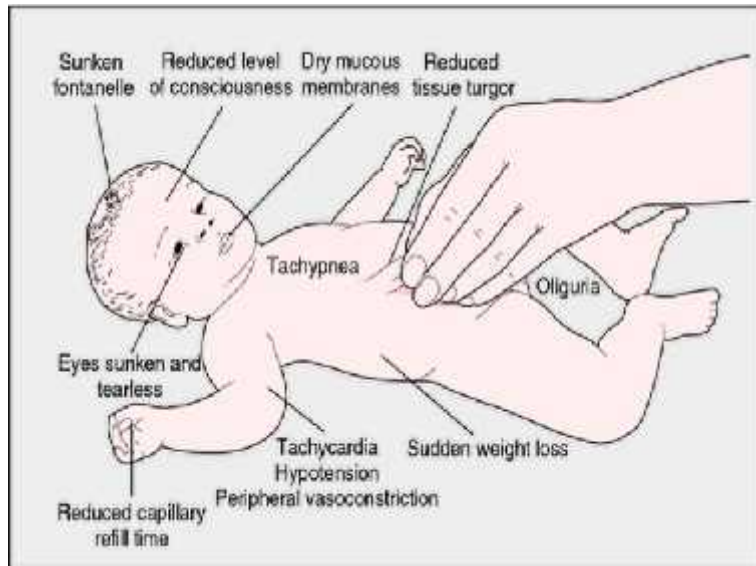
- Child having seizure

Management:

- **ABCDE assessment**
- Maintain airway and give high flow oxygen
- Check BM
- Stop seizure with IV lorazepam or PR diazepam if no IV access



Recognition of the Sick Child



Assessment:

- Child is hypovolaemic/dehydrated/shocked

Management:

- **ABCDE assessment**
- IV fluids – resuscitation fluid bolus if in shock, calculate deficit and maintenance volume required in order to maintain fluid status
- Bonus – 20ml/kg 0.9% saline



Recognition of the Sick Child



Assessment:

- Altered consciousness/unconscious child

Management:

- **ABCDE assessment**
- High flow oxygen
- Early BM
- Look for signs of raised ICP
- Early CT scan



Any Questions?

Good Luck :)

