

MiniCEX: Major Presentation: Sepsis

Trainee:

Trainee GMC number:

Assessor:

Assessor GMC number:

Grade of assessor:

☐ Consultant ☐ SASG ☐ ST4-6 ☒ Other

Assessor email:

Date:

04/09/2019



Case discussed (brief description):

	Expected behaviour	Successful / Unsuccessful
Initial approach	Initial approach based on ABCD system- ensuring early monitoring of vital signs including temperature, SpO2, blood sugar <ul style="list-style-type: none">• Can interpret early warning medical score as indicators of sepsis (EMEWS or similar)• Aware of systemic inflammatory response criteria (SIRS), and that 2 or more may indicate sepsis<ul style="list-style-type: none">◦ T > 38 or < 36◦ HR > 90◦ RR > 20◦ WCC > 12 or < 4	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
History and information gathering	<ul style="list-style-type: none">• Obtains history of symptoms leading up to illness• Able to take a collateral history, from paramedics, friends and family• Able to use AMPLE history• Looks specifically for conditions causing immunocompromise	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
Examination	Able to perform a competent examination looking for <ul style="list-style-type: none">• Possible source of infection• Secondary organ failure	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
Investigation	Asks for appropriate tests	<input type="radio"/> Successful

	<ul style="list-style-type: none"> • FBC • U&Es • clotting studies • ABGs or VBGs • Lactate, ScVo2 • Blood cultures • ECG • CXR • Urinalysis +/- catheterisation • Other interventions which may help find source of sepsis <ul style="list-style-type: none"> ◦ Swabs ◦ PCR ◦ Pus <p>Considers need for further imaging</p>	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
Clinical decision making and judgment	<p>Form a management plan with initial interventions being:</p> <ul style="list-style-type: none"> • Oxygen therapy • Fluid bolus, starting with 20 mls/Kg • IV Antibiotics, based on likely source of infection • Documentation of a physiological score, which can be repeated • Be able to reassess <p>Recognises and is able to support physiological markers of organ dysfunction, such as:-</p> <ul style="list-style-type: none"> • Systolic BP < 90 mm Hg • PaO2 < 8 Kpa • Lactate > 5 • Reduced GCS • Urine output < 30 mls/hr <p>Demonstrates when to use invasive monitoring, specifically</p> <ul style="list-style-type: none"> • CVP line • Arterial line <p>Demonstrates when to start inotropes, Noradrenaline v dopamine</p> <p>Demonstrates how to set up an inotrope infusion</p>	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
Communication with patient, relatives, staff	Effectively communicates with both patient and other members of the acute care team	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
Overall plan	<p>Identifies sepsis</p> <p>Implements 4 hour sepsis bundle</p> <p>Stabilises patient, reassesses and able to inform and/or hand over to critical care team</p>	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
Professionalism	Behaves in a professional manner	<input type="radio"/> Successful <input type="radio"/> Unsuccessful
Overall	<p><i>Auto-calculated from above outcomes.</i></p> <p><i>If all items are marked as Successful, this will rate Successful. Otherwise, will be rated as Unsuccessful.</i></p>	<input type="radio"/> Successful <input type="radio"/> Unsuccessful

Things done particularly well:

Learning points:

Action points:

☐ Save As Draft?