

1. Lead examiner

Candidate No:

2. Co-examiner

Final Mark:

SCENARIO

A 70 year-old lady is referred by her GP with a 2-day history of apparent confusion, with episodes of agitation. She complains of a dry mouth and blurred vision. Her son states she took some over-the-counter medications from the chemist recently.

Question 1: What is your differential diagnosis?

Expected Response	Details & Comments	
List	Sepsis Drugs Electrolytes Metabolic Neurological Environmental Cerebrovascular Space-occupying lesion	1

Question 2: What toxidromes would you consider in this case and what are their clinical features?

Expected Response	Details & Comments	
Anticholinergic antihistamines	Central Delirium, agitation, drowsiness/coma Visual hallucinations Behavioural disturbance Slurred speech Seizures Peripheral Tremor, myoclonus Mydriasis CVS – Tachycardia, hypertension Hyperthermia Skin - <u>dry</u> , red/flushed (dry skin a key differential from sympathomimetic cause) GIT- dry mouth, ileus, GUT -urinary retention	2
Sympathomimetic pseudoephedrine	Features similar to those of anti-cholinergic syndrome, except skin is <u>sweaty</u>	
Serotonin syndrome	Confusion, myoclonus, tachycardia, pyrexia	

Question 3: You decide that her presentation is due to an overdose of OTC antihistamines. Outline your management priorities for this patient.

Expected Response	Details & Comments	
Ensure patient safety	Prevent injury, nurse in low stimulus area	3
Resuscitation	A B C Support vital signs	
Cease contributing medications	Cease all anticholinergic agents Review patient's medications – re potential for drug interactions	
Supportive management	IV Fluids Temperature regulation Benzodiazepines IDC if retention Low stimulation area Avoid anticholinergic drugs for the treatment of agitation eg haloperidol (and document this on the medication chart)	
Disposition	Probably ward admission	

Education	Re potential for side effects and drug interactions	
? Role of physostigmine	Controversial May be beneficial for central features of anticholinergic toxicity If toxicity recalcitrant to supportive measures and time	

Question 4: The patient has a brief generalized seizure. What is your response now?

Expected Response	Details & Comments	
Stop seizure	Seizure has already ceased.	2
Reassess	A, B, C, D, Temp, Glucose, ECG	
Check results	pH, anion gap, electrolytes	
Consider additional Ix	CT	
Prevent further seizures	Treat reversible causes.	
Disposition	HDU	

Question 5: What features in the history and examination might raise the possibility of elder abuse?

Expected Response	Details & Comments	
Inconsistent histories		2
Examination	Features of neglect – malnutrition, poor hygiene, pressure sores Features of physical abuse – bruises, injuries	
Family interactions	Inappropriate or antagonistic	

Question 6 (optional extra): What are potential other causes of an anticholinergic syndrome?

Expected Response	Details & Comments	
Medications		
Antidepressants	TCA	
Antipsychotics	Haloperidol, chlorpromazine, olanzapine	
Anticonvulsants	Carbamazepine	
Antihistamines		
Antiparkinsonian drugs	Benzotropine	
Antimuscarinic agents	Atropine	
Illicit / Recreational	Less likely in this patient, unless inadvertent	
Plants or plant products		
	Datura, mushrooms,	

Comments: (if you fail the candidate, please state why)

If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?

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