

R3 The unconscious patient (or deteriorating level of consciousness)

Assessment of these competencies via Mini-CEX, with final summative Mini-CEX to be completed by the end of the programme.

Potential situations in which these competencies could be assessed include the following:

- Loss of consciousness or deteriorating LOC following head injury
- Suspected overdose of drugs or alcohol with impaired LOC
- Sudden loss of consciousness, unknown cause
- Deteriorating level of consciousness, unknown cause
- Status epilepticus

Core competencies to achieve with adult patients, are EPA level 3 (Indirect active-partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available). Paediatric competencies are to be assessed to EPA level 2 (Direct active – full supervision by senior clinician, with prompting/ verbal and actual guidance and help throughout)

Knowledge/ Skill/ Behaviour	Detail of competency
Knowledge	Identifies the principal causes of unconsciousness (metabolic, drug and/or alcohol intoxication, neurological, head injury)
	Knows the indications for urgent CT scanning (national guidelines for CT imaging in head injury) and recognises significant abnormalities that may require urgent neurosurgical intervention.
	Knows an algorithm for the management of status epilepticus including the indications for general anaesthesia and airway protection
	Knows the principles of management of head injury and the mechanism and effects of raised intracranial pressure, and methods of preventing secondary brain injury
Skills- History	If head injury suspected: explores mechanism of injury, any loss of consciousness and duration, duration of any amnesia, headache, vomiting, associated injuries, currently taking anticoagulation
	Ensures patient is checked for medical alert bracelets or other warning items (e.g. therapy/medical card) in property
	Gains collateral history from paramedics, witnesses, friends/relatives and medical notes including relevant preceding symptoms (such as severe headache) or past medical history (such as epilepsy)

Knowledge/ Skill/ Behaviour	Detail of competency
Skills – Examination	Makes a rapid systematic clinical assessment using ABCDE approach including a full neurological examination, with cervical spine immobilisation where necessary, and actively seeks injuries elsewhere particularly with distracting symptoms
	Is able to assess the Glasgow Coma Score ('AVPU' as alternative)
	Ensures the glucose level has been checked
Skills- investigation and treatment	Initiates appropriate immediate management – ensuring airway protected and adequate ventilation, supported if necessary; cardiovascular support; potential toxic/drug-related causes are considered (e.g. opiates: naloxone)
	Initiates early management (e.g. medication to control seizures) with close monitoring in cases of epilepsy / status
Skills- Clinical decision making, judgement [in addition to CC1]	Recognises and initiates management for the secondary consequences of head injury (e.g. loss of airway patency, seizures, raised ICP)
	Involves appropriate specialists to facilitate immediate assessment and management (e.g. imaging, intensive care, neurosurgeons)
	Is able to safely relieve pain in the head injured patient
Behaviour- Communication & professionalism [in addition to CC7 & CC8]	Adopts a leadership role and demonstrates effective teamwork and communication with a calm, methodical approach
	Is able to communicate effectively and sympathetically with the patient, understanding they may be extremely distressed or agitated
	Behaves in a professional manner, respects confidentiality, protects dignity of patients, remains sensitive to patients' opinions/hopes/fears; explains plan and risk
Paediatric specific competencies	Is able to assess level of consciousness in CYP using a recognised score e.g. Paediatric GCS
	Understands potential causes of an unconsciousness in a child and can initiate immediate management – including:

Additional optional competencies- EPA 1 or 2

Knowledge/ Skill/ Behaviour	Detail of competency
Skills- investigation/ treatment	Is able to interpret a CT head and C-spine for haemorrhage, ischaemia, space occupying lesion, intracranial pressure rise, skull vault/base of skull fracture, cervical spine injury