**Top 30 cases**

**Checklist For ICM trainees**

**Yorkshire and Humber**

Each case needs a linked assessment

Trainee name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Fill for Each ARCP

Over the course of training at least 25 of these 30 cases should be covered as WPBA of various types to further ensure a comprehensive coverage of the curriculum.

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| --- | --- | --- | --- | --- |
| Case number |  | Assessment | Date | Trainee sign off |
| General Approach | | | | |
| 1. | Recognition, assessment and management of the acutely ill adult presenting with respiratory failure. |  |  |  |
| Respiratory Failure | | | | |
| 2. | Acute exacerbation of COPD with type 2 respiratory failure. Requires ventilation: NIV or intubation and ventilation. |  |  |  |
| 3. | ARDS: titration of optimal ventilator strategies. |  |  |  |
| Shock / CVS | | | | |
| 4. | Shock due to acute severe haemorrhage e.g. upper GI bleed incorporating major haemorrhage management and definitive diagnosis and treatment. |  |  |  |
| 5. | Low flow shock due to pulmonary embolism or acute MI: thrombolysis and /or PCI. |  |  |  |
| 6. | Acute left ventricular failure: emergency department presentation or post-op surgical patient with fluid excess and recently stopped epidural. Could be in GI, vascular, cardiac surgical context. |  |  |  |
| 7. | Post cardiac arrest, cooling and cardiorespiratory support. |  |  |  |
| 8. | New atrial fibrillation in the ICU patient: assessment and management. |  |  |  |
| Sepsis and GI | | | | |
| 9. | Septic shock presenting de novo. Assessment, management, diagnostic work up. |  |  |  |
| 10. | Acute GI perforation/sepsis including use of TPN. |  |  |  |
| 11. | Acute pancreatitis with pre-renal AKI. |  |  |  |
| 12. | Acute liver failure following paracetamol overdose. |  |  |  |
| Reduced conscious level / Neuro | | | | |
| 13. | Acute meningitis/encephalitis. |  |  |  |
| 14. | Traumatic brain injury in ED, low GCS needs intubated, ventilated, transfer to scan, acute SDH: evacuated and now in ICU, post-op management. |  |  |  |
| 15. | Subarachnoid haemorrhage, coning, organ donation (BSD or following cardiac death). |  |  |  |
| 16. | Acute onset peripheral muscle weakness with respiratory failure: Guillain Barre Syndrome, myasthenia gravis, botulism, tetanus. |  |  |  |
| 17. | Status epilepticus following self-poisoning. |  |  |  |
| Paediatric ICM | | | | |
| 18. | One week old baby collapse at home. Diagnosis, immediate management and stabilisation. |  |  |  |
| 19. | 10 year with severe cerebral palsy, severe kyphoscolisios. Respiratory deterioriation despite maximal oxygen by facemask. Further management, including discussion with paediatricians/parents about appropriate management. |  |  |  |
| 20. | Collapse of 18 month old ex-prem (24 weeks). Diagnosis and further management. |  |  |  |
| Cardiac ICM | | | | |
| 21. | Patient post cardiac surgery on balloon assist with renal failure. |  |  |  |
| 22. | Aortic dissection. |  |  |  |
| 23. | Acute rhythm disturbance requiring pacemaker. |  |  |  |
| 24. | Post operative patient following lung resection surgery. |  |  |  |
| 25. | Cardiothoracic trauma case. |  |  |  |
| Specialist | | | | |
| 26. | HELLP syndrome. |  |  |  |
| 27. | Acquired immune deficiency. |  |  |  |
| 28. | Diabetic patient with ketoacidosis precipitating cause. |  |  |  |
| 29. | Trauma to leg with compartment syndrome, rhabdomyolysis, hyperkalaemia and AKI requiring renal replacement therapy and surgery. |  |  |  |
| 30. | Neutropenic sepsis in patient with haematological malignancy. |  |  |  |