

## 5. Top 30 cases

The trainee and assessor should agree on the CoBaTrICE competences that will be covered by a WPBA before the assessment. This should be a trainee driven process. The FICM have prepared 30 illustrative cases, with CoBaTrICE mapping, to assist in this process. 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.

The cases are chosen because they are both important and common. The exact clinical details will vary and trainees do not have to exactly match the cases. In addition the CoBaTrICE mapping is only a suggestion and other mapping can be performed as appropriate for the assessment of progress.

Paediatric ICM, Cardiac ICM and Neuro ICM cases are best undertaken during those designated training modules.

Area of Practice		Competencies
<b>General Approach</b>		
1.	Recognition, assessment and management of the acutely ill adult presenting with respiratory failure.	1.1 2.1 2.2 2.4 2.5 2.6 2.7
<b>Respiratory Failure</b>		
2.	Acute exacerbation of COPD with type 2 respiratory failure. Requires ventilation: NIV or intubation and ventilation.	3.1 3.2 4.6
3.	ARDS: titration of optimal ventilator strategies.	2.5 3.8 5.1 5.2 7.3
<b>Shock / CVS</b>		
4.	Shock due to acute severe haemorrhage e.g. upper GI bleed incorporating major haemorrhage management and definitive diagnosis and treatment.	1.1 3.1 3.3 4.3 4.4 11.2
5.	Low flow shock due to pulmonary embolism or acute MI: thrombolysis and /or PCI.	1.1 2.3 3.3 4.1 4.4 5.13 7.4
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.	1.1 1.4 5.1 5.14 11.3

7.	Post cardiac arrest, cooling and cardiorespiratory support.	1.3 2.3 2.8 4.4 7.1 7.3 11.4
8.	New atrial fibrillation in the ICU patient: assessment and management.	2.3 3.1 4.1 4.8 11.6
<b>Sepsis and GI</b>		
9.	Septic shock presenting de novo. Assessment, management, diagnostic work up.	3.4 2.8 3.9 4.2 5.4
10.	Acute GI perforation/sepsis including use of TPN.	2.4 2.6 2.8 3.7 3.9 4.9 6.1 7.2
11.	Acute pancreatitis with pre-renal AKI.	3.4 3.7 4.9 5.19
12.	Acute liver failure following paracetamol overdose.	3.5 3.10 4.8 7.1 10.1
<b>Reduced conscious level / Neuro</b>		
13.	Acute meningitis/encephalitis.	1.1 2.1 2.2 2.8 3.1 3.6 4.2
14.	Traumatic brain injury in ED, low GCS needs intubated, ventilated, transfer to scan, acute SDH: evacuated and now in ICU, post-op management.	3.6 5.2 6.3 6.5 7.3
15.	Subarachnoid haemorrhage, coning, organ donation (BSD or following cardiac death).	8.1-8.6

16.	Acute onset peripheral muscle weakness with respiratory failure: Guillain Barre Syndrome, myasthenia gravis, botulism, tetanus.	3.6 4.6 5.15 7.1 7.2
17.	Status epilepticus following self-poisoning.	3.6 3.10 5.2
<b>Paediatric ICM</b>		
18.	One week old baby collapse at home. Diagnosis, immediate management and stabilisation.	9.1 3.9 2.8 3.1 4.1
19.	10 year with severe cerebral palsy, severe kyphoscoliosis. Respiratory deterioration despite maximal oxygen by facemask. Further management, including discussion with paediatricians/parents about appropriate management.	3.2 9.1 12.1 4.6 4.9
20.	Collapse of 18 month old ex-prem (24 weeks). Diagnosis and further management.	9.1 3.6 5.1 10.1
<b>Cardiac ICM</b>		
21.	Patient post cardiac surgery on balloon assist with renal failure.	3.3 3.4 4.4 4.5 5.12 5.14 6.2
22.	Aortic dissection.	2.6 4.4 6.1 6.2
23.	Acute rhythm disturbance requiring pacemaker.	2.2 2.7 3.3 4.1 5.14
24.	Post operative patient following lung resection surgery.	2.5 3.2 4.6 6.1
25.	Cardiothoracic trauma case.	1.5 2.6 3.3 3.8 5.7 5.13

Specialist		
26.	HELLP syndrome.	3.5 3.11 4.4 6.1 7.1
27.	Acquired immune deficiency.	2.8 3.2 4.2 4.9 7.1 11.2 11.3
28.	Diabetic patient with ketoacidosis precipitating cause.	2.8 3.1 2.5 2.7 4.4 4.8
29.	Trauma to leg with compartment syndrome, rhabdomyolysis, hyperkalaemia and AKI requiring renal replacement therapy and surgery.	1.5 3.4 4.7 4.8 6.1
30.	Neutropenic sepsis in patient with haematological malignancy.	2.4 2.7 3.9 4.4 11.2