

**SAQ 7**

A 70 year old man with type 2 diabetes presents to your ED with 24 hours of malaise. His initial observations are: HR 120 and BP 70/40. His bedside BSL is 11.2 mmol/L and his central capillary refill is 5 seconds. He is confused and review of past notes indicated that this is new and he has a history of alcoholism.

1. What are the 3 most likely causes of this presentation (3 marks)

Sepsis, Haemorrhage, Cardiogenic

2. What key initial investigations will you perform? (4 marks)

Any of: VBG with stat profile, RUSH USS exam, ECG, urine analysis, CXR, Clotting screen

3. You perform a PR that shows heavy melena, the patient then has a large fresh haematemesis. List 4 initial management (2 marks half a point for each)

Blood and products avoiding with permissive hypotension  
Terlipressin 2g IV(or vasopressin/octreotide)  
Cefotaxime 1g IV  
Vitamin K 10mg IV,