

SAQ 1

A 32 yr old female with a history of bipolar disorder is brought in by ambulance after having taken her weeks worth of lithium. She is alert & orientated and complains of no systemic symptoms at this time.

1. List two early signs or symptoms that suggest a significant amount of Lithium has been ingested acutely. ( 2 marks)

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2. What is the earliest and most frequent sign of neurological toxicity associated with Lithium ingestion. (1 mark)

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3. List 2 laboratory tests that may impact on the management of this patient's acute Li overdose? Explain your reasoning in your answer. ( 4 marks)

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4. List two treatments that may be considered for a patient suffering from acute Lithium toxicity and one possible indication for each. ( 4 marks)

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SAQ 3

A 48 year old haemodialysis patient presents to ED complaining of shortness of breath, muscle weakness and nausea

Vital signs are:

Temp 37.2 deg c

BP 100/50 mmHg

RR 20/min

SaO<sub>2</sub> 94% on air

GCS 15

Weight 76kg

The following ECG is obtained (see next page):

a. What is the most likely diagnosis?

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b. List 5 potential causes of this condition in this patient

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c. List 5 potential treatments for this condition in this patient

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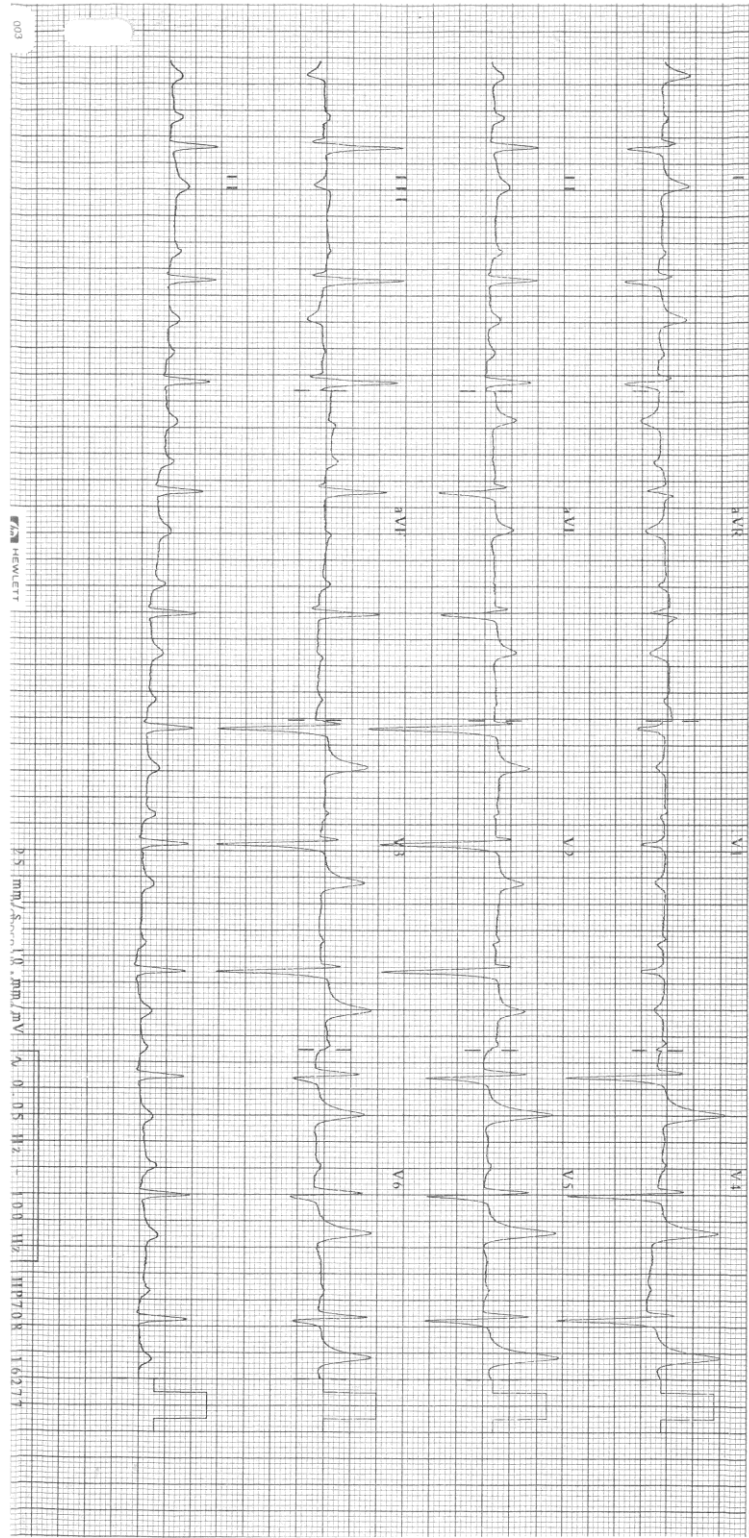
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SAQ 4

A 14 year old woman is brought in by ambulance distressed and combative. She tells the nurse she has been sexually assaulted by a male relative but doesn't want the police or her family to be informed.

1. List four potential medical complications (other than HIV) of sexual assault and any prophylactic treatments available that you will need to discuss with her.

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2. List three factors you would take into consideration when considering HIV post-exposure prophylaxis.

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3. Give three examples of strategies to preserve potential forensic evidence.

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SAQ 5

A 25 year old woman presents to ED after a large wooden plank fell on her left foot. She describes pain in the mid-foot region.

a) What are the three components of the Ottawa foot rules (OFR's)

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b) What are the three exclusion criteria for the application of the OFR's

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c) Foot x-rays are taken and reveal an isolated un-displaced fracture of tuberosity of the navicular bone. What are 5 important features of your subsequent management?

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SAQ 6

A 35 year old male presents with swelling and pain in his right ankle. There is no history of recent trauma.

a) What are 4 major differential diagnoses

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b) What are 4 important features you would enquire about on history

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c) List and justify 4 investigations you would you order

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- d) Following full assessment you are confident your patient has an STI. What are your 4 management priorities

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SAQ 7

A 4 year old boy presents to your emergency department at 1830h with his Mother. He has had a runny nose, cough and wheeze for 2 days. His past history includes asthma and eczema since 18 months of age. He has required several hospital admissions for asthma.

a. List 6 important clinical signs when assessing this child? (3 marks 0.5 marks each)

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b. He does not have an oxygen requirement and is assessed as "mild". List treatment in ED including doses. (1 mark 0.5 marks each)

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c. The child improves and you wish to educate his Mother in spacer and MDI technique and in spacer care. List 6 points that you will cover. (3 marks 0.5 marks each)

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d. List discharge criteria and advice you would give his parents (3 marks 0.5 marks each)

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SAQ 8

A 32 year old woman presents to your tertiary ED from her GP.

She has been referred with a letter stating:

“Thank you for reviewing this 32 year old who has recently returned from a trip to the UK, she has pleuritic chest pain and I am concerned about a possible PE”

1. Name 3 risk stratification tools that you use to guide your assessment (3 marks)

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2. You calculate a Wells score of 3. What is the patient’s risk of PE (1 point)

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3. The D Dimer is 3x the upper limit of normal. You need to discuss imaging with the patient, list 3 benefits and 3 negatives of CTPA (3 points)

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4. The CTPA is positive for bilateral proximal PEs. The patient has a BP of 100/70, HR 98, SpO2 94% RA. How could you risk stratify her further with regards to possible treatment? (3 points)

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SAQ 9

A 25 year old man sustains facial injuries in a high speed motor vehicle crash in which he was the unrestrained driver.

His observations are:

<b>GCS</b>	<b>15</b>	
<b>HR</b>	<b>100</b>	<b>/min</b>
<b>BP</b>	<b>130/75</b>	<b>mmHg supine</b>
<b>O<sub>2</sub> saturation</b>	<b>97%</b>	<b>room air</b>



a) Describe the abnormalities shown in this photograph. 3 marks

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b) What underlying injuries could there be? 3 marks

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c) What are the risks to his airway? 5 marks

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SAQ 10

You take a group of first year ED Registrars to the Resus room in their first week of term. You want to take them through the following topics. For each, provide a succinct answer.

1. What patient factors may make rapid sequence intubation difficult or impossible? (3 marks)

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2. What alternatives should be considered in these cases? (2 marks)

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3. List the steps of preparation for rapid sequence induction (5 marks)

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