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University Hospital, Geelong Emergency Medicine Trial Fellowship Exam Short Answer Questions (SAQ)

Week 8

DIRECTIONS TO CANDIDATE

- 1. Answer each question in the space provided in this question paper.
- 2. Do not write your name on this question paper.
- 3. Enter your examination number in the space below.
- 4. Cross out any errors completely.
- 5. Do not begin the exam until instructed to do so.
- 6. Do not take examination paper or materials from this room.
- 7. The booklet binder may be removed during the exam.

QUESTION & ANSWER BOOKLET

Question 1 (22 marks) 9 minutes

a. Complete the table below ((continued on the next page), listing the clinical and biochemical features of the phases of acute paracetamol poisoning. (22 marks)

Phase of poisoning	Time frame (2 marks)	Clinical features (3 marks)	Biochemical features (6 marks)
Phase 1 (5 marks)		1.	1.
			2.
			3.
Phase 2 (6 marks)		1.	1.
		2.	2.
			3.

Question 1 (continued)

Phase of poisoning	Time frame (2 marks)	Clinical features (3 marks)	Biochemical features (6 marks)
Phase 3 (6 marks)		1.	1.
		2.	2.
			3.
Phase 4 (5 marks)		1.	1.
			2.
			3.

Question 2 (22 marks) 9 minutes

1.		List five (5) conditions that must be met to allow the paracetamol nomogram to be utilised. (5 marks)
2.		
3.		
4.		
5.		
	b.	State the accepted threshold dose for paracetamol induced hepatic injury. (1 mark)
	c.	State the accepted biochemical definition for paracetamol induced hepatic injury. (1 mark)

Question 2 (continued)

A 26 year old presents following a stated paracetamol overdose. Provide your investigative and specific treatment strategy for each of the circumstances listed below. Utilise either a list or flow chart in your answer.

d. 20 standard release tablets taken 5 hours ago, 10 taken 4 hours ago and 10 taken 2 hours ago. (4 marks)

e. 30 slow release tablets taken 3 hours ago. (6 marks)

Question 2 (continued)

f. 200 standard release tablets taken 4 hours ago. (5 marks)

Question 3 (13 marks) 6 minutes

A 26 year old man presents with a history of a painful penis. There is no history of trauma.

A photo of the	patient is taken- refer	to the pro	ps booklet-	page 1.
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	а.	State the diagnosis. (1 mark)	
	b.	State four (4) steps utilised in the Dundee-Perth technique of reversal of this problem. (4 marks)	
1.			
2.			
3.			
	-		
4			

Question 3 (continued)

	C.	State five (5) steps for an alternative technique (other than the Dundee-Perth technique) for the reversal of this problem (after appropriate analgesia is provided). (5 marks)
1.		
2.		
3.		
٥.		
4.		
5.		
Th	e pa	atient represents 1 month later with balanitis.
	d.	List three (3) steps in the treatment of this problem. (3 marks)
1.		
2.		
2		

Question 4 (13 marks) 6 minutes

	a.	List the four (4) elements that are required to allow a request of disclosure of medica information by a third party. (4 marks)
1.		
2.		
3.		
4.		
	b.	List four (4) circumstances under which medical information may be disclosed to a third party without a patients' consent. (4 marks)
1.		
2.		
3.	_	
1		

Question 4 (continued)

	c.	State what is meant by the term "competence". (1 mark)
	d.	List the four (4) elements that are required to establish competency. (4 marks)
1.		
2.		
3.		

Question 5 (11 marks) 6 minutes

A previously well 23 year old is brought to your ED acutely short of breath after developing left sided chest pain.

A Chest xray is taken on arrival-refer to the props booklet-page 2.

	a.	State five (5) abnormalities shown on this xray. (5 marks)
1.		
2.		
3.		
4.		

Question 5 (continued)

b. List three (3) key steps in your treatment of this patient. State one (1) justification for each step. (6 marks)

	Treatment step (3 marks)	Justification (3 marks)
1.		
2.		
3.		

Question 6 (12 marks) 6 minutes

A 72 year old woman is brought to your ED after a collapse.

An ECG taken on arrival- refer to the props booklet- page 3

	a.	State three (3) abnormalities shown on this ECG. (3 marks)
1.		
2.		
3.		
	b.	State two (2) significant implications of these findings. (2 marks)
1.		
2.		

Question 6 (continued)

The patient has not sustained an obvious injury on complete primary and secondary survey.

	c.	List four (4) historical features that are of key importance to obtain early in this patient. (4 marks)
1.		
2.		
3.		
4.		
	d.	Based on this presentation and ECG, state your disposition for this patient (assuming no other influential history). (2 marks)
1.	e.	List one (1) justification for this decision. (1 mark)

Question 7 (11 marks) 6 minutes

A 34 year old woman presents to your ED with a history of abdominal pain, vomiting and diarrhoea for 2 weeks. Examination reveals dehydration and generalised abdominal tenderness.

Blood tests are taken soon after arrival-refer to the props booklet-page 4.

a.	Provide th	ree (3) calculations to help you to interpret these results. (3 marks)
Derive	ed value 1: _	
Derive	ed value 2:	
		scenario and the derived values, state the primary acid/base abnormality/s.

Question 7 (continued)

	c.	Using the scenario and the derived values, state the secondary acid/base abnormality/s. (1 mark)
	d.	State a unifying explanation for these results. Include three points in your answer. (3 marks)
1.		
2.		
3.		
Sh	e is	provided with analgesic and antiemetic.
	e.	List three (3) other key treatments for this condition. (3 marks)
1.		
2.		
2		

Question 8 (13 marks) 6 minutes

A patient presents with atrial fibrillation.

	a.	List six (6) patient factors that would lead you to choose a rhythm control strategy. (6 marks)
1.		
2.		
3.		
4.		
5.		
6.		

Question 8 (continued)

You select electrical cardioversion as the treatment of choice.

	b.	List your initial defibrillator settings. (3 marks)
1.		
2.		
3.		
	C.	State four (4) key pieces of information that you would provide to the patient prior to electrical cardioversion. (4 marks)
1.		
2.		
2		
3.		
4.		

Question 9 (14 marks) 6 minutes

A 25 year old male presents to ED with an injury to his right ankle after a fall from a ladder. He has no other injuries. He has not received any prehospital analgesia. He had a pie and a Big M 30 minutes ago.

A photograph is taken soon after arrival-refer to the props booklet-page 5.

a. List five (5) key management steps for this patient in the first 20 minutes of your care. State one (1) detail for each step. (10 marks)

	Management Step (5 marks)	Details (5 marks)
1.		
2.		
3.		
4.		
5.		

Question 9 (continued)

	b.	List four (4) acute complications for this patient that would require urgent surgical intervention. (4 marks)
1.		
2.		
3.		
4		

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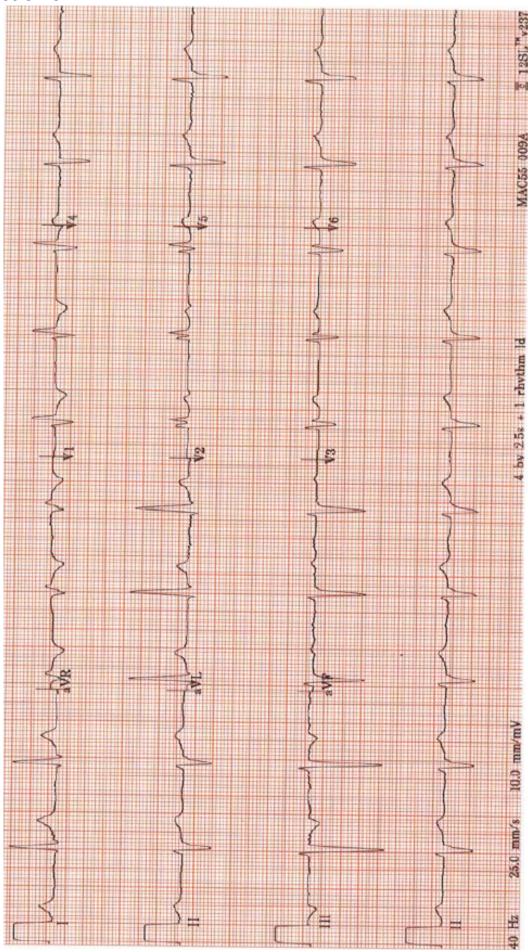
University Hospital, Geelong Emergency Medicine Trial Fellowship Exam Short Answer Questions (SAQ)

Week 8

PROP BOOKLET







Reference Range

0.21	
7.21	(7.35-7.41)
31 mm/Hg	(33-47)
83 mm/Hg	(85-110)
12 mmol/L	(21-27)
-14	(-3 - +3)
135 mmol/L	(134-146)
2.8 mmol/L	(3.5-4.5)
111 mmol/L	(95-105)
0.57 mmol/L	(0.04 - 0.10)
84 mmol/L	(3-8)
7.2 mmol/L	(3.5-5.5)
	7.21 31 mm/Hg 83 mm/Hg 12 mmol/L -14 135 mmol/L 2.8 mmol/L 111 mmol/L 0.57 mmol/L 84 mmol/L

