

NSW Fellowship Course
MOCK EXAM 2010.1 – JANUARY 2010
Liverpool Hospital

Short Answer Questions

- *8 Questions*
- *120 minutes*
- *Answer all questions*
- *Use a new booklet / paper for each question.*
- *Staple each question's answer sheets together.*
- *Write your name on the top of the first page of each answer.*

NSW Combined Hospitals Fellowship Course
TRIAL EXAM 2010.1
Liverpool Hospital – 7th JANUARY 2010

SAQ Paper

Question 1.

Compare the toxic effects and treatment of severe poisoning from the following alcohols – Ethanol, Ethylene Glycol, Methanol and Isopropyl alcohol. (100%)

Question 2.

A forty-year (40) old male presents after 3 hours of a painful penile erection (priapism).

Outline the assessment and management of his condition. (100%)

Question 3.

A twenty-seven year (27) old female has been brought to your major metropolitan emergency department. She was a pedestrian struck by a fast moving car. Her observations on arrival are: -

Blood pressure	80/50 mmHg
Pulse	130 beats per minute
O ₂ Sats	96% on a reservoir mask
GCS	E = 1; V = 2; M = 4

A trauma team is in attendance and she has had 2 large IV cannulas inserted and intubated with Ketamine and Suxamethonium. Injuries identified from the primary survey reveal a right flail chest, a median sternotomy scar with mechanical click to her heart sounds, bruising to the abdomen and pelvis. X-rays reveal the multiple fractured ribs, widened mediastinum and 'open-book' pelvic fractures. FAST examination has also revealed a small amount of free fluid around the left upper quadrant and pouch of Douglas. Observations have remained the same after two (2) litres of crystalloid fluids.

Outline and prioritise your management plan for the next 2 hours. (100%)

Question 4.

Compare and contrast the use Propofol and Ketamine in procedural sedation techniques in the Emergency Department

Question 5.

A fifty-eight (58) year old male has had successful return of spontaneous circulation following a ventricular fibrillation arrest at home. He has a known dilated cardiomyopathy. On arrival he has been intubated and has peripheral IV access. His ECG shows sinus rhythm.

The vital sign observations are: -

- Blood pressure 100/50 mmHg
- Pulse 50 per minute
- GCS E = 1; V = intubated; M = 3
- O₂ Sats 100 % on FiO₂ 1.0

Describe your ongoing management of this patient. (100%)

Question 6.

A four-year (4) old child has been found unconscious in a domestic swimming pool. He has been intubated and cannulated and will be arriving to your regional hospital shortly.

The observations en route are as follows :-

- Pulse 140 bpm
- Blood pressure 90/50 mmHg
- O₂ Saturations 94 %
- Unresponsive
- Blood sugar 3.5 mmol/L
- Temperature 35.1 °C

- a) Describe your ongoing management (70%)
- b) Outline prognostic features that may predict a full and complete recovery in near-drowning. (30%)

Question 7.

A fifty-year (50) old with alcoholic cirrhosis has been brought in by ambulance. He is confused and complaining of abdominal tenderness when you palpate the abdomen of tense ascites. There are no external signs of bleeding and he has observations as follows: -

- Blood pressure 100/40 mmHg
- Pulse 110 beats per minute
- O₂ Sats 98% on Hudson mask
- Temperature 35.6°C
- GCS E = 4; V = 3; M = 6

Describe your further assessment and risk stratification of this patient. (100%)

Question 8.

You are Duty Consultant of a large metropolitan Emergency Department. The Security officers bring a man, found in a vehicle in the hospital car park, semi-conscious, with empty packets of prescription medications by his side. He appeared confused and disorientated, smelling of alcohol.

On arrival he has returned to normal mentation with normal vital signs.

There are empty self-prescribed packets of Oxycodone (5mg) and Panadeine Forte (Paracetamol 500mg/Codeine 30mg), dispensed the previous day.

You recognise him as a senior consultant physician of your hospital.

Describe your assessment and management of this patient. (100%)