

NSW Fellowship Course

MOCK EXAM 2012.1 – JANUARY 2012

Liverpool Hospital

Short Answer Questions

- *8 Questions*
- *130 minutes writing time (no allocated reading time)*
- *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.*

1. A 75-year old man has received thrombolysis for an acute ischaemic stroke in your tertiary emergency department. He is about to be transferred to the Intensive Care unit when his nurse requests your review. His GCS has dropped 2 points in his last two assessments and he can no longer open his eyes, the blood pressure has also increased.

His vital signs are as follows:-

Pulse 60 bpm

Blood pressure 210/120 mmHg

Oxygen saturations 99% on non-rebreather mask

GCS E = 1; V = 1; M = 5 on unaffected side; not moving affected side

A repeat CT scan shows a moderate sized intracerebral haemorrhage without midline shift.

Describe your management. (100%)

2. A 17-year old male was seen in your ED 6 days ago following a trail bike accident. He had complained of neck and upper thoracic spine pain. A CT scan of the cervical spine and plain radiographs of the thoracic spine were reported as normal in the discharge letter following radiology registrar review. He subsequently developed neurological signs and worsening pain before presenting to a different hospital. An MRI scan revealed crush fractures of T2 and T3 vertebrae with spinal cord haematoma. You receive notification from the other hospital of these findings.

Outline your investigation process into this case. (100%)

3. A 28-year old female who is 22 weeks gestation (G2 P1) presents describing the involuntary passage of urine that morning which has now ceased. She is afebrile, feels well and has no abdominal pain.

Her urinalysis shows trace leucocytes only.

Describe your assessment and management. (100%)

4. Compare and contrast the clinical features and treatment of intoxication with ethanol, methanol and ethylene glycol. (100%)

5. A morbidly obese patient, weighing in excess of 200 Kg has presented with abdominal pains for the last 24 hours.

Outline the difficulties in your assessment and management of such a patient. (100%)

6. An 80-year old female is referred from her General Practitioner with an incidental finding of rapid atrial fibrillation with rate of 155 of uncertain onset. She has no chest pain and her blood pressure is 130/70. Her co-morbidities including type 2 diabetes, controlled hypertension and osteoarthritis. Her medication list includes a sulphonylurea, ACE inhibitor and Calcium replacement.

Discuss the options for chemical rate and/or rhythm control in this patient. (100%)

7. A 3-year old girl has a laceration of the lip involving the vermillion border and extending about 10mm onto the face. She has no other injuries. You are in a rural emergency department.

Discuss the options for procedural sedation to repair this wound in the emergency department. (100%)

8. An 18-year old male is brought in by ambulance following a high speed MVA on the motorway. The ambulance crew report he was complaining of chest and abdominal pains and a suspected pelvic and femoral shaft fractures. They have placed a pelvic binder device, established 2 large bore IV access and started fluid resuscitation with 500mls normal saline. His initial vital sign observations are listed below.

- Pulse 160
- Blood pressure 80/40 mmHg
- GCS 12 (E=2; V=4; M=6)

Shortly before arriving (<2 minutes) in hospital he becomes unresponsive and is brought into the resuscitation room. You are now unable to feel any central pulses or record a blood pressure.

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