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**University Hospital, Geelong
Emergency Medicine
Trial Fellowship Exam
Short Answer Questions (SAQ)
Week 24**

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 (14 marks)

A 3 year old boy presents to your emergency department after taking 20 Lomotil tablets approximately 1 hour ago.

a. What is the role of decontamination for this patient? Include two (2) points in your answer. (2 marks)

1. _____

2. _____

b. List four (4) examination features that you would expect at this stage. (4 marks)

1. _____

2. _____

3. _____

4. _____

Question 1 (continued)

All of these features are present. You assess the patient to have severe toxicity.

c. State five (5) key steps in the management of this patient. (5 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

d. State the time frame that you would expect the patient to require hospitalisation, if he experiences no further complications of his ingestion. (1 mark)

Question 2 (18 marks)

You are the consultant in charge of a regional base hospital ED. A 17 year-old girl is brought in by her parents with a 6-month history of weight loss.

a. State the four (4) key components to the diagnosis of Anorexia Nervosa. (4 marks)

1. _____
2. _____
3. _____
4. _____

b. List seven (7) examination findings that you would seek on examination for this patient. (7 marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Question 2 (continued)

A rapid assessment nurse has organised a venous blood gas which shows a serum K⁺ level of 2.2.

c. State three (3) clinical factors that would lead you to choose IV replacement as the route of choice. (3 marks)

1. _____

2. _____

3. _____

d. State one (1) pro and one (1) con for oral and IV route for potassium replacement. (4 marks)

Route	Pros (2 marks)	Cons (2 marks)
Oral	1.	1.
Intravenous	1.	1.

Question 2 (continued)

Before you have completed your assessment, she asks to get dressed and discharge herself.

e. State five (5) key issues in this situation. (5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

Question 3 (18 marks)

A 35 year old woman presents with suspected thyroid storm.

a. State four (4) diagnostic features of thyroid storm. (4 marks)

1. _____

2. _____

3. _____

4. _____

b. List three (3) likely precipitants for thyroid storm. (3 marks)

1. _____

2. _____

3. _____

Question 3 (continued)

- c. List three (3) medications that may be used for this patient. For each medication, state one (1) reason why this medication is used. (6 marks)

	Medication (3 marks)	Why is this medication used? (3 marks)
1		
2		
3		

Question 3 (continued)

- d. List one (1) medication that is specifically contraindicated in thyroid storm (1 mark)

- e. Other than intravenous fluids and oxygen, list four (4) non-medicinal treatments that may be utilised for this patient. (4 marks)

1.

2.

3.

4.

Question 4 (12 marks)

A 64 year old man is involved in a high speed, roll over motor car collision. He was unrestrained. On ambulance handover he has obvious bilateral femur #, severe pelvic pain, widespread chest and abdominal bruising and a suspected pelvic fracture. Time from injury on arrival is 90 minutes. He has received 4 L NS prehospital.

His observations on arrival are:

BP	60/30 mmHg
HR	145 bpm
RR	30 bpm
Sats 90%	15L via non rebreather mask

- a. Based on the CRASH-2 study findings, state four (4) points relating to the use of Tranexamic acid for this patient. (4 marks)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- b. State two (2) criticisms for the CRASH-2 study. (2 marks)

- 1. _____
- 2. _____

Question 4 (continued)

You are situated in an outer suburban hospital. After discussion with the regional retrieval service, it is decided to transfer the patient to a trauma centre 30 minutes by road. It is requested that you arrange placement of a REBOA prior to transport.

c. What is REBOA? (1 marks)

d. List three (3) features of this patient that may support the use of a REBOA. (3 marks)

1. _____

2. _____

3. _____

e. In general, list two (2) specific indications for a Zone 1 REBOA. (2 marks)

1. _____

2. _____

Question 5 (11 marks)

A 75 year old man presents with palpitations.

On examination:

BP	140/ 60	mmHg supine
RR	40	/ min
Oxygen saturation	88%	on 6L via Hudson mask
GCS	15	

An ECG is taken- refer to the prop booklet page 2.

a. What is the ECG diagnosis? (1 mark)

b. State three (3) abnormalities on this ECG to support this diagnosis. (3 marks)

1. _____

2. _____

3. _____

Question 5 (continued)

c. List four (4) likely causes for this ECG diagnosis. (4 marks)

1. _____

2. _____

3. _____

4. _____

d. What is the clinical relevance of this ECG diagnosis? State three (3) points in your answer. (3 marks)

1. _____

2. _____

3. _____

Question 6 (12 marks)

A 32 year old man, John Smith (UR 123456), presents to your emergency department following a high pressure injury to his left middle finger, 1 hour ago.

Two photographs are taken- refer to the prop booklet page 3.

- a. List three (3) pathophysiological mechanisms for harm from this mechanism of injury.
(3 marks)

1. _____

2. _____

3. _____

- b. List three (3) factors associated with a poor outcome from this injury in this patient.
(3 marks)

1. _____

2. _____

3. _____

Question 6 (continued)

You decide to refer the patient after your care.

- c. Using an ISBAR approach, list five (5) pieces of information that you would pass onto the receiving Doctor. (6 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

Question 7 (12 marks)

A 32 year old man is involved in a roll over motor car collision. He is known to be taking a NOAC.

- a. Under what circumstances would you take measures to reverse the action of the NOAC? List two (2) circumstances. (2 marks)

1. _____

2. _____

- b. What is the role of charcoal in the reversal of a NOAC? State two (2) points in your answer. (2 marks)

1. _____

2. _____

- c. What is the role of dialysis in the reversal of a NOAC? State two (2) points in your answer. (2 marks)

1. _____

2. _____

Question 7 (continued)

d. Other than Packed cells/ whole blood, state three (3) agents which may be used for reversal of the effects of Dabigatran. (3 marks)

1. _____

2. _____

3. _____

e. What is the role of thromboelastography for this patient? State three (3) points in your answer. (3 marks)

1. _____

2. _____

3. _____

Question 8 (12 marks)

- a. At what height does acute mountain sickness appear in a person who is not acclimatised to altitude? (1 mark)

- b. List three (3) examination features of a patient with high altitude cerebral oedema. (3 marks)

1. _____

2. _____

3. _____

- c. List three (3) management steps for a patient with high altitude cerebral oedema. (3 marks)

1. _____

2. _____

3. _____

—

Question 8 (Continued)

d. List three (3) examination features of a patient with high altitude pulmonary oedema. (3 marks)

1. _____

2. _____

3. _____

e. List three (3) management steps for a patient with high altitude cerebral oedema. (3 marks)

1. _____

2. _____

3. _____

Question 9 (12 marks)

- a. List three (3) cardinal features of a patient with Neuroleptic Malignant syndrome. (3 marks)

1. _____

2. _____

3. _____

- b. List three (3) risk factors for the development of Neuroleptic Malignant syndrome. (3 marks)

1. _____

2. _____

3. _____

Question 9 (Continued)

c. List two (2) antidotes that may be beneficial for a patient with Neuroleptic Malignant Syndrome. (2marks)

1. _____

2. _____

d. Other than antidote use, list four (4) key components to the management of a patient with Neuroleptic Malignant syndrome. (4 marks)

1. _____

2. _____

3. _____

4. _____

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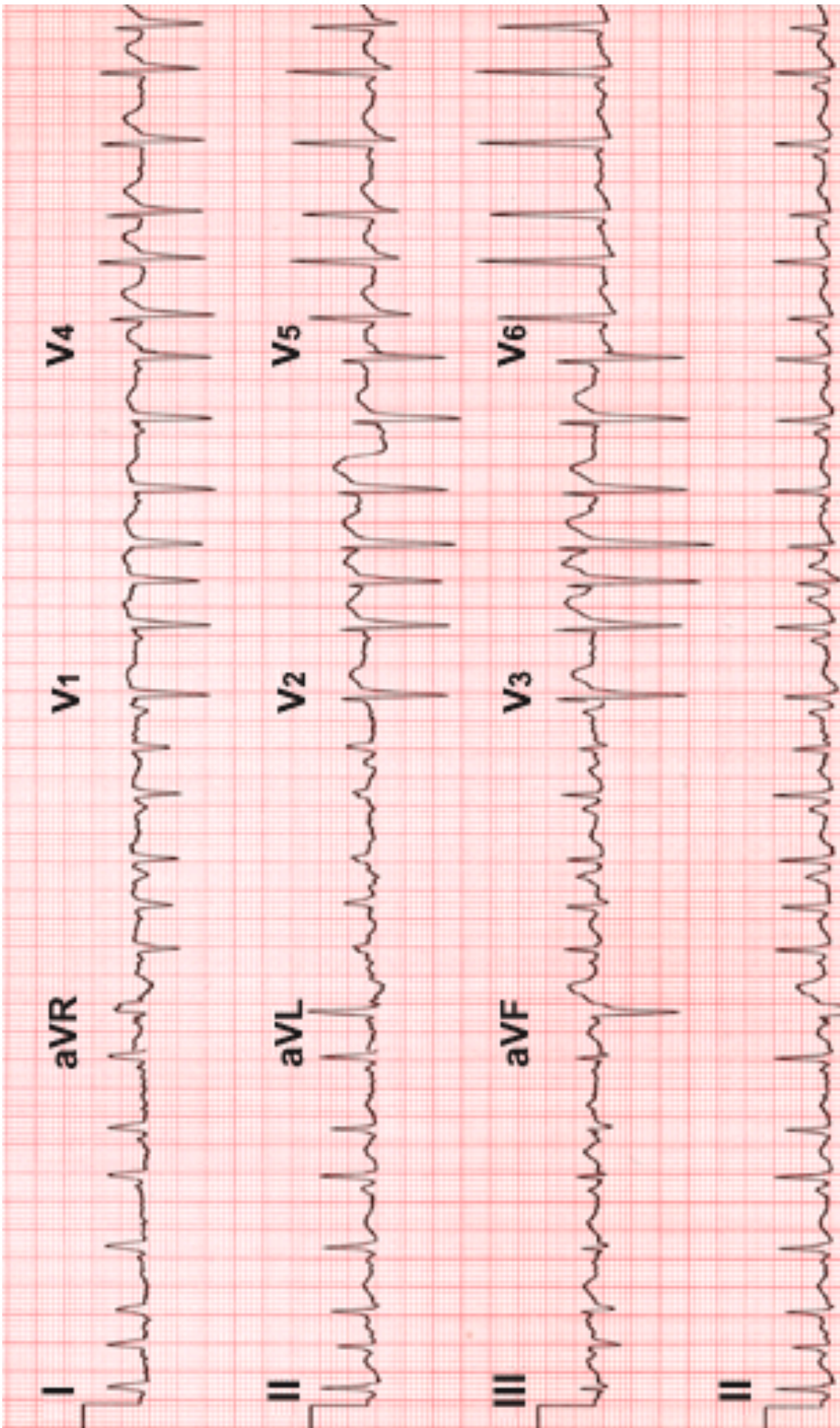
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PROP BOOKLET

Question 5



Question 6 **Red arrow marks the point of entry**
(metal hook for photography purposes only)

