

SCQ's 2016.2

EMQ on headache; drug treatment options were the choices

- guy lifting weights, likely SAH
- lady with a tension sounding headache
- lady with occipital pain, worse in the morning, better in day
- 51yo with eye pain and on EOM
- man with unilateral headache, teary eye etc
- insidious onset, 3 days and pain behind eyes

EMQ on weakness

- Middle aged lady with 2 days of lethargy, increased signal in thoracic region on T2 on MRI
- some weird weakness after eating seafood, bradycardic: I put ciguatera

EMQ on snakes

- Mildly deranged coags (INR 2.2, fibrinogen normal)
- VICC picture with neurotoxicity

EMQ with gait signs

- Broad based gait, eye signs, confusion
- Gait problems and dysarthria
- Dysidiokinesis
- Something with altered sensation unilateral face + gait issue

EMQ on analgesia options for kids (kid is 3yo, 15kg): no idea if I'm right. Other options were nitrous, ropivacaine 0.75% 10mls in a nerve block

- # femur, needs something prior to skin traction: I put ketamine 22.5mg IV
- has bad pain with appendicitis: I put morphine 1.5mg IV
- has a mild headache with a small frontal haematoma: I put paracetamol 225mg PO

EMQ with treatment options for different ECG's: no idea if I'm right

- A youngish person with ? SVT: I put valsalva
- A 70yo with fib/flutter who's obs were ok: I put metoprolol IV but MgSO4 was also an option
- A WCT ? VT ish looking to me but haemodynamics weren't too bad: I put sync cardiovert

EMQ with different options for women in labour: no idea if I'm right. Other options were nifedipine, forceps, CTG

- Shoulder dystocia, legs in hyperflexion, next action: I put episiotomy
- 38/40 labouring well, how do you assess to TF to labour ward or deliver in ED: I put spec (digital exam wasn't there)
- Full term, nothing exciting in stem: I put TF to labour ward left lateral
- Best way to assess foetal lie and heart rate: I put US

EMQ with different diagnoses for vertigo. Options were things like BPPV, vestibular neuronitis, labyrinthitis, perilymph fistula, Meniere's

- older man with paroxysms of vertigo and hearing loss
- young lady who had sudden onset of ear pain while diving, now has vertigo
- young lady with a few days of URTI, has an ear effusion and has vertigo
- a middle aged lady who rolled over in bed, vertigo exacerbated by head movement

EMQ on neck lumps in kids with description and diagnosis options

EMQ on acute abdo treatment options

What is proven to be the most effective antiemetic in ED?

- a metoclopramide
- b ondansetron
- c droperidol

55yo alcoholic with fevers, SOB and red currant jelly sputum?

- a klebsiella
- b legionella
- c strep pneumonia
- d staph aureus

Kid with gastro, sounded like moderate dehydration, admitted to short stay for IVF. He is 15kg. Best option?

- a 0.9% NS + 5% dext at 110ml/hr
- b 0.9% NS + 2.5% dext at 75ml/hr
- c 0.45% NS + 5% dext
- d 0.45% + 2.5% dext

Feedback to JMO

- a done formally at end of term
- b don't document anything because it's a medicolegal risk
- c +ve feedback can be given in public

Something about ACEM's policy on clinical handover

- a done involving patients and carers if possible
- b done before every shift/change of personnel

c should be documented formally in the notes using ISBAR

Middle aged guy who has had x 1 haematemesis; his obs are all good and his bloods are good, plan?

a admit, IVF, scope

b DC with endoscopy in 7 days

c DC and f/up as needed

2 hrs post venlafaxine overdose, which of the following suggests co-ingestant?

a sinus tachy 140

b diaphoresis

c drowsiness

d mydriasis

CSF analysis, which suggests normal?

a protein 0.4

b glucose 55% of serum

c 10 lymphocytes

A girl who returned from Bali 3 weeks ago, febrile for 48 hrs, joint pain, now has rash. Suggests what?

a dengue

b malaria

When can't you use suxamethonium?

a severe head injury

b In 80% BSA burns

c Family Hx of malignant hyperthermia

d Dialysis dependent ESRF

Kid drinks 5mls of oil of wintergreen

a discharge

b charcoal

c NAC

d none of the above

Kid taken 20mg/kg of elemental Fe; kid is well, no neglect/NAI. What do you do?

- a DC
- b 12 hrs of observation
- c WBI
- d desferroxamine

Toddler age with an 18yo indigenous mother is 5% dry and failing a TOF in the waiting room. What do you do?

- a admit ESSU and given ORS (Na 90 mmol)
- b admit ESSU and supervise TOF
- c 60 mmol Na solution and early NGT if fails
- d supervised TOF with flat lemonade

Treatment of PID in female

- a ceftriaxone 500mg IM/IV, azithro 1g PO and another in a week, metro 400mg BD for 14 days
- b same drugs but in all different dose combinations

Uncal herniation signs

- a ipsilateral pupil dilatation
- b lateral gaze palsy
- c hemiplegia

Displaced supracondylar fracture

- a unable to make ok sign
- b sensory loss somewhere
- c wrist drop
- d loss of finger grip and coordination

R PICA

- a Horner's syndrome

US image of lung and M mode image as well

- a normal lung

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- b pneumothorax
- c pleural effusion
- d pulmonary oedema

The second most commonly # carpal bone is

- a lunate
- b pisiform
- c triquetral
- d hamate

Fast food worker has redness to forearm. The likely causative organism is

- a acinetobacter
- b yersinia
- c staph
- d strep

3yo has URTI, fever, red and dull TM's. Appropriate:

- a antibiotics and f/up in 24 hrs
- b f/up in 24 hrs
- c antibiotic script to parents and start it if kid still sick in 72 hrs
- d analgesia and DC

Simulation based teaching

- a is expensive
- b people are cavalier because it's not real
- c emerging evidence showing it is effective

SCC lung with hypercalcaemia, treatment options