

## FFAEM APRIL 2002

Critical appraisal paper: JAMA Feb 14, 2001-vol 285 No 6, 761-68.  
Diagnostic accuracy of a bedside D-dimer assay and alveolar dead-space measurement for rapid exclusion of pulmonary embolism.

### OSCE:

1. ECG of a man with marked ST elevation in the antero-lateral leads.  
How would you manage?  
A chest x-ray of the man showing florid acute pulmonary oedema 24 hours after admission-what has happened?
2. History of a man who collapsed in the garden and brought by ambulance.  
Vital signs pulse 120, BP 105/60, ECG shows ventricular tachycardia.  
What drug would you give?  
The drug has no effect, what would you do now?  
Nurse then tells you his pulse has disappeared. What would you do?  
List 4 causes of this problem
3. Picture of a hand with a pointing index finger and wasting of the first dorsal interosseus.  
What is the likely cause?  
What are the possible causes?  
Picture of difficulty with thumb abduction-what does this demonstrate?
4. 2 pictures of a man who has fallen from a tree with marked bruising of his shoulder and neck. He has developed paralysis of the upper limb on the same side.  
What is the most likely diagnosis?  
What other injuries could have occurred?  
What parameters comprise the revised trauma score (RTS)  
What is the maximum score?
5. Chest-x-ray of a 65 year old male with bilateral shadowing as well as right hilar shadowing. He has become increasingly breathless over the past month.  
Give 5 pulmonary causes.
6. CT scan of the head of a 12 year old boy in a road traffic accident.  
Normal vital signs and GCS 15/15.  
Give 3 abnormalities (intracranial air, small subdural, petechial haemorrhages)  
How would you prepare him for transfer  
What advice would you give to him as regards transfer?

7. 2 year old found by mother collapsed at home.

She was complaining of abdominal pain. On examination she was pale, sweaty, tachycardic, tachypnoeic and hypotensive.

How would you first treat this patient?

YOU order a variety of tests-FBC, U&E & LFT- what other blood test is needed?

Arterial Blood gases show a metabolic acidosis, give 2 differentials.

8. Picture of 3 different ears:

- a. inflammation of the anti-helix-management.
- b. ? bitten ear
- c. ? infected earlobe from embedded ear-ring

9. Chest x-ray of a young man showing large right-sided pneumothorax?

Vital signs normal. He keeps shouting I don't want the police here.

Give 2 methods of treatment.

He refuses treatment, what would you do?

While you getting things ready, he leaves the department, what would you do?

10. Cervical spine x-ray.

Give 3 abnormalities-

subluxation of C5 on C6.

Tear drop fracture of C5

# lamina C5

Give 3 cardiovascular complications of this injury.

11. Elderly lady with septic shock (from the vital signs)

What is your first line treatment?

Baseline blood tests done (FBC,U&E)- what other blood test do you need to do?-

Glucose.

After 2 litres of fluid, no improvement, what would you do?

Give other tests that you would do?

Urinalysis shows blood, protein and nitrites, what further treatment would you consider.

What is the likely diagnosis?

12. Chest x-ray of a man that has been stabbed in the chest.

Widespread shadowing left hemithorax ; Radiopaque object visible in the subcutaneous tissue on the same side.

What is the treatment?

He wants to leave your department, what would you do?

## MANAGEMENT VIVA

### 1. IN TRAY

- a. Letter of complaint about a 60 year old man with chest pain seen by your SHO who discharged the patient on the basis of a normal clinical examination and ECG. Patient then collapses and dies at home. Post-mortem reveals an inferior MI. The consultant cardiologist in the hospital confirms that the ECG did in fact show an MI.
- b. Your specialist registrar doing nights writes you a letter to say that the nurses are so short-staffed at night that the department is not safe.
- c. PCT meeting regarding out of hours provision by GPs while you are on holiday.
- d. Letter from the radiology department to say as a result of staff shortage they would no longer be able to provide a service for GP requests.
- e. Advert on CHI inspection course
- f. Advert on mattress that would prevent bed ulcers
- g. Advert on medico-legal course
- h. Advert on a symposium

In depth discussion on items a, b, c .

### MANAGEMENT SCENARIO FOR ALL:

You are 6 months into post as a new consultant when you receive a letter from the complainers/litigation officer saying you are negligent. The letter is accompanied by a copy of an independent medical report prepared by a senior consultant in the hospital accusing you of being negligent as regards a case you saw 3 months earlier. What would you do? What would be your response?

### Other SCENARIOS

1. 12 year old boy involved in RTA arrives critically injured. Parents are Jehovah Witnesses and would not allow blood transfusion. Would you still give blood transfusion against their wish? And if so, how?
2. The media want to interview you regarding an approved female boxing match that is due to take place in your department's catchment area. What would be your response?