

EM REVISION

FRCEM SAQS September 2015

Q1. Brittle Asthmatic, SOB, prev ICU admissions, ESRF, due dialysis today - needs RSI

What causes hypotension in acute asthma?

What anaesthetic agent and why?

What muscle relaxant and why?

What 4 steps would you take before RSI assuming adequate personnel and optimal environment?

Q2. Quinsy in a young lad

What differentials are there?

4 Management steps

Causative organisms

Q3. Purpuric rash in a well 21yr old

4 possible causes in this patient?

What investigations would you do and why?

Q4. 3yr old girl with a limp - unwell/malaise 2 weeks

Bloods - raised WCC, low PL and Hb

4 causes of limp in this age group (non traumatic)

Most likely diagnosis in this girl?

Q5. Eye question Middle aged women, painless visual loss over a few hours. Think eye might have been red.

Fundoscopy pic - not 100% sure what it was!

4 causes of visual loss in this woman?

What can you see on her fundoscopy?

What is the diagnosis?

Risk factors for her diagnosis?

Q6. Psychiatric patient - priapism

4 atraumatic causes of priapism

Immediate management steps

2 psychiatric drugs that cause priapism

Q7. Pemphigoid - picture and told you diagnosis

What is the pathophysiological basis of pemphigoid

How to differentiate from pemphigus on clinical signs

Management steps

Q8. Sepsis question

Resus 6 bundle

What physiological or lab parameters would make it severe sepsis

Q9. 70(ish) woman with hypercalcaemia (and rest normal bloods I think?)

Causes of hypercalcaemia in this woman

What Treatments would you give

Q10. Lad who'd been to a rave party and taken mdma. High temp, tachy, agitated

Differentials

Initial management

Dj at party also brought in - been electrocuted

4 eye signs (early or late) of electrocution

Q11. Elderly man recently discharged after being on gentamicin for 2 weeks. Now AKI and hyperkalaemia

Define acute kidney injury

Management steps

What would you expect to see on his urinalysis?

Name 4 drugs that are nephrotoxic (other than gentamicin)

Q12. Young woman, pregnant. Prev PE. SOB and tachycardic and hypoxia (on 15L). Gas showing pH 7.45, pO₂ 10 (ish), pCO₂ 3.0, HCO₃ 20, BE 1.5

CXR - ?normal

ECG (hard to see) - Tachycardic

Describe the gas

Is the abg useful in diagnosing PE and why?

Is the CXR useful and why?

Describe ECG changes seen except tachycardia that support PE

D-dimer has been sent and returns moderately raised - is it useful and why?

Q13. Young chap previously fit and well with gums bleeding and malaise recently

Differential diagnosis

What specific things would you look for on examination?

2 contraindications to platelet transfusion in ed

Q14. Woman with SOB over a few weeks. Low sodium. CXR with right middle lobe changes.

Diagnosis?

Calculate serum osmolality

What other lab tests do you want and how will these help you in diagnosis?

Q15. Young girl, model, feeling dizzy and weak, stained teeth. Hypokalaemia k 1.8

ECG - hard to see, small and poor quality

Diagnosis?

How does this diagnosis cause hypokalaemia?

ECG changes

Fluid prescription and rationale

Q16. Baby with abdo pain and vomiting

AXR shows suspected intussusception

What other imaging would you like to confirm diagnosis?

Two treatment options?

What analgesia would you prescribe including dose and route

F2 asks about fluid prescribing – what would you prescribe for this child, amounts etc

Q17. Young bloke who goes to the gym a lot – well developed pecs and biceps. 3/7 history of arm pain and swelling. You suspect upper limb DVT.

What radiology do you want to confirm diagnosis?

What other risk factors for upper limb DVT are there apart from strenuous exercise?

4 Differential diagnosis?

What other clinical findings of upper limb DVT might you find?

Q18. Pregnant woman arrests on arrival to resus

Top 4 maternal causes of death in pregnancy

4 physiological changes that make resuscitation more difficult in pregnancy?

What 2 things can you do to make CPR more effective

How long after arrest do you have to perform perimortem c section?

Q19. 76yr old bloke with a history of IHD. SOB over a week, worse last 12 hours. Hypotensive (BP 100/?), slightly tachy and hypoxic (84% on 5L)

Pulmonary oedema CXR

Cause of CXR findings (be specific)

4 other causes of these findings

Initial treatment – 4 things including

He's not improving – what will you do now and explain why?

Q20. Mother delivers in resus.

What is initial step before starting CPR etc in lifeless newborn?

How would you Assess a newborn (APGAR I presume)

When would you start CPR? What ratio?