

1) A 24 year old women presents to the ED with high fever and vomiting and diarrhoea. She has a widespread blanching macular erythematous rash and looks unwell. Her pulse is 120/min and her BP is 93/54. Her Temp is 39.4°C. She is currently on day 4 of her menstrual period and has a tampon in situ. She is receiving 15l /min O2 and is receiving intravenous fluid bolus when your SHO asks you to see the patient. She is attached to continuous monitoring.

What is the most likely diagnosis? (1)

*Toxic Shock Syndrome*

What is a usual causative organism? (1)

*Staph. aureus. (endotoxin)*

*Strep pyogenes (exotoxin)*

Other than oxygen and intravenous fluids, outline your initial management and investigations. (3)

*(half mark each)*

*Vaginal examination*

*Remove Tampon*

*Vaginal Swabs*

*U&E, FBC, LFT, ABG*

*Blood Cultures*

*ECG*

*CXR*

*IV Flucloxacillin +/- Benzylpenicillin or other anti staph cover*

*Contact ITU if refractory hypotension despite fluids*

2) After dealing with this patient, another SHO asks you about a 32 year old patient with painless vaginal bleeding who is 10 weeks pregnant. He asks you about indications for anti-D.

Which patients need anti-D? (1)

*Rhesus –ve mothers within 72 hours.*

Which blood test can we do to check for fetomaternal haemorrhage?(1)

*Kleihauer*

Which conditions should you consider giving anti-D? (3)

*delivery of Rh D-positive infant*

*threatened or spontaneous abortion*

*- any after 12 weeks*

*- any before 12 weeks that require instrumentation (e.g. dilatation and curettage)*

*- any before 12 weeks if the bleeding is heavy or associated with abdominal pain*

*antepartum haemorrhage (APH)*

*closed abdominal injury (e.g., in road traffic accident)*

*ectopic pregnancy*

*intrauterine death.*

