



MCEM PART B – EXAMPLES OF SAQ TOPICS

Acute abdominal pain in child with a likely UTI.
 Acute closed-angle glaucoma.
 Acute CVA and relevant clinical neuroanatomical considerations.
 Acute hepatitis secondary to paracetamol overdose.
 Acute pancreatitis and clinical severity criteria.
 Alcoholic hepatitis with decompensation.
 Anaphylaxis.
 Anatomical considerations with finger trauma (at middle phalanx).
 Bilateral open mandible fracture.
 Blast injury with traumatic limb amputation.
 Bloody diarrhoea following foreign travel.
 Burns management (including %TBSA / fluid calculations and escharotomy).
 Clavicle fracture including possible mechanisms of injury.
 Cocaine use associated with myocardial infarction.
 Community acquired pneumonia.
 Complete heart block.
 Dermatological skin rash in 65-year-old male.
 Diabetic ketoacidosis.
 Distal radial fracture.
 Ecstasy overdose.
 Electrocution with domestic power supply causing burns.
 Erythema multiforme and its associations.
 Erythema nodosum and its associations.
 Ethylene Glycol overdose and the anion gap.
 Exertional Heat Illness with rhabdomyolysis.
 Facial trauma and clinically relevant anatomical considerations for plastic surgical consultation.
 Fractures that may raise suspicion of non-accidental injury in child.
 Hyperkalaemia.
 Impetigo.
 Indications and use of Sager traction splint.
 Insertion of chest drain for traumatic pneumothorax.
 Interpretation of blood gas results.
 Interpretation of chest X-ray.
 Interpretation of CT Head.
 Interpretation of ECG.
 Intracranial haemorrhage and neurosurgical intervention (including transfer issues).
 Kawasaki disease.
 Major facial trauma and indications for cricothyroidotomy.
 Mandibular fracture.
 Meningococcal septicaemia (including pre-hospital treatment).
 Meningococcal septicaemia.
 Narrow complex tachycardia.
 Neonatal conjunctivitis.
 Orbital 'blow-out' fracture secondary to eye trauma.
 Osteomyelitis.

Paediatric asthma guidelines.
Paracetamol overdose.
Pelvic fracture.
Pericarditis with impending cardiac tamponade.
Pneumonia and the 'CURB-65' criteria.
Punch bite.
PV bleed.
Rhesus disease in relation to obstetric trauma.
Rhinorrhoea suggestive of basal skull fracture.
Rotational deformity of little finger secondary to trauma.
Salter-Harris fracture patterns.
Shingles.
SLE and acute renal failure.
Subdural haemorrhage.
The Victoria Climbié report and related guidelines.
Thyrotoxic storm.
Tooth avulsion.
Traumatic intracranial haemorrhage.
Ventricular tachycardia and resuscitation.

Note: The earlier SAQ examinations also included major incident or triage based questions.