1) Infantile botulism
   - fever
   - fixed dilated pupils
   - vomiting
   - constipation

2) CF in children, expect
   - acute prostatitis
   - hematemesis
   - neutropenia
   - poor growth

3) FECoR Tegger Kj: Table 6: No output, action
   - Dehydration 200 ml
   - Ca gluconate
   - Ringer lactate

4) RTS lesion except
   - macular
   - bullae
   - purpura
   - petechiae

5) RV infection ECG
   - Inferior T wave + up to elevation
   - ST E II > IV
   - STD II, IV, aVF
   - STD II leads

6) 6/12 child, normal, untreated for days
   - normal

   5 days untreated - weak cry, KNO 4 days, hypotonic
   - Hypotonia
4) 65 y.o falls when sitting, dislocates 3 days, unsteady when standing.

40 y.o alcohol - mecamylm.
Pain on, peripheral tinnitus, unsteady gait.

40 y.o diabetic, falling over at night, unsteady gait.

5) Normal CSF
- glucose 55%
- protein 0.4
- 22cm h2o
- lymphocytes 10.

6) Malignant pleural effusion
- Hallmark of, with pH < 1
- CPN > 0.4 (effusion / plasma)

10) Vertigo
- drugs frequent cause of peripheral vertigo
- unsteadiness by patients - peripheral cause
-alsy can also be labryinthitis.

11) DSD
- 21/1
2) \textbf{fracture} \\
4) \\
2) dislocation in 6\textbf{w} - no use destruction \\
3) \underline{paralysis} + \underline{LCL} 30\textbf{cm} \\
\underline{tarsus} \\
4) \underline{collar} \underline{brass} \underline{brace} - \underline{frozen} \underline{shock} \\
13) \underline{hyperacuity/\alpha} \underline{H\textbf{p}} - \underline{wind} - \underline{drop} \\
- \underline{pronation} + \underline{MCP} \underline{flexion} \underline{ulnar} - \\
- \underline{OK} \underline{sign} \\
14) 2\textbf{y} - \underline{wear} \underline{braces} \underline{mildly} \underline{help} \underline{not} \underline{pain} \underline{discreet} \\
\underline{P} \underline{I} \underline{O} \underline{3} \underline{day} \underline{can\textbf{t}} \underline{wear} \underline{shoes} \underline{Dr.} \\
\underline{P} \underline{I} \underline{O} \underline{3} \underline{y} - \underline{pain} \underline{on} \underline{flexion} - \underline{not} \underline{rotation} - \underline{ICEP}
15. Ovarian tumor
   - Poplar can be normal or dual supply
   - Nuchal cord, myopathy, petechial ecchymosis
   - Normal or leucocytosis result

16. Epididymis
   - in 11 y.o.
   - > 90% culture shows E. Coli
   - 90% culture will be report.
   - Can be Tx with Cefadroxil, and minocycline
   - Other common organism

17. 2/12 old
   - Hypeic flu and urinary infection
   - E. coli sensitivity more precise than microscopy
   - Other failure with Group O

18. Fever, pain with lactate 11, CO2 10%
   - Hypovolemic shock
   - Treated severely, husband or thrombus
   - Farmer declined; respirator
   - Unconscious, electrocardiogram

19. Anthrax / Brother now
   - Vaccine elicits
   - > 80% die from unhealed
     - caused by virus
     - Transmitted from rats to humans
10) Pericarditis caused by, except
   - Tox bin fever
   - HIV
   - Cocaine
   - ETHO.

21) Patient who not to evacuate immediately
   - ment iong
   - Bilateral lower limb leg boast
   - penetrating abdominal wound
   - 30% burn

22) Feedback to TMC
   - end of their active multiple observation
   - wait for the next clinical time
   - positive feedback can be given, in packets

23) Foster skin
   - Yeast without cutaneous wound
   - 10 h - read for ED
   - widely necrotic, conserved in literature

24) Mission prep/2acn immediately 1 by
   - Nurse with full PPE
   - Doctor, who noticed Warren - interbody
   - 16 yo, foster still lying with parents
20) Malignant cells widely, investigate for OS
- CFD
- CFD + radionuclide
- Y90
- Perform only TF.

21) Malignant with obstruction
- fetal donor or be CTA
- D+C
- laparoscopy findings
- biopsy or fluid.

24) C/O with chest symptoms
- multiple infiltrate - do CT to quantify injury and progress
- rib fracture + multi rib 6-8
- AB, physiotherapy, laparotomy, h/d

28) Ormedic, x-ray: bone - lumbar
- just refer to thyroid worried

29) CDT 15cm

30) Inguinal
31) Burn calculation 36%

32) Scalp hematoma / bleeding under heavy injury, ISP, control, unprotected anyway most effective intervention to prevent recovery brain injury
- hyperventilation to CO2 25-30
- intubate with double-lumen also of
- to sympathetic nervous
- stop scalp bleeding

33) OP lowering, except
- Succinethion

34) Hypoglycemia, e.g., e.g.
- Ucapanol
- Bromo Ely 0 predonol on noted

35) Cloxacillen / Metformin 65L 3 C
- 50% Dampert, Osmowax 1/2 Metformin 1L
- Osmowax infusion
- 50% Dampert over 1L

36) Shoulder orthobeam 6
- Arthopy
Not indicated for intubation in multilobed pneumonia. 10pm
unable to lie flat for subclavian line.

- Hypotension
- Hypoxia w/ 100% oxygen
- Fasle IV

3:15 Small injury - lig. to nubile into ED
plant only later, just apical to lateral
malleolus. No medrol arachy.
Dorsal "injury to soccer". Nerve
- Tarsal anal
- tarsal foot
- (Can foot
- Tend to pop – Analgesia Traction
mobility when pain settle.

6/9) Shoulder dislocation resolves
- active ROM when tolerates
- A week in shoulder immobilizers
- No contact sport for 6/12
- No recurrence
40) Check 
- NA

41) 
- H 6-24 cm

42) Bovacult + oral
- \( \frac{HR}{PR} \)
- 30-60 more actual
- Oral + oral

43) BMI
- Nut / Ht^2

44) Past Hx
- Past better
- Free gas - see better
- Neuro - improved better

45) Hypothermia
- Stay The 1-30
- Dry, warm an, humidified air

46) Hypertension
- Convulsion, no convulsion
- Convex, 30% worn through note her
- Through an
47) Karnak
- A.M. + TVG

49) VEB
- comparsory cause
- electrocardiogram ST changes
- retrograde tracing

49) Verhage
- recurrent 6h vertigo w/ a progressive hearing loss, age 60
- dizziness or vertigo, presence at
  - hearing loss
  - abnormal bmr ear exam
  - III a pulse, hyperactive irritability

50) Appendices
- CT
- density > 35%
- HCT
- f0.

57) Intravenous 1 ECHO
- according to well tech.
- normal echo excludes coronary occlusion
- cardiac output - ventricul for LV
during coronary cycle
12) Our method is to absorb A in present - H2O, acetone
- Withdrawal 2 weeks
- Diarrhea, b-blocker and chlomide
- Counterin - dexamethasone at least twice

23) Depression of tablets with for 312:
- Tilly
- Meprocole
- Propranolol
- Paroxetine
- Pravapal

54) Trauma from
- by mechanism only - most frequent
- Injuries 1st phase of minor or trauma
- Over the - over-carrying, lift too long

55) Pediain broken
- & mortality
- & analgesics requirement
- & x influence

62) 6-11 g. c. most common abdomen pain
- Malrotation
51/31 y.o. ankle swelling
- absence of urate crystals - gout

- CRP 0.00 - likely non-inflammatory

- SIJ unlikely - no unilateral synovitis

- Rest x ray {it not polyarticular}

59) Multiple calcified bone in heel y 23 y.o.
- X-ray DM
- MRI ray PB
- Ultrasound PB
- Small PB

59) Hi y.o. collapsed, not treating, need the next TB
- 2 treats
- 30 x 1 comprim
- I.V.
- 4 treats

60) Tumor - 6h post intramed 2 hour treatment
- Fluid, do maintain ECF balance
- mannitol if unsure
- I.V. to correct hypercalcaemia
- NaCl 0.9
61. Troubled hands/feet, no collapse, leg weakness
   - gbs
   - polyneuropathy

   - midazolan
   - ketamine

   TV options:
   - Abide
   - painkiller, headache, dizziness
   - fever, headache, or the feeling of nausea or vomiting / photophobia
   - fever, headache, or the feeling of nausea or vomiting / photophobia
   - post dizziness
   - hard to

64. LP, least amount of fluid taken out
   - parallel to
total
   - multiple attempts
67) PCA symptoms
- Helen's unilateral / ipsilateral
- Pain and to control at face
- Ipsilateral limb ataxia

66) US chest

65) Lru

67) Man, now fitting evidence for cancer, lymphoma, 
- lymphoma
- nevus
- CCF

64) LFT, except
- MU retrom
- MR
- ASD

69) Avoid midreal errors
- Electronic record
- Response to (between the flags)
  . Handover
- e.g. checking list and order.
40) SBP, w/ allergies
   - Ceftriaxone
   - Vancomycin

71) ACP
   - x2 due to pneumonia
   - Furuncul and, speculum is helpful
   - Normal in fatty liver

42) IV / bottle / auto declamping / IV / HEP
   - can breastfeed if PEP
   - Condon for 3 months
   - > 70.1 will develop significant st

73) Rash face
   - pain + pilo erector same late
   - delayed pain

44) Bitten by funnel web which not cosmetic
   - Paralysis
   - Fasciculation
   - Neurological concern, an personal tragedy
   - Reduced ICP
Final cause, as presented some abnormalities. There is likely:

- Pa pyruvate
- Ca oxalate
- Urate
- Trueta

Charcot's triad
- Fever, pain, jaundice

Pain. Just at PTH, achon

Dysto, wanna go some on a car

Her, but functional well

- Pyrexia
- Personality
- Sensory affective
1. Hypertension

2. May 7, 19

3. Meningitis, 46°F, 6/12, 234.0
   - US + T/C
   - I.V. percutaneous
   - Mannitol 1 g 1% I.V.
   - PC

4. 40 y.o. monitor and review notes
   - Han is benefit
   - Worsens under
   - Do artey thing, 60% off
   - Do use, open - do everything

5. AF, 140, uptrend < 24 h
   - I.V.N., no cardiac history
   - Framewor 1/4' 1/2' - UI revert
   - Elbow 2 h, thin electrical conduction
   - Auspicious good long term
34) Non - status, anus, rectum, no area.

- Mucocele: No to rectal fistula.

- Mucosal in the anal canal "dry.

37) Kid had some "unquantified" Hx of surgery.

- Anal abscess.

- O/E: Not alleged for.

- Yes / No

16) L/H: Best view for laparoscopy.

- Flat on bed
- Pillow under shoulder blade
- 30° head elevation, occiput flat on bed
- Pillow under head, try lay flat on bed

47) Traumatic diaphragm hernia

- Repair must be repaired

- CT scanning > 95%

- Gastrosgraphy can help with diagnosis.

26) Union (0) damage

- Adductor: Wound
- Foot left: Flora, PIP
- Ext. PIP.