

1) Infarctile botulism all except

Fever

Fixed dilated pupil

vomiting

constipation

2) CF in children, except

- aortic prolapse

- hematurias

- intussusception

- poor growth

3) ECG of hyperK; Atrial NO output, action

- Defibrillation 200J

- Ca gluconate

- Thrombolym

4) SJS lesions except

- maculae

- bullae

- purpura

- petechiae

5) RV infarction ECG

- Inferior AMI + V₄ ST elevation

- STE I, II, III

- STD II, III, aVF

- STD (R) leads

6) 6/52 child, normal, constipated 7 days

- normal

5 days weight - weak cry, RNO 4 days,
hypotense - Hypothyroidism

7) 65 y.o falls when sitting, dizziness 3 days,
unsteady when standing.

40 y.o dizziness - meatus,
N. abducens, peripheral tingling,
unsteady gait.

70 y.o dizziness, falling
over at night, unsteady
gait.

- cerebellar haemorrhage
- cerebellar vermis CIA
- Wernicke's
- B12 deficiency
- Tabes dorsalis
- Thalamic stroke.

8) Normal CSF

- glucose 55%
- protein 0.4
- 22 μ m H₂O
- lymphocytes 10.

9) Malignant pleural effusion

- Haemorrhagic with Hct < 1
- $CDH > 0.9$ (effusion / plasma)
-

10) Vertigo

- drugs frequent cause of peripheral vertigo
- unidirectional nystagmus - peripheral cause
- Epley can fix labyrinthitis.

11) DSE
7PT,

Fibrinogen > 500

12) fractures

- 1) INR 2.2. and @ D are black
- 2) disloca in 6h - no VEC methu add
- 3) Paralytic + VEC 30 min. taper
- 4) Collapse then VEEG - broken . mark

13) Supracordylar #, most common a. injury, postero lateral dislo

- wrist drop
- pronation + MCP flexion weakness
- OK sign
-

14) 2 y.o. wrist flexion weakness, then not wrist flexion pain of flexion

7 y.o. 3 day cont wrist drop Perthe

12 y.o. pain on flexion + ext. rotation

- ICEFE

(15) Ovarian tumor

- Poppler can be normal on dual supply
- nausea/vomiting - see other case
- normal CT / laboratory result
-

(16) Epididymitis in 11 y.o.

- > 90% culture shows E. coli.
- 90% cultures will be negative
- can be Tx with Cefalexone and trimethoprim
- most common organism

(17) 2 1/2 old

- hyaline cells and urates - controls w/1
- Gm stain more specific than microscopy
- Gm (+) urates with Gm (+)

(18) Fever free with lactate 11, CO = 10% - Hydroxy cobalamin

- ♀ ~~toxic~~ fever, husband on Thaid
- former demerol; unknown broad-spectrum - ~~thromb.~~
- Pyridoxal large dose

(19) Anthrax / Brucellosis

- vaccine exists
- > 90% die from untreated
- caused by virus
- transmitted from ~~rat~~ rat to human
- Plague
-

20) Myocarditis caused by, except

- Ross virus fever
- HIV
- Coxsackie
- ECHO.

21) Trauma, who not to evacuate immediately

- head injury GCS 5
- lateral lower limb long bone fx
- penetrating abdominal wounds,
- 50% bleed

22) Feedback to JMO

- end of term, after multiple observations
- wait for etc non clinical time.
- positive feedback can be given in public

23) Robert Smith

- 4 days input to restore cardiovascular system
- 10 hr - input for ED.
- weekly rotations, continued in literature

24) Meningitis prophylaxis immediate 18y.o

- Nurse with full PPE
- Doctor, who removed mask - interplay
- 16 y.o. sister still living with parents,
-

25) Prevalent of ulcers, investigations for PE
most radiators

- CTPA
- CTPA + aortogram
- V/Q
- Perfusion only RR.

26) Prevalent with abrasion

- fetal distress on Ee CTG
- DIC
- large for dates fundus
- bright PV blood.

27) G.O with chest contusions

- multiple infiltrates - do CT to quantify injury and prognosis
- \uparrow contusions few multiple rib fractures
- AB, physiotherapy, lung toilet most beneficial
-

28) Orycothyroidology - landmarks
- just anterior to thyroid cartilage.

29) ENT 15 cm

30) Trispectrum

31) Burns calculations 36%

32) Scalp laceration / bleeding severe head injury, ICP, cooling, and protected airway most effective intervention to prevent secondary brain injury

- hyperventilate to CO₂ ~~to~~ = 25-30
- intubate with defasciculating dose of to ↓ sympathetic response
- stop scalp bleeding

33) OP to verify, except

- Succinylcholine

34) hypoglycemia, except

- Urapidil
- Atropine

21 g. 0 ordered on another

35) Glucocorticoids + Metformin, BSL 3.0

- 50% Dextrose, ordered if Metformin LR
- octreotide infusion
- 50% Dextrose are UIC

36) Shoulder dislocation, n

- Artery

- 57) Not indication for intubation in
multilobar pneumonia 1st yr
- unable to lie flat for subclavian line
- hypotension
- hypoxia on 100% oxygen
- fatal RV

- 38) Small injury - Dyo hobble into ED
Pain only later, just distal to lateral
malleolus. No medial swelling.
In known injury @ soccer - Alpha
- trace ankle
- trace foot
- Can't foot
- Turbigrp → analgesia / elevation
not lost when pain settles.

- 39) Shoulder dislocation recurred
- acute ROR when tolerating
- Humerus in scapular fossa
- No contact sport for 6/12
- > 80% recurrence

40) Cardio autarky test #

- NAI

41) Target

- 4 - 60 min

42) Barcroft QT interval

$$- \frac{HR}{VRR}$$

- 30-60 wood accentuate

43) QT interval

-

43) BMI

wt / ht²

44) Fast US

- fat better

- free gas - see better

- retroperitoneal better

45) Hypothermia, test Tx

4-30

- dry, warm air, hair, humidified air
huffer

46) Hypertension

- Convection, radiation

- Convection, 30% more through water than through air.

47) Kawa Saku

- Myopia + IVIG

48) VEB

- compensatory pause
- reciprocal ST changes
- retrograde p waves

- Post ^{vertigo} fall
- BPPV
- Meniere's
- labyrinth
- Vest. neur
- Chubby ear

49) Vertigo

- Recurrent 6h vertigo with progressive hearing loss, age ~ 60
- diving in vertigo, previous TB use, (N) for exam
- hearing loss abnormal for ear exam
III a palsy, diplopia, truncal muscles
- cerebellopontine tumor

50) Appendicitis CT

- Sensitivity > 97%
- 100%
- fo.

51) Ischemia / Echo

- diastolic arte well seen
- normal echo excludes coronary disease
- cardiac output - ventricular flow Δ during cardiac cycle

- 52) On methadone, had not weaned for
present - H/N, abdo pain 3 days
- withdrawal 2 weeks
 - propranolol, β blocker and clonidine
 - constant
 - delirium / seizures if not treated

- 53) Depressant off tablets wk for 3/7
- H/N,
 - propranolol
 - Enalapril
 - paroxetine
 - Praxipal

54) Trauma team

- by mechanism only - most sensitive.
- Improve 1st phase of triage of trauma
- over H/N - overtriage, I H/N better

55) Reduce burden

- \downarrow mortality
- \downarrow analgesic requirement
- \downarrow sx intake

56) 6-11 y.o most common abdominal pain
except

- Malrotation

57/ 21 y.o ankle swelling

- absence of urate crystals - gout unlikely

- $> 50,000$ → locally inflammatory

- (ST) unlikely if no urethral symptoms

- refers unlikely as not polyarticular

58) Multiple calcified bones in healthy 23 y.o

- sarcoidosis

- with ray PB

- chronic prob

- small prob

59) 41 y.o collapsed, not breathing, no pulse
next Tx

- 2 breaths

- 30:2 compress

- shock

- 4 breaths

60) Trauma → 6h post hypotension & norm
treatment

- fluids to maintain euvolemia

- maintain if unsure

- Ca to correct hypocalcaemia

- NaHCO_3

61) Tingling hands / feet, no reflexes,
leg weakness

- GBS
- polyneuritis

62) Reduce joint / pain 10/10

- indomethacin

- ketamine

- High Flow O₂

- midazolam

- dexmedetomidine

- CT scan

- Flu

articul. w/ elbow

- neuro + Fent

- Acetaminophen

tx options:

63) - obese ♀, paresthesia, headache, diplopia
tinnitus - evs throbbing

- severe headache or to biting / unclench
- rigidity / photophobia - Fluamyl / Neuro

- post drainage - lancinating pain, Horner's
- HF O₂

64) LP, best associated w/ headache, except

- rigid re-injection prior to removal
- large amount of fluid taken out
- parallel to tissues
- multiple attempts

65) PCA symptoms

- Hoover's ~~isilateral~~ ipsilateral
- Pain and to contralateral side
- ~~joint~~ ipsilateral limb ataxia

66) US chest

⊙ lung.

67) Man, w/ ptarmine ~~for~~ ⁱⁿ lungs w/
cancer; lymphoma, CCF

- lymphadenitis
- no clot
- ~~DDT~~
- CCF

68) diff I₁, except

- MV sclerom
- MP
- ASD
-

69) Avoid midreal errors

- electronic records
- response to (between the flags)
- handover
- over checking pt and order.

70) SBP, no allergies

- Ceftriaxone
- Vancomycin

71) ALP

- x2 limit in pregnancy
- similar and spectrum in hepatobiliary disease
- normal in fatty liver

72) HIV / bottle / acute bleeding. / RN / Hep B
vaccination

- can breast feed if PEP
- condom for 3 months.
- > 90% will develop significant STI

73) Real fever

- pain + pro erection same limbs,
- delayed pain.

74) Bitten by funnel web / which not common.

- Dysphoria
- Fasciculations
- Neurotoxicity as peroral type
- Reduced LOC.

45) renal colic, de presented une alcalose métabolique
phosphates & bicarb.

- Ca phosphate
- Ca oxalate
- urate
- struvite

46) Charcot's triad

- fever, pain, jaundice

47) ~~Septic~~ - just after PPH, acholuric

- Oxytocin + perfume massage

48) Aypa, reading no home on a atn.
her, but functioning well

- delusional
- paranoia
- schizoaffective
-

49)



post stress, misdiagnosis, panic attacks,

- PTSD
-

to/ Hypertension

Spray + Fal

1) Menopausal, 46 F, 6/12. 234.0
currently not bleeding, menorrhagia
asymptomatic

- us + spec

- i/w menorrhagia progression

- Transcervical curettage

- PC

2) 90 y.o. moribund renal issues

- harm vs benefit

- relieves wishes

- do ~~not~~ nothing, as old

- if no renal order - do everything.

3) AF 140, symptoms < 24h

HTN, no cardiac history

- Flecainide 200mg - will revert

- 24h then electrical cardioversion

- Amiodarone good long term Tx

- 54) Stage 2g - status, appears tense, no accen,
- Midaxonal lym i/o fibrils
- Txy diamerum rectal test.
- Mucosal intramural metastasis Txy

55) Kid had some (unquantified - Methy salicylate,
pallidus with arthropathy 80mm post

- analysis

- DIC not aborted for

- AE

- wart & etc

56) 40y.o. best view for longusocopy.

- flat on bed

- pillow under shoulder blade

- 30° head elevation, occiput flat on bed

- pillow under head, to lay flat on bed

57) Traumatic diaphragmatic hernia

- > 5cm must be repaired

- L > R more common

- CT sensitivity > 95%

- Gastrography can help with diagnosis

58) Ulnar (h) damage

h/VA - adductor wrist

cap left - Flexor DIP

- Ext PIP.