SCQ’s 2016.2

EMQ on headache; drug treatment options were the choices
- guy lifting weights, likely SAH
- lady with a tension sounding headache
- lady with occipital pain, worse in the morning, better in day
- 51yo with eye pain and on EOM
- man with unilateral headache, teary eye etc
- insidious onset, 3 days and pain behind eyes

EMQ on weakness
- Middle aged lady with 2 days of lethargy, increased signal in thoracic region on T2 on MRI
- some weird weakness after eating seafood, bradycardic: I put ciguatera

EMQ on snakes
- Mildly deranged coags (INR 2.2, fibrinogen normal)
- VICC picture with neurotoxicity

EMQ with gait signs
- Broad based gait, eye signs, confusion
- Gait problems and dysarthria
- Dysdixokinesis
- Something with altered sensation unilateral face + gait issue

EMQ on analgesia options for kids (kid is 3yo, 15kg): no idea if I’m right. Other options were nitrous, ropivacaine 0.75% 10mls in a nerve block
- # femur, needs something prior to skin traction: I put ketamine 22.5mg IV
- has bad pain with appendicitis: I put morphine 1.5mg IV
- has a mild headache with a small frontal haematoma: I put paracetemol 225mg PO

EMQ with treatment options for different ECG’s: no idea if I’m right
- A youngish person with ? SVT: I put valsalva
- A 70yo with fib/flutter who’s obs were ok: I put metoprolol IV but MgSO4 was also an option
- A WCT ? VT ish looking to me but haemodynamics weren’t too bad: I put sync cardiovert

EMQ with different options for women in labour: no idea if I’m right. Other options were nifedipine, forceps, CTG
- Shoulder dystocia, legs in hyperflexion, next action: I put episiotomy
- 38/40 labouring well, how do you assess to TF to labour ward or deliver in ED: I put spec (digital exam wasn’t there)
- Full term, nothing exciting in stem: I put TF to labour ward left lateral
- Best way to assess foetal lie and heart rate: I put US
**EMQ with different diagnoses for vertigo. Options were things like BPPV, vestibular neuronitis, labrynthitis, perilymph fistula, Meniere’s**

- older man with paroxysms of vertigo and hearing loss
- young lady who had sudden onset of ear pain while diving, now has vertigo
- young lady with a few days of URTI, has an ear effusion and has vertigo
- a middle aged lady who rolled over in bed, vertigo exacerbated by head movement

**EMQ on neck lumps in kids with description and diagnosis options**

**EMQ on acute abdo treatment options**

What is proven to be the most effective antiemetic in ED?

a metoclopramide
b ondansetron
c droperidol

55yo alcoholic with fevers, SOB and red currant jelly sputum?

a klebsiella
b legionella
c strep pneumonia
d staph aureus

Kid with gastro, sounded like moderate dehydration, admitted to short stay for IVF. He is 15kg. Best option?

a 0.9% NS + 5% dext at 110ml/hr
b 0.9% NS + 2.5% dext at 75ml/hr
c 0.45% NS + 5% dext
d 0.45% + 2.5% dext

**Feedback to JMO**

a done formally at end of term
b don’t document anything because it’s a medicolegal risk
c +ve feedback can be given in public

**Something about ACEM’s policy on clinical handover**

a done involving patients and carers if possible
b done before every shift/change of personnel
c should be documented formally in the notes using ISBAR

Middle aged guy who has had x 1 haematemesis; his obs are all good and his bloods are good, plan?

a admit, IVF, scope
b DC with endoscopy in 7 days
c DC and f/up as needed

2 hrs post venlafaxine overdose, which of the following suggests co-ingestant?

a sinus tachy 140
b diaphoresis
c drowsiness
d mydriasis

CSF analysis, which suggests normal?

a protein 0.4
b glucose 55% of serum
c 10 lymphocytes

A girl who returned from Bali 3 weeks ago, febrile for 48 hrs, joint pain, now has rash. Suggests what?

a dengue
b malaria

When can't you use suxamethonium?

a severe head injury
b In 80% BSA burns
c Family Hx of malignant hyperthermia
d Dialysis dependent ESRF

Kid drinks 5mls of oil of wintergreen

a discharge
b charcoal
c NAC
d none of the above
Kid taken 20mg/kg of elemental Fe; kid is well, no neglect/NAI. What do you do?

a DC
b 12 hrs of observation
c WBI
d desferroxamine

Toddler age with an 18yo indigenous mother is 5% dry and failing a TOF in the waiting room. What do you do?

a admit ESSU and given ORS (Na 90 mmol)
b admit ESSU and supervise TOF
c 60 mmol Na solution and early NGT if fails
d supervised TOF with flat lemonade

Treatment of PID in female

a ceftriaxone 500mg IM/IV, azithro 1g PO and another in a week, metro 400mg BD for 14 days
b same drugs but in all different dose combinations

Uncal herniation signs

a ipsilateral pupil dilatation
b lateral gaze palsy
c hemiplegia

Displaced supracondylar fracture

a unable to make ok sign
b sensory loss somewhere
c wrist drop
d loss of finger grip and coordination

R PICA

a Horner’s syndrome

US image of lung and M mode image as well

a normal lung
b pneumothorax

c pleural effusion

d pulmonary oedema

**The second most commonly # carpal bone is**

a lunate

b pisiform

c triquetral

d hamate

**Fast food worker has redness to forearm. The likely causative organism is**

a acinetobacter

b yersinia

c staph

d strep

**3yo has URTI, fever, red and dull TM's. Appropriate:**

a antibiotics and f/up in 24 hrs

b f/up in 24 hrs

c antibiotic script to parents and start it if kid still sick in 72 hrs

d analgesia and DC

**Simulation based teaching**

a is expensive

b people are cavalier because it's not real

c emerging evidence showing it is effective

**SCC lung with hypercalcaemia, treatment options**