



Book 2

Candidate Name: _____

Question 10 (16 marks)

A 32 year old man is involved in an amateur mixed martial arts bout and is slammed onto the ground, complaining of immediate neck pain as well as being unable to move his hands or feet.

His vital signs are:

T 35.8 P 48 BP 75/40 RR 24 SaO₂ 96% RA

He has clinical evidence of a spinal cord injury on examination

A single image from his CT cervical spine is attached.



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Describe 2 abnormal findings on this CT scan (2 marks)

What is the likely diagnosis? (1 mark)

Name 5 unstable C spine fracture patterns (5 marks)

Compare the clinical features of spinal and neurogenic shock (4 marks)

Spinal Shock	Neurogenic Shock

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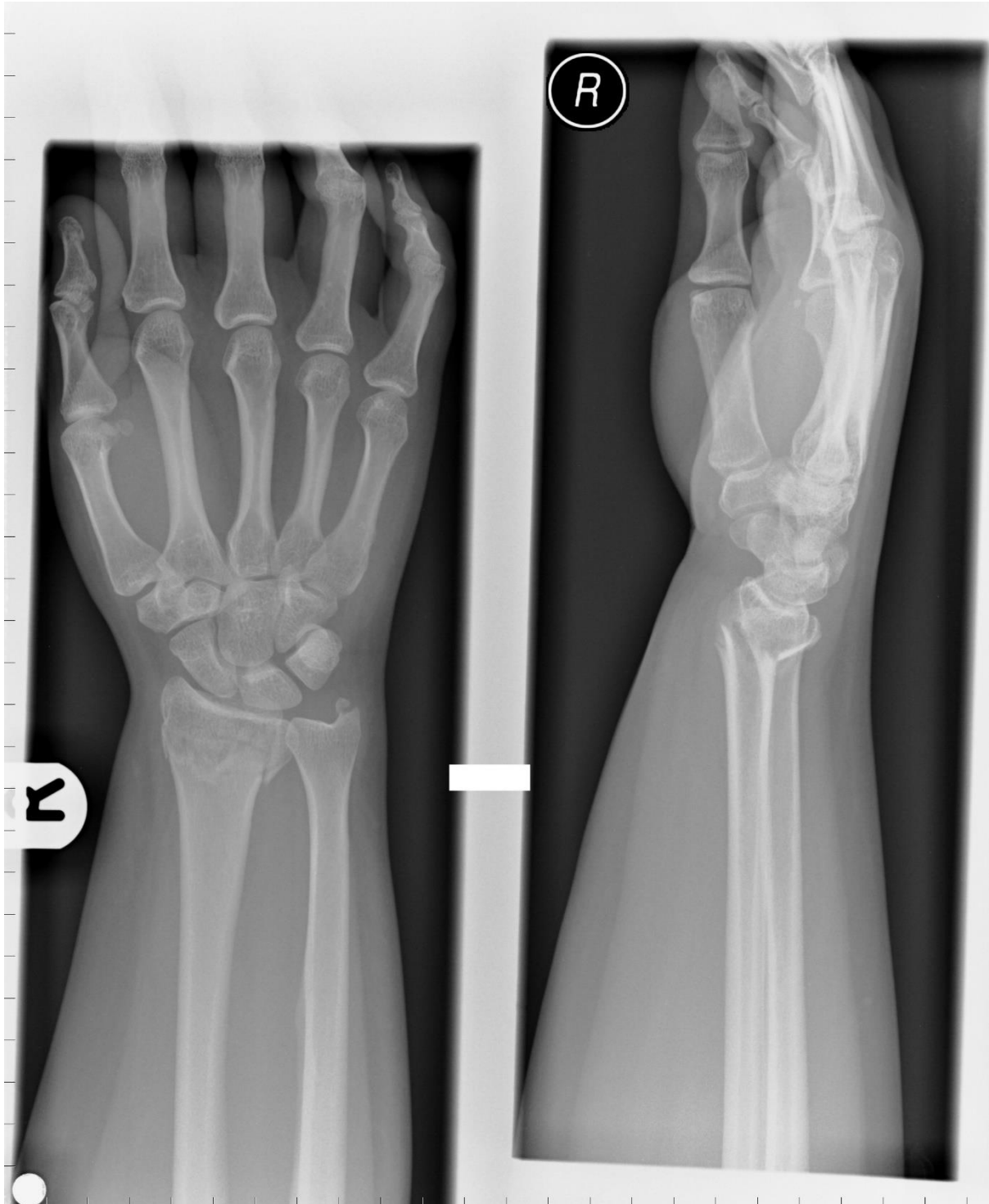
Above what spinal level is neurogenic shock likely to occur? (1 mark)

Describe the supportive care (and targets) in neurogenic shock (3 marks)

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Question 11 (12 marks)

A 35 year old man has a fall onto his out-stretched right hand after a fall down several steps. He has an isolated right wrist injury. The following Xrays are taken.



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Please outline the abnormalities on this Xray (4 marks)

With the exception of neurovascular compromise, please outline 4 indications for closed reduction of this fracture type/pattern, include with specific targets (4 marks)

You chose to perform a Biers block to facilitate closed reduction. Name 4 contraindications to performing this procedure (4 marks)

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Question 12 (9 marks)

It has been noticed that a middle-aged male patient has been presenting to the emergency department several times per week with chest pain. He has a prior history of AMI requiring a stent but his most recent angiogram is normal and his disease is judged to be under control by his cardiologist. Each presentation his ECG is normal and his troponins are not elevated. So far there hasn't been a concern regarding alternate pathology.

You have been asked by the Director of Emergency Medicine to draft a management plan given his frequent presentations.

Name 4 goals of an individualised care plan for a 'frequent presenter' (4 marks)

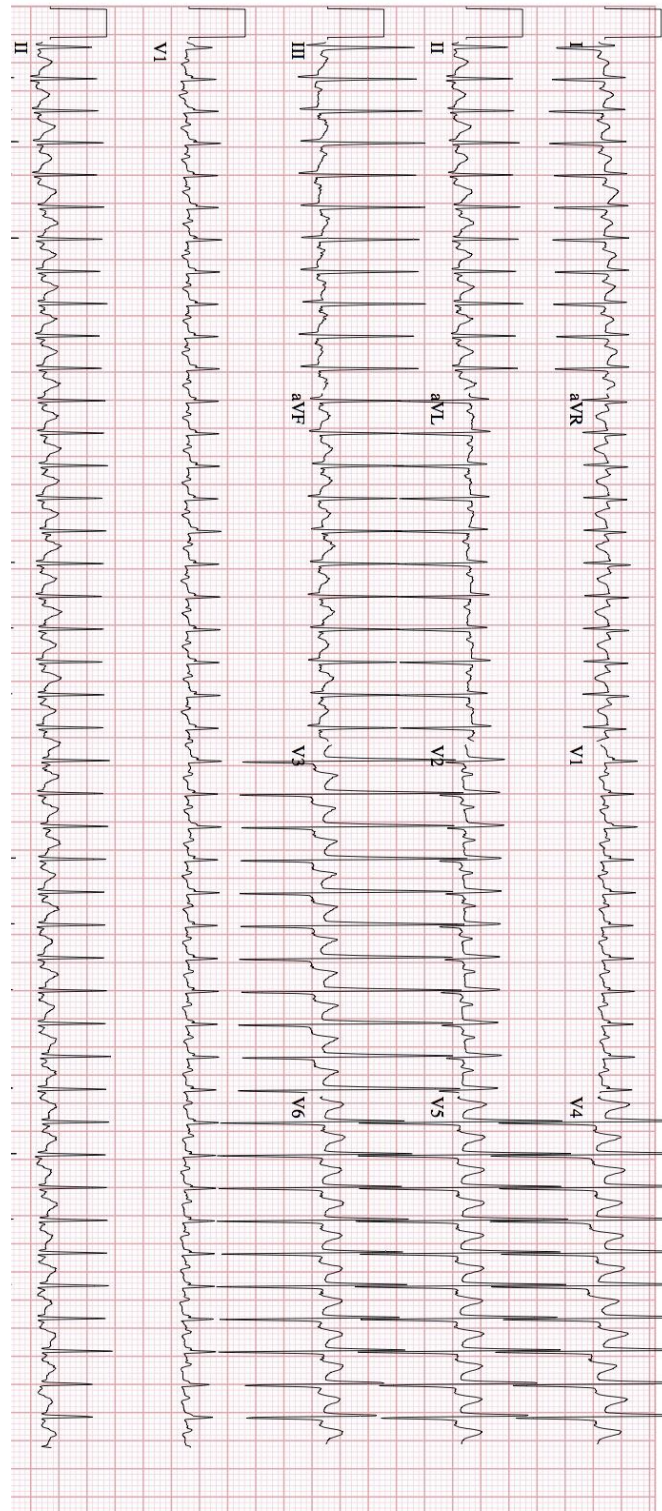
Who are the likely key stakeholders in this instance (5 marks)

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Question 13 (10 marks)

A 4 year old boy is being managed in the paediatric bay as asthma. He presented with tachypnoea and has had a burst therapy of 3 doses of 6 puffs salbutamol with no improvement. Nursing staff have asked for you to review the patient as they have noticed the patient is very tachycardic.

On review the child is mildly tachypnoeic, has normal central capillary refill and has a clear chest on auscultation. An ECG is performed and is below.



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Describe the main features of this 12 lead ECG (4 marks)

What is the likely diagnosis? (1 mark)

Describe the escalating management options for this child (4 marks)

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Question 14 (21 marks)

A 32 year old man has been brought in by ambulance with altered level of consciousness after being seen to be well by family throughout the day. He has no past medical history and takes no regular medications.

His vital signs are:

T 37.2

P 126

BP 110/72

RR 30

GCS 7 (E1V2M4)

SaO₂ 100% on RA

He has a venous blood gas taken on arrival in the resus room

pH 7.09

pO₂ 32

pCO₂ 18

HCO₃ 7

Na 134

K 6.2

Cl 98

i Ca 1.02

Lactate 5.1

Glucose 8.1

Creatinine 67

Urea 8.0

Hb 143

Osm (meas) 307

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What 2 physiological factors may complicate this rapid sequence induction (RSI). For each, please outline a modification to the RSI process (4 marks)

Physiological Factor	RSI Modification

What are the management priorities for this patient? (4 marks)

What are 4 indications for enhanced elimination in this patient (4 marks)

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Question 15 (10 marks)

A 21 year old man is brought into the ED from a music festival complaining of shortness of breath and chest pain. His lips are cyanosed and vital signs are as follows:

T 36.2

P 121

BP 130/88

RR 34

SaO₂ 85% (10L/min)



What is the likely diagnosis? (1 mark)

What is the pathogenesis of the patient's symptoms? (2 marks)

Name 4 agents that can cause this condition (4 marks)

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Outline your management of this patient (3 marks)

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Question 16 (8 marks)

A 73 year old man is brought into the ED with left sided chest discomfort and is diagnosed with a NSTEMI on the basis of high lateral T wave inversion and a positive initial troponin T of 64 (reference range 0-14). The nurse notifies you that he wishes to self-discharge as his pain has resolved and he feels well.

Outline some important medical risks of self-discharge in this scenario (3 marks)

Name 5 considerations when assessing a person's capacity to make a decision (5 marks)

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Question 17 (7 marks)

You are a new consultant working in an urban emergency department. The director approaches you and asks you to investigate the high proportion of 'did not wait' presentations. She is concerned these DNW figures represent

What is the (generally accepted) maximum accepted percentage of patients who DNW? (1 mark)

Name two patient groups who are often over-represented within DNW statistics (2 marks)

Name 4 reasons for high DNW numbers and propose 4 solutions (4 marks)

Reason	Solution

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Question 18 (18 marks)

You are working as the consultant in a large metropolitan emergency department when you receive a pre-notification of a 16 day old child who is unresponsive, floppy with tachypnoea. They will arrive in 10min.

Outline the key aspects of your preparation (4 marks)

Regarding the differential diagnosis of a critically unwell neonate, name 5 major aetiologies with an example for each (5 marks)

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Name 3 clinical signs on examination that would make you suspect a duct-dependent cardiac lesion?
(3 marks)

What are the two main groups of duct-dependent cardiac lesions? Give 2 examples from each (4 marks)

What medication can be used in the treatment of duct-dependent cardiac lesions? How is it administered and name one adverse effect? (2 marks)

END OF BOOKLET

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