



Book 3

Candidate Name: _____

Question 19 (13 marks)

Your junior registrar is seeing a 46 year old woman with fevers and altered mental status who looks unwell. At this stage they haven't been able to locate a source of infection and have empirically treated her with intravenous flucloxacillin and gentamicin.

You review the patients full blood count (FBC), results below

Hb 108

WCC 6.5

Platelets 43

In ideal circumstances, below what platelet level would you organise a platelet transfusion to facilitate (1.5 marks)

Lumbar puncture (afebrile): < _____

Central venous catheter: < _____

Asymptomatic patient: < _____

What are the 5 features of TTP? (2.5 marks)

Discuss the treatment options for TTP (3 marks)

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Complete the following table that compares the following serious causes of thrombocytopenia (6 marks)

	TTP	DIC	ITP
Platelet count	Low	Low	Low
INR / PT			
Microangiopathic haemolytic anaemia			
Fibrinogen			
Safe to give platelets			

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Question 20 (13 marks)

A 62 year old man with peripheral vascular disease and atrial fibrillation comes to the emergency department with an extremely painful right leg. The triage nurse gives him a category 2 on the basis of pain score plus concern over distal perfusion.

What are the causes of limb ischaemia? Give examples (2 marks)

How do features of clinical assessment at the bedside, correlate with the Society for Vascular Surgery (SVS) classification of lower limb ischaemia? (4 marks)

Name 2 medications, including dose / route / targets that you would prescribe in this case (4 marks)

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Name 3 interventional procedures that may be used in acute limb ischaemia (3 marks)

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Question 21 (11 marks)

A 63 year old man presents to the ED with bilateral leg weakness. He has had a recent diarrhoeal illness and you suspect Guillain-Barre syndrome.

Please describe the differences in clinical features between GBS and spinal cord compression (8 marks)

	Guillain-Barre Syndrome	Spinal Cord Compression
History		
Exam Finding 1		
Exam Finding 2		
Diagnostic Investigation		

Describe the use of forced vital capacity (including threshold values) in the monitoring of a patient with GBS and suspected diaphragmatic weakness (3 marks)

FVC result	Management/Disposition

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Question 22 (10 marks)

A 27 year old woman with no significant comorbidities presents to the emergency department with constant right upper quadrant abdominal pain for 16 hours duration. She feels hot and generally unwell and notes that she has had prior episodes of transient RUQ pain following meals but has never had any investigation.

Her vital signs are:

T 38.1

P112

BP 135/86

RR 21

SaO2 99% RA

On examination she has significant RUQ tenderness and you suspect acute cholecystitis. Your intern has some questions relating to biliary disease.

Name 4 features on abdominal ultrasound that are consistent with cholecystitis (4 marks)

What is the normal diameter of the common bile duct? (1 mark)

Name 3 causes of extrahepatic biliary obstruction (3 marks)

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Name 2 complications of extrahepatic biliary obstruction (2 marks)

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Question 23 (15 marks)

Your RMO is treating a patient with suspected pulmonary embolism who presented with shortness of breath and light-headedness. You are discussing the classification of PE.

Define (3 marks)

- Massive PE

- Submassive PE

- Non-massive PE

What are the 8 features of the PE rule out criteria (PERC) score? (4 marks)

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The patient has a bilateral PE confirmed on CTPA. You review the patient and find them to be significantly dyspnoeic with the following vital signs:

T 37.7

P 134

BP 83/44

RR 32

SaO₂ 87% on 10L/min

Name 3 key aspects of your management of this patient, give specifics (6 marks)

Name 2 abnormalities on bedside echocardiography when evaluating the right ventricle in this setting (2 marks)

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Question 24 (6 marks)

A 23 year old man comes to the ED after a direct blow to the right knee complaining of significant pain. His lateral knee Xray is below.



Please outline the abnormalities on this Xray (3 marks)

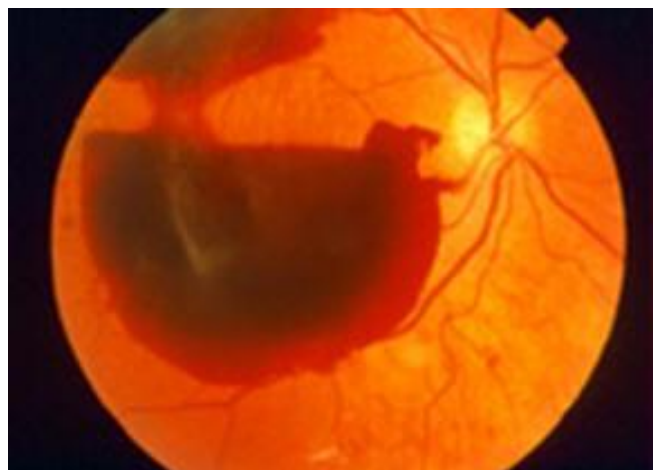
Name 3 indications for operative fixation for this type of injury (3 marks)

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Question 25 (10 marks)

A 74 year old woman comes to the ED after suffering a significant loss of vision from her right eye. She has some perception of light, mainly at the periphery of her vision. Her main comorbidities are hypertension and type II diabetes mellitus.

Name 5 causes of unilateral sudden painless vision loss (5 marks)



She undergoes fundoscopy (above). What is the diagnosis? (1 mark)

What is the main cause of this condition? (1 mark)

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What is a relative afferent pupillary defect (RAPD)? Name 2 conditions in which this will be seen (3 marks)

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Question 26 (11 marks)

You are working in a rural hospital in North Queensland and the ambulance bring in a 19 year old man with a suspected jellyfish envenomation.

What 2 jellyfish have life-threatening envenomation? (2 marks)

1: _____

2: _____

Compare and contrast them in terms of their clinical features (4 marks)

	1: _____	2: _____
Timing of pain		
Location of pain		
Skin changes		
Cardiac arrest?		

He has been stung by this jellyfish



What is the name of this jellyfish? (1 mark)

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Discuss the components of management relevant to this envenomation (4 marks)

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What is the role of ED thoracotomy in blunt traumatic cardiac arrest? (2 marks)

END OF BOOKLET

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