PRACTICE SAQ PAPER 2017.2 DECEMBER 2017

BOOK TWO

Candidate	number
Cariuluate	HUHIDEI

QUESTION 10 DOUBLE QUESTION (20 marks)

A 62 year old man is brought to ED having been found asleep in the garden in the sun. H	e is
agitated, combative, with no focal neurology or signs of trauma.	

Vital signs Temp 41 deg Celsius

P 118 bpm BP 90/40 mmHg RR 20 bpm SaO2 98% RA GCS 14 (E4V4M6)

i.	List 4 possible diagnoses starting with the most likely (4 marks)	
ii.	List 3 separate heat related illnesses and their diagnostic criteria/main clinical finding (6 marks)	ngs

ii.	List 3 potential ways of cooling this patient and 1 pro and con of each (6 marks)
V.	List 4 potential complications of this condition from separate organ systems (4 marks
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Candidate number
QUESTION 11 (14 marks)
You are interested in establishing an in-situ simulation program in your tertiary Emergency Department.
i. List 3 components of your pre-brief (i.e. before participants enter the scenario) that create a "safe learning environment" for participants in in-situ simulation. (3 marks)
 ii. Outline 3 key components of your framework for debriefing a simulation scenario (3 marks)

iii. Identify 4 potential barriers or risks to running in-situ simulation and a mitigating solution for each barrier (8 marks)

Potential Barrier/Risk	Solution

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A 25 year old man presents 6 hours after a SCUBA dive with a possible decompression sickness (DCS)

i.	List 6 questions specific to diving that you should ask in your history (6 marks)

ii. Complete the table listing 3 symptoms or signs of DCS in each category (6 marks)

Category	Symptom/Sign
Neurological	
Other	

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iii.	Complete the	table contrasting	DCS and A	rterial Gas I	Embolism (AGE)	4 marks
111.	Complete the	table contrasting	t DC3 and A	i teriai Gas i		MUL!	4 IIIai No

	DCS	AGE
Pathophysiology		
Time of onset		

Candidate number	
Candidate number	

QUESTION 13 (16 marks)

A 42 year old man	has developed	a febrile illnes	s one week	after retur	ning from a	business
trip to Papua New	Guinea.					

i.	What questions specific to this case should form part of the history that you will obtain? (6 marks)
ii.	Describe how the diagnosis of malaria can be established (3 marks)

iii.	Plasmodium falciparum has several characteristics that are markedly different to the other Plasmodia species. Briefly describe 3 differences (3 marks)
iv.	List 4 complications that occur in severe P falciparum infection (4 marks)

QUESTION 14 (16 Marks)

A 62 year-old man is brought to your ED after an assault during a home invasion. He has been stabbed in the anterior right side of neck and was pushed down a steep flight of stairs with possible head and neck injuries due to the fall.

Initial assessment:

GCS	10; combative
HR	125 per minute
BP	105/65 mmHg

Head: Right parietal large boggy swelling

Neck: Wound at right side of anterior neck, extends from medial aspect of

clavicle to level of cricoid, extensive haemorrhage

i.	List 5 immediate management priorities? (5 marks)
ii.	List 3 potential harmful effects of hard collar use in this patient (3 marks)

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iii.	List 4 clinical features which would sug (4 marks)	gest this patient has a critical vascular injury
iv.		concerned he may have sustained an acute cord syndromes in this case and identify 2
Acute	Cord Syndrome	Clinical Finding

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	n elderly la ack yard.	dy is brought to your ED by ambulance. She was found by a neighbour in her
Vi	tal signs:	GCS 9 (E3V3M3) BP 90/50 mmHg HR 45 bpm SaO2 90% (8L/min Hudson) Temp 27 deg celsius (oral and rectal)
i.	List possi	ible complications of her hypothermia on four organ systems (4 marks)
ii.		e hour, the patient remains GCS 9 and temp 29 degrees despite initial name. You decide to perform a CT brain. List 3 pros and 3 cons of intubating prior
		Паткој

QUESTION 15 (15 marks)

iii.	The patient develops ventricular fibrillation. List five ways in which your approach to this resuscitation differs from standard ALS principles (5 marks)
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QUESTION 16 (16 marks)

A 29 year old male is brought in by ambulance after a collapse at work. He is a machine operator at a nearby 24 hour factory. Colleagues report he collapsed to the ground whilst working. He was unresponsive and jerking all limbs for a brief period. His level of consciousness has improved on transport to ED.

Vital signs GCS 15

HR 90 bpm

BP 126/84 mmHg Temp 37.5 deg C

SaO2 100% (6L/min Hudson)

i.	List four possible causes for his collapse (4 marks)
ii.	List four features on history and examination that may suggest that this is a seizure rather than another cause for collapse (4 marks)

Describe four considerations in determining that this man is fit for discharge hom marks)

Candidate number
QUESTION 17 (15 marks)
Pre-hospital bypass of smaller centres directly to designated trauma centres is routine practice in many metropolitan environments
 List the criteria used by paramedics to determine which trauma patients should bypass smaller centres (6 marks)

iii.	List 2 advantages and 2 disadvantages of trauma bypass (4 marks)
iv.	A long distance to reach a major trauma service requires paramedics to manage patients en route. In what circumstances does the evidence support "permissive hypotension" in the pre-hospital setting? (3 marks)

Candidate number		
QUESTION 18 (16 marks)		
A 17 year old male is brought your district ED by his nurse mother after feeling dizzy and unwell and appearing 'pale' on the football field. He was reluctant to attend as he felt 'fine'. Presenting blood pressure 115/60. Saturations 99% on room air. RR 14. Afebrile. Triage ECG performed.		
i. Describe and interpret his ECG (5 marks) SEE PROPS BOOKLET – IMAGE G		
ii. List up to 5 questions you would like to ask on history, regarding symptoms (5 marks)		

iii.	List and justify up to 3 initial investigations you would like to perform (3 marks)
iv.	Prior to any further investigation, he tells you he wants to discharge against your advice. List your management priorities now (3 marks)