

# South East Queensland Fellowship Written Mock Exam

2019.2

3<sup>rd</sup> October 2019

## Book Two

SAQ 10 to 18

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With thanks to the FACEMs and the Emergency departments of

Sunshine Coast University Hospital

Caboolture Hospital

Redcliffe Hospital

The Prince Charles Hospital

Royal Brisbane & Women's Hospital

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# SAQ 10

Long question 18 Marks

A 5 month old baby presents to ED with a history of increasingly noisy breathing.

His vital signs are:

GCS            15 E4 V5 M6  
Pulse           170 beats/min  
CRT            2 seconds  
BP              90/50mmHg  
O<sub>2</sub> Sats        99%FiO<sub>2</sub> 0.21  
Temp           36.4 °C  
BSL            4.2 mmol/l

1. List 5 differences between adult and paediatric airways (5 marks)

2. List three (3) causes of stridor and DESCRIBE the nature of the stridor that would be associated with each cause (3)

Cause	Description of noise



# SAQ 11

12 Marks

A 54-year-old man presents with palpitations and is light headed. He has a wide complex tachycardia on ECG.

1. List the four steps in Brugada criteria to distinguish VT from SVT (4 marks)

Step Name

2. State 8 other features on an ECG that are more indicative of VT than SVT in WCT.

(8 marks = 1 per feature)

Number	State Feature
1	
2	
3	
4	
5	
6	
7	
8	





The child becomes increasingly confused. REPEAT observations are outlined below.

GCS	13 (E4 V4 M5)
Pulse	150 beats/min
CRT	2 seconds
BP	110/65mmHg
O <sub>2</sub> Sats	99%FiO <sub>2</sub> 0.21
Temp	37.0°C

3. Please state two important investigations and justify your choice for this child (4 marks)



# SAQ 13

12 Marks

You are the ED consultant in a small regional ED with 20 treatment spaces, including 2 resuscitation cubicles. There is a heatwave event occurring in your region.

You receive a call from ambulance on site at a local music festival, stating that they are currently treating 30 patients with heat related illness.

There are 4 critically unwell patients with heat stroke who are already enroute to your ED.

1. Using the headings provided, outline the preparations you will make in your ED in anticipation of the arrival of this group of 30 patients. (4 marks)

Staff	
Space	
Equipment	
Communication	

2. List the 3 criteria that are required for a diagnosis of heat stroke. (3 marks)

3. List 3 pharmacological agents that may increase the risk of developing heat related illness. (3 marks)

4. List 2 methods of cooling that you could use for the critically unwell patients on their arrival to your ED. (2 marks)

# SAQ 14

12 Marks

You are looking after a patient in your Resuscitation area with breathing difficulties. Your registrar is keen to have a discussion with you regarding the use of Non-Invasive Ventilation (NIV) in the ED.

1. List 4 indications for the use of NIV in the ED. For each indication you choose, state which mode of NIV you would use by putting it in the appropriate column. (4 marks)

Continuous PAP (CPAP)	BiLevel PAP (BiPAP)

2. List 4 absolute contra-indications for the use of NIV in ED.(4 marks)


3. List 4 major complications of NIV in the ED.(4 marks)


# SAQ 15

12 Marks

A 6 week old male child presents to the emergency department with a 12-hour history of bilious vomiting, irritability and 2 x episodes of loose stool.

His vital signs are:

AVPU	Alert
Pulse	165 beats/min
CRT	3 seconds
BP	85/40mmHg
O <sub>2</sub> Sats	99%FiO <sub>2</sub> 0.21
Temp	37.2 °C
Weight	4200grams

1. In the table below, please list four (4) most likely differential diagnosis and the clinical signs you would expect to find on examination. (8 marks)

Differential diagnosis	Clinical signs

2. Please state the three (3) most important investigations for this child. (3 marks)

An abdominal X-ray was performed. There is one (1) image below.



3. Please state the sign demonstrated on the abdominal X-ray and the most likely diagnosis (1 mark)

X-ray sign:

Diagnosis:

# SAQ 16

12 Marks

A 32 year old woman presents to the emergency department after giving birth in the car on the way to the hospital. She is G5P5 at 38 weeks gestation. The pregnancy was complicated by gestational diabetes that was managed by diet. Her most recent ultrasound showed a foetus that was large for gestational age. At arrival, she is pale and has persistent, brisk vaginal bleeding. Her vital signs are

BP 95/52 mmHg

Pulse 106 bpm

RR 18 /min

SpO<sub>2</sub> 98 % in room air

Temp 37.0 °C

GCS 15

1. What are the two most likely causes of post-partum haemorrhage in this patient? (2 Marks)

2. Describe your management of the third stage of labour. (2 Marks)

3. List 4 non-pharmacological and 4 pharmacological measures that could be used to control haemorrhage, in order of escalation. (8 Marks)










3. State your ongoing management for this man (5 marks)