

The Prince Charles Hospital
The Royal Brisbane & Women Hospital
Redcliffe Hospital

Metro North Hospitals ACEM Fellowship Trial Examination

2016.1

Short Answer Questions

SAQ Paper

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ACEM Fellowship Trial Examination

2016.1

Short Answer Questions

SAQ Paper

Examination time: 180 Minutes

Direction to Candidates:

- 1- All questions must be attempted
- 2- Answer each question in the space provided
- 3- Enter your name for each question
- 4- This paper has been designed into 3 parts, each part required to be completed in 60 minutes

Part 1: SAQ 1-9

Part 2: SAQ 10-18

Part 3: SAQ 19-27

The 1st SAQ of each part is double question

Part one

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SAQ1: Double Question (Part 1)

Candidate Name:

A 32 year old female who is G1P0 presents to your regional ED complaining of painful regular contractions that have been occurring every 5 minutes for the past 1 hour. She has had an uncomplicated singleton pregnancy to date and is 30/40 gestation.

Questions:

1- Outline 4 key features of your assessment of this patient in the ED. (4 marks)

.....
.....
.....
.....

2-List 4 medications (including doses) that you would consider giving to this patient in your ED. (4 marks)

.....
.....
.....
.....

3- List 4 contraindications that would prevent you transporting this patient to the nearest obstetric centre. (4 marks)

.....
.....
.....
.....

The patient in Question 1 remains in your ED and precipitously delivers a baby at 30 weeks gestation by dates.

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SAQ: - Double Question (Part 2)

Candidate Name:

The 32 year old female G1P0 patient (from Question 1) remains in your ED and delivers precipitously in your Emergency Department. Her baby is 30 weeks gestation by dates.

1-What features on assessment would suggest the need for immediate resuscitation of this neonate? (5 marks)

2- Complete the following table stating how the resuscitation requirements are different for a neonate in comparison to a child for the given parameters?

(5 marks)

Oxygenation	
Ventilation	
CPR – trigger to initiate	
CPR – rate of compressions	
CPR – ratio	

3- Complete the following table stating the appropriate equipment sizes & drug doses that you would use in the resuscitation of this neonate? (5 marks)

ETT size	
ETT depth	
Vascular access device & size	
Adrenaline dose	
Fluid type & volume	

4. Is there a role for cooling in the post resuscitation cares for this neonate? (2 marks)

SAQ 2:

Candidate Name:

A 15 year old male presented to your Regional Emergency Department with dental injuries following a cricket accident.

He has sustained no other injuries
His vital signs are all within the normal limits

A photo of his mouth is attached:



Questions:

1- List 2 abnormalities in the clinical photograph: (2 marks)

2- List three (3) analgesic choices for this patient (3 marks)

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3- List the immediate management steps of this dental injury. (4 marks)

SAQ 3:

Candidate Name:

A 17 year old female presents to the Emergency Department via ambulance after being found by her friends to be in a state of agitation and drowsiness.

An arterial blood gas is taken:

FIO2	0.21	
pH	6.90	(7.35-7.45)
pCO2	70 mmHg	(35-45)
pO2	60 mmHg	(80-110)
HCO3-	8 mmol/L	(23-32)
Base Excess	- 20.5	(-2 - +2)
Sodium	136 mmol/L	(135-145)
Potassium	4.0 mmol/L	(3.5-5.5)
Chloride	90 mmol/L	(90-115)
Urea	18 mmol/L	(3.5-8.0)
Creatinine	0.12 mmol/L	(0.06-0.12)

Questions:

1- List 4 metabolic abnormalities including any calculations required.

(4 marks)

2- What is the A-a gradient? (1 mark)

3- List 5 potential causes for her presentation: (5 marks)

SAQ 4:

Candidate Name:

A 20 year old male is brought to your regional ED with neck pain after diving into a swimming pool while intoxicated.

He is currently GCS 15/15

A slice from his CT is shown:



Questions:

1- Describe the findings in this image:

(2 Marks)

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2-What is this injury called and what is the likely mechanism? (2 Marks)

3- Outline your 4 immediate priorities: (4 Marks)

1	
2	
3	
4	

4- Give 2 indications for MRI in this injury? (2 Marks)

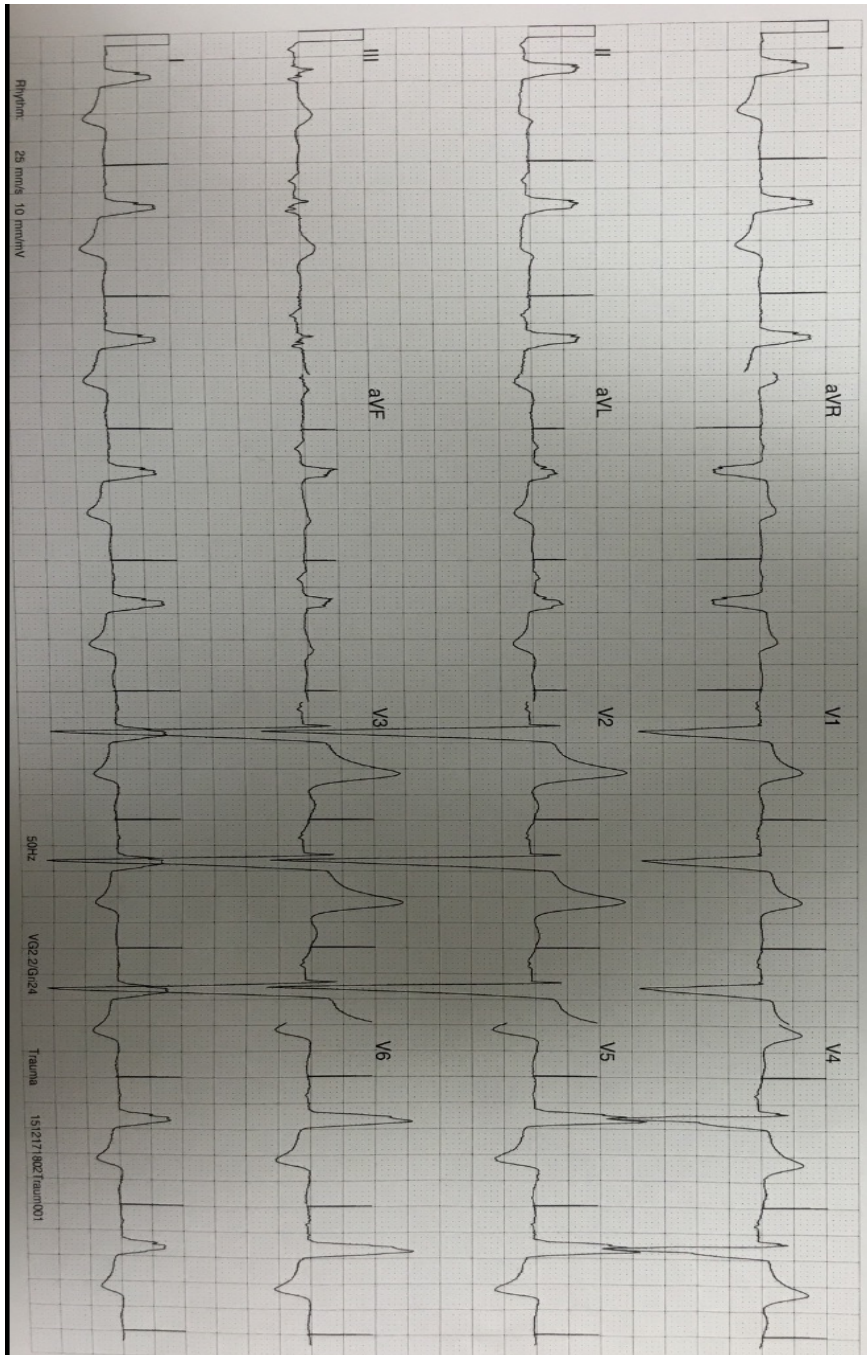
1	
2	

SAQ 5:

Candidate Name:

A 72 year old woman presents with acute onset of SOB, dizziness and 'heavy' chest pain lasting 15 min. She has a background history of hypertension, heart failure and diabetes. Old ECGs have demonstrated the same features. Her initial troponin at 2 hours is negative.

Her vital signs and examination are unremarkable.



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Questions:

1- State 3 important features on the above ECG. (3 Marks)

2- State your working diagnosis for this patient: (1 Mark)

3- List the criteria you would use to risk stratify this patient by completing the table provided:

(Features associated with high-risk, intermediate-risk and low-risk non-ST- segment-elevation acute coronary syndromes (NSTEACS)) (16 Marks)

High risk features:
1-
2-
3-
4-
5-
6-
7-

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Intermediate risk:
1-
2-
3-
4-
5-
6-
7-

Low risk:
1-
2-

4- List 4 components of treatment for this patient in the ED: (4 Marks)

.....

.....

.....

.....

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SAQ 6 :

Candidate Name:

A 30 year old male presents with acute onset persistent, severe epigastric abdominal pain. He has associated nausea and vomiting, and you suspect acute pancreatitis.

His vital signs are:

P 100 beats/min (regular)

BP 95/77 mmHg

SaO2 97% on room air

Temp 37.4 degrees C

Questions:

1- List six (6) potential causes of acute pancreatitis to enquire about in the history

(6 Marks)

2- List three features on CT scan associated with severe disease:

(3 Marks)

3- He is admitted to hospital, and his wife asks what complications might be expected?

List four potential complications:

(4 Marks)

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SAQ 8 :

Candidate Name:

Following review of a missed diagnosis of pulmonary embolism (PE) in your emergency department (ED), you have been asked to write a guideline on the ED assessment of patients with suspected PE.

Questions:

1. List 3 parties that need to be involved in this process, outside of the ED staff: (3 Marks)

2. List 8 components that will form part of your ED guideline: (8 Marks)

3. List the sources you would use for writing the clinical component of the guideline: (4 Marks)

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SAQ 9:

Candidate Name:

A 70 year old man presents with first episode of left loin pain and microscopic haematuria

Questions:

1- List 4 likely Diagnoses and the 2 features on examination that would lead to you to that diagnosis: (12 Marks)

Diagnosis	Exam feature 1	Exam feature 2

2- List 3 potential imaging modalities for this patient and Weigh up 2 pro's and con's of each: (15 Marks)

Imaging modality	Pro's (2)	Cons(2)
	1. 2.	1. 2.
	1. 2.	1. 2.
	1. 2.	1. 2.

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3- He is diagnosed with a renal calculi, State 5 criteria that would determine his disposition: (5 Marks)

Part Two

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SAQ 10: (Part 1 of Double Questions)

Candidate Name:

An 8 year old girl is brought to the Emergency Department by ambulance, with worsening asthma for the last 4 hours.

Her vital signs are:

RR 60 /min,
HR 160/min
O2 Sat 89% on RA.
GCS 15/15

Questions:

1-What are 6 cardinal features of life threatening asthma? (6 marks)

2- On examination, she is unable to speak in full sentences and has marked use of accessory muscles.

List your immediate management, including any drug doses. (4 marks)

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3- List 4 complications that may ensue during this scenario.

(4 Marks)

SAQ 10 (Part 2 of Double Question continue):

Candidate Name:

4- Despite appropriate escalation of treatment, the child's condition deteriorates over several hours and she has been intubated in the ED.

State your ventilation settings and provide appropriate justification.

(10 marks)

Parameter	Setting	Justify
RR		
Tidal volume		
Peak inspiratory pressure		
PEEP		
I:E ratio		

5- After connecting to the ventilator the patient suddenly deteriorates becoming progressively hypotensive and tachycardic.

Give three possible causes.

(3 marks)

SAQ 11 :

Candidate Name:

A 50-year-old man presents with right shoulder pain after raising his arm to dress. His arm is held in 20° of abduction, 20° of flexion and 60° of internal rotation.

He suffered a traumatic anterior dislocation of his right shoulder one week ago.

An X-Ray image is reproduced below.



Questions:

1-List 3 important features of this X-Ray.

(3 marks)

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2- Detail how you will confirm that this is an anterior shoulder dislocation? (2 marks)

3- It is confirmed that there is an anterior dislocation. After treating the patient with 100 mcg of intravenous fentanyl, he reports significantly improved pain. You decide use nitrous oxide to facilitate the reduction of the dislocation.

Detail in point form your preparation for and undertaking of the procedure you will use to reduce the dislocation.

(10 marks)

4- List 4 items of discharge advice will you give.

(4 marks)

SAQ 12:

Candidate Name:

A 2 week old term baby is brought to the Emergency Department with difficulty breathing and floppiness.

Her vital signs are :

HR 180 /min
BP 60/35 mmHg
Sat 88 % on air
Temp 37.5 °C
CRT 5 seconds

She is lethargic and unresponsive.

Questions:

1- List 6 possible aetiologies with specific examples that may cause this presentation.

(12 Marks)

Aetiological Category	Specific Example

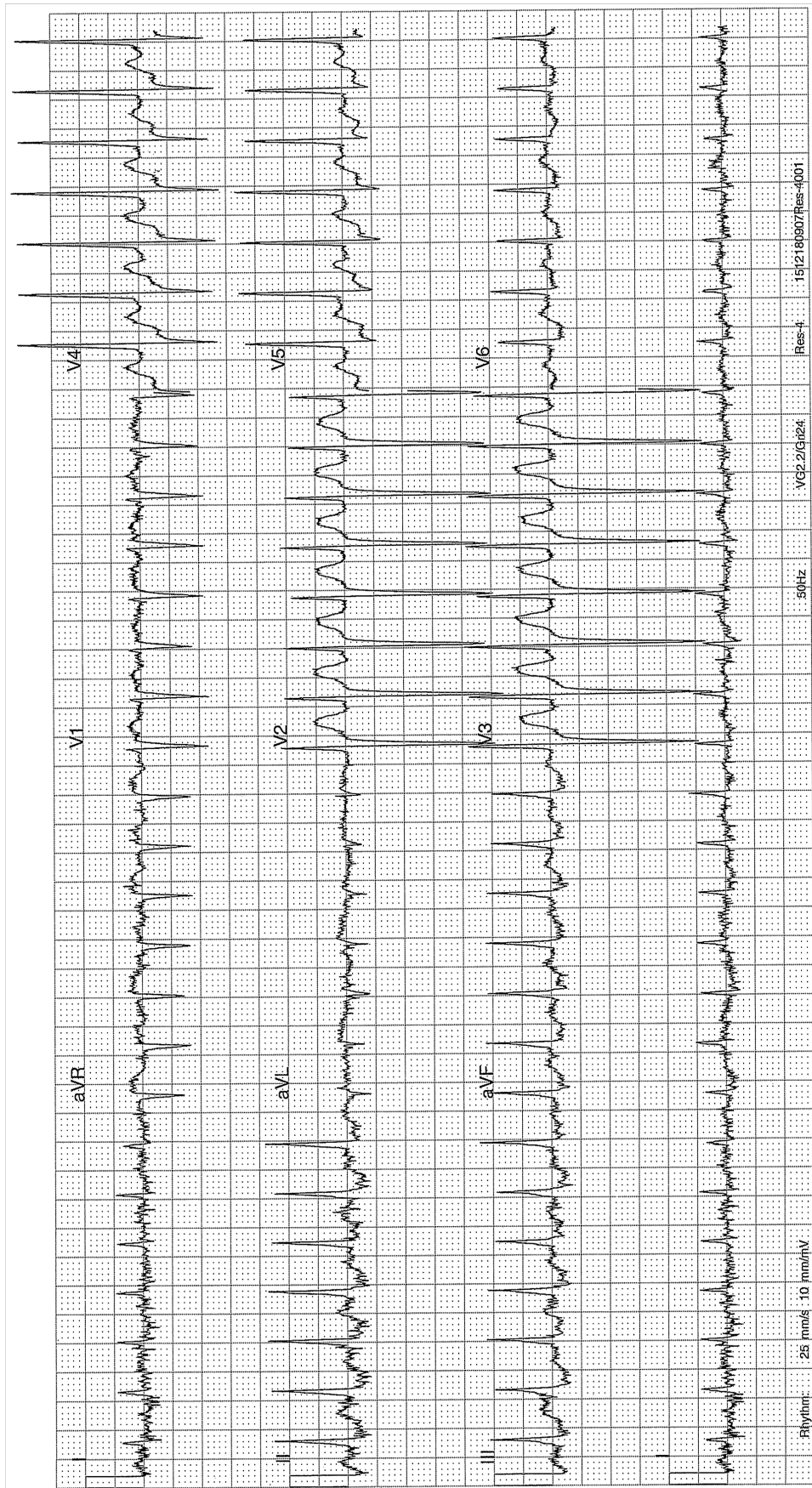
2- List your management priorities in sequential order.

(4 marks)

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3- You decide to intubate this baby. List your equipment and drugs for RSI.

(4 marks)



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2- List 7 important features of this ECG:

(7 marks)

3- List 5 differential diagnoses for the cardiac rhythm depicted:

(5 marks)

4- Attempts to cardiovert the patient's rhythm using vagal manoeuvres and appropriate doses of adenosine have been unsuccessful.

State another drug including route and dosing you will use to attempt cardioversion of this rhythm. (3 marks)

SAQ 14 :

Candidate Name:

A 5 year old boy is brought to the Emergency Department with a skin rash on his arms and legs that has been progressing for the last few days.

He also has mild abdominal pain for last 24 hours

His vitals signs are:

HR 100
Temp 36.9C
RR 24
Sat 98% on RA
GCS 15/15

This is his photograph.



Questions:

1- Describe the salient features of the above photograph and comment on the most likely diagnosis:

(4 Marks)

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2- List 5 other DDX for the above presentation: (5 Marks)

3-For the table below, list 5 investigations required and justify each one of them: (10 Marks)

Investigations	Justifications

4- List 4 possible complications for the above condition: (4 Marks)

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SAQ 15: Candidate Name:

A 65 year old male with Type 2 diabetes and hypertension presents with dizziness which he describes as 'the room spinning'.

His blood pressure on arrival is 180/90.

All his other vitals are within normal limits. He has not been otherwise unwell recently.

Questions:

1- List three (3) peripheral and three (3) central causes for his symptoms:

(6 Marks)

Central cause	Peripheral cause

2- List 2 features on history and examination that would support a Central VS Peripheral causes. (8 marks)

	History	Examination
Central cause		
Peripheral cause		

3- List two (2) key diagnostic investigations you could perform and their respective utility
(4 marks)

Investigation	Utility

SAQ 16:

Candidate Name:

A 34 year old male is brought to your Emergency Department by the ambulance service following an intentional polypharmacy overdose.

Questions:

1- For the table below, List three common conditions and their treatments that need to be addressed in the resuscitation of a patient following an overdose?

(6 Marks)

Conditions	Treatment

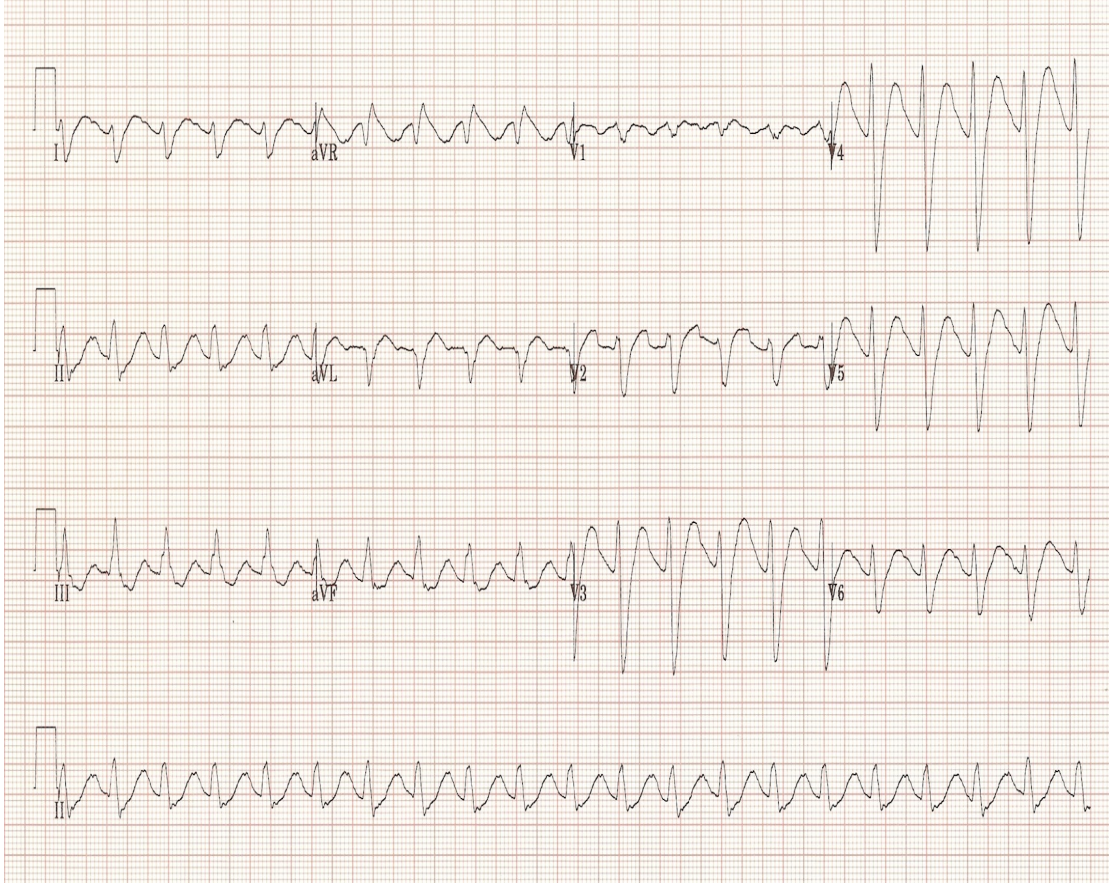
2- The patient is unconscious with nil response to vocal stimuli but with painful stimulation is withdrawing bilaterally and moaning. His respiratory rate is 8 with an obstructed pattern and saturations of 90% on room air.

What initial interventions are required to manage his low Sat?

(3 Marks)

3- Describe and interpret his ECG on the next page:

(4 Marks)



4- This patient's repeat vital signs include:

GCS 4/15 (E1, V2, M1)
HR 100
BP 75/60
RR 12
Sat 96% on a Hudson mask.

What are the priorities for this patient in the initial management? (6 Marks)

SAQ 17:

Candidate Name:

A 24 year old male presents to ED after being hit in the face by a football. He is complaining of pain and blurred vision in his left eye.

His eye photo is attached:



Questions:

1- List three (3) abnormalities in the given photograph: (3 marks)

2- List three (3) possible associated injuries (3 marks)

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3- Please list two (2) early and two (2) late complications of the above condition. (4 marks)

Early Complications	Late Complications

4- List five (5) management steps for this patient. (5 marks)

SAQ 18:

Candidate Name:

A 84 year old female is brought to your Emergency Department with ROSC following an OOHCA(Out Of Hospital Cardiac Arrest), where the initial rhythm was VF.

She has been intubated pre-hospital by paramedics.

1- What are the reversible causes that need to be identified in your assessment? (8 marks)

3- Which 5 features are predictive of survival from OOHCA? (5 marks)

4. List 8 key features of your post-resuscitation care of this patient. (8 marks)

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Part 3

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SAQ 19 : (Part 1 of Double Questions)

Candidate Name:

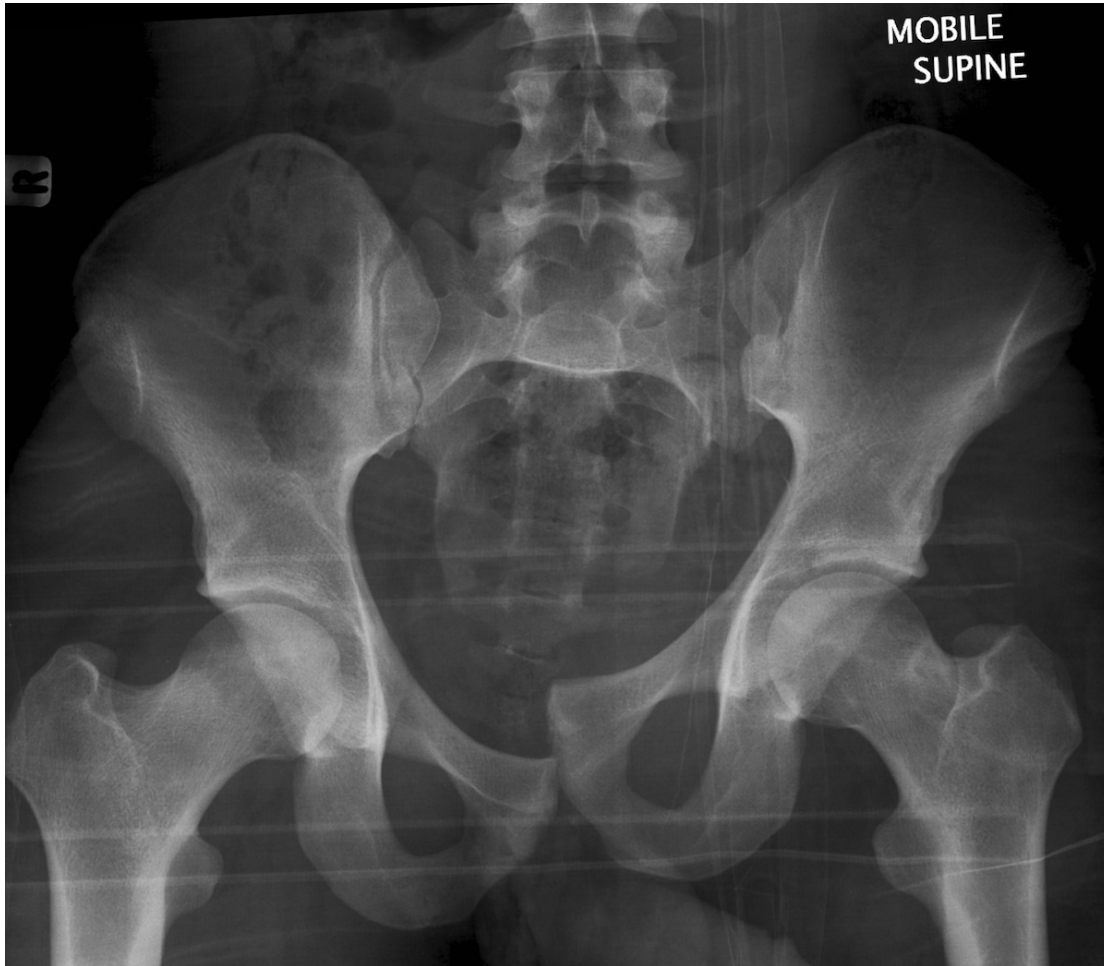
A 22 year old male is en route to your Tertiary ED following a high speed MBA. The telephone handover you have received indicates he is hypotensive with a systolic BP of 70mmHg and a HR of 120 BPM, despite receiving 500mls of crystalloid and 1U PRBC. The pre-hospital team have done an E-FAST at the scene, and this is negative. His other vital signs are within normal limits, and the patient is lucid and recalls all events. He is complaining of R hip pain. They are 10 mins away.

Questions:

1- In the 10 mins before the patient arrives, please indicate 6 priorities in your preparation for this patient: (6 marks)

2- On arrival an AP pelvic X-ray is performed as part of the trauma series which is shown in the next page.

Please describe the X-ray findings and the implications this will have on the patient's management. (6 marks)



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SAQ 19 (Part 2 of Double Questions)

Candidate Name:

3- Despite 2 further units of PRBC, the patient remains hypotensive. You repeat the E-FAST in the trauma room, and it remains negative. The trauma surgeon has just arrived and wants an update. Please give a summary of:

- a. What is the most likely cause for this patient’s hypotension? (1 mark)

- b. What are your recommendations for this patient’s disposition (2 marks)

- c. Complete the following table to outline 5 ongoing resuscitation priorities for this patient and the specific actions you will take to achieve these. (10 marks)

Resuscitation Priority	Actions Required

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SAQ 20 :

Candidate Name:

A 60 year old male alcoholic is brought to your Emergency Department with progressive breathlessness over several weeks.

His vital signs are:

HR 110

BP 105/60

GCS 14/15

RR 32/min

SaO₂ 87% RA

Temp 38.1C

His CXR is shown below.



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Questions:

1- What are the radiological abnormalities in the above CXR and comment on the most likely diagnosis (3 Marks)

2- For the table below, List 3 pathological processes for the above radiological abnormality. Name two etiologies for each pathological process: (9 Marks)

Pathological process	Etiology

3- List your initial antimicrobial therapy (including doses), and justifying-each choice. (3 marks)

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SAQ 21:

Candidate Name:

A 55 year old man presents to your Regional Emergency Department at 0100 with abdominal and back pain. He has a background history of hypertension and alcohol misuse.

His observations on arrival are:

Distressed due to pain

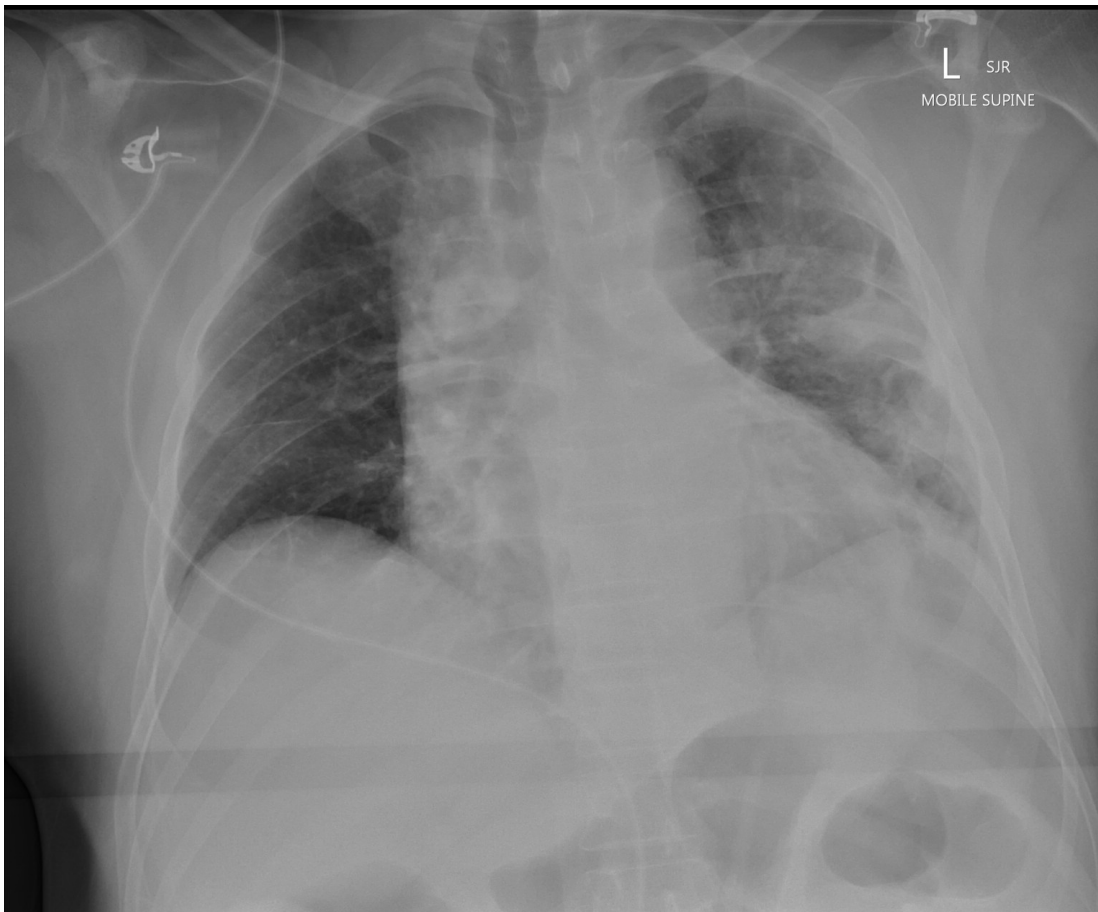
GCS 15/15

BP 220/110

HR 95

Sats 98% RA

His CXR is shown below:



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Questions

1-Describe the key findings on this CXR and give a likely diagnosis. (4 marks)

2- List your key management priorities, including the specific drugs doses if relevant? (4 marks)

3- The patient has some further investigations, including the following Arterial Blood Gas:

FI02	0.4
pH	7.20
pCO2	50
pO2	90
HCO3	18
Base Excess	-10
Na	140
K	8.4
Cl	111
Creat	142
Lact	4.0
Gluc	4.7

Describe the main abnormalities on the blood gas and the likely causes. (4 marks)

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4- Outline your immediate management of his elevated potassium.

(3 marks)

SAQ 22:

Candidate Name:

You are the senior Emergency Physician supervising the ED on this shift.

A 64 year old male patient has been referred to your ED by his GP with a new diagnosis of a Right lung lesion, suspicious for malignancy on a CT Chest.

The treating junior doctor noted that the patient was seen in your ED 6 months ago after a low speed MVA and received a CXR that also clearly showed this lesion. It was not noted in the clinical notes at that time and the patient was sent home with a diagnosis of multiple contusions.

The radiology report dated 1 week later identified a suspicious lesion in the Right lung that warrants further investigation with CT scan.

Questions:

1- List 4 possible reasons that may have led to this lesion being missed on the initial presentation to ED. (4 marks)

2- Outline your approach to this situation as the Senior Emergency Physician on shift. (6 marks)

3- List 5 strategies that could be implemented at a departmental level to prevent future missed radiological diagnoses? (5 marks)

SAQ 23:

Candidate Name:

A 35 year old man presents to your ED complaining of R shoulder pain after a pushbike accident.

His x-ray is shown below:



Questions:

1- Describe 6 significant findings on this image.

(6 marks)

1	
2	
3	
4	
5	

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6	
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2- What is the significance of the above findings? (1 mark)

3- Name 5 other injuries that may be associated with the injury shown in the above X-ray and describe how you would identify them. (10 marks)

	Associated Injury	Method of Identifying Injury
1		
2		
3		
4		
5		

SAQ 24:

Candidate Name:

A 3 year old aboriginal girl presents with 3 weeks of lethargy and weight loss. Her parents state she has a limp and bilateral leg and joint pains. Her pertinent examination findings include generalized lymphadenopathy and pallor.

The rest of her exam is unremarkable. Her weight is 10kg.

Her vital signs include:

GCS 15/15
HR 110
BP 86/48
Temp 38 C
RR 30
Spo2 93% on RA

1- Complete the table by listing your differential diagnosis for her underlying condition.

Pathological Process	Example

His blood result is attached below:


```
Diff: Manual      Specimen: Blood
Hgb : 34 C      WBC : 3.5 L
PLT : 8 C      :
RBC : 1.12 L    HCT : 0.09 L
MCV : 80      MCH :
RDW :      MCHC :      Press shift-insert to view reference ranges
Neut ( 5 %): 0.17 C      Meta ( 0 %): 0.00      AbnLy ( %):
Lymph ( 64 %): 2.22      Mye ( 2 %): 0.07 H      ProLy ( %):
Mono ( 1 %): 0.03 L      Prom ( 0 %): 0.00      Plasm ( %):
Eosin ( 0 %): 0.00 L      Blast ( 28 %): 0.97 H      Other ( 0 %): 0.00
Baso ( 0 %): 0.00      AbnIm ( %):      NRC 0 /100 WBC
Band ( %):      AtyLy ( %):      NRBC /100 WBC
SusFlg
Comment:      Patient Age: 3 years      Val: tlr2
```

2- What is the likely diagnosis? (1 Mark)

3- List 4 important abnormalities on the FBC to support your answer. (4 Marks)

4-List 4 other differentials for the above FBC and clinical findings: (4 Marks)

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SAQ 25:

Candidate Name:

A 14 year old girl presents to your ED having been brought in by the police for causing a disturbance at home. She had been threatening her mother with a knife after an argument about her boyfriend sleeping over.

She appears intoxicated on arrival and admits to drinking alcohol today.

Questions:

1- List 6 key components of your assessment of this patient in the ED. (6 marks)

2- On attempting to take further history from the patient, she becomes aggressive and starts spitting at staff and throwing chairs around the treatment room. You are unable to verbally deescalate the situation and decide to proceed with chemical restraint of the patient.

List the agents you would use to chemically restrain this patient in the ED. (including doses) (2 marks)

3- After you have safely sedated this patient, her mother arrives and becomes angry that you have sedated her child. List the key components of your response to the mother's complaint. (4 marks)

SAQ 26:

Candidate Name:

A 55 year old male presents after a high speed MVA where he was the restrained driver of the car. He is rapidly transported to your tertiary ED by ambulance without a secure airway.

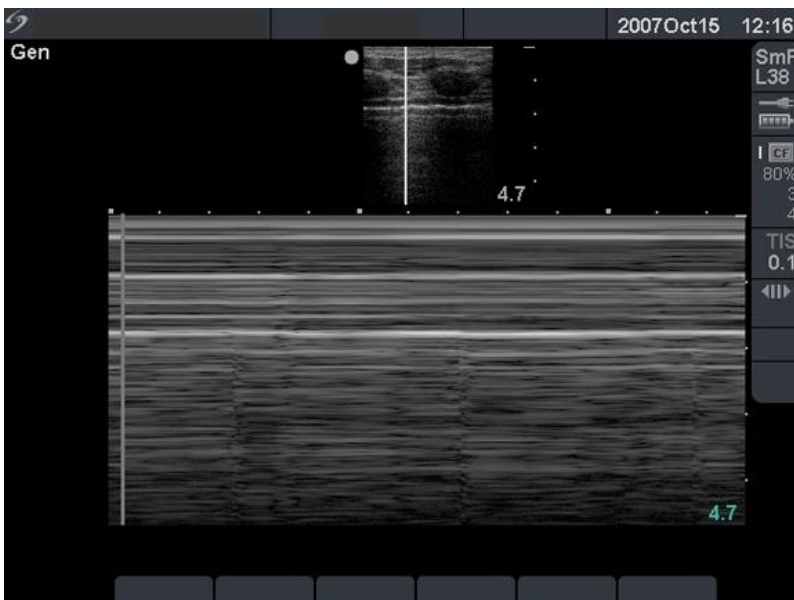
On arrival his vital signs are shown below

GCS 8/15 (E2 V M2 M4)
HR 125
BP 75/55
RR 6
Saturation 89% on 15L NRB

Primary survey reveals unilateral chest rise on left side with distended neck veins and tracheal deviation to the left. His abdomen is soft and non-distended with anatomically normal looking pelvis and lower limbs.

As an extension of your primary survey you obtain an e-FAST which showed no free fluid in the abdomen and no pericardial tamponade. These are the lung views you obtain are shown below:

Right lung:



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Left lung:



Questions:

1-What is the name of the sign shown on the above ultrasound?

(1 Mark)

2- What is the diagnosis and what is the likely clinical significance in this patient?

(2 Marks)

3- Complete the table outlining your immediate management priorities and the actions you will take to manage these? (10 Marks)

Clinical Priorities	Action Required

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SAQ 27:

Candidate Name:

A 70 year old man presents to the Emergency Department with acute onset of shortness of breath. He underwent L total hip replacement surgery 7 days ago.

His vital signs are:-

Pulse 120

BP 90/50

RR 35

Temp 37.5 C

GCS 15/15

Sats 91% in room air

Questions:

1- List 8 findings on an ECG that could support a diagnosis of PE (no ECG provided):
(8 Marks)

2- A CTPA has been performed which confirms a saddle shaped pulmonary embolus.

What are the 3 definitive management options available for this patient.
List the 1 indication and 1 contraindication for each option? (9 Marks)

Management option	Indication	Contraindication

Turn the page and do the paper again

Good Luck