

Question 18 (10 Marks)

Monash Mock fellowship exam

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Q 18 (10 Marks)

You are the day consultant in charge a tertiary ED. A 65 y/o male with a PMH of chronic liver disease has presented vomiting fresh blood over the past few hours. He has come via private transport and has no care prior to r/v. His vital signs:

HR: 90/bpm BP: 90/60 SPO2: 95% T: 36.9 GCS:
awake and oriented.

A: List 3 immediate treatment steps in the first 10 minutes (3 marks)

- ◆ Obtaining IV Access: 2 x large bore Cannula
- ◆ Sending bloods For FBC/LFT/Coagx/ G&H/X match
- ◆ If perfusion concerned: 250- 500 mls crystalloid
- ◆ Others: You may apply O₂ (however, at this stage pt dose not need 15 L O₂!), antiemetic (some mentioned)

- ◆ During your initial management steps, the pt become confused after a large haematemesis with fresh blood. His vitals now:
- ◆ HR: 100/ bp,
- ◆ BP: 80/40
- ◆ State 4 management priorities at this time. (4 marks)

- ◆ Airway management: Pt is at high risk of rapid airway compromise, airway needs to be secured. Expect difficult intubation (2 x suction, the most senior staff to perform the intubation) while stabilising the pt, being prepared for airway management. Apply O₂
- ◆ Circulation: start O Negative blood, activate MTP. However, Restrictive transfusion (too much blood transfusion is associated with poorer outcome in patients with oesophageal variceal bleeding. (only one candidate mentioned it, I did not mark you down though!), aim MAP > 65, Hgb 70-80, commence vasoactive infusion if required.

- ◆ Reverse coagulopathy (seek and treat coagulopathy): Vitamin K 10 mg IV/ FFP/ Tranexamic acid 1 gr (no evidence though)
- ◆ Source control: GI team to attend ED/ Pt needs urgent endoscopy. If Variceal bleeding, BS tube may be used. It is placed in ED if unable to control bleeding.

- ◆ A few candidates did not mention airway management. It was pass/fail criteria
- ◆ Some mentioned insertion of BS tube without mentioning urgent GI referral (I gave you mark, however you need to mention it!). It would be pass/fail
- ◆ Some candidates from the beginning started giving O Negative bloods/ etc with no justification.
- ◆ A few candidates mentioned "permissive hypotension". This is relevant in the context of trauma

List 3 specific treatment you would commence. If pharmacological give dose and rout.

- ◆ Octerotide 50 Microgram IV, then infusion or Or Terlipressin 2 mg IV 4 hrly (not both of them)
- ◆ Prophylactic AB: Ceftriaxone 1 g (IV)
- ◆ PPI (Pantoprazole 80 mg IV stat, then infusion 8mg/hr)
- ◆ Tranexamic acid 1 gr IV (however no evidence to support)
- ◆ FFP, Vitamin K 10 mg, BS (Blakemore- stengstake) tube

- ◆ 41/65 passed : 63%

- ◆ 12/65 : got 10/10

- ◆ Candidates who did not pass: mostly did not mention the airway management otherwise their answer was quite good!

Good luck with the real exam!