

Monash Practice Exam

2014

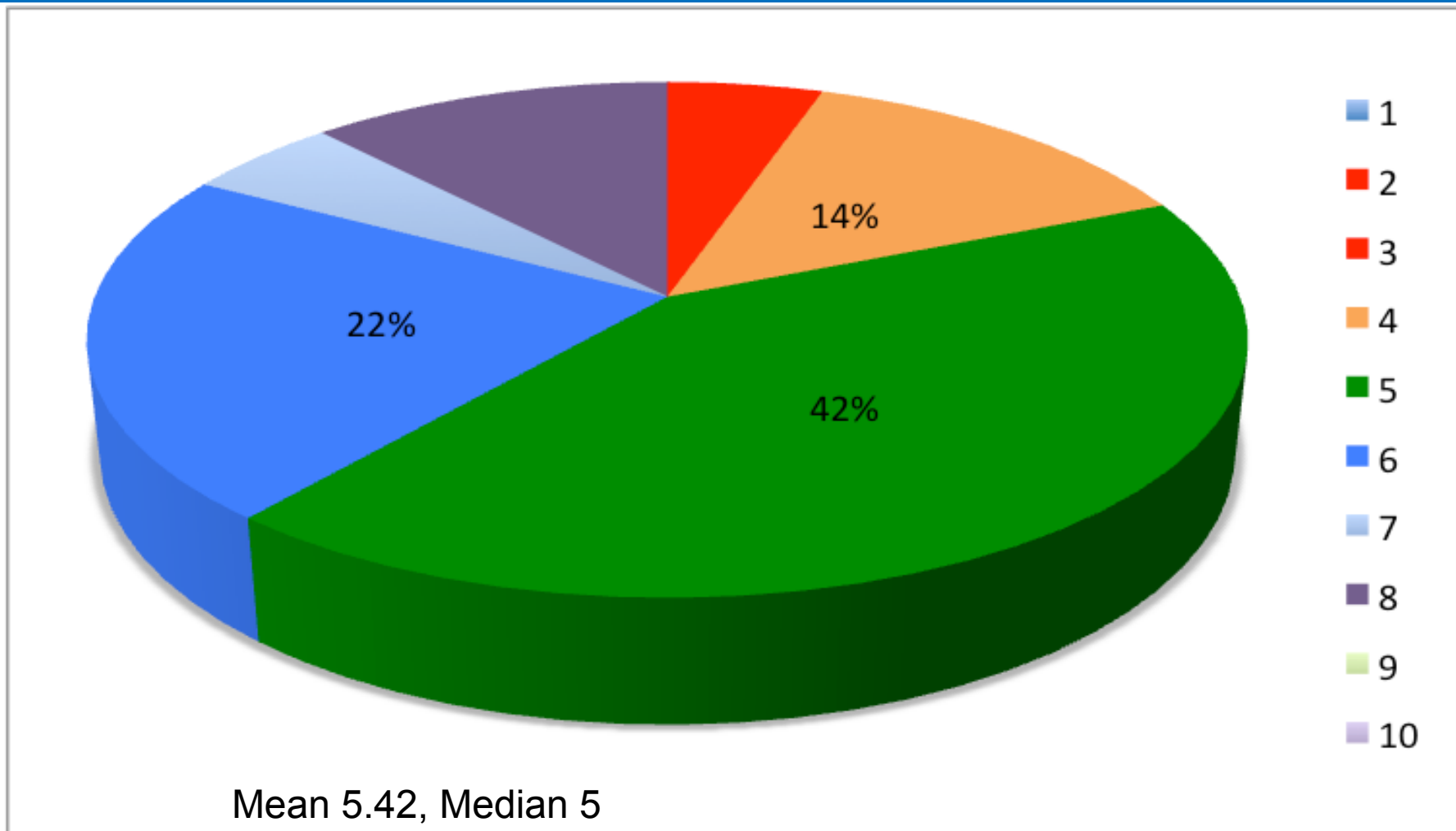
Question 18

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SAQ 18

- A 17yo patient with severe spastic quadriplegia secondary to cerebral palsy is brought to the ED. The patient lives at home but is dependent on her parents for full care. She has been unwell for 48 hours with cough, fever and increasing drowsiness

Results



Results

- Standard setting – borderline candidate
 - Part 1
 - 4 features on history : 2/4 to pass
 - Part 2
 - Access for admin of meds : 2/3 to pass
 - Part 3
 - Discuss with family : 3/6 to pass
- Therefore need 7/13 (5.38/10 to pass question)

SAQ 18

- 1. Describe 4 features on history that would determine if this patient requires inpatient admission.
 - Multitude of acceptable answers
 - Poor oral intake, reduced urine output, vomiting (unable to tolerate meds), rigors, aspiration, episodes of apnoea/cyanosis, increased WOB
 - Family not coping, parental request for admission
 - Advanced Care plan, Previous similar presentations/hospital admissions
 - Failed Rx at home (oral AB), comorbidities
 - Alternate diagnosis – meningitis
 - Hx of resistant organisms BC/sputum

SAQ 18

1. Describe 4 features on history that would determine if this patient requires inpatient admission.

PITFALLS

- 4 means 4 points, each point with one feature +/- clarification – SHOT GUN does not work. ONLY mark 1 feature on each point.
 - If you list 12 things in no particular order and the first 4 are wrong (ie examination findings rather than Hx) you will struggle even if points 8 to 12 are brilliant
- If the examiner can't read it, they can't mark it.

SAQ 18

- 4 features on History Pitfalls
 - HISTORY does not include:
 - Tachycardia, hypotension, hypoxia or any other clinical signs including dehydration
 - “Presence of sepsis” “severe sepsis” “septic shock” “patient’s wellbeing” “features of severe infection” “Infection requiring parenteral antibiotics”
 - Repeating the stem : quadriplegia, cough, fever, drowsy, cerebral palsy
 - NAI???
 - Consolidation/pulmonary infiltrates, biochem abnormality

SAQ 18

- The ambulance crew have been unable to obtain IV access despite multiple attempts. Describe three (3) options of obtaining access for administration of medication
 - Non IV – NGT, PR, IMI, subcut
 - IV
 - Peripheral: using USS, experienced operator, EJV
 - CVC, PICC
 - IO – with qualification

SAQ 18

- Obtaining access pitfalls:
 - Consultant FACEM level answer required
 - IO as your first line without any qualification?? (and then discuss futility of Rx and inappropriate for ICU in part 3 of this question)

SAQ 18

- Obtaining access
- Good answer
 - Start simple (USS peripheral IV) then escalate
 - CVC if other options fail and need for IV access is confirmed
 - IO if no other option and time critical resuscitation deemed appropriate

SAQ 18

- The patient is diagnosed with severe pneumonia. The patient's parents would like full resuscitation with intubation and intensive care if required. Describe six (6) points to discuss with the family

SAQ 18

- Discuss with family
 - Diagnosis
 - Prognosis/reversible factors/returning to previous level of function
 - Current quality of life
 - Explanation of treatment options including ward level care

SAQ 18

- Discuss with family
 - Explanation of ICU care, ICU will consult and advise, no guarantee of admission
 - Futile treatment concept, patient dignity, patient's wishes
 - Setting treatment limits
 - Parent's understanding of her condition, expectations
 - Prolonged ventilation/trachy/in hospital death/ complications of ICU level treatment

SAQ 18

- Discuss with family Pitfalls
 - Writing nothing.....
 - Talking to parents about ICU resources and lack of a bed for their child
 - Raising organ donation
 - This was a question about points to discuss with parents, not about
 - Documenting your discussions
 - Empathy/compassion/non paternalistic approach

SAQ 18

- Final tips
 - Read the question and answer what it asks
 - Legible writing is important
 - Shot gun will lose you marks and waste time
 - FACEM level answers, think and then qualify/modify as required