

Q 22 (Model answer)

A 2yo boy presents after an acute choking episode.

He had a brief episode of coughing and appeared blue at home..

He now has an ongoing intermittent cough.

His observations are within normal limits and appears well.

1. What is the diagnosis and which side is affected? (2 mark)
 - Inhaled non radiopaque FB
 - left side

2. List 4 radiological findings supporting your diagnosis (4 marks)
 - Asymmetrical
 - Hyperexpanded on LHS
 - widened ribs
 - Depressed/flattened left hemi-diaphragm
 - Tracheal deviation
 - Negatives – no obvious FB/pneumothorax/consolidation/bony abnormality (only 1 mark total for negatives)

3. The child becomes suddenly distressed and is markedly short of breath.
List six (6) steps that you would take to **reduce his distress** whilst in the ED (6marks)
 - Reassure, keep calm
 - Minimal handling
 - Upright posture
 - Distraction
 - Minimise monitoring, sats only
 - Oxygen as tolerated

4. List four (4) indications for urgent definite treatment for this child (4marks)
 - Complete airway obstruction
 - Cardio/respiratory arrest
 - LOC
 - Worsening hypoxia, Sats <90% despite high flow oxygen
 - Increased respiratory distress, tiring
 - Bradycardia secondary to hypoxia

Question not done very well

- Many candidates thought FB was on RHS not LHS
- Received some marks for correct interpretation of XR findings (ie hyper-expanded left lung, despite saying FB is on RHS)
- Part 3 caused some confusion, but the main thrust was the wording “to REDUCE his DISTESS”
 - o IV access, look in mouth, Ventolin, Bag valve mask, laryngoscope FB removal, ETT, CPR, backblows/chest thrusts (unless pre-arrest), notifying anaesthetics, bronchoscopy . None of these things will reduce his distress!
 - o Analgesia : Intranasal/IM/IV will increase his distress in this setting, not a painful condition, just distressing.
 - o “Consider” is a bad word. You can consider lots of things but I want to know what you will do