Monash Trial Exam June 2016 – Q 25

General Points:

1) Answer at the level of a consultant
2) Write one point per line and ensure that you are not writing the same thing on a second line. You will not get extra marks for this
3) All the information in the stem is relevant. Do not ignore it

Question 1

1) Incarcerated / strangulated umbilical hernia
2) Non incarcerated hernia with cellulitis of the abdominal wall

In this question, no marks were paid if "umbilical" hernia was written. It must have incarcerated or strangulated as this is what makes this a surgical emergency and shows consultant level thinking

Question 2

History

1) Severity of CCF with regards anaesthetic risk
2) Unstable diabetes as cause or leading to a consequence of cellulitis
3) Symptoms of bowel obstruction
4) Symptoms of sepsis
5) Allergies – for antibiotics that may be required

Examination

1) Vital signs to suggest septic shock / dehydration
2) Abdominal signs of obstruction
3) Abdominal signs of peritonitis
4) CCF influencing fluid management
5) CCF / obesity that may affect airway management for any surgical intervention

Some candidates wrote under history – constipation and vomiting on 2 separate lines. These are both signs of obstruction and should be on the same line.

You need to write what the history/ examination finding suggests. E.g. vomiting as a symptom of obstruction. This distinguishes you as a consultant.

Question 3

1) Analgesia – titrated IV opiates. Must state what is given and how with appropriate end points.
2) Fluid resuscitation – again type and volume to be given with appropriate end points
3) Antibiotics – given that the main concern is that there could be ischaemic bowel, coverage had to include gram –ve organisms. I agree that Staph and anaerobic cover should be mentioned. Again doses are needed
4) Glucose homeostasis - sliding scale insulin or insulin infusion to maintain normoglycaemia. Please note that informing the diabetes liaison nurse is not appropriate. As an emergency physician, you should be able to make the decision on how to control the patient's glucose level.
5) Surgical referral - this patient requires a definitive operation to fix this

I did not pay any marks if imaging U/S or CT was written. This is a surgical emergency and requires an urgent operation. If the surgeon believes that imaging is required, he/she should be organising it. Please note that ordering investigations e.g. blood tests is not a management priority. It is an investigation.