

Monash Prac Fellowship Exam June 2016

Q8 short answer (CVA)

M.Mee

Q1. Stroke Mimics in this patient with L facial droop and slurred speech:

Remember it asks for how to exclude on **initial brief** exam! (ie you are trying to decide if you should call the Stroke Code!), so things like EEGs, CTBs, MRIs are irrelevant here. Need to read the question!

Points given for:

- Todd's Paresis: Lack of Hx seizure/epilepsy
- Bells Palsy: lack of forehead sparing
- Hypoglycaemia: bedside BSL not low
- Migraine: lack of Hx of aura or migraine with similar effect in past
- SOL: No history of brain ca/ca/other concerning
- ICH (Haemorrhage): I had to give points for this, even though I would include these under the 'stroke' diagnosis (could have designed question a little better) eg SAH: Lack of sudden onset HA/meningism
- If wrote ICH: cannot exclude in brief assessment, that is fine, or gave comment re recent INRs that is good
- Other reasonable things too (eg IE with septic emboli!)

-Anything else I gave some points for but not as many.

Eg Some people wrote too general things like 'sepsis' or 'etoh' which doesn't per se give facial droop...

Eg Dissection (but not really in stem)

Q2: Contraindications to thrombolysis:

More points given if people thought about THIS patient not the generic patient!

Any of:

- Onset time >4-6 hr
- HT >185-200 (185/110 most ref)
- No active bleeding
- Bleeding diathesis, but want INR to be mentioned

- INR >1.5-1.7 (but recognise different cut offs depending on institution).
- INR >4 not ok, too high a cut off...
- Pl <100
- Recent trauma with internal injury < 1 mo
- Recent major surg <2 wk
- Recent GI or Urine bleed < 1 mo
- BSL <2.8
- known ca/neoplasm
- known brain ca/AVM/SOL
- PHx ICH/SAH
- Recent CVA < 3 mo
- Septic embolus
- recent MI < 1 mo
- recent Bx , 1/12

If lack of detail gave half point or no point

Gave less points for things that related to eligibility (indications) for Tx
(eg rapidly resolving sx)

3. Thrombolysis: Elements of consent process

Too many people gave a 'med student' answer like. Need more specifics.
Eg if you just write 'describe risks' that is not showing your knowledge.
Great answers gave examples

Points for:

- explain risks eg ICH, bleeding
- explain possible benefits: no evidence for inc mortality, but some evid for increase QOL, evidence changing/depends on other factors
- Patient deemed competent (don't keep repeating this in different ways!
No extra points!)
- Alternatives to procedure explained with example: clot retrieval, supportive, localized thromb
- describe the procedure!!! IV injection of medicine, close monitoring, reg BP
- describe how Cx would be treated (no one said this)
- answer questions from patient and family where appropriate, check understanding

