

# Monash Health Practice Exam

## *Questions 10*

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# Repetitive but Important to remember :

- YOU ARE A CONSULTANT NOW → Think as a CONSULTANT
- ANSWER as a CONSULTANT → Big picture first then add details (knowledge)
- Be precise → Description/anatomical locations /significance and practice changing/System issues etc
- Write something that doesn't need explanation and NO ONE can argue
- Spend 15-20 seconds scanning and understand the question first
- **READ** the question and ANSWER the question

# Question 10

A 12 year-old boy is brought by his anxious father to your ED and triaged to resuscitation cubicle. He had a tonsillectomy 3 days ago and has been vomiting blood for the last hour which became more severe on rout.

He is agitated and his vital signs on arrival:

- RR 24/min
- HR 130 bpm
- BP 90/40 mmHg
- O2 Sat 70% on room air

# Question 10

A 12 year-old boy is brought by his **anxious father** to your ED and triaged to **resuscitation cubicle**. He had a tonsillectomy 3 days ago and has been vomiting **blood** for the last hour which became more severe on rout.

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## Summary?



a) Excluding vital signs, list four (4) clinical findings helping you to estimate the amount of blood loss.

- Pulse characteristics
- CRT
- Appearance / Skin colour (mottling/pallor/peripheral cyanosis)
- Cold peripheries
- Conjunctival pallor
- Conscious state/level
- Urine output
- Kussmaul breathing
- JVP

## a) **Clinical** findings

- Amount of blood on on the shirt , bag etc (HISTORY)  
*Write something that doesn't need explanation and NO ONE can argue*
- Hb/lactate in VBG (Ix)
- Child's weight ??
- Tachypnea (Excluding V/S)
- READ THE QUESTION **PLEASE** .

b) Showing your formula, calculate the **minimum** acceptable systolic blood pressure in this child.

**70** - 80 mmHg + (2 × age in years)

Minimum SBP: 94 mmHg

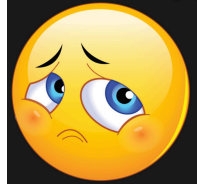
**Hypotension is a late sign**

Recognising hypotension ≠ Intervention



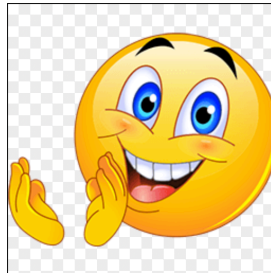
# Minimum SBP

9/40 Answered



3.5 correct

Candidates : 16, 25, 26

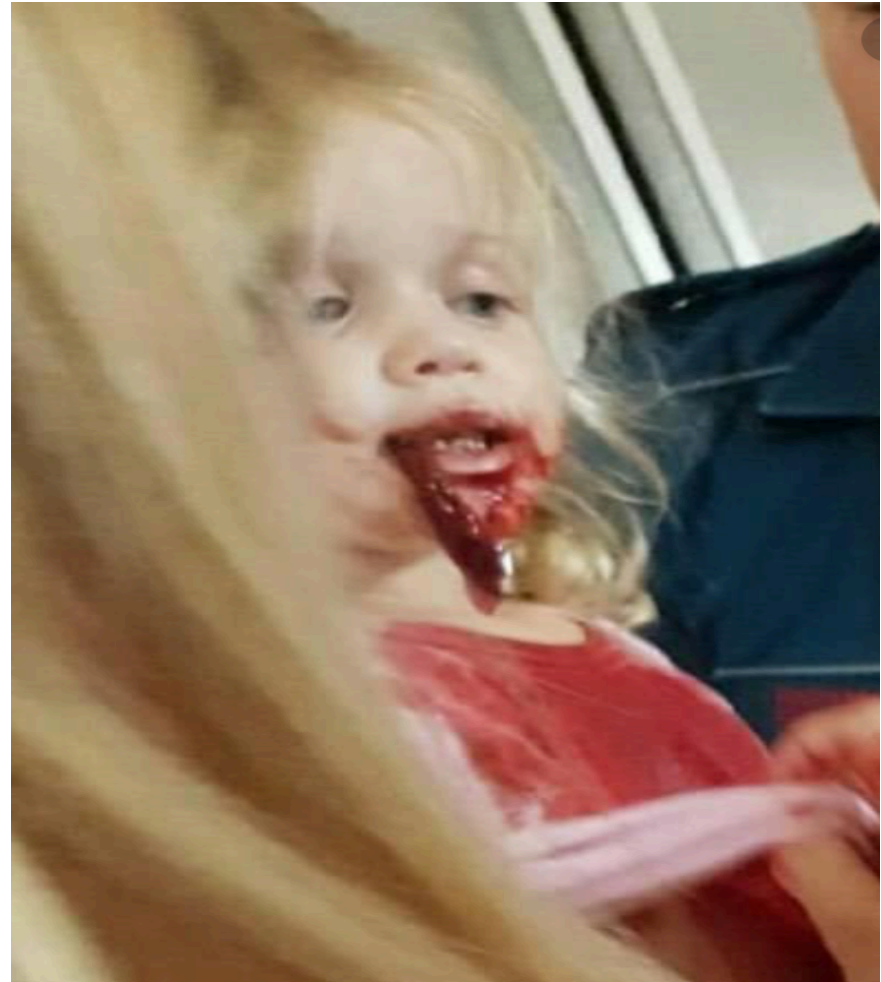


Candidate 13 : correct formula ; forgot to calculate

c) State Five (5) **immediate** management steps in this situation.

Let's practice  
together

2 full mark !



# c) State Five (5) immediate management steps in this situation.

A : Position, Suction

B : Oxygen (sat 70%)

C : Blood

Source control:

- Mechanical
- Chemical : TXA / Adrenaline

Definite Rx : ENT/OT

- ?? ETT / tracheostomy

# Some examples : incomplete, without thinking

Many forgot to apply Oxygen !!

Intubate !!!

Urgent ENT review (why?) →

NaCl 20ml/Kg in haemorrhagic shock !?

IVC/IO for what?

Obtain large bore IV access + X-match and activate MTP

Mode of delivery → HM/HFNP !!!/ apnoeic oxygenation

AB/ADT

Don't repeat yourself, won't get mark

# Some dangerous looking answers

Sit the patient upright, Secure airway, high flow oxygen through NRM 15 L

IN fentanyl after 2 large bore IVC

HM 15 L

Paracetamol 15/Kg PO !!

ENT team are 30 minutes away. despite your management the patient is still hypoxic, agitated and still bleeding.

You decide to secure his airway.

d) State five (5) modification you need to apply to your routine RSI technique.

1 Complete mark

Let's







## d) State Five (5) modification you need to apply to your routine RSI technique.

- PPE
- Position
- SALAD (DL; accepted but not a modification)
- Medication (DSI/ ?? no paralytic)
- Tracheostomy (early/double set up etc)
- You are the most experienced operator in exam.

# Some answers

Do not use VL

Prepare suction

Sitting up position

Nasal intubation

Preoxygenation (this should be routine not modification)

# Anaesthetic technique : Two schools of thought

- DSI +/- paralytic + cricoid pressure (does not protect the airway from bleeding in the pharynx, it is the technique most likely to secure the airway quickly)
- Gas induction in the head-down, left lateral position (may be fraught with potential problems).

Two suction devices in case one becomes blocked with clot and a variety of tube sizes and laryngoscope blades.

Another operator / ideally the ENT surgeon needs to be scrubbed and prepared to perform a surgical airway / tracheostomy should the need arise.

# Mark out of 16

- **Min 5**
- **Max 12.5**
- **Mean 8.4**
  
- **Pass rate for pass mark 11 : 7.5 %**
- **Pass rate for pass mark 10 : 27.5 %**



