



### Case 1 (SCE1 2012.2)

**A 35 year old female is triaged into a monitored cubicle in your ED after taking an overdose of her mother's 'heart tablets'.**

**Question 1:** Please outline your initial assessment.

**Question 2:** Her mother reports that she has taken 30 x 240mg sustained release verapamil 2 hours ago. Initial observations are normal. Her initial ECG shows normal sinus rhythm at a rate of 70/minute. What would you do now?

When you next review the patient, these are her observations:

PR is 40

BP 80/40,

RR 18,

Sats 97%on RA.

Her GCS is 12 (E3, V4, M5).

**Question 3:** How would you manage her?

**Question 4:** After phone consultation ICU suggests CCU admission under cardiology as they have no vacant ICU beds. How would you respond?

## Case 2

**A 40 year-old man is brought to your tertiary ED after being found unconscious in a police watch-house cell. It appears he hanged himself with a belt, tied to a ceiling beam. Ambulance personnel report the following at handover: GCS 5 (E1, V1, M3) Temp 37deg C HR 110 bpm**

**BP 180/90 mmHg**

**RR 16 bpm – spontaneous respirations, with stridor Ligature bruising / oedema around neck. Some ventilation assistance provided with bag/valve/mask device. Hard cervical collar applied.**

**Question 1:** Describe your initial management

**Question 2:** The patient is successfully intubated, and is clinically stable with supportive management. Outline the important features in the HISTORY of this case.

**Question 3:** The patient has been on a ventilator for a brief period. Initial arterial blood gases are available. FIO<sub>2</sub> is 100%.

pH	6.8
pCO <sub>2</sub>	55
pO <sub>2</sub>	180
O <sub>2</sub> saturation	90%
HCO <sub>3</sub>	11
Base Excess	-15

Describe and interpret these results.

**Question 4:** The patient is now intubated. The patient develops high airway pressures. Outline your approach.

