

Case 1 (2011.2 SCE 1)

SCENARIO

A 47 year-old woman presents to your emergency department complaining of a gradual onset generalised headache and vomiting since yesterday. Her past history includes a renal transplant 2 years ago. She appears disorientated and memory impaired.

Her observations are

Pulse rate	100	bpm	BP	160/90
mmHg				
RR	14	bpm	Temp	37.8
deg C tympanic				
GCS	14	(disorientated)	SaO2	98%
(room air)				

Her medications are perindopril, caltrate, prednisolone and azathioprine.

Question 1: Outline the key features in your history

Question 2: A non-contrast CT brain is normal. The radiologist suggests a contrast CT. The patient's creatinine is 135 (ref. range <110), which is normal for her. Outline your approach to renal protection in this case

Question 3: The CT Brain with contrast is normal. What are the key issues to consider regarding a lumbar puncture in this patient?

Question 4: Prior to the LP the patient has a generalised seizure. Describe your management.

Case 2

SCENARIO

You are on duty in a small urban district hospital. You attend to an 8 year-old boy who was rescued from the bottom of a saltwater backyard pool, unconscious. He was resuscitated by pre-hospital personnel and presents with the following vital signs:

- HR 72 bpm, regular
- BP 90/60mmHg
- RR 24 bpm
- spO₂ 100 % on high flow oxygen

Question 1: Outline the key features in your examination of this child.

Question 2: Describe the factors which determine THIS child's prognosis.

Question 3: The child's GCS is now 14, but he shows signs of respiratory distress from aspiration pneumonitis. Describe your treatment.

Question 4: The child is stable on BIPAP but will require transfer to the paediatric hospital 25km away. No retrieval team is available and you elect to transfer the patient. Describe how you will prepare for transfer