Monash Fellowship Practice Exam Question, August 2025
Model Answer Sheet for Q11
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12 points

You are the consultant working in a regional ED when you receive pre-notification of a 6 year old girl with a choking episode. Her vital signs are normal, but she is pale and quiet.

1. **Outline the immediate management of the choking patient, presenting with an ineffective cough.** (4 marks)

A

- **"Send for help"** Will accept any reasonable response related to airway management for this point eg call anaesthetics/ENT, prepare for front of neck access. (1 point)

- If responsive, **"Give up to 5 back blows/give 5 back blows"** (1 point). **"Give back blows"** (no number/incorrect number) (1/2 point)

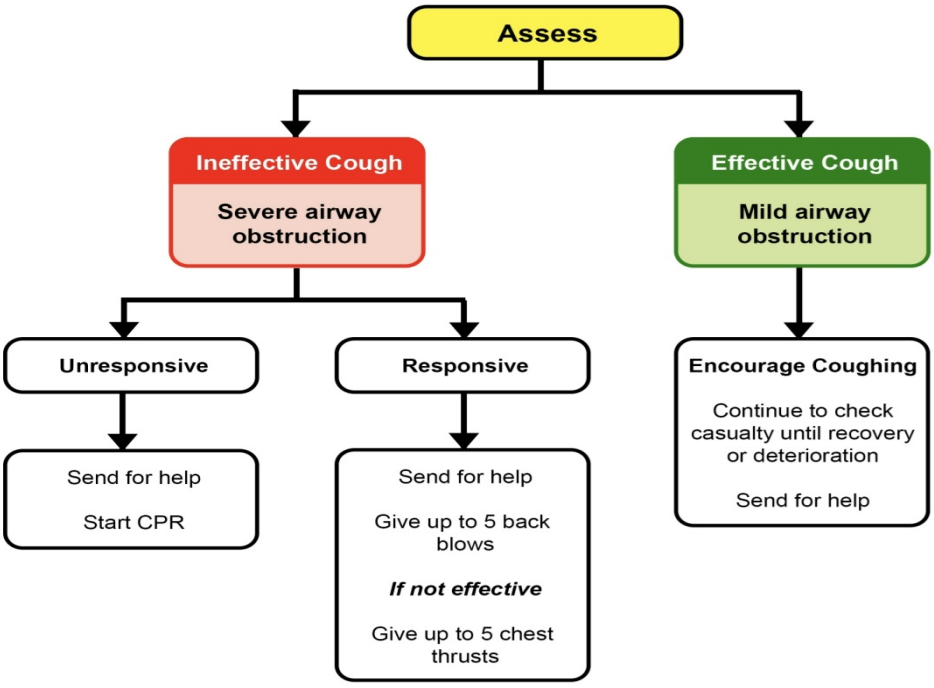
- If responsive, **"Give up to 5 chest thrusts/give 5 chest thrusts"** (1 point). **"Give chest thrusts"** (no number/incorrect number) (1/2 point)

- **"Re-assess +/- repeat back blows/chest thrusts"** (1 point), APLS algorithm

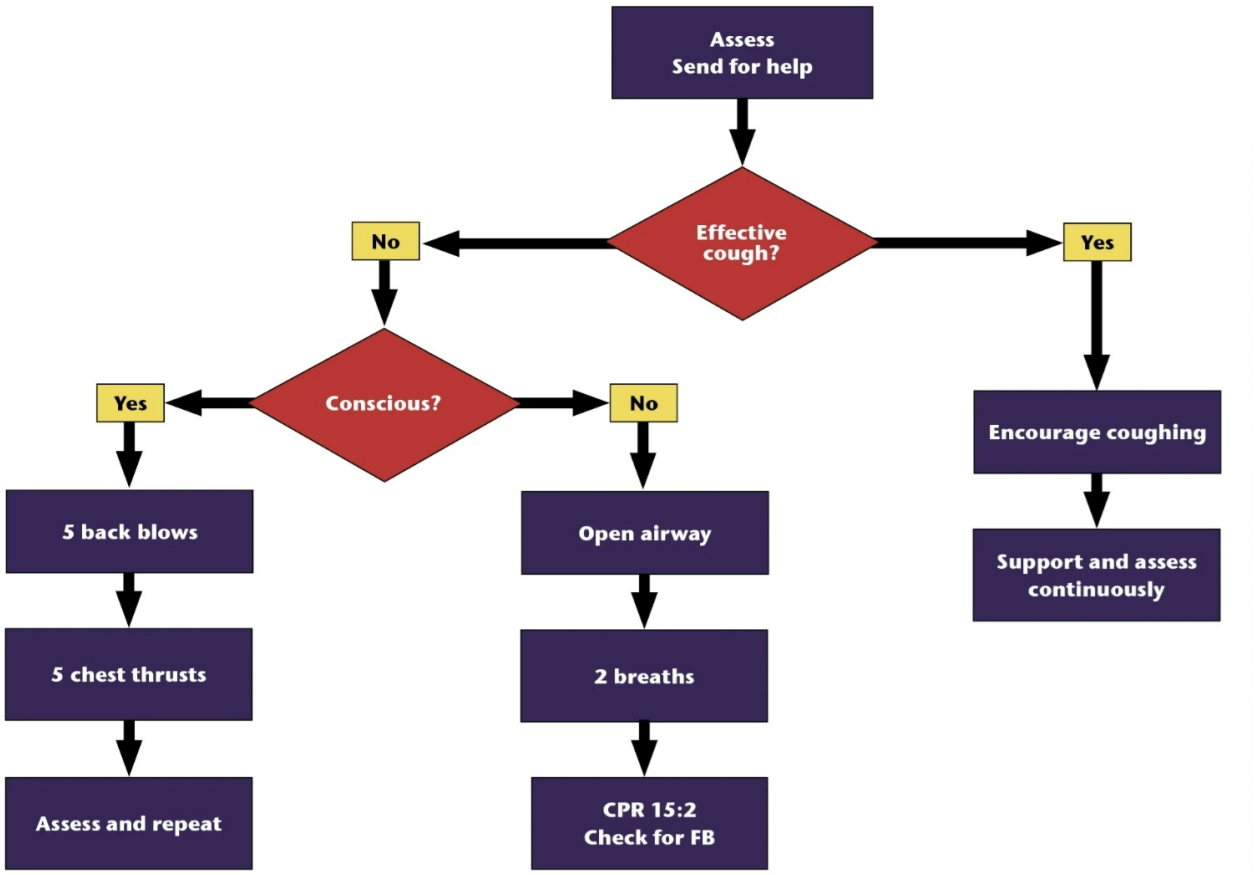
- "**If unresponsive, start CPR"** or similar wording (1 point)

- **"Check for FB"** (1 point), APLS algorithm

6 opportunities for 4 points.

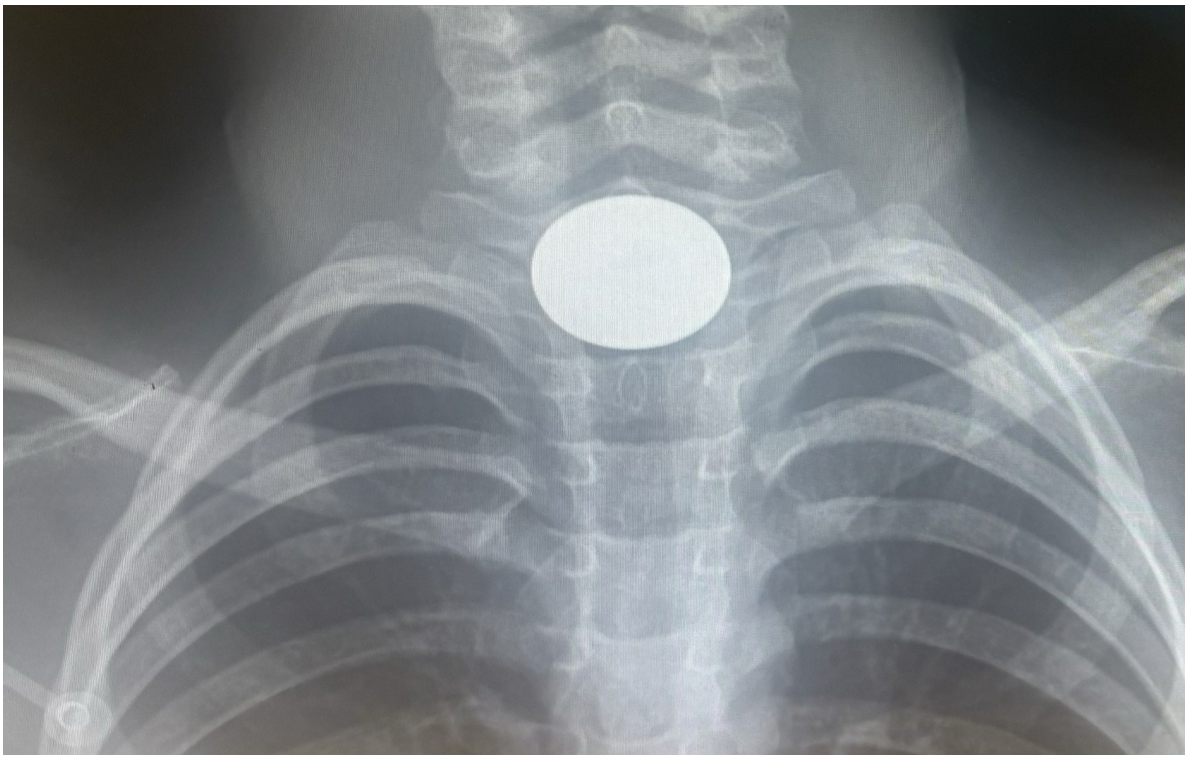


Source: https://www.anzcor.org/assets/Uploads/Choking-August-2023-1-v3.pdf



https://www.apls.org.au/algorithm-choking-child

Upon arrival to ED, the child remains pale and quiet, with normal vital signs.
You obtain the following X-ray.



2. Which radiographic feature would you look for on this X-ray to determine if this is a button battery? (1 mark)

A. The **double ring** sign or **halo** sign or **concentric two ring** sign. (1 point)

Source:
https://radiopaedia.org/cases/esophageal-foreign-body-button-battery-ingestion-3
https://radiopaedia.org/articles/button-battery-ingestion

3. If you were concerned this child had an oesophageal button battery, name a temporising treatment including dose, whilst awaiting urgent endoscopy. (2 points)

A. **Honey,** 10ml q10min x6 doses providing over age of 1 OR
B. **Sucralfate,** 1g tablet crushed in 10ml water q10min x 3 doses

1 mark given if for word “honey” OR “sucralfate”
1 mark given for “10ml” with respect to honey OR “1g” with respect to sucralfate

Source: https://www.rch.org.au/clinicalguide/guideline_index/Foreign_body_ingestion/
https://www1.racgp.org.au/ajgp/2022/july/button-battery-injury
https://www.starship.org.nz/guidelines/foreign-body-ingestion/

You confirm through collateral history that she was playing with a coin when the choking episode occurred. The child starts choking again and loses consciousness. You attempt to secure her airway but are unable to ventilate and oxygenate through BVM, intubation or using an LMA and elect to proceed with a cricothyroidotomy.

4. Describe the steps of a needle cricothyroidotomy. The front of neck has been cleaned and draped.
5 points

A. **Identify cricothyroid membrane** (1 point)
B. **Draw up <5ml water/saline into 5ml syringe and connect to 14/16G cannula (or 18G if using a proprietary kit)** (1 point) (must state <5ml water/saline to obtain point, otherwise you can't see air bubbles. Larger syringe size also accepted, providing the volume of liquid is less than the capacity of the syringe)
C. **Insert cannula** through cricothyroid membrane aiming caudally, **aspirating continuously** (1 point).
D. Once **air is aspirated, advance cannula (**1 point). Alternatively, have allocated **2 points to any accurate of a description of a Seldinger technique is using a proprietary kit** i.e. guidewire -> scalpel -> dilator ->catheter.
E. **"Confirm position"** (1/2 point). **Any reasonable description of how to confirm position** (1/2 point) (eg place syringe containing water back on cannula, aspirate air).
F. **Connect cannula to oxygen source** (1 point)

Several opportunities for total 5 points

Source: https://www.rch.org.au/clinicalguide/guideline_index/CICO/
https://litfl.com/cannula-cricothyroidotomy/