Sep 2026 JCM quiz

YCH AED

Case 1

- 51/M
- PMH: ESRF on HD
- Patient scheduled for HD but no show. Lives alone. Found patient collapsed at home. Apartment was noticed to be very hot
- PE:
  - 41.5C
  - GCS E4V1M4
  - PEARL
  - BP 171/105
  - SpO2 97% on RA

1a. List 4 DDx for the above presentation

1b. Difference between heat exhaustion and heat stroke?

1c. Name 3 methods of cooling a patient in the ED

Case 2

- 57/M
- PMH: HT, CKD, obesity, ischemic stroke
- Ambulance calls your hospital for pre-hospital stroke notification
- Last seen well @ 22:00 the night before
- Patient found unresponsive + drooling @ 04:30
- PE:
  - BP 220/110, P70
  - GCS E1V1M4, PEARL, unable to test limb power

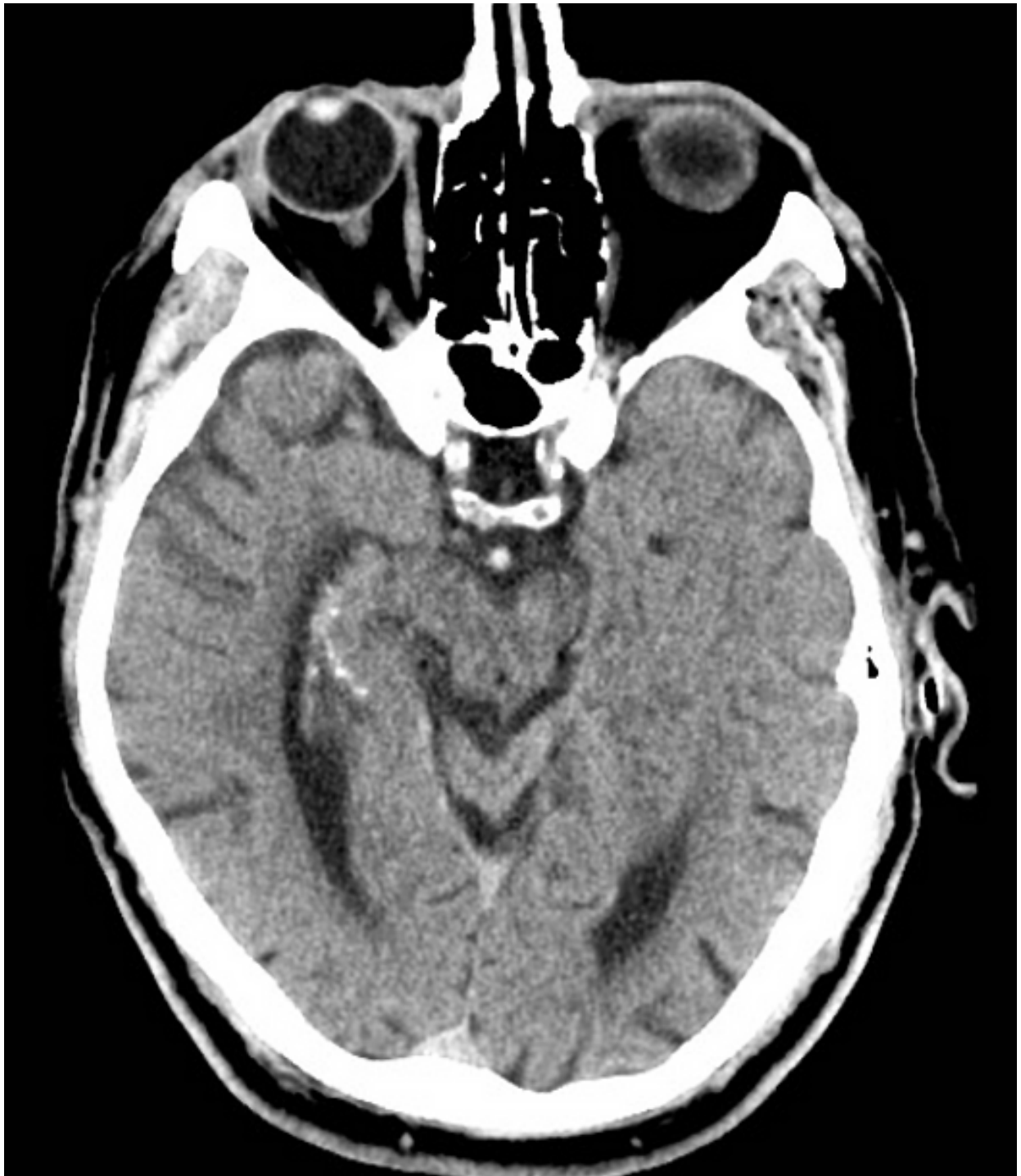
2a. Name 3 examples of pre-hospital stroke identification tools. Which one is used in HK?

Case progress

- The stroke nurse arrives at the R room, assesses the patient, then gives him a NIHSS score of 10
- 2b. How do you interpret a NIHSS score? List 1 advantage and 1 disadvantage of using NIHSS scoring.

An urgent CTB was performed.

2c. Please describe the findings



Hyperdense basilar artery sign

- 2d. Name 3 causes of the above sign
- 2e. What is the sensitivity and specificity? How can you improve the sensitivity?

Case progress

- GCS E1V1M4 upon AED arrival
- Inability to tolerate oral secretions
- Intubated in R room
- CT angiogram + perfusion scan = R dominant VA + BA occlusion with posterior infarct involving bilateral occipital + cerebellum + brainstem

Posterior circulation stroke

- 40-50% of posterior circulation strokes present with dizziness and vertigo.
- 2f. Name 4 features of vertigo that are suggestive of a central cause

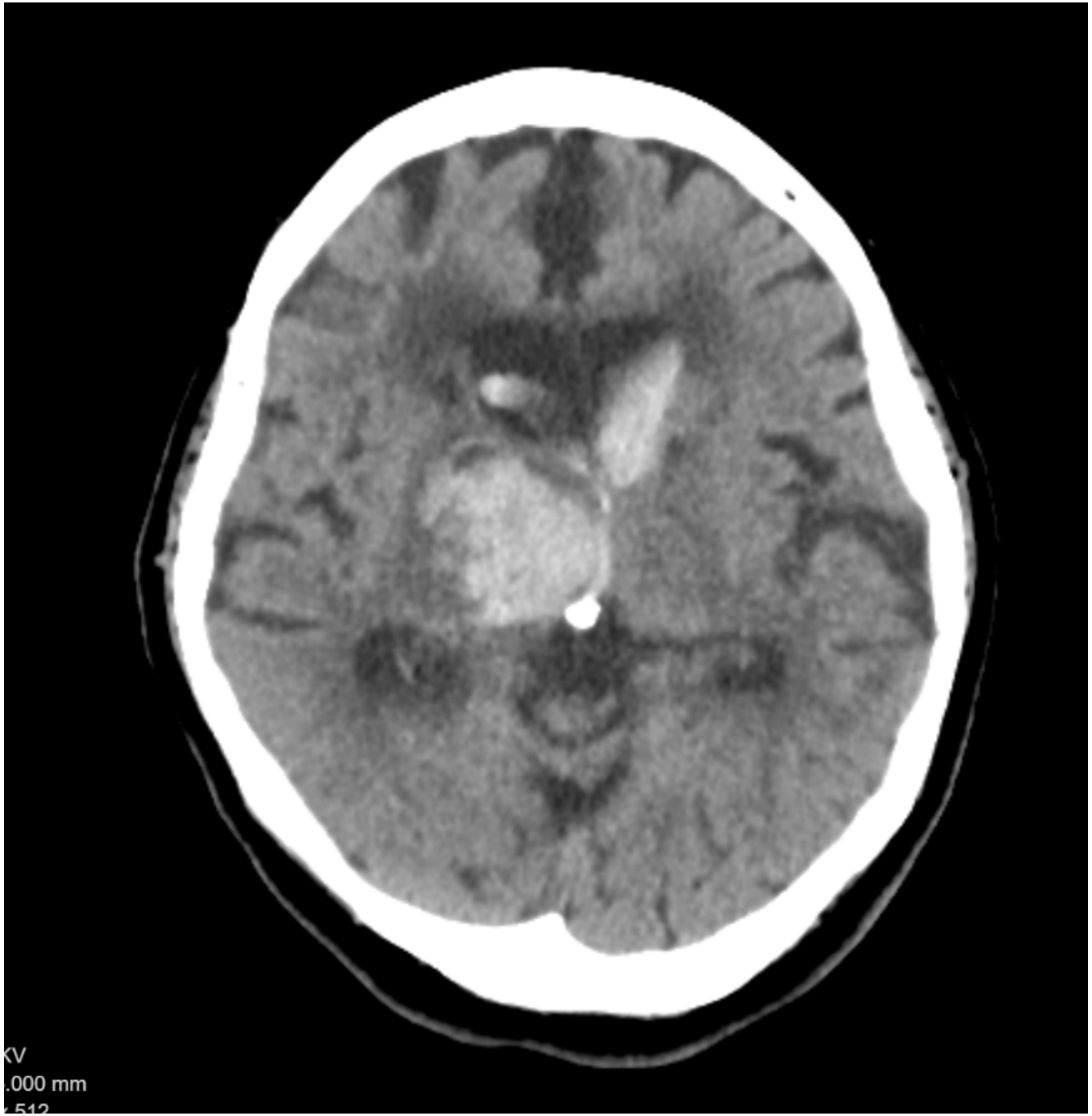
Case 3

- 87/F
- PMH: HT, AF on warfarin
- Last seen well @ 19:30 when the patient entered the bathroom. Family members heard the patient banging the bathroom door @ 19:50. Patient found vomiting with decreased consciousness
- PE:
  - BP 217/99
  - GCS E4V2M6
  - R sided power 3/5
  - L sided power 1/5

ICP estimation

- From the clinical picture, you suspect ↑ICP in this patient
- 3a. What is the role of POCUS in ICP estimation?

3b. Please comment on the CTB



3c. Describe 2 methods of lowering ICP in the A&E

Reversal agents for warfarin

- The patient is on warfarin so you decide to proceed with reversal
- 3d. Name 3 options for warfarin reversal. What are the differences?

Intubating a neurocritically ill patient

- You decide to proceed with RSI intubation in view of CTB findings + GCS 7/15
- However, intubating may lead to increased ICP from exaggerated sympathetic response with laryngoscopy.
- 3e. Name 2 methods to mitigate ICP rise from intubation

INTERACT-3

- INTERACT3 trial demonstrated improved functional outcomes and ↓mortality with protocol-driven ‘bundled care’ approach in Mx of atraumatic ICH.
- 3f. Name 3 physiological/biochemical targets of this bundle.(FEEM 2026 SAQ PP)

Case 4

- 70/M
- PMH: CKD, DM, HT
- c/o painful blisters over right torso x 2/7. Seen by a GP and prescribed acyclovir
- Visited by family members today and found dull-looking

Questions

- 4a. Name 4 S/S for acyclovir neurotoxicity
- 4b. Name 2 risk factors
- 4c. How do you differentiate acyclovir neurotoxicity from VZV encephalitis? Name 4 differences

Thank you! Questions?