

OSCE Questions

RHTSK AED

5/12/2007

Question 1

- (i) A 35 y.o.man collapsed in a disco after took ecstasy and danced for 3 hours. His GCS is E1V1M2 and body temperature is 37 degree Celsius.

- The nurse also tells you that there are dark brown discoloration of urine, dipstix urinalysis is positive for rbc. Please name 3 causes for dark brown discoloration of urine with dipstix positive for rbc?

- Hematuria (0.5 mark)
- Myoglobinuria (0.5 mark)
- Hemoglobinuria (0.5 mark)

- (ii). Name two life-threatening complications of MDMA intoxication that are consistent with the laboratory results?

Clinical Management System [CMS] Last successful login: 22-Nov-2007 19:33 (RH_AEMOT)

File Clinical Investigation Enquiry Booking Report Doc./Print Other System Info. Admin.

Close/Logout Dx Px Con Sum OP Book Rx Modify Rx Reminder Letter/Doc DM Info Endocrine Ix Chart Liver Neurology Renal CI Rheuma Lab Result PMI Rad Result Next Pat

Laboratory Result Enquiry

Details Alert

Result Detail

| | 02/11/07 | 02/11/07 | 02/11/07 | 02/11/07 | 03/11/07 | Reference | Units |
|-----------------|----------|----------|----------|----------|----------|-------------|--------|
| Collect Date : | 02/11/07 | 02/11/07 | 02/11/07 | 02/11/07 | 03/11/07 | | |
| Collect Time : | 20:00 | 20:00 | --:-- | --:-- | 00:41 | | |
| Arrive Date : | 02/11/07 | 02/11/07 | 02/11/07 | 02/11/07 | 03/11/07 | | |
| Arrive Time : | 20:06 | 20:06 | 22:46 | 22:47 | 00:48 | | |
| Request No. : | CR101305 | CR101306 | CR101325 | CR101326 | CR101336 | Range | |
| Urgency : | URGENT | URGENT | URGENT | URGENT | URGENT | | |
| Sodium | -- | -- | 107 * | -- | 108 * | 135 - 146 | mmol/L |
| Potassium | -- | -- | 3.6 | -- | 3.0 * | 3.5 - 5.0 | mmol/L |
| Urea | -- | -- | 5.6 | -- | 4.8 | 2.5 - 6.5 | mmol/L |
| Creatinine | -- | -- | 59 * | -- | 73 | 62 - 115 | umol/L |
| Total Protein | -- | -- | 69 | -- | -- | 66 - 87 | g/L |
| Albumin | -- | -- | 39 | -- | -- | 35 - 50 | g/L |
| Globulin | -- | -- | 30 | -- | -- | | g/L |
| Total Bilirubin | -- | -- | 72 * | -- | -- | 3 - 17 | umol/L |
| ALP | -- | -- | 75 | -- | -- | 53 - 128 | IU/L |
| ALT | -- | -- | 72 * | -- | -- | < 41 | IU/L |
| Calcium | -- | -- | 1.86 * | -- | -- | 2.20 - 2.60 | mmol/L |
| CK | -- | -- | >20000 * | -- | -- | 24 - 180 | IU/L |
| Amylase | -- | -- | 96 | -- | -- | 25 - 125 | IU/L |
| Glucose | -- | 9.5 * | -- | 4.2 | -- | See Below | mmol/L |
| Troponin T | <0.03 | -- | -- | -- | -- | < 0.1 | ng/mL |

Cumulative Non-cumulative Next Previous Request... Print Close

Laboratory Result RH A&E YUEN, CHI KIT 22-11-2007 LPRDT

- MDMA associated hyponatremic encephalopathy (1 mark)
- MDMA associated rhabdomyolysis (1mark)

- (iii) Other than supporting the patient's airway, breathing and circulation, name three specific treatment for this patient.
 - Hypertonic saline (0.5 mark)
 - Mannitol (0.5 mark)
 - Urine alkalinization / NaHCO_3 (0.5 mark)
 - Diuretics

Question 2

- 53/F
- Hx of AF, HT
- Found sudden onset of left side weakness at home about an hour ago
- BP 220/125, E3V4M5

- (i)a. What is the most important abnormal finding of this CT scan?
 - Hyperdense right middle cerebral artery (0.5 mark)
- (i)b. What is the name given to this specific sign?
 - Dense MCA sign (0.5 mark)

- (i)c. What does this sign indicate?
 - Right middle cerebral artery occlusion (0.5 mark)
- (i)d. What other 2 early CT features can be found in this neurological condition?
 - Effacement of sulci (over parietal,temporal or frontal lobes))
 - Loss of normal gray-white junction (over parietal,temporal or frontal lobes)
 - Loss of insular ribbon
 - Blurring of basal ganglia (Any 2 of them, 0.5 mark each)

Question 2(i)a



- (ii). What specific treatment can be considered for this patient?
 - Intravenous thrombolytic therapy (0.5 mark)

- (iii). Name 4 contraindications of this specific treatment. (Not only in this patient)
 - Onset >3 hours
 - SBP >185, DBP>110
 - ICH, SAH
 - Known AVM/aneurysm
 - Active internal bleeding
 - Known bleeding diathesis (platelet <100000, PT>15sec, INR>1.7, current use of oral anticoagulants)
 - Within 3 months of IC surgery, serious HI
 - Major surgery within 14 days(Any 4 of them, 0.25 mark each)

- (iv). If this patient is enrolled for this specific treatment, what is the target of her BP control?
 - Systolic <185, Diastolic <110 (0.5 mark)

- (v). What is the drug of choice for controlling the BP?
 - iv Labetalol
 - iv Nitroglycerin
 - iv Na Nitroprusside (Any one of them, 0.5 mark)

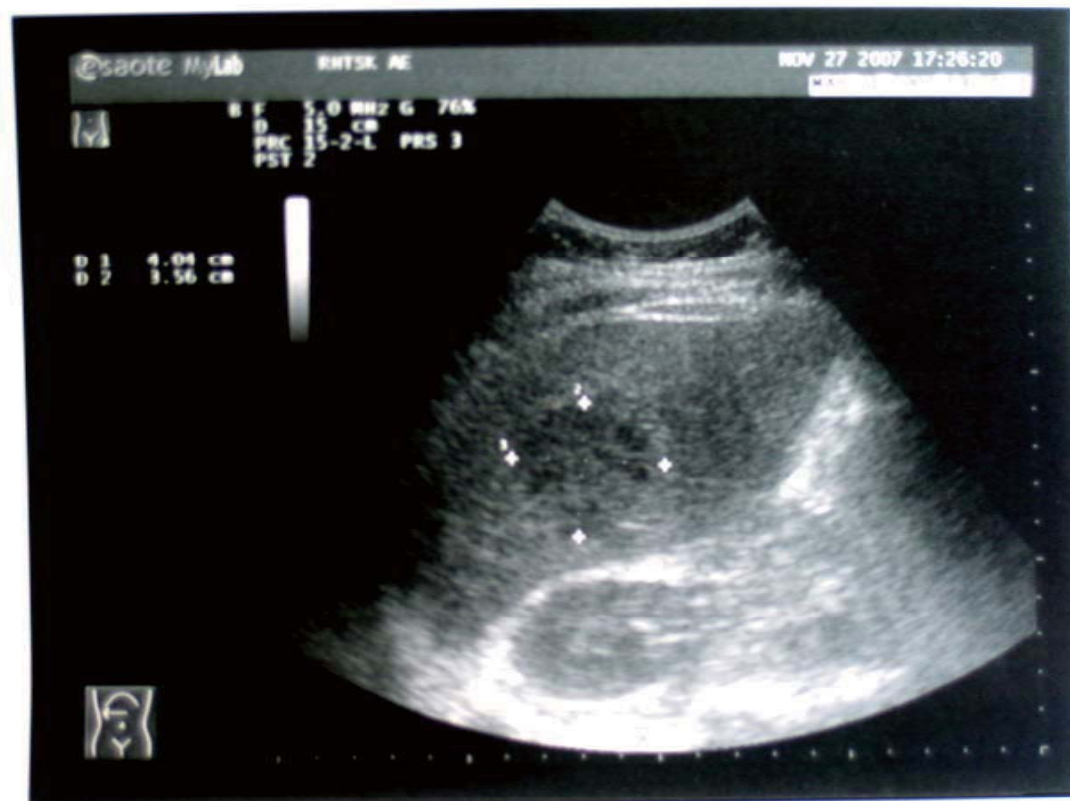
Question 3

- 35/M
- Good past health
- Presented with fever for 1 week and
and RUQ pain for 1 day

- (i). What 2 imaging will be done for this patient in AED?
 - CXR (0.5 mark)
 - USG abdomen (0.5 mark)

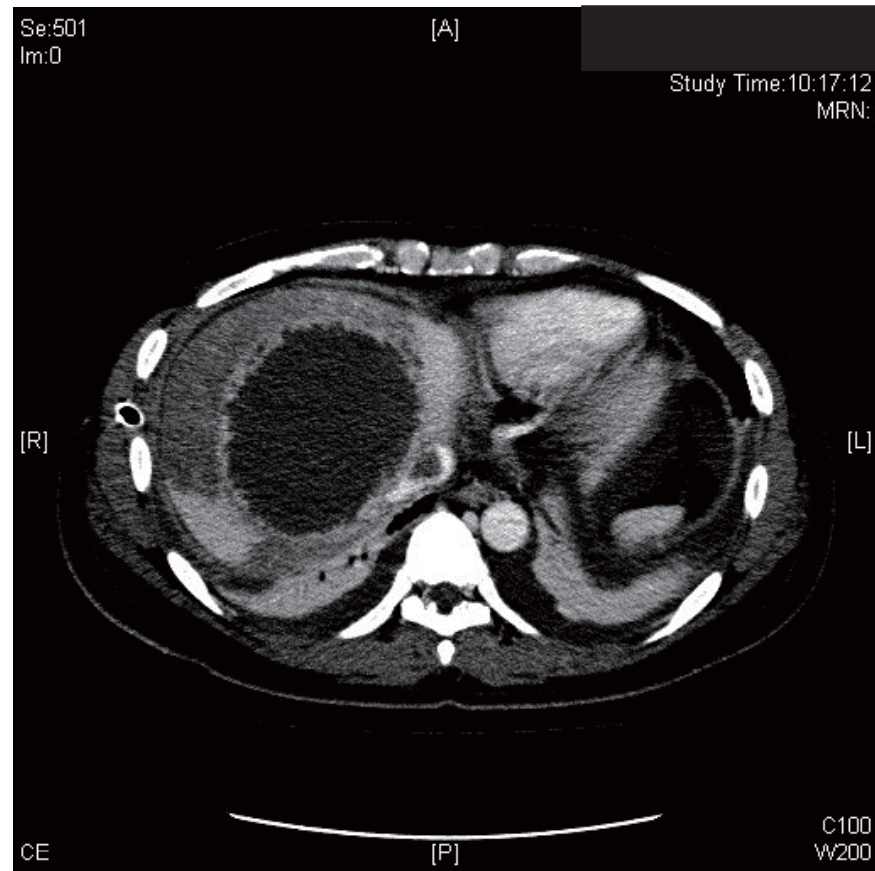
- (ii)a. What is the most important finding of this imaging?
 - A hypoechoic lesion in liver (1 mark)
- (ii)b. Give 3 DDx of this finding.
 - Liver abscess (0.5 mark)
 - HCC (0.5 mark)
 - Metastatic liver lesion (0.5 mark)

Question 3(ii)a



- (iii)a. Further imaging was done, describe your finding?
 - Non-enhancing lesion with ring sign/Halo sign (0.5 mark)
- (iii)b. What is the most likely Dx?
 - Liver abscess (0.5 mark)

Question 3(iii)a



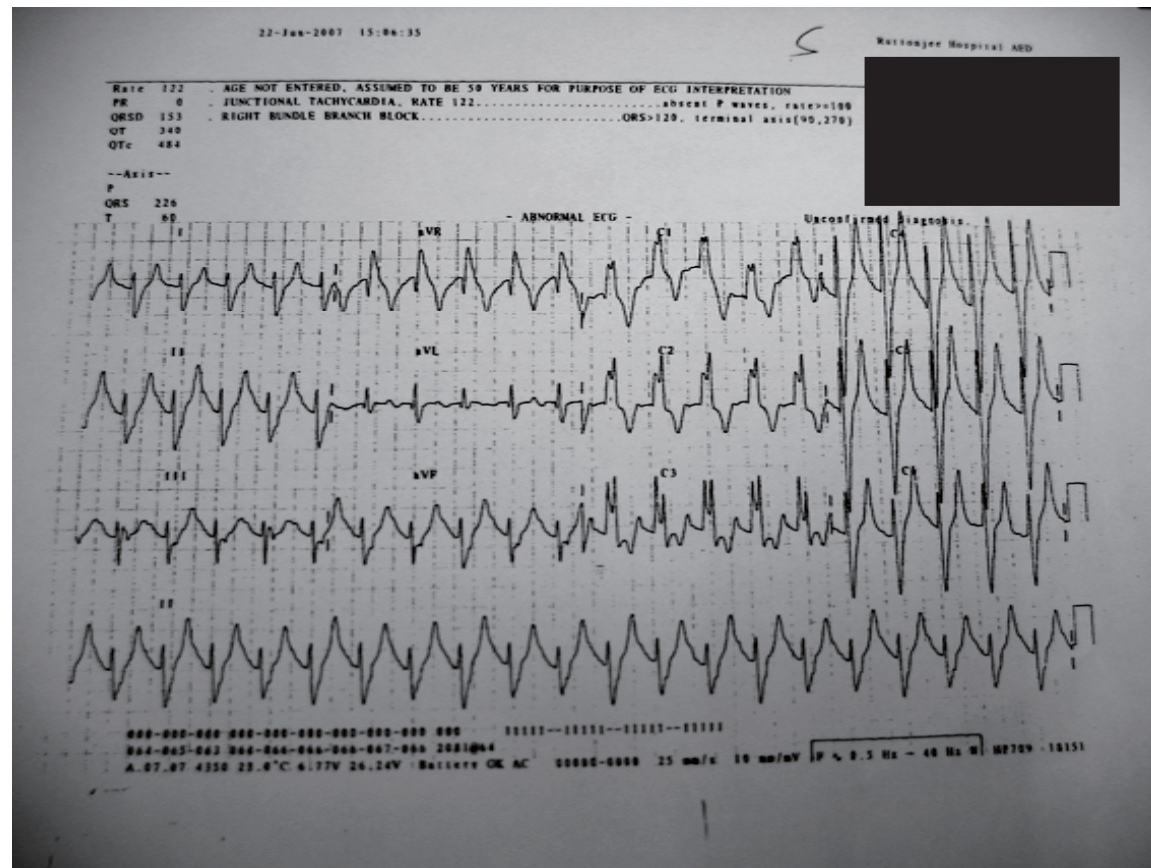
- (iv). Name 2 treatment of this patient.
 - iv antibiotics (0.5 mark)
 - USG/CT guided percutaneous drainage (0.5 mark)

Question 4

- 79/M
- Hx of HT, DM with triopathy, IHD, old CVA with good recovery
- On OHA and ACEI
- Presented with dizziness, generalized malaise
- BP 180/90, Pulse 120/min

- (i)a. Give 3 abnormal findings of this ECG.
 - Tall T wave
 - RBBB
 - absence of p wave
 - Widened QRS complex (Any 3 of them, 0.5 mark each)

Question 4(i)a



- (i)b. What is the most likely cause of these ECG findings?
 - hyperkalaemia (1 mark)

- (ii). What blood tests will you order to confirm your Dx?
 - RFT (0.5 mark)
 - ABG (0.5 mark)

- (iii)a. Which drug in the emergency trolley will you give to the patient?
 - Ca gluconate/CaCl (0.5 mark)
- (iii)b. What other drugs can be given?
 - DI drip
 - NaHCO₃
 - Resonium
 - Beta-agonist
 - Loop diuretics (Any 2 of them, 0.5 mark each)

The End

Thank You!