

OSCE

QEH

Joint Clinical & Didactic Meeting on 4th June 2008 at QEH

Scenario (1)

- 34 year-old lady
- Attended A&E for 18 hours of show and leakage at 0200 on 28/12/2007
- Further history:
 - G1P0, LMP 13/4/2007, no antenatal check-up
 - Developed convulsion and then cardiac arrest in triage station, no vital signs could be obtained

Questions

1. What are the specific modifications during resuscitation of a pregnant lady?

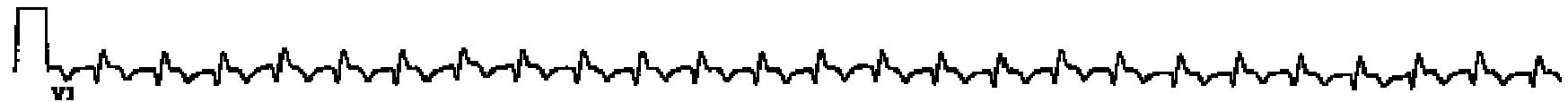
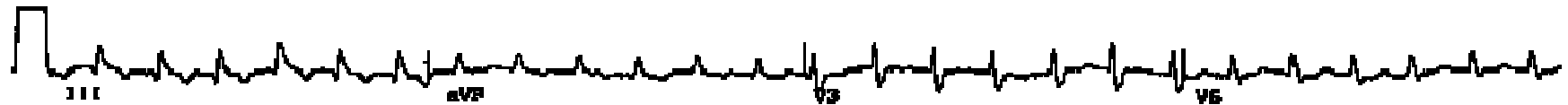
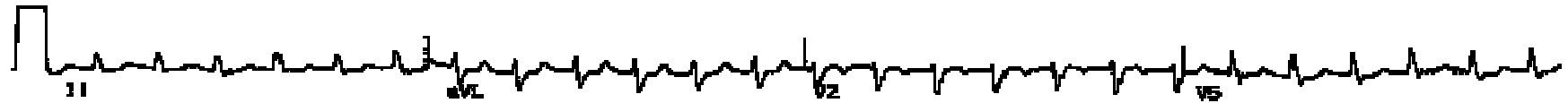
A:

2. What are the specific causes for cardiac arrest in a pregnant state?

A:

- You have successfully resuscitated the patient and here is her post-arrest ECG

ECG



Questions

3. What are the ECG abnormalities?

A:

- Emergency C/S was performed and she remained hypoxic despite mechanical ventilation. She also suffered from DIC with clinical postpartum bleeding and biochemical evidence of DIC

4. What is the most likely diagnosis?

A:

5. What specific treatment should be given?

A:

Scenario (2)

- 20 year old /F
- Broken up with boy-friend
- Attended A&E in the middle of the night
- Taken 30 tablets of “PANADOL” products 30 minutes ago
- Vital signs stable, no other toxidrome, emotional calm

Questions

1. Name four different types of “PANADOL” products available in HK?

A:

2. What is “PANADOL EXTRA”?

A:

3. How do you define massive panadol overdose and suprathapeutic panadol overdose?

A:

4. Outline what you will do at that time.

A:

5. What will you do if the 4-hours post-ingestion level is below treatment line?

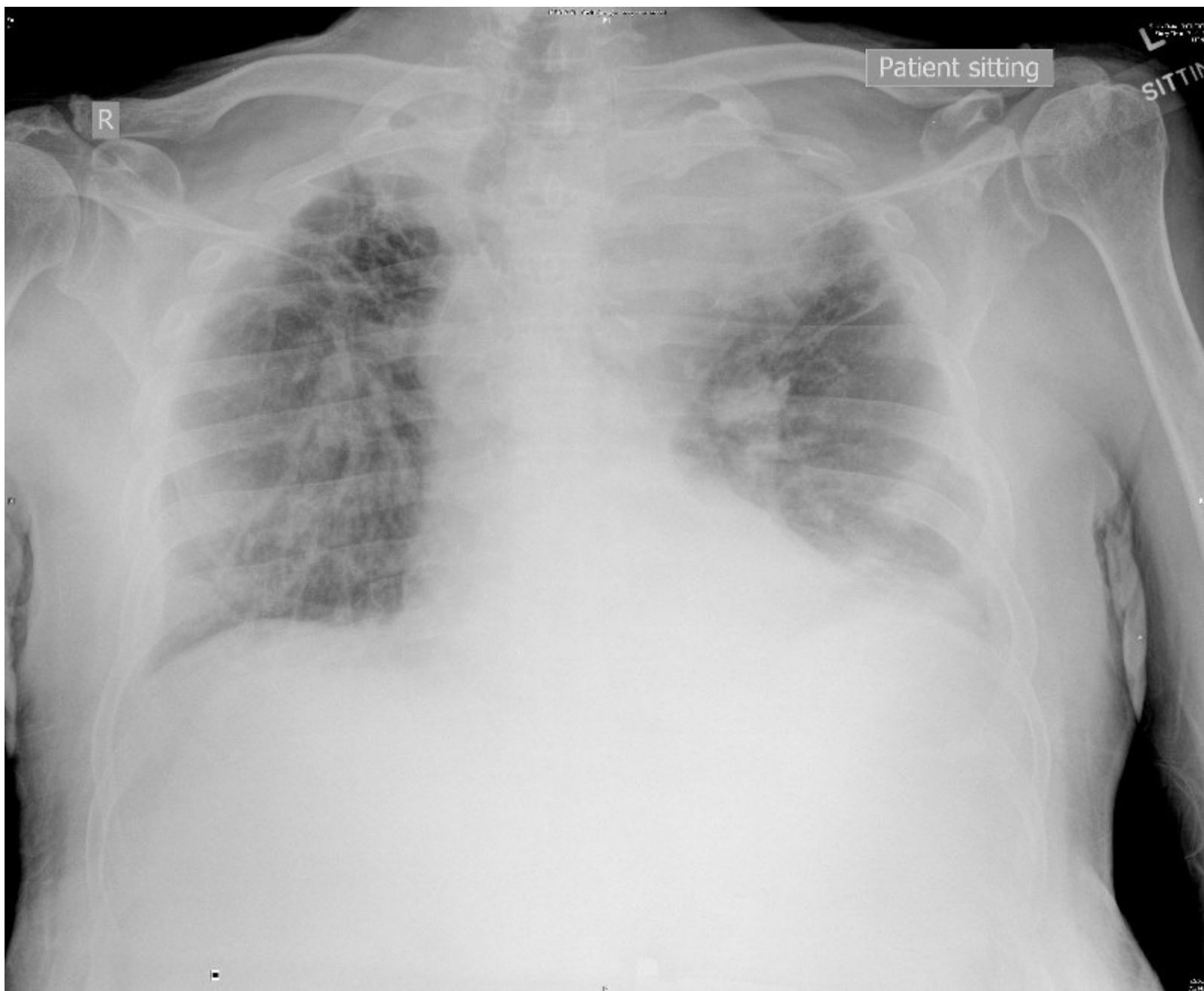
A:

6. What is the name of the treatment line?

A:

Scenario (3)

- M/56 heavy smoker
- c/o Irritative cough with occasional upper chest and back pain
- No SOB, afebrile
- Vitals stable except high BP
- PE unremarkable
- CXR taken



Questions

1. Name 2 x-ray abnormalities.

A:

2. Name 2 likely differential diagnosis

A:

3. Suggest 1 specific investigation.

A:

4. After the investigation in question (3), emergency cardiothoracic surgeon consultation is deemed necessary, what is the commonest classification system for the probable condition and its bearing on management?

A:

Scenario (4)

- F/38
- Left leg pain & swelling
- No history of injury
- BP 90/63 P120 T39.1⁰C
- PE: left thigh & leg diffuse tenderness, redness, hotness, swelling
- XR of leg was performed





Questions

1. What are the x-ray abnormalities?

A:

2. What is your diagnosis?

A:

3. What are the possible causative agents?

A:

4. Name the 6 laboratory indicators which constitute the risk scores for the captioned condition.

A:

Table 1. Laboratory Risk Indicator for Necrotizing Fasciitis (LRINEC) Score (Score ≥ 6 indicates a high risk of necrotizing fasciitis)

	Value, Unit	Score
C-reactive protein, mg/L	<150	0
	≥ 150	4
Total white cell count, per mm ³	<15	0
	15-25	1
	>25	2
Haemoglobin, g/dL	>13.5	0
	11-13.5	1
	<11	2
Sodium, mmol/L	≥ 135	0
	<135	2
Creatinine, μ mol/L	≤ 141	0
	>141	2
Glucose, mmol/L	≤ 10	0
	>10	1

Scenario (5)

- F/55
- Recurrent DVT on warfarin
- C/O L loin pain with radiation to back.
- BP 96/64, pulse 78.
- P/E L loin tenderness with bruise over L loin.
- Hb 8.1, INR 2.39
- AXR and CT abdomen + pelvis were done



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[A]

Se:8
Im:50

Study Date:29/12/2007

Study Time:20:16:45

MRN:



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[A]

Se:8
Im:52

Study Date:29/12/2007

Study Time:20:16:45

MRN:



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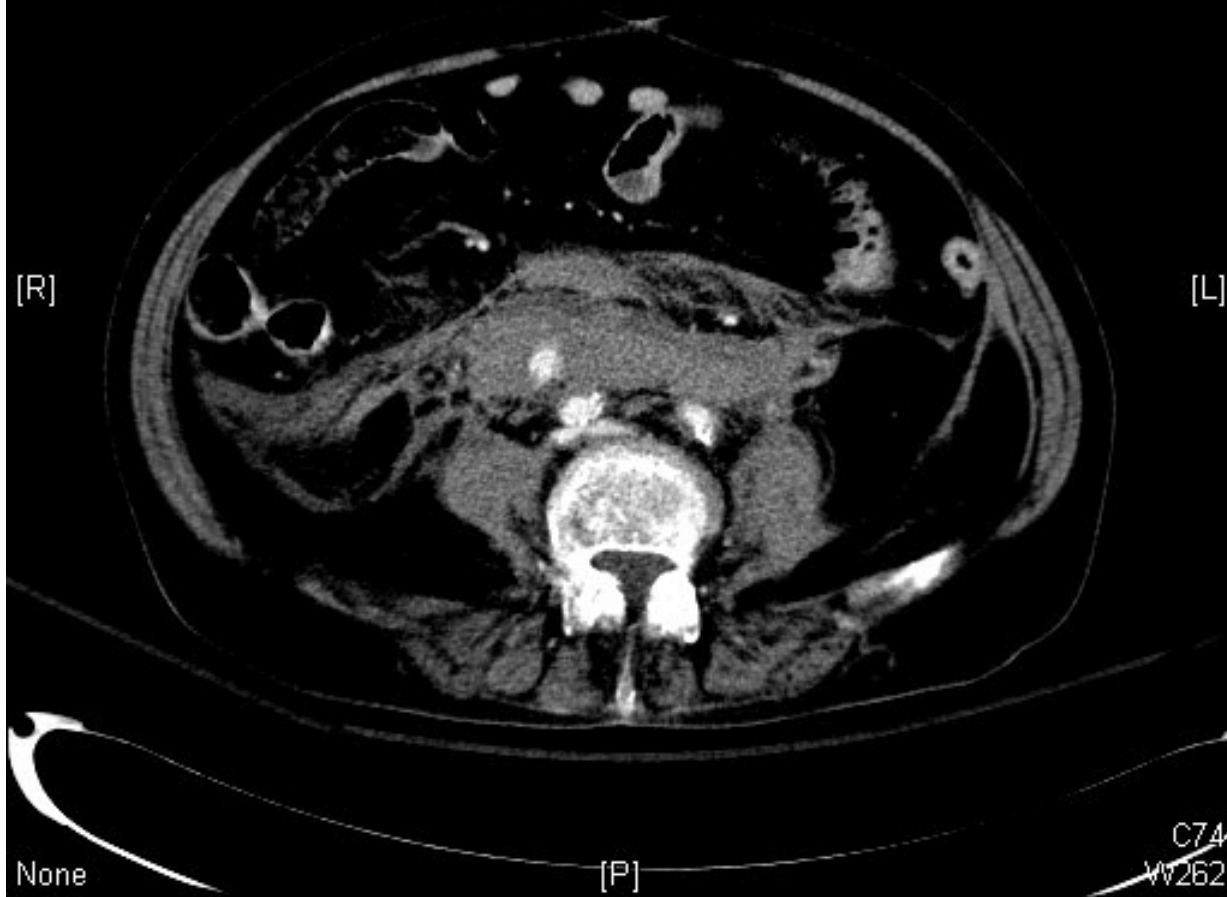
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[A]

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MRN:



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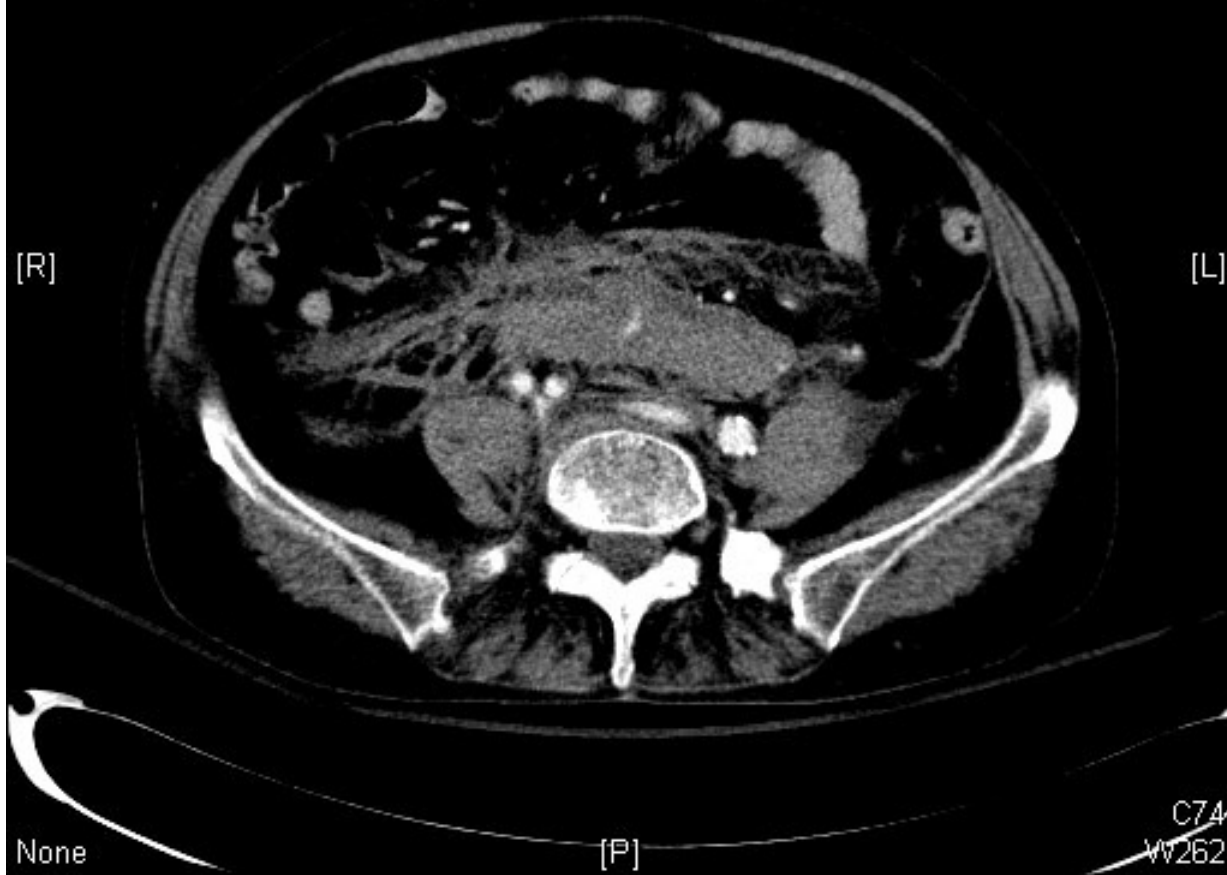
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Im:60

[A]

Study Date:29/12/2007

Study Time:20:16:45

MRN:



Questions

1. What is the AXR finding?

A:

2. What are CT findings?

A:

3. What is your diagnosis?

A:

4. What are your management plan?

A:

Scenario (6)

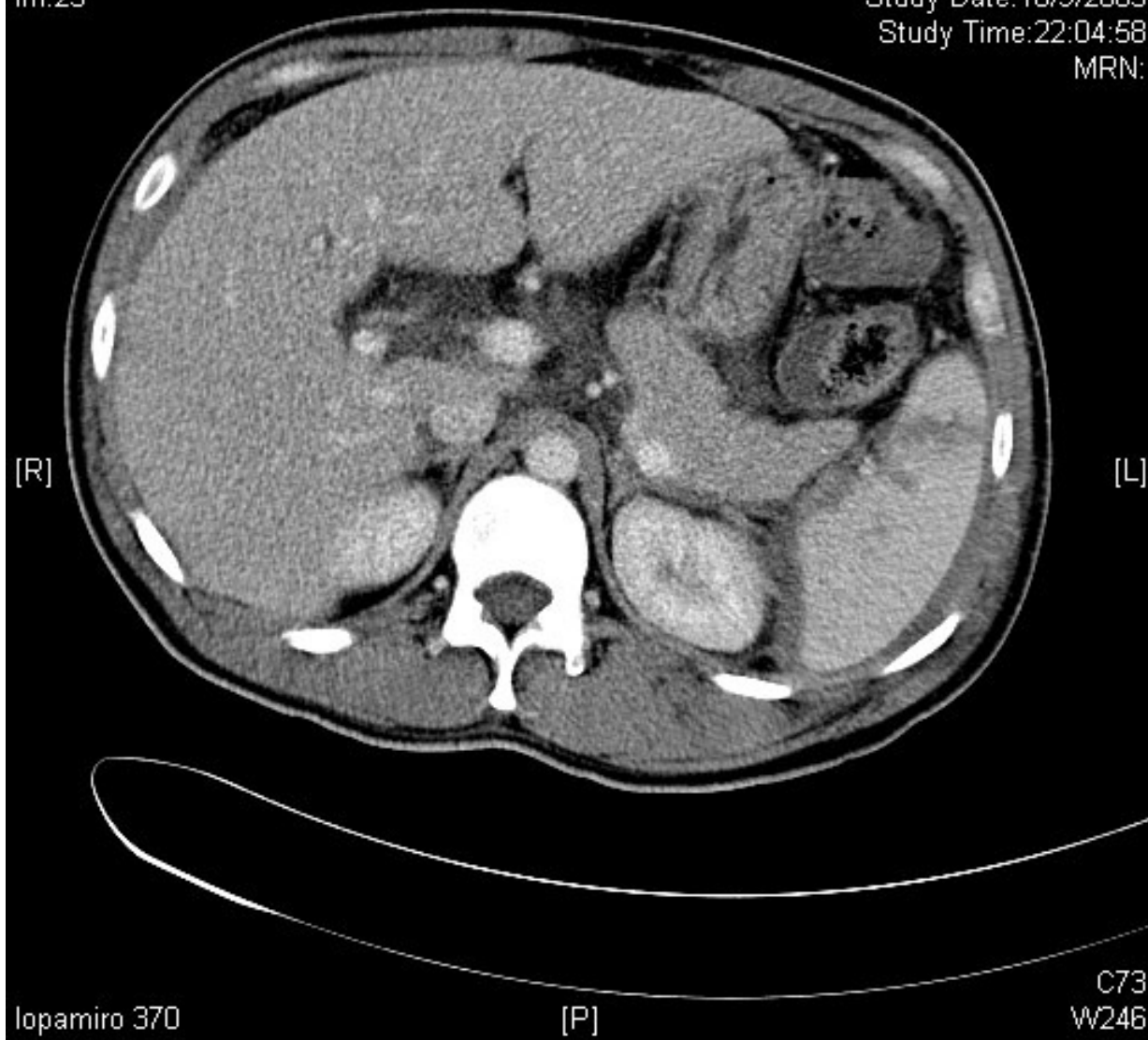
- M/33
- Slipped and fell with left chest wall contusion
- C/O left lower chest wall pain
- BP/P stable & normal
- Tenderness over LUQ with bruise
- CT abdomen was done

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Se:4
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[A]

Study Date:16/9/2005
Study Time:22:04:58
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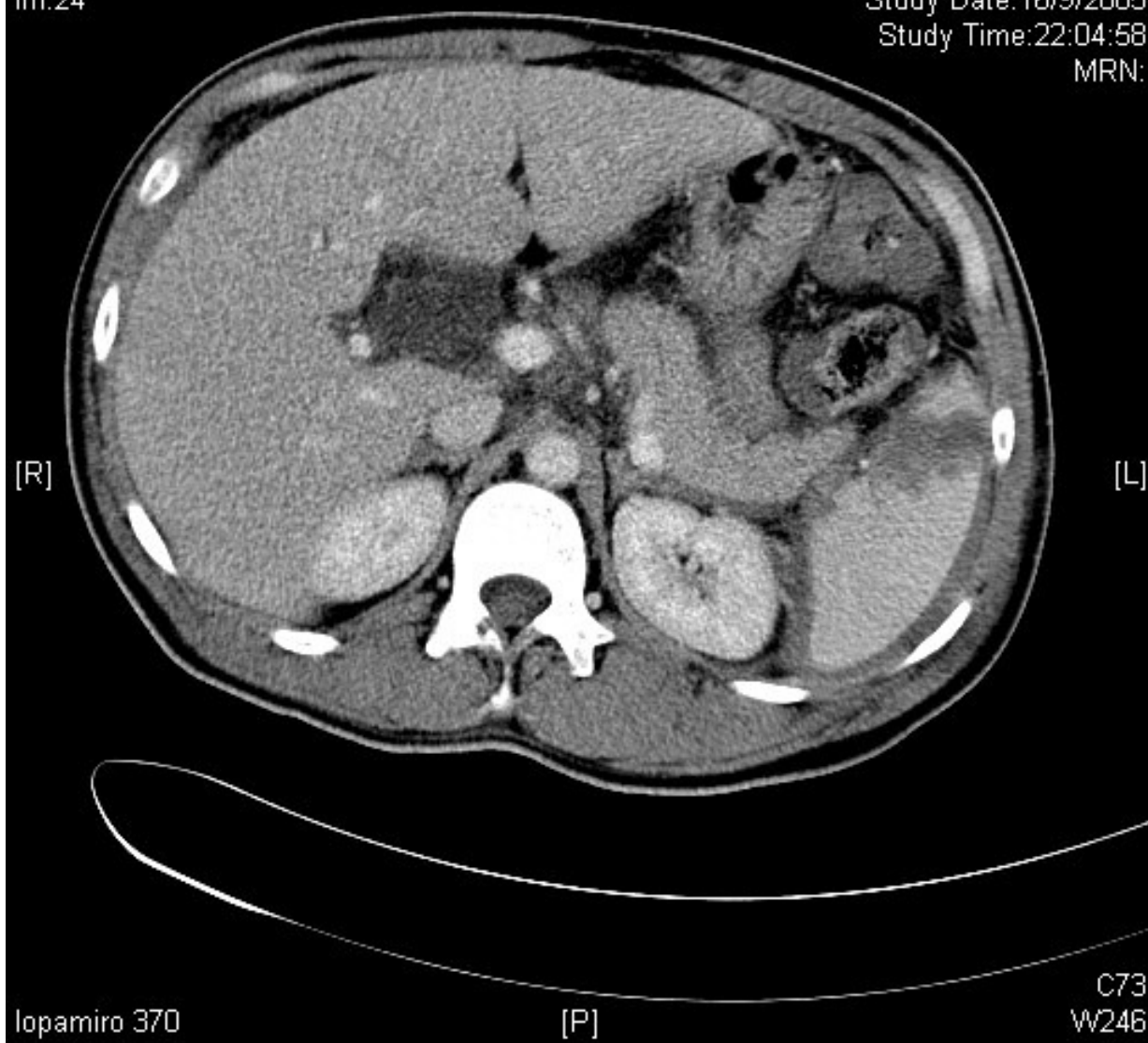


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Se:4
Im:24

[A]

Study Date:16/9/2005
Study Time:22:04:58
MRN:



lopamiro 370

[P]

C73
W246

Questions

1. What is the CT abnormality?

A:

2. What is the OIS (organ injury severity) grading for the above injury?

A:

3. What are the treatment options for above injury?

A:

4. What are the criteria for non-operative management for above injury?

A:

5. How many percentages of patient will have delay presentation for above injury?

A: