

**OSCE**

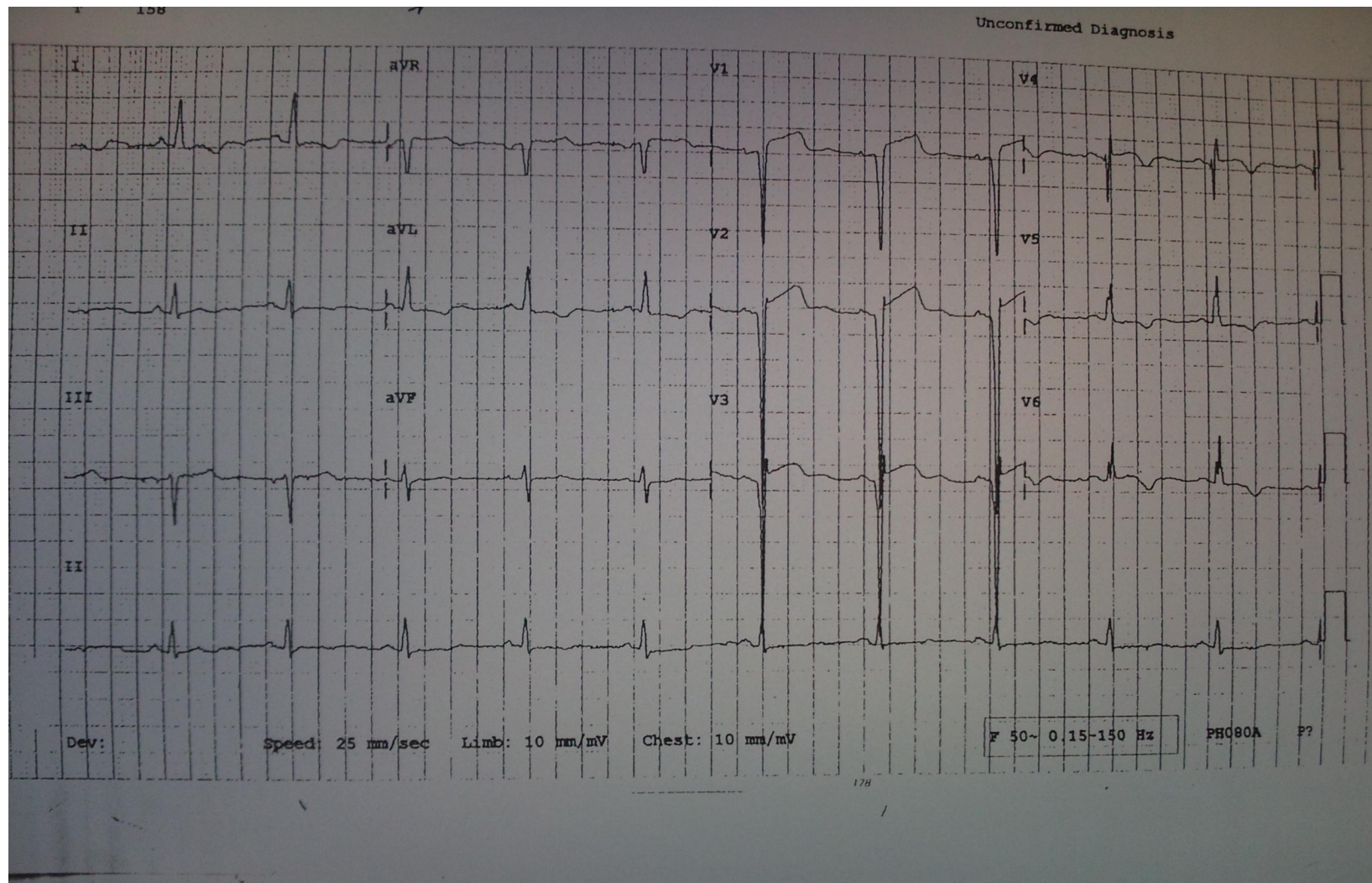
**2 December 2009**

**PYNEH**

# Question 1

- A 54 year old male with history of old MI was sent in A&E after convulsion in street. The convulsion had stopped spontaneously and he was still drowsy. He had no chest pain.
- Vital signs:  
BP: 110/60mmHg; pulse=66/min; SaO<sub>2</sub>: 96% at room air; afebrile and Glasgow Coma Scale was 11/15 (E=2, V=4, M=5 )

# Referring to the ECG of this patient:



# Q1 Questions

- Describe the ECG finding?
- Would you consider thrombolysis or PCI?
- What is the more likely diagnosis?
- What would be your next step to confirm your suspicion?

## Question 2

- A 68 year old male collapsed at home after being unwell for 2 days. His vital signs were:
  - BP = 74/46;
  - pulse = 80/min;
  - GCS = 5/15;
  - temp = 36.0
  - SaO<sub>2</sub> = 92% with 100% oxygen.

## Q2 questions

- Name 4 differential diagnoses that a bedside echocardiogram can help in this patient.
- Name 2 conditions that a bedside USG abdomen can help in his situation.
- What condition has been shown from this echocardiogram?





# Question 3

- A 32 year old female Marathon runner collapsed just after finished the race. She was drowsy. The vital signs were as follow: BP:110/80mmHg; P=75/min. SaO2 98% at room air. RR 14/min; Temp: 36.5 oral.
- This was her first time running Marathon. It was a cool whether and the lady took totally 5 liters of water and electrolyte drink before and during the race. She was resuscitated by the on-site medical team with 1 liter of IV normal saline at full rate but there was no improvement. She has no urine output since the race started.



# Q3 Questions

- What is the most likely diagnosis?
- What investigations would you order to confirm your suspicion?
- The patient became much drowsier in front of you after fluid bolus. What would be your intervention to rectify her situation?
- How could you explain why there was no urine output?

# Question 4

- : A 72 year old lady collapsed at home. She was sent in by ambulance and has received 3 AED shock on the way. On arrival, she has regained circulation with blood pressure 100/70mmHg, Pulse 65/min, SaO<sub>2</sub> 99% with 28% oxygen, GCS = 3/15 and core body temperature of 34.5C. 12-lead ECG showed sinus rhythm.

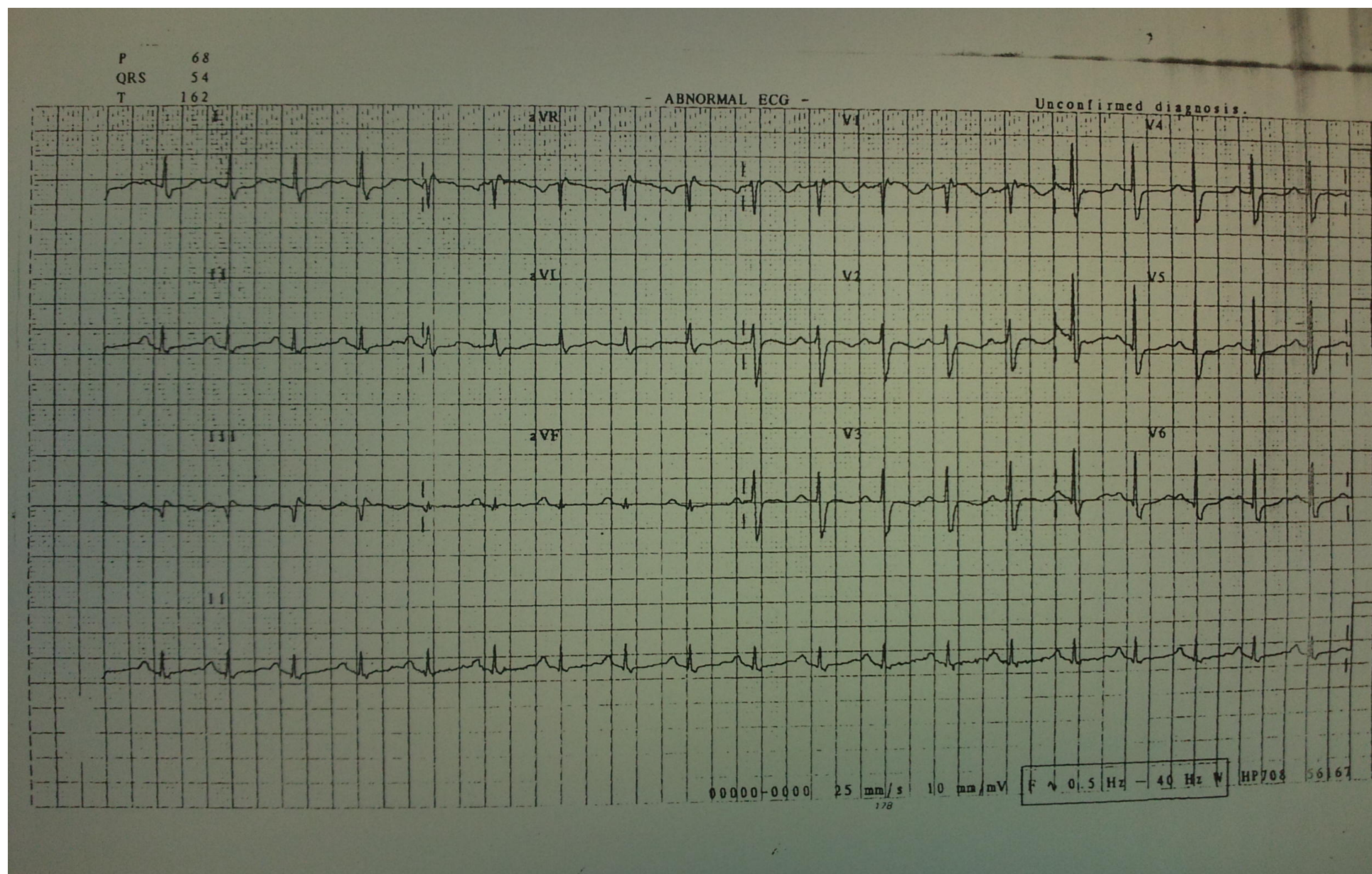
# Q4 Questions

- The rhythm before AED shock was found to be ventricular fibrillation. What drug would you give to prevent cardiac arrest?
- She was intubated and going to be admitted to ICU. Her CT brain was unremarkable. What treatment would you like to offer for her body temperature?

# Question 5

- A 77 year old lady was sent to R-room for chest discomfort for 1 day. Her vital sign: BP: 95/50mmHg; Pulse 108/min, SaO<sub>2</sub>=93% with 6L nasal oxygen; She had no fever and was fully alert. Her chest XR was clear and unremarkable.

# Her ECG was as shown:



# Q5 Questions

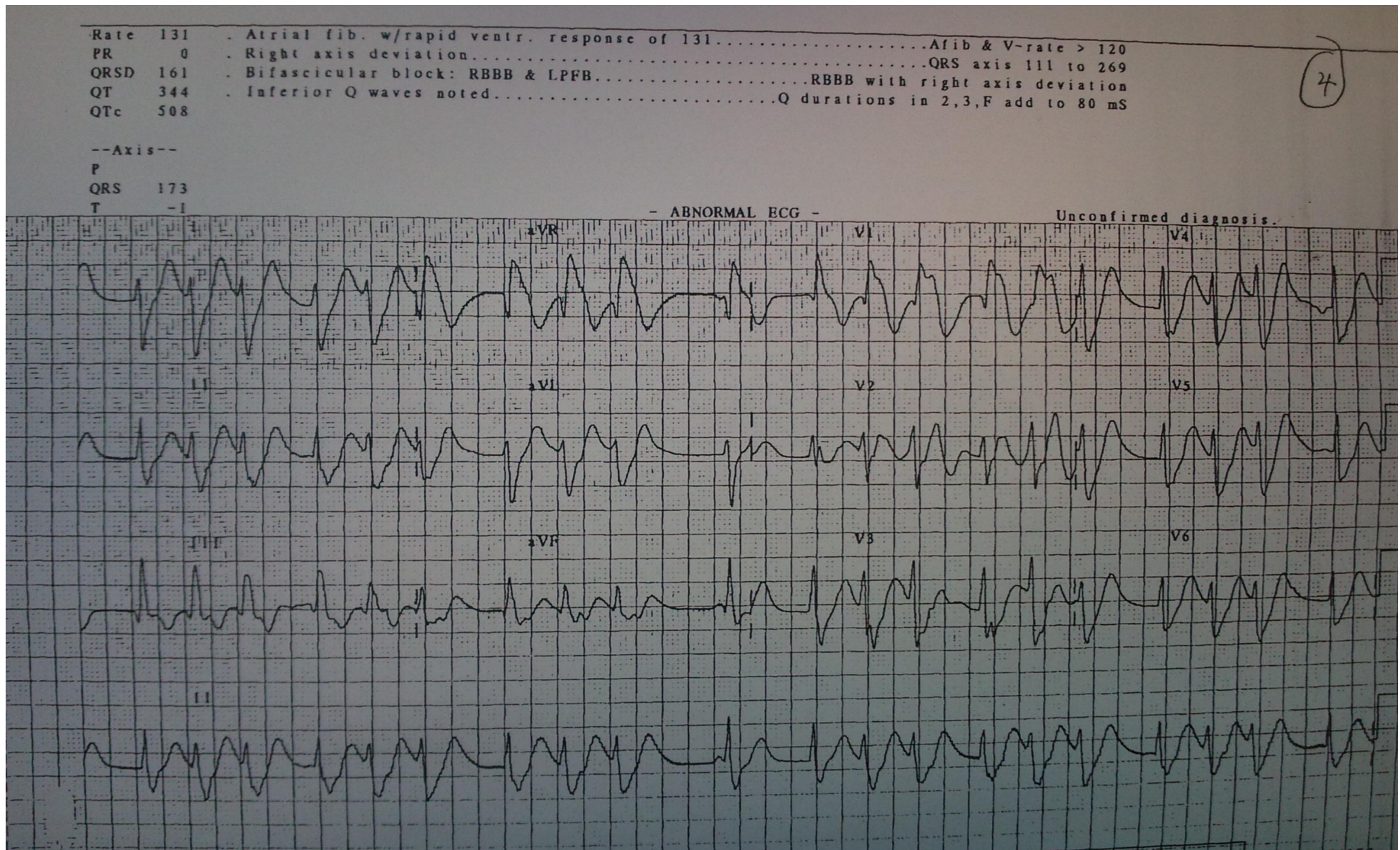
- What are your ECG findings?
- What investigation would you order as first priority?
- How could bedside USG help in her situation?

## Question 6

- A 33 year old lady with past history of depression present with seizure after intentional drug overdose of 80 tablets of unknown drugs. On arrival, she was comatose with GCS 3/15. Her blood pressure was 84/45. Both her pupils were dilated and sluggish in response.



# Her ECG was shown:



# Q6 Questions

- Describe 3 abnormalities of the ECG.
- Name 4 drugs that can produce similar ECG pattern in overdose situation.
- What antidote(s) would be indicated in this condition?

Thank you