

JCM OSCE by TMH Question 1 2017-10-11

A 33 year old man, got into a bar fight last night. He did not remember the exact injury mechanism. He noted there was a wound over this hand and thus attended A&E.



1. What is the most worrying injury mechanism?

2. Why is this wound prone to infection?

3. Suggest 3 organisms to cover in this kind of wound.

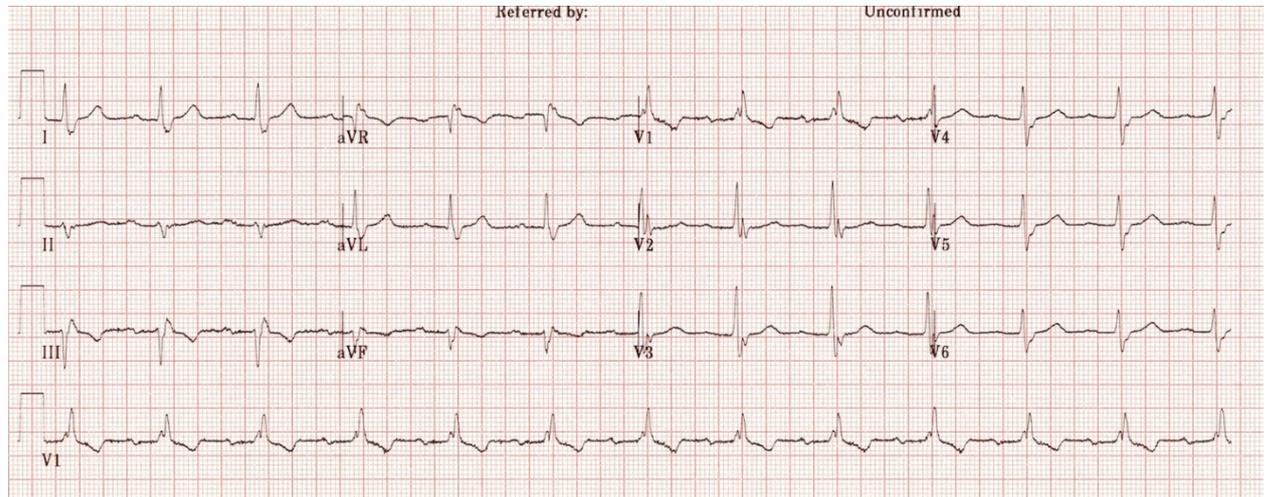
4. Suggest appropriate antibiotics.

5. Suggest 3 important points in the management other than antibiotics.

JCM OSCE by TMH Question 2 2017-10-11

A 75 year old woman was brought to the A&E department after a syncope episode at home today.

ECG was done in triage:



1. Describe the ECG findings:

2. What is the ECG diagnosis?

3. Name 2 possible reversible causes to rule out.

4. What is the related serious condition that may be accountable for her syncope?

5. What is the definite treatment if other causes of syncope had been ruled out?

JCM OSCE by TMH Question 3 2017-10-11

You have a 35 year old male patient who is suffering from respiratory failure due to severe asthmatic attack. You want to intubate him with rapid sequence intubation (RSI).

1. Suggest the best induction agent of choice.

2. List 3 contraindications of the use of succinylcholine in RSI.

After giving the induction agent and succinylcholine, you noticed muscle fasciculation. However, the masseter muscles did not relax as you anticipated. You find it extremely difficult to open the mouth.

3. What is happening?

4. What is the most important initial management?

5. What can you do to relax the masseter muscles?

After you managed the airway, the patient later on developed hyperthermia, and worsening acidosis.

6. What is happening?

7. What is the most useful treatment for this condition?

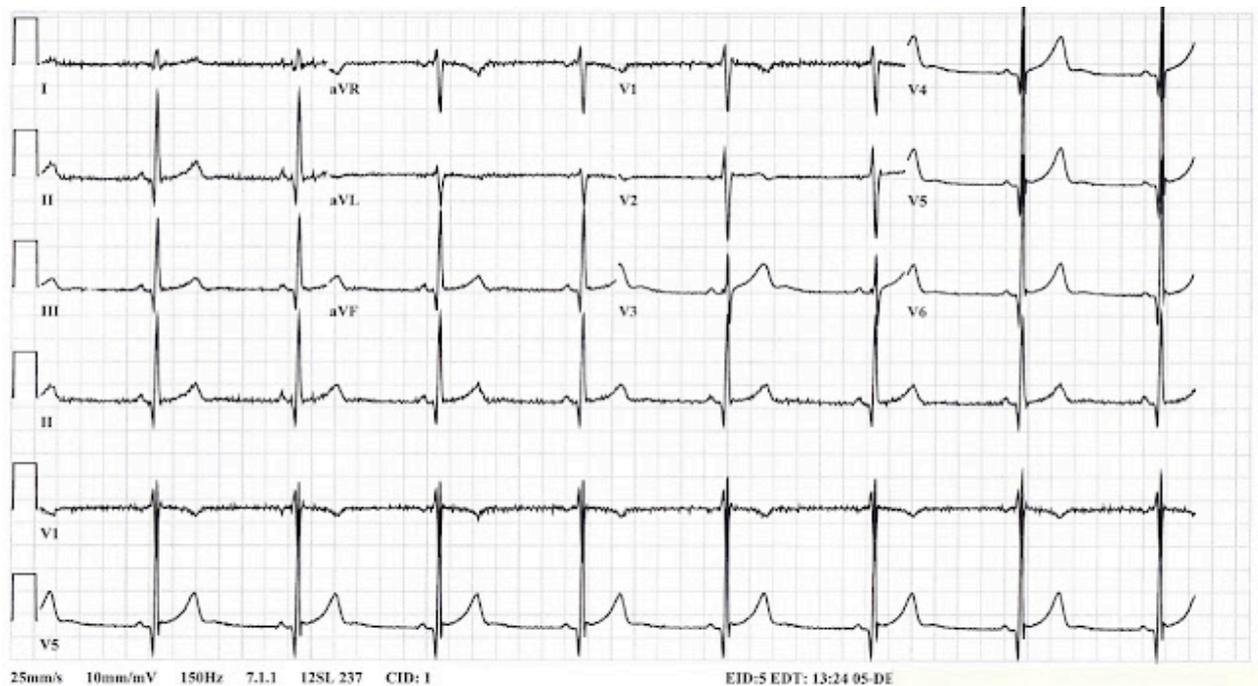
JCM OSCE by TMH Question 4 2017-10-11

30/M presented to the A&E department for a syncope attack while running to catch a bus earlier today. He enjoyed good past health. This is his first episode of syncope, which was preceded by lightheadedness. He had several episodes of lightheadedness while jogging before but without loss of consciousness.

Vital signs:

BP	108/68	mmHg
P	70	bpm
SpO ₂	99	% RA

ECG was performed at triage:



1. Other than acute ischemia and dysthymias, suggest 5 important ECG diagnoses to look for in a patient with syncope.

JCM OSCE by TMH Question 4 2017-10-11

2. Suggest a clinical prediction rule that can be useful in assessing patient with syncope.

3. Interpret the ECG.

4. Together with the presenting symptoms, what diagnosis should you suspect?

5. Suggest the most appropriate investigation to rule in your provisional diagnosis.

6. What treatment can be considered if the patient had recurrent syncope after the diagnosis was confirmed?
