



# Head & Neck SAQs

Emergency Medicine Fellowship Program



## How to use this book:

### 1) Complete SAQs

- < 3 months until exam: Exam conditions – focus on clear answers ‘to time’
- 3-6 months until exam: Transition towards exam conditions
- > 6 months until exam: Open book is ok, ‘focus on good answers and developing knowledge acquisition

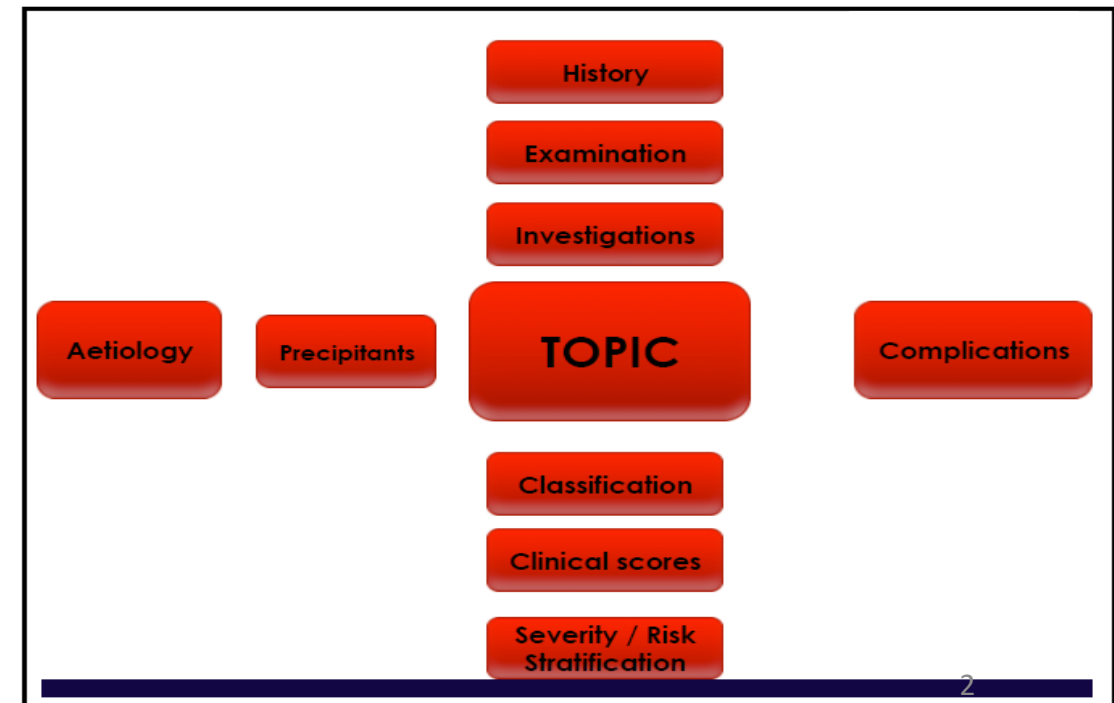
### 2) Read and study around SAQ

- Use each SAQ as motivation to study around the individual topic
- Think about the different ways the topic could come up in the SAQ exam (use the topic structure provided by APEM course)

### 3) Write SAQs to further develop this program

- Review syllabus of medical expertise
- Create SAQs relating to topics not covered in this book, please format to be in exam-format, include answers
- This will help further develop this program as well as help you think like an examiner
- Return to [ben.shepherd86@gmail.com](mailto:ben.shepherd86@gmail.com)

ALL THE BEST!



# ENT

## 4.11 ENT

### a) Ear

- i) Auroscopes Eq H
- ii) Otagia DIS H
- iii) Otitis media DIS H
- iv) Otitis externa DIS H
- v) Aural toilet/wick insertion P H
- vi) Cholesteatoma DIS G
- vii) Perforated tympanic membrane DIS H
- viii) Chondritis/perichondritis DIS G
- ix) Mastoiditis DIS H
- x) Labyrinthitis DIS H
- xi) Meniere's disease DIS G

### b) Nose

- i) Epistaxis
  - i. Anterior packing DIS H
  - ii. Cautery DIS H
  - iii. Posterior packing DIS H
  - iv. Balloon placement DIS H
- ii) Sinusitis DIS H

### c) Throat/oropharynx

- i) Ludwig's angina DIS H
- ii) Stomatitis DIS H
- iii) Pharyngitis DIS H
- iv) Tonsillitis DIS H
- v) Peritonsillar abscess DIS H
- vi) Retropharyngeal abscess DIS H
- vii) Epiglottitis DIS H
- viii) Laryngitis DIS H
- ix) Tracheitis DIS H
- x) Post-tonsillectomy bleed DIS H

### d) Foreign bodies

- i) Nasal DIS H
- ii) Aural DIS H
- iii) Upper airway DIS Ex
- iv) Pharyngeal DIS Ex

## COLUMN "LO" – CATEGORIES OF LEARNING OBJECTIVES

DIS - Diseases/Injuries/Symptoms	D - Pharmacological & toxicological agents		
E - Physical Examination	P - Procedures	S - Systems	
I - Investigations	Eq - Equipment	NCI - Non-clinical/clinical interface	
M - Medical Interventions	T - Theories		

## COLUMN "LP" – LEVELS OF PRACTICE

Ex - Expert  
H - High  
G - General

A 68 year old man presents to the ED with ongoing epistaxis, of spontaneous onset. The patient's medications include warfarin.

1. List six (6) features in the History that are important for your assessment of this patient.

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2. The patient is bleeding only from Kiesselbach's plexus (Little's area). He is haemodynamically stable. Outline six (6) steps you would take to control his epistaxis.

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3. List three (3) pieces of advice you would give him on discharge.

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A 75 year old man presents to the Emergency Department with epistaxis from both nostrils for the last 2 hours. This has continued despite appropriate direct pressure to the nostrils. The man states he is swallowing blood, but is otherwise systemically well. His vital signs are within normal limits.

i. State eight (8) essential points on history that you would confirm with this patient

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

ii. Describe five (5) steps in order that you would perform to gain haemostasis.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

iii. The patient is on warfarin and his INR comes back at 8.0. Describe your approach to reversing his warfarin.

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A 69 year old man with PMH of IHD, HTN and AF presents with epistaxis. He is on dabigatran. There has been no trauma and on examination, there is brisk bleeding from Little's area (anterior). His vital signs are:

BP 195/105 mmHg  
 HR 92 bpm  
 RR 12 /min  
 O2 saturation 100% RA  
 Temperature 36.6 C

a) State three (3) possible methods you could use to gain initial haemostasis in the first 10 minutes. (3 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Haemostasis is achieved and an IV cannula is in situ.

b) List two (2) investigations with one rationale for each choice (4 marks)

	Investigation	Rationale
1		
2		

c) While you are waiting for the above investigations, bleeding recurs and persists despite trying the methods above.

List three (3) preferred options for reversal of anticoagulation in this patient. (3 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

d) State two (2) common scenarios warranting admission of patients with epistaxis. (2 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_

QUESTION 7 (18 marks)

A 62 year old man is brought to ED via ambulance after a large spontaneous epistaxis for the last 4 hours. The ambulance officers reported he vomited at least 600mls of blood at the scene. They also report a number of empty bottles of vodka scattered around the house. They have been maintaining pressure to his anterior nose.

Vital signs      P 105 bpm  
                      BP 115/54 mmHg  
                      RR 22 bpm  
                      SaO2 99% on RA

i. List 5 key features in respect to his history (5 marks)

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ii. List 5 specific examination findings you would look for (other than haemodynamics) (5 marks)

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iii. There is evidence of significant active naso-pharyngeal bleeding from both nostrils which seems posterior despite 30 minutes firm anterior pressure. Describe a step wise approach to control his bleeding in the ED with a brief description of each (minimum 4 different methods) (8 marks)

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A 65 yo man presents to the ED with 3 weeks of ongoing severe left ear pain & discharge.  
He has been seen twice by his LMO and managed with sofradex ear drops and augmentin tablets.

His Vital sigs :  
BP 130/70 mmHg  
HR 110 bpm (regular)  
RR 20 /min

The photo of his ear is shown in PROPS booklet ; page 8.

a ) What is the most likely diagnosis (1mark)

\_\_\_\_\_

b ) List four (4) investigation with one Justification for each (8 marks)

	investigation	Justification
1		
2		
3		
4		

c ) List four (4) potentially serious / life threatening complications of this condition (4 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

d ) State three (3) aspects of your treatment ( including dose / duration where relevant) (3 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_





A 52-year-old judo exponent presents to you with a laceration and swelling to his left pinna.

\*See image on [page 10](#) in separate book\*

1. Describe the injury. (2 marks)

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2. Outline 4 important steps in the management. (4 marks)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_



3. For this type of injury, list 6 indications for referral for formal surgical review and repair.  
(6 marks)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

4. What are the contraindications to drainage of this problem in the ED? (2 marks)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is the ear of a 40-year-old male who has developmental delay with autism.

**A CLINICAL IMAGE IS SHOWN IN THE PROPS BOOKLET, PAGE 6**

- i. Describe and interpret the image (2 marks)

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- ii. List two possible predisposing conditions (2 marks)

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- iii. List two complications (2 marks)

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- iv. Name the three bacteria typically involved (3 marks)

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- v. Name one suitable antibiotic choice for this condition (1 mark)

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This developmentally delayed man is distressed about being in hospital. He is currently pacing and will not come into the assessment room.

- vi. List 3 non-pharmacological strategies or techniques you can use to manage his agitation (3 marks)

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A 36-year-old female presents with a two-week history of sore throat with intermittent fever, without cough or dyspnoea. Her voice sounds a bit high pitched but not muffled. Her observations are:

BP	135/65	mmHg
HR	90	/min
Sats	99%	RA
Temp	38.3°C	

a) List five (5) likely differential diagnoses for her condition. ( 5 marks)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

She has had an x-ray arranged by her GP and shown in **PROPS BOOKLET ; page 3**

b) What classical sign is seen on her X-ray ? ( 1 mark)

\_\_\_\_\_





c) List three (3) signs/symptoms which are predictive of airway threat in this patient ( 3 marks).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

d) List two (2) antibiotic options for this patient with details if no previous history of allergy. (2 marks)

	Antibiotic	Route and dose
1		
2		

e) List your antibiotic choice if patient is anaphylactic to Penicillin class with details. (1 marks)

Antibiotic	Route and dose

A 4-year-old boy with autism presents with his mother having placed a foreign body up his nose.

\*See image on [page 5](#) in separate book\*

He is agitated and unco-operative.

1. List the three safest methods of removal in this case. (3 marks)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

2. Before attempting removal by techniques not involving sedation, what steps are necessary in preparation? (2 marks)

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3. Due to the child's agitation and lack of co-operation, there is a failed attempt at removal of the Foreign Body and it can no longer be visualised. What circumstances would indicate the need for consideration of bronchoscopy? (4 marks)

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A 2 year old boy is brought into the ED by his mother after swallowing his older sister's earring. He is drooling.



1. What in the history would alert you to the presence of a foreign body? (3 marks)

2. You review the Xray. Do you think the FB is in the trachea or oesophagus and why? (1 mark)

3. Where in the oesophagus might a foreign body become lodged? (3 marks)

4. Describe 3 instances where this FB would need to removed urgently (3 marks)

# Eyes

## 4.12 Eye

- a) Use of the slit lamp Eq H
- b) Ophthalmoscopes Eq H
- c) Measurement of intraocular pressure P H
- d) Evaluation of the red eye E H
- e) Evaluation of the painful eye E H
- f) Sudden visual loss E
- g) External eye
  - i) Blepharitis DIS G
  - ii) Dacryocystitis DIS H
  - iii) Conjunctivitis DIS H
  - iv) Corneal abrasions DIS H
  - v) Corneal ulcers DIS H
  - vi) Keratitis DIS H
  - vii) Foreign bodies
    - i. Conjunctival DIS H
    - ii. Corneal DIS H
  - viii) Spontaneous subconjunctival haemorrhage DIS H
  - ix) Amblyopia DIS G
  - x) Ocular burns
    - i. Caustic DIS H
    - ii. Flash burns DIS H
    - iii. Thermal DIS H
- h) Anterior pole
  - i) Glaucoma DIS H
  - ii) Uveitis DIS G
- i) Posterior pole
  - i) Retinal detachment DIS G
  - ii) Vitreous haemorrhage DIS G
  - iii) Retinal haemorrhage DIS G
  - iv) Retinal vascular occlusions DIS G
  - v) Optic neuritis DIS G
- j) Orbit
  - i) Cellulitis
    - i. Orbital DIS H
    - ii. Pre-orbital DIS H
    - iii. Endophthalmitis DIS G
  - ii) Ocular trauma
    - i. Blunt DIS G
    - ii. Penetrating DIS H

### COLUMN "LO" – CATEGORIES OF LEARNING OBJECTIVES

### COLUMN "LP" – LEVELS OF PRACTICE

DIS - Diseases/Injuries/Symptoms	D - Pharmacological & toxicological agents	Ex - Expert
E - Physical Examination	P - Procedures	H - High
I - Investigations	S - Systems	G - General
M - Medical Interventions	Eq - Equipment	
	NCI - Non-clinical/clinical interface	
	T - Theories	



A 6 year old girl is brought to the emergency department by her concerned parents. She is unwell and complaining of a painful right eye. Her temperature is 38°C. Her left eye region is normal. This is her photograph.



1. List four (4) examination findings you will look for, which would suggest a major complication.

Examination finding	Complication

2. List three (3) investigations and their justification in this child.

Investigation	Justification

3. List five (5) management priorities, including brief details.

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A 6 year old girl is brought to the emergency department by her mother. She has had a cold for one week, and for the last 24 hours her right eyelids have become very red and swollen. She is not able to open her eye. Her relevant vitals are:

Temperature    39.4    °C

Weight            20        kg

- i. Using the table provided, list four (4) physical examination differences between pre-septal and orbital cellulitis.

	Physical sign	Pre-septal cellulitis	Orbital cellulitis
1			
2			
3			
4			

- ii. The patient has a CT. List four (4) findings that will confirm your diagnosis of orbital cellulitis or its complications.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- iii. List two (2) bacteria that can cause this presentation, and choose two (2) appropriate antibiotics (include route and dose) for each of those bacteria.

	Bacteria	Antibiotic 1 (route and dose)	Antibiotic 2 (route and dose)
1			
2			

- iv. List four (4) specialist services that should be consulted during the management of this patient.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

A 6 year old girl is brought to the emergency department by her mother. She has had a cold for 1 week, and for the last 24 hours her right eyelid has become very red and swollen. She is unable to open her eye. Her temperature is 38.4 degrees Celsius.

- i. In the table below list 4 examination findings for each condition that may differentiate pre-septal from post-septal cellulitis (8 marks)

Pre-septal	Post-septal

- ii. List 2 bacteria that can cause this presentation (2 marks)

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- iii. List appropriate antibiotic therapy (include route and dose) for pre-septal and post-septal cellulitis (2 marks)

	Antibiotic (Dose and Route)
Pre-septal cellulitis	
Post-septal cellulitis	

- iv. List 4 complications of peri-orbital cellulitis (4 marks)

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A 38 year old man presents with pain and swelling to his right eye of 3 days duration.

His clinical photograph is shown in the props booklet supplied - page 12.

i. Describe four (4) relevant positive findings and provide a single unifying diagnosis.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ii. List two (2) differential diagnoses.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_

iii. Outline your three (3) most important management priorities.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_



The patient was seen in your Emergency Department 2 days ago and discharged with topical chloramphenicol drops. The patient's wife is upset that this happened.

iv. Describe five (5) steps you would take in responding to this.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

A 6 year old girl is brought to the emergency department by her concerned parents. She is unwell and complaining of a painful right eye. Her temperature is 38 deg celsius and Her left eye region is normal.

Her photo is shown in **PROPS BOOKLET** ; page 12.

- a) List four (4) examination findings you will look for, which would suggest a major complication. (4 marks)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

- b) List three (3) key investigations for this child. State one (1) justification for use in this child. ( 6 marks)

	Investigation	Justification
1		
2		
3		

- c) List two (2) options for antibiotic treatment, include dose and route (2 mark)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_



A 55 year old male presents with a painful left eye. You perform a slit lamp examination with fluorescein staining.

A clinical photograph is shown on page 13 of the props booklet.

i. Describe the corneal lesion, giving three (3) relevant features. (3 marks)

1

2

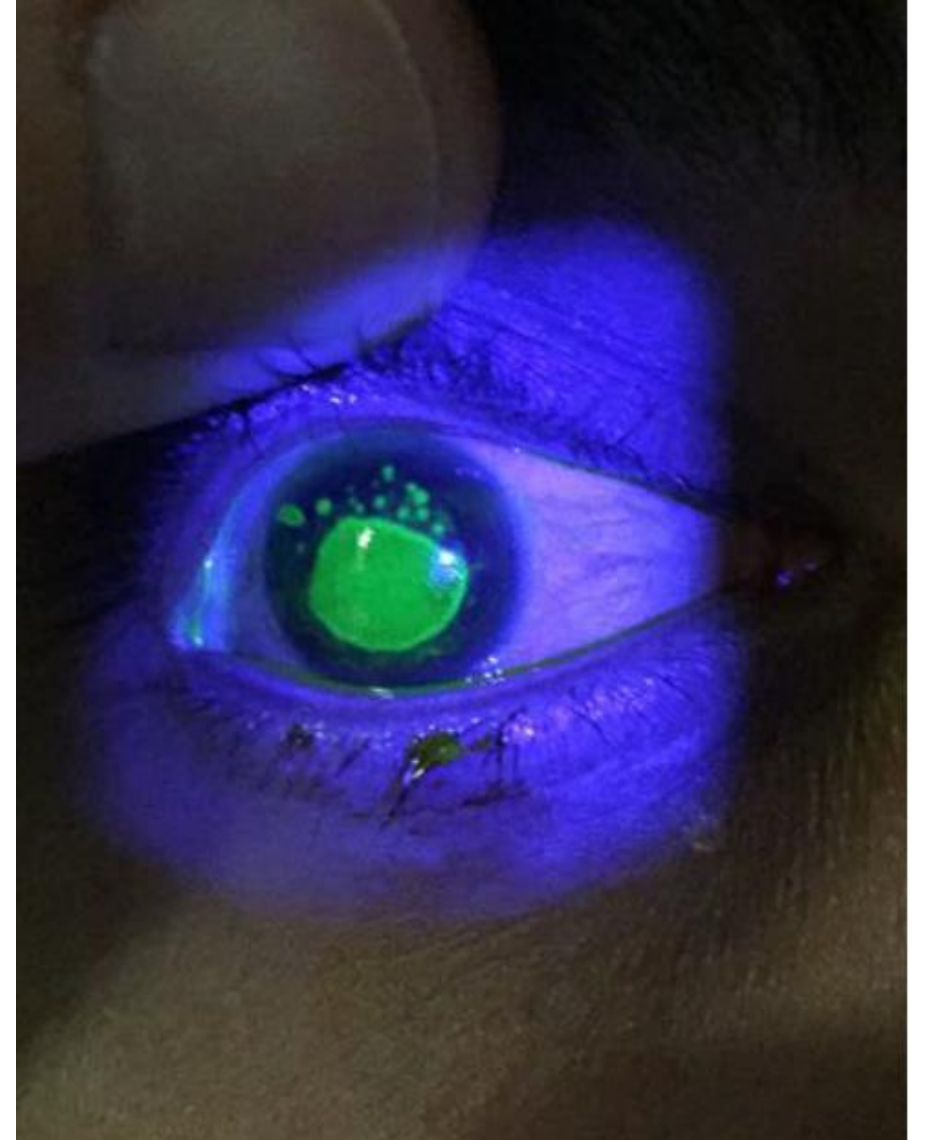
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ii. List three (3) differential diagnoses. (3 marks)

1

2

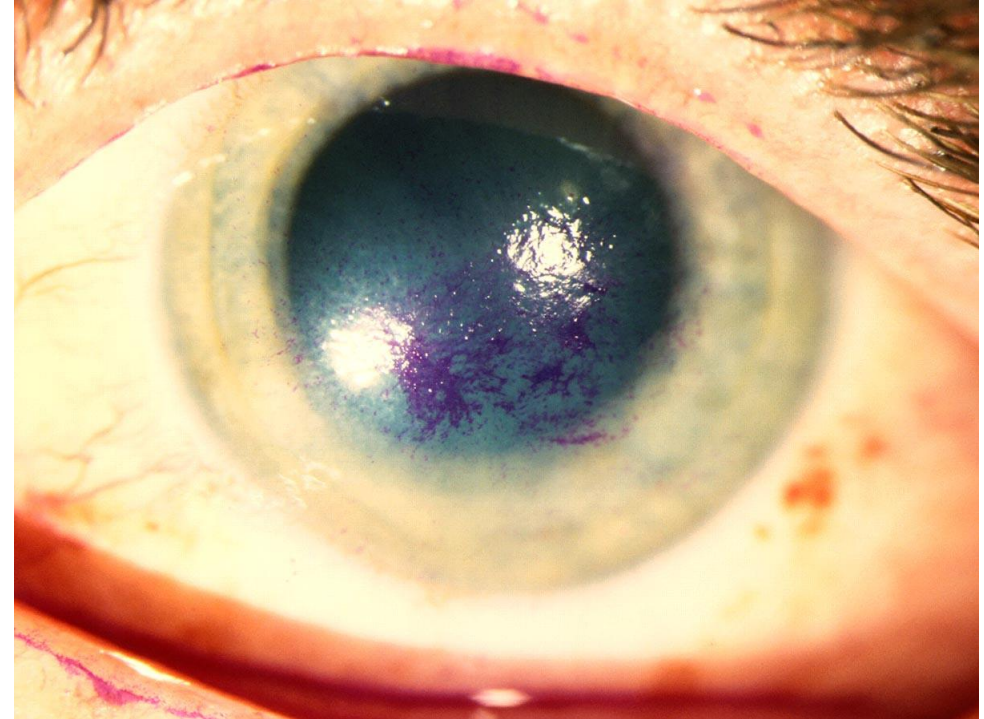
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An 18 year old factory worker is rushed to ED having sustained a chemical burn to his eye. He thinks the chemical had ammonia in it. It is now 20 minutes since the accident.

a. Describe the picture. (3 marks)

b. What is your immediate management? (4 marks)



c. Name 3 things you would do to assess this injury, including prognostic indicators. (3 marks)



A 14 year old boy presents with a red, painful left eye. He recently had an URTI, but is otherwise well.

- i. List 3 signs or symptoms that distinguish orbital from peri-orbital cellulitis (3 marks)

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- ii. Describe 3 routes of contracting orbital cellulitis (3 marks)

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- iii. What are the 2 most common organisms causing orbital cellulitis (2 marks)

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- iv. List 2 complications of orbital cellulitis (2 marks)

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- v. Complete the table with the standard antibiotics recommended for use in each listed situation. Doses are not required (4 marks)

Situation	Antibiotic
Periorbital cellulitis	
Periorbital cellulitis with immediate penicillin hypersensitivity	
Periorbital cellulitis in unvaccinated child	
Orbital cellulitis	

- iii. Give six (6) features of assessment relevant to this presentation. Give a justification for each. (12 marks)

	Assessment (6 marks)	Justification (6 marks)
1		
2		
3		
4		
5		
6		

An elderly woman presents to your Emergency Department with a 2 day history of painful rash on her face. A clinical image of the patient's face can be found on the next page.

a. Describe and interpret the clinical image (3 Marks)

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b. List 4 potential complications of this condition (4 Marks)

1. 

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2. 

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3. 

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4. 

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c. Outline your management (3 Marks)

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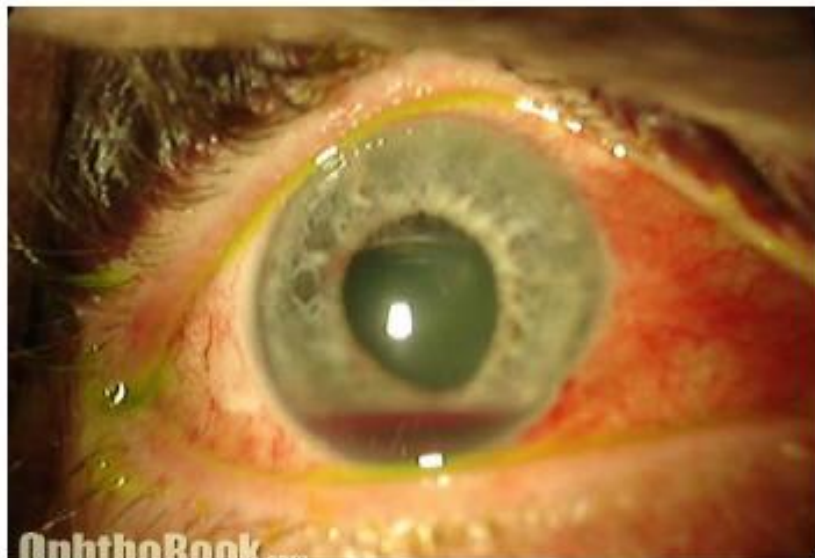
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A 45 year old male is hit in the eye with a tennis ball while having a friendly match with his neighbour.



1. Describe the abnormalities in the photo (1 mark).

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2. List 3 things that should be examined or assessed (3 marks).

- i. 

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- ii. 

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- iii. 

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- iv. 

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3. What grade is this hyphema? (1 mark).

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4. List 4 complications of this condition (4 marks).

- i. 

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- ii. 

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- iii. 

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- iv. 

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Three days after being discharged home with outpatient ophthalmology review, he re-presents with throbbing eye pain, tearing and photophobia.

5. What is the most likely diagnosis? (1 mark).

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A 45 year old woman has presented with an intensely painful right eye of 2 hours duration. There is no history of trauma.

She has no known medical history.

A clinical photo is provided in the **PROPS BOOKLET**.

1. List 3 abnormalities in the clinical photo.

(3 marks)

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2. State your diagnosis.

(1 mark)

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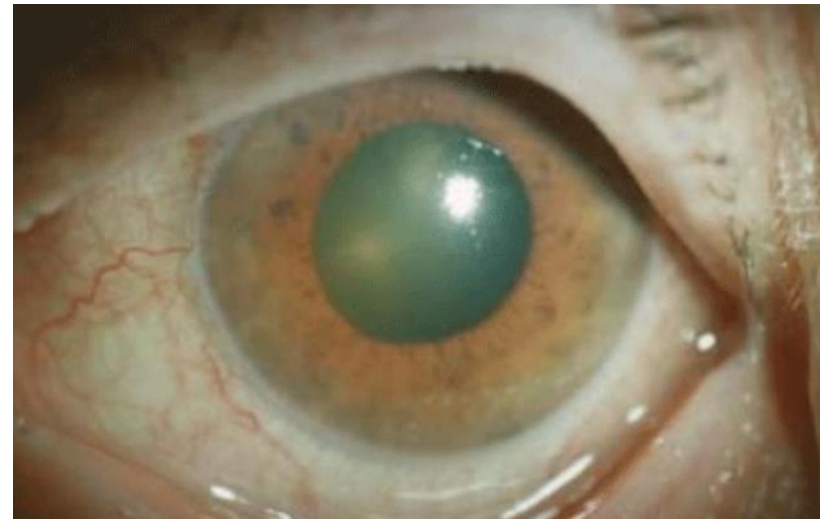
3. List 3 methods of measuring intra-ocular pressure.

(3 marks)

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4. What is the upper limit of the normal range for intra-ocular pressure?

(1 mark)

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5. List 2 treatments specific to this condition you may start in the ED.

(2 marks)

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6. List 2 supportive treatment measures.

(2 marks)

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Q1. A 57 years old male presented to ED with a sudden onset red painful right eye. You suspect a diagnosis of acute glaucoma

1. What are the features of acute Glaucoma on examination? (4 marks)

2. How does glaucoma cause blindness? (1 mark)

3. List the 5 most relevant topical medications used in primary open angle glaucoma and explain why they are used: (5 marks)



A 68 year old male sustains blunt trauma to his right eye from a golf ball.

- i. Describe three abnormalities in the image (3 marks)

**A CLINICAL IMAGE IS SHOWN IN THE PROPS BOOKLET, PAGE 14**

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- ii. List 5 features on assessment that would suggest orbital compartment syndrome (5 marks)

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- iii. Describe the steps involved in a lateral canthotomy/cantholysis (8 marks)

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A 70yo female attends with acute, non-traumatic painless right uniocular blindness.

(a) List 5 potential aetiologies for this presentation (50%)

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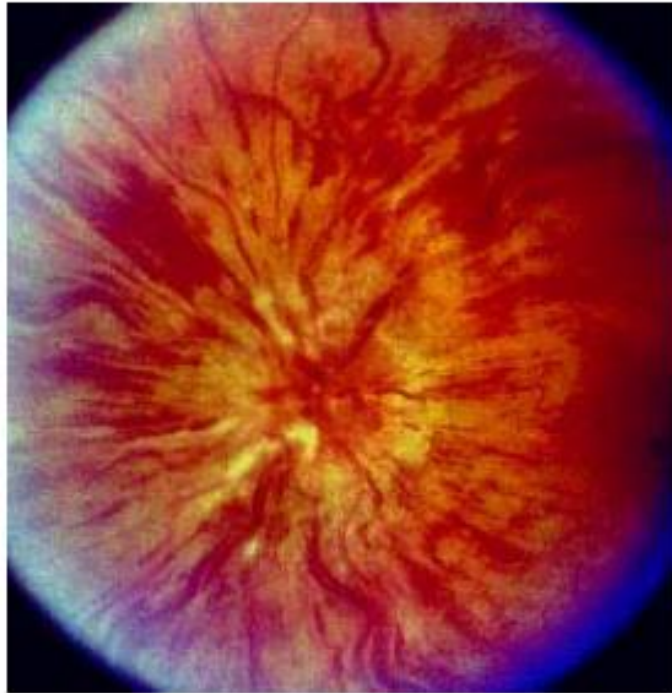
(a) What are the clinical features that would suggest Giant Cell Arteritis? (30%)

(b) What is the treatment for Giant Cell Arteritis? (10%)

(a) What are the complications of delayed treatment of Giant Cell Arteritis? (10%)

A 65 year old male attends complaining of loss of vision in his left eye

Fundoscopy of his eye is shown below



a) List six features you would enquire about in the history (3 marks)

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b) Name 2 abnormalities of the fundus photograph above. (2 marks)

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c) What is the diagnosis? (2 marks)

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d) Give 3 known associations of this condition (3 marks)

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# Maxillofacial/Dental

## 4.3 Dental

- a) Normal dental development T G
- b) Dental infections without upper airway obstruction DIS G
- c) Dental infections with possible upper airway obstruction DIS H

## Trauma

- q) Maxillofacial trauma
  - i) Assessment and management of maxillofacial trauma DIS H
  - ii) Facial lacerations DIS H
  - iii) Nasal fractures DIS H
  - iv) Mandibular fractures DIS H
  - v) Le Fort fractures DIS H
  - vi) Zygomatic fractures DIS H
  - vii) Orbital injury DIS H
  - viii) Temporal bone fractures DIS H
  - ix) Dental trauma DIS G
  - x) Tooth avulsion DIS G
  - xi) Intraoral lacerations DIS G

### COLUMN "LO" – CATEGORIES OF LEARNING OBJECTIVES

DIS - Diseases/Injuries/Symptoms	D - Pharmacological & toxicological agents	
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M - Medical Interventions	T - Theories	

### COLUMN "LP" – LEVELS OF PRACTICE

Ex - Expert  
H - High  
G - General

A 37 yr old female presents to your Emergency Department complaining of facial swelling and dental pain. She has seen a dentist 3 days ago and has been taking oral antibiotics. She has a history of diabetes and immediate penicillin hypersensitivity. She has been admitted to the Observation Ward with a diagnosis of a dental infection.

a. You have been asked to prescribe her i.v antibiotics as her drug chart has been lost. Outline your antibiotic regime (2 Marks)

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b. List 8 potential complications of dental infections (4 Marks)

1. 

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2. 

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3. 

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4. 

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5. 

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6. 

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7. 

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8. 

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c. List 4 indications for referral of this patient to maxillo-facial surgeons (4 Marks)

1. 

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2. 

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3. 

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4. 

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A 72 year old female presents with jaw pain and inability to close her mouth after yawning.

i. What is the most likely diagnosis (1 mark)

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ii. List three risk factors for this (3 marks)

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iii. List three mechanisms that can cause this problem (3 marks)

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iv. Describe two techniques for reduction (no need to describe analgesia/anaesthesia) (6 marks)

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A 17 year old man presents after an assault. He has jaw pain.



1. List 3 abnormalities seen on the OPG (3 marks).

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

2. List 6 important physical findings that you should document (3 marks).

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_
- v. \_\_\_\_\_
- vi. \_\_\_\_\_

3. List 4 aspects of your initial ED management [with specifics] (4 marks).

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_

A 12 year old male presents after being kicked in the mouth whilst playing rugby at school.

i. Describe the injuries in the photo (3 marks)

**A CLINICAL IMAGE IS SHOWN IN THE PROPS BOOKLET, PAGE 9**

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ii. Outline your stepwise approach to systemic analgesia in this child (3 marks)

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iii. What are the goals of treatment for this dental injury (3 marks)

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iv. You decide to use IV ketamine for procedural sedation. What are the significant adverse effects of ketamine (3 marks)

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v. The parents are not keen on ketamine. Describe your choice of regional anesthesia for this child (2 marks)

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This 23 year old man sustained isolated dental trauma in a fall.

**A CLINICAL IMAGE IS SHOWN IN THE PROPS BOOKLET, PAGE 10**

- i. Briefly describe two methods of anaesthetising the affected teeth (4 marks)

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- ii. Describe the injury to the upper left lateral incisor (tooth 22) (2 marks)

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- iii. Assuming a 12 hour delay to see a dentist, outline the Emergency Department treatment of this tooth injury (4 marks)

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- iv. List 3 possible adverse dental sequelae of this tooth injury (3 marks)

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