



Surgery 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

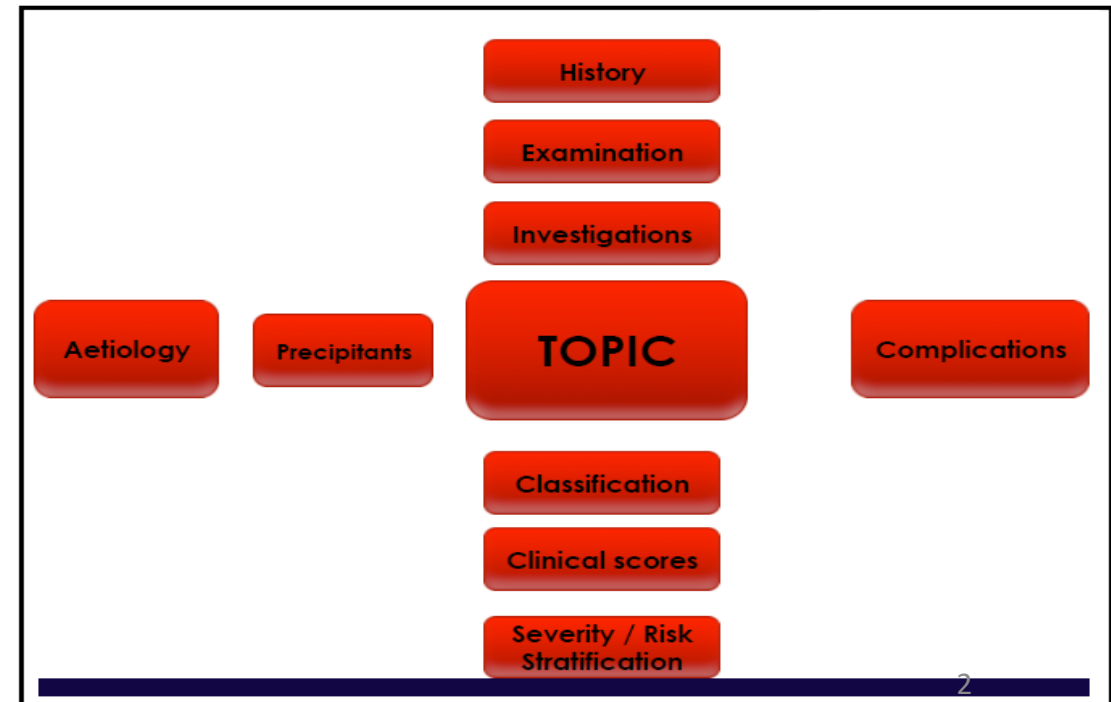
2) Read and study around SAQ

- 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

ALL THE BEST!



General Surgery

4.5 Abdominal

- a) Assessment and management of abdominal pain DIS Ex
- b) Pancreatitis DIS H
- c) Cholelithiasis DIS H
- d) Cholecystitis DIS H
- e) Cholangitis DIS H
- f) Non-traumatic splenic rupture DIS H
- g) Bowel obstruction
 - i) Post-surgical adhesions DIS H
 - ii) Malrotation DIS G
 - iii) Volvulus DIS H
 - iv) Congenital pyloric stenosis DIS H
 - v) Intussusception DIS H
 - vi) Insertion of a nasogastric tube P Ex
- h) Diverticular disease DIS H
- i) Meckel's diverticulum DIS H
- j) Perforated viscus DIS H
- k) Acute appendicitis DIS H
- l) Peritoneal adhesions DIS H
- m) Ischaemic colitis DIS H
- n) Peritonitis DIS H
- o) Retroperitoneal haematoma DIS H
- p) Intra-abdominal/retroperitoneal abscesses DIS H
- q) Hernias DIS H
- r) Tumours DIS G
- s) Constipation DIS G

4.6 Anorectal

- a) Haemorrhoids DIS H
- b) Perianal haematoma DIS H
- c) Anal fissure DIS H
- d) Anorectal abscesses DIS H
- e) Pilonidal disease DIS G
- f) Rectal bleeding DIS H
- g) Rectal prolapse DIS H
- h) Idiopathic anal pain DIS G
- i) Radiation proctitis DIS G
- j) Proctoscopy and sigmoidoscopy P H
- k) Rectal foreign bodies DIS Ex

4.15 Breast

- a) Carcinoma of the breast DIS G
- b) Mastitis DIS H
- c) Breast abscess DIS H

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 38 year old woman presents with right upper quadrant pain and jaundice for 3 days. She has a past history of cholelithiasis and a penicillin sensitivity producing a rash.

Her observations are as follows:

BP	95/70	mmHg
HR	125	/min
RR	24	/min
O ₂ saturations	99%	on room air
Temperature	39.2	°C
GCS	15	

1. What is the presumptive diagnosis?

2. List four (4) important investigations to obtain in this woman.

3. List four (4) management priorities.

4. The woman responds to your treatment and her vital signs normalise. You are asked to write ongoing orders for admission. List 4 orders and their doses.

A 25 year old lady presents with severe epigastric pain and vomiting.

Her biochemistry results are shown below.

Biochemistry

			Reference range
Na	132	mmol/L	135 - 145
K	3.9	mmol/L	3.5 - 5.0
Cl	101	mmol/L	101 - 111
HCO ₃	24	mmol/L	22 - 32
Urea	4.6	mmol/L	2.5 – 7.8
Creat	60	umol/L	40 - 80
ALP	248	U/L	30 - 120
GGT	309	U/L	7 - 64
AST	27	U/L	10 - 50
ALT	55	U/L	7 - 56
Bilirubin	43	umol/L	0 – 20
Lipase	448	U/L	0 - 60

1. What is your diagnosis?

2. What are the two (2) most likely underlying causes and why?

3. List four (4) complications of this condition.

4. List five (5) features that will help determine prognosis on admission?

A 78 year old woman from a nursing home presents with generalised abdominal pain and vomiting for the past 24 hours.

Her observations are as follows:

BP	165/82	mmHg
HR	90	/min
RR	20	/min
O ₂ saturations	96%	on room air
Temperature	36.2	°C
GCS	14	(E4, V4, M6) normal for patient

An AXR is taken and shows no obstruction.
Her CXR is shown below:



1. What is the presumptive diagnosis?

2. List five (5) important features demonstrated on this xray. Include three (3) positive and two (2) negative findings.

3. List four (4) immediate management priorities.

4. What is the role of a nasogastric tube in this patient?

An 83 year old female is transferred to your emergency department with severe abdominal pain.

An abdominal x-ray is organised by triage on arrival.

The X-ray is shown in the prop booklet supplied - page 7.

i. What is the diagnosis based on this X-ray? List three (3) radiological features that support your diagnosis.

Diagnosis: _____

1 _____

2 _____

3 _____

ii. List four (4) possible complications of this condition.

1 _____

2 _____

3 _____

4 _____

iii. List three (3) initial treatment steps.

1 _____

2 _____

3 _____



iv. List four (4) possible dispositions for this patient and one (1) factor for each that would make that disposition appropriate for this patient.

	Disposition	Patient factor
1		
2		
3		
4		

A 75 year old man presents with abdominal pain for the preceding 48 hours. He has a history of NIDDM, and Congestive cardiac failure.

A Photo of his abdomen is shown in PROPS booklet ;page 12.

1. List two (2) differential diagnosis for this patient.(2 marks)

1. _____

2. _____

2. List three (3) features on history and three (3) features of examination that will affect this patient's management (6 marks)

History	
1.	
2.	
3.	

Examination	
1.	
2.	
3.	



3. List five (5) management priorities for this patient and provide one (1) detail for each. (10 marks)

	Management Priority	Detail
1		
2		
3		
4		
5		

A 70 year old woman is referred to the emergency department with abdominal pain and vomiting for the last 24 hours.

Her vital signs are:

BP	95/50	mmHg
HR	95	beats/min
RR	28	/min
Temperature	37.2	°C

Her abdominal and chest X-rays are below. There are two (2) images.



- i. What is the diagnosis based on this X-ray? List three (3) radiological features that support your diagnosis.

Diagnosis: _____

1. _____

2. _____

3. _____

_____ / 4

- ii. List three (3) risk factors that predispose to this condition.

1. _____

2. _____

3. _____

_____ / 3

- iii. List three (3) possible complications of this condition.

1. _____

2. _____

3. _____

- iv. Complete the following table which lists your three (3) management tasks and provide two (2) points to explain how and why you would achieve each of them.

	Management tasks	Method and rationale for achievement
1		1.
		2.
2		1.
		2.
3		1.
		2.

A 40 year old woman presents to your emergency department with right side abdominal pain.

Her relevant vital signs are:

HR	110	beats/min
BP	96/70	mmHg
Temperature	39	°C

- i. What is the diagnosis? Provide two (2) radiological features to support your diagnosis.

Diagnosis:

1. _____

2. _____

_____/3

- ii. Name an incidental abnormality also on this abdominal CT.

_____/1

- iii. Name one (1) CT finding which, if present, would suggest the need for an emergent operation for this condition.



- iv. Complete the table below by listing four (4) important management tasks (specify details and drugs if appropriate).

	Management tasks	Details
1		
2		
3		
4		

A GP has referred a 54 yr old male to your Emergency Department with pancreatitis. He complains of 2 days of epigastric pain and vomiting. His serum lipase is 4300 [lab normal <60].

a. List 8 potential causes for this patient's pancreatitis (4 Marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

b. List 4 potential complications from pancreatitis (4 Marks)

1. _____
2. _____
3. _____
4. _____

c. List 6 factors which suggest severe pancreatitis (3 Marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

A 60 year female presents to your ED with a clinical history and examination suggesting acute pancreatitis.

1) List 6 potential aetiologies of this condition (3 marks).

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
- vi. _____

2) List 1 biochemical severity scoring systems used to predict this condition with 4 criteria (4 marks).

Scoring System: _____

Criteria:

- i. _____
- ii. _____
- iii. _____
- iv. _____

3) List 3 *local* and 3 *systemic* complications of this condition (3 marks).

LOCAL	SYSTEMIC

A 72yr old male presents to your Emergency Department following an episode of bright red pr bleeding. He estimates he lost a cup of blood and felt dizzy during the episode. His medications include rivaroxaban, nifedipine, metoprolol and frusemide.

Vital signs:

HR 50
BP 90/60

RR 22
Sats 95% RA
Temp 36.2 °C

a. List 10 potential causes of his pr bleed (5 Marks)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

b. Outline your management of this patient (5 Marks)

A 26yr old male presents to your Emergency Department complaining of constipation for 4 days. He has been seen by the Emergency Department Intern and an abdominal x-ray has been performed.

a. Describe & interpret the patient's abdominal x-ray (4 Marks)

b. List 8 potential complications in this patient (4 Marks)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

c. List 4 indications for surgical referral for removal in patients with this presentation. (2 Marks)

1. _____

2. _____

3. _____

4. _____



Urology

4.10 Urology

- a) Renal colic DIS E
- b) Urinary catheter insertion P Ex
- c) Suprapubic catheter insertion P Ex
- d) Urinary retention DIS H
- e) Obstructive uropathy DIS H
- f) Vesico-ureteric reflux DIS G
- g) Assessment and management of haematuria DIS G
- h) Urethritis DIS G
- i) Balantitis DIS G
- j) Prostatic hypertrophy DIS G
- k) Tumours DIS G
- l) Acute scrotum
 - i) Epididymitis DIS H
 - ii) Orchitis DIS H
 - iii) Testicular torsion DIS H
 - iv) Torsion of the testicular appendage DIS H
- m) Priapism DIS H
- n) Phimosis/paraphimosis DIS H

COLUMN "LO" – CATEGORIES OF LEARNING OBJECTIVES

DIS - Diseases/Injuries/Symptoms	D - Pharmacological & toxicological agents		
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COLUMN "LP" – LEVELS OF PRACTICE

Ex - Expert
H - High
G - General

A 68 year old man presents 2 days after a prostate biopsy with fever and rigors.

His observations are as follows:

HR	120	/min
BP	90/50	mmHg
RR	16	/min
O ₂ saturations	98%	on room air
Temperature	39	°C

1. What is the most likely organism?

2. What antibiotic and dose will you administer?

3. What was the conclusion of the ARISE trial on sepsis and EGDT?

4. List four (4) potential uses of bedside ultrasound in this patient.

A 45 year-old male presents to the Emergency Department with a 2-week history of left lumbar pain associated with nausea and vomiting. There is no history of trauma .Physical examination reveals significant tenderness on the left flank. Abdomen is not distended and bowel sounds are normal. He Investigations show normal FBE and U+E. Urine analysis shows 3+ blood

A plain abdominal radiograph shows no abnormality.

A CT IVP is performed and shown in the PROPS booklet - page 3

1. List Four (4) positive findings in his imaging.(4 marks)

1. _____

2. _____

3. _____

4. _____

2. List three (3) likely differential diagnoses for this patient (3 marks)

1. _____

2. _____

3. _____



3. List two (2) early and three (3) expected late complications (5 marks)

1. Early _____

2. Early _____

3. Late _____

4. Late _____

5. Late _____

4. List four (4) risk factors for contrast-induced nephropathy (4 marks)

1. _____

2. _____

3. _____

4. _____

A 49-year-old man presents to your regional Emergency Department with haematuria. You order a CT KUB and it's shown in PROPS booklet ; page 7 .

a) State three (3) abnormalities in his CT KUB (3 marks).

1. _____

2. _____

3. _____

b) State the most likely diagnosis. (1 mark)

c) List five (5) symptoms (other than haematuria) ,that this patient may experience. (5 marks).

1. _____

2. _____

3. _____

4. _____

5. _____



d) List 3 renal and 3 non renal causes requiring urgent renal replacement therapy?(6 marks)

	Renal	Non Renal
1		
2		
3		

A 34 year old man presents to your Emergency department with a lesion on his penis.

a) List Four (4) collateral historical features to help differentiate your diagnosis ? (4 marks)

1. _____
2. _____
3. _____
4. _____

b) List Three (3) differential diagnosis with two (2) distinguishing features for each and provide one (1) treatment option for each condition? (12 marks)

	DDx	Distinguishing feature	Treatment
1			
2			
3			

A 32 year old male presents with 8 hour history of painful erection, without any preceding trauma, to your ED.

a) List five (5) likely causes of his priapism. (5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

b) List three (3) investigations useful in elucidating the aetiology of priapism with one justification for each (3 marks)

	Investigation	Justification
1		
2		
3		

c) State two (2) interventions and two (2) medications (with detail) that you would use in management of priapism. (4 marks)

Interventions :

1. _____
2. _____

Medications :

1. _____
2. _____

A 40 year old man presents with delirium, scrotal pain and temperature of 39 °C.
A clinical image of the patient's perineum is on the next page.

a. Describe and interpret the clinical image (5 Marks)



b. Outline your management (5 Marks)

A 60 year old paraplegic man is complaining of chills and rigors. He is a Type 2 diabetic on metformin.

Vital signs

T 39 deg C

P 90

BP 110/70

RR 18

SaO2 99% RA

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

- i. Describe the image and list your provisional diagnosis (2 marks)

- ii. List 4 predisposing factors for this condition (4 marks)



iii. List 5 important investigations you will order and outline your reasoning (10 marks)

iv. Repeat vital signs are pulse 110, BP 85/60, and RR 24.
Outline your early management steps. Provide doses and end points where appropriate (5 marks)

A 48 year old 100kg diabetic man has been brought to the ED with severe perineal pain.

A clinical photo is provided in the PROPS BOOKLET.

1. State the diagnosis.

(1 mark)

2. List 3 findings in the photo that support your diagnosis.

(3 marks)

His vital signs are:

GCS	14	E4 V4 M6
Pulse	120	/min
BP	90/45	mmHg
O2 saturation	99%	room air
Temperature	39.5	degrees



3. State 5 components of your management.

(5 marks)

1) _____

2) _____

3) _____

4) _____

5) _____

4. List 3 causative organisms

(3 marks)

A 45-year old African man presents to a rural ED with priapism of 2 hours duration. He is extremely distressed with severe penile pain.

1. List 4 possible causes of priapism in this patient (2 marks).

i. _____

ii. _____

iii. _____

iv. _____

2. Outline 5 key management steps for this patient (5 marks).

i. _____

ii. _____

iii. _____

iv. _____

v. _____

3. What is the most significant complication of priapism? (0.5 mark).

4. What are 2 important factors in determining prognosis? (1 mark).

i. _____

ii. _____

5. List and justify 3 investigations for this patient (1.5 marks).

	Investigation	Justification
1.		
2.		
3.		

A 56 year old man presents to the ED with priapism. He states he has had an erection without arousal for the past 7 hours.

i. What complications can occur if this condition is untreated (2 marks)

ii. Describe the role of cavernosal blood gas analysis in determining the cause of priapism (2 marks)

iii. List 2 other investigations that might be indicated. Provide a brief justification for each (4 marks)

iv. You are in a small hospital with no urological service. Outline your emergency department management of this condition (3 marks)

4.9 Neurosurgical

- a) Intracranial aneurysms DIS G
- b) AV malformations DIS G
- c) Subarachnoid haemorrhage DIS H
- d) Cerebral tumours DIS G
- e) Shunt complications DIS H
- f) Management of elevated intracranial pressure DIS H
- g) Intracranial abscesses DIS H
- h) Cerebral venous thrombosis DIS G
- i) Spinal epidural abscess DIS H
- j) Intravertebral disc disease DIS G
- k) Spinal stenosis DIS G

Neurosurgery

COLUMN "LO" – CATEGORIES OF LEARNING OBJECTIVES			COLUMN "LP" – LEVELS OF PRACTICE
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I - Investigations	Eq - Equipment		G - General
M - Medical Interventions	T - Theories		

A 36 year old woman presents with a very sudden onset severe headache 5 hours ago. It is suspicious for subarachnoid haemorrhage (SAH).

(i) Apart from headache, list 4 other clinical features that may be present in SAH (4 marks)

(ii) Complete the table providing estimates where indicated (3 marks)

Situation	Estimate
Prevalence of confirmed SAH in a patient with a classic history of "thunderclap" headache	
Sensitivity of new generation CT scanning in detecting SAH in this setting	
Incidence of "traumatic tap" when performing a lumbar puncture (LP)	

(iii) The CT scan of this patient is reported as normal and a decision made to perform a lumbar puncture to look for xanthochromia. Name the two red cell breakdown products that can cause yellow discolouration of CSF (2 marks)

(iv) List 5 criteria that indicate that a CT scan should be carried out prior to lumbar puncture (5 marks)

A 47 year old man presents with a sudden severe headache and confusion.

A single slice of his non contrast CT scan is shown.



1. Describe four (4) relevant findings on his CT scan.

2. What is the most likely diagnosis?

3. List four (4) important measures for neuroprotection in the emergency department.

4. His BP is 200/100 mmHg. What antihypertensive will you use, include dose and route.

5. What systolic BP range are you aiming for in mmHg?

An 89 year old woman, previously independent and well, is brought to the emergency department following the onset of a severe headache.

Her vital signs are:

BP	190/100	mmHg
HR	88	beats/min
RR	20	/min
Temperature	36.6	°C
O ₂ Saturation	98	% on room air

Initially she is alert and oriented in the emergency department, but then deteriorates to have a GCS of 11.



i. What is the radiological diagnosis and a likely cause?

Diagnosis: _____

Cause: _____

_____/2

ii. Give four (4) radiological parameters that are used to indicate severity in this condition, stating whether they are present or absent.

	Radiological parameter	Present	Absent
1			
2			
3			
4			

iii. List four (4) poor prognostic indicators in this woman.

1. _____

2. _____

3. _____

4. _____

A 22yo female attends with a sudden onset severe unilateral headache.

•What features on history and examination support the diagnosis of Acute Sub-arachnoid Haemorrhage? (20%)

•What features support the diagnosis of hemicrania? (20%)

•What is the optimal timing for an LP to exclude the diagnosis of SAH? (10%)

•Describe your procedure/technique for lumbar puncture. (30%)

•What is the next step in the diagnostic work up given this result? (20%)

MICROBIOLOGY REPORT - STERILE ASPIRATE for M/C/S

Specimen Type: Cerebrospinal fluid
Macroscopic Description: Blood stained

Cell count	Tube 1	Tube 2	Tube 3	
Leucocytes	177	180	140	$\times 10^6/L$
Polymorph. cells:	131	130	120	$\times 10^6/L$
Mononuclear cells:	46	50	20	$\times 10^6/L$
Erythrocytes:	73500	80000	82000	$\times 10^6/L$

India ink: Cryptococcus neoformans not detected
Microscopy: No bacteria seen

Protein	12.30	g/L	(0.15-0.45)
Glucose	1.7	mmol/L	(2.2-5.0)

The LP result (after a negative CT for SAH) follow:

A 35 year old male presents with lower back pain. He has previously been identified as displaying drug seeking behaviour.

1. List four (4) key features on history that would support drug seeking behaviour as the reason for this presentation. (4 marks)

1. _____

2. _____

3. _____

4. _____

2. List four (4) key features on examination that would support drug seeking behaviour as the reason for this presentation. (4 marks)

1. _____

2. _____

3. _____

4. _____

3. List six (6) key principles in the management of this patient. (6 marks)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

A 65 year old woman presents to ED with lower back pain and normal observations. She has a history of type 2 diabetes but is otherwise well. There is no history of trauma.

i) List 6 historical features which may suggest serious pathology (6 marks)

ii) After taking your history you are concerned about possible cauda equina syndrome. List 4 examination findings which would support your diagnosis (4 marks)

iii) List the most important immediate investigation and the most important treatment if this condition is confirmed (2 marks)

iv) List the most common cause, and 2 other causes for cauda equina syndrome (3 marks)

A 48 year old female presents with GCS 15 complaining of rapid onset pain, initially in the back of the neck then escalating in intensity over 15 minutes and becoming bilateral and frontal. She is otherwise well.

1. Beyond a careful and thorough history and physical examination, list the 3 most efficient investigations indicated in this case (1.5 marks).

i. _____

ii. _____

iii. _____

You are discussing lumbar puncture with the patient.

2. What 4 risks must be highlighted in the consent process? (4 marks).

i. _____

ii. _____

iii. _____

iv. _____

3. List 3 evidence based strategies to minimise post LP headache (1.5 marks).

i. _____

ii. _____

iii. _____

4. Complete the table below with 3 options of different classes for analgesia in this case and include a pro and a con for each (3 marks).

Medication	Pros	Cons

A 38 year old male patient presents to your urban ED with sudden onset occipital headache and vomiting whilst lifting weights at the gym.

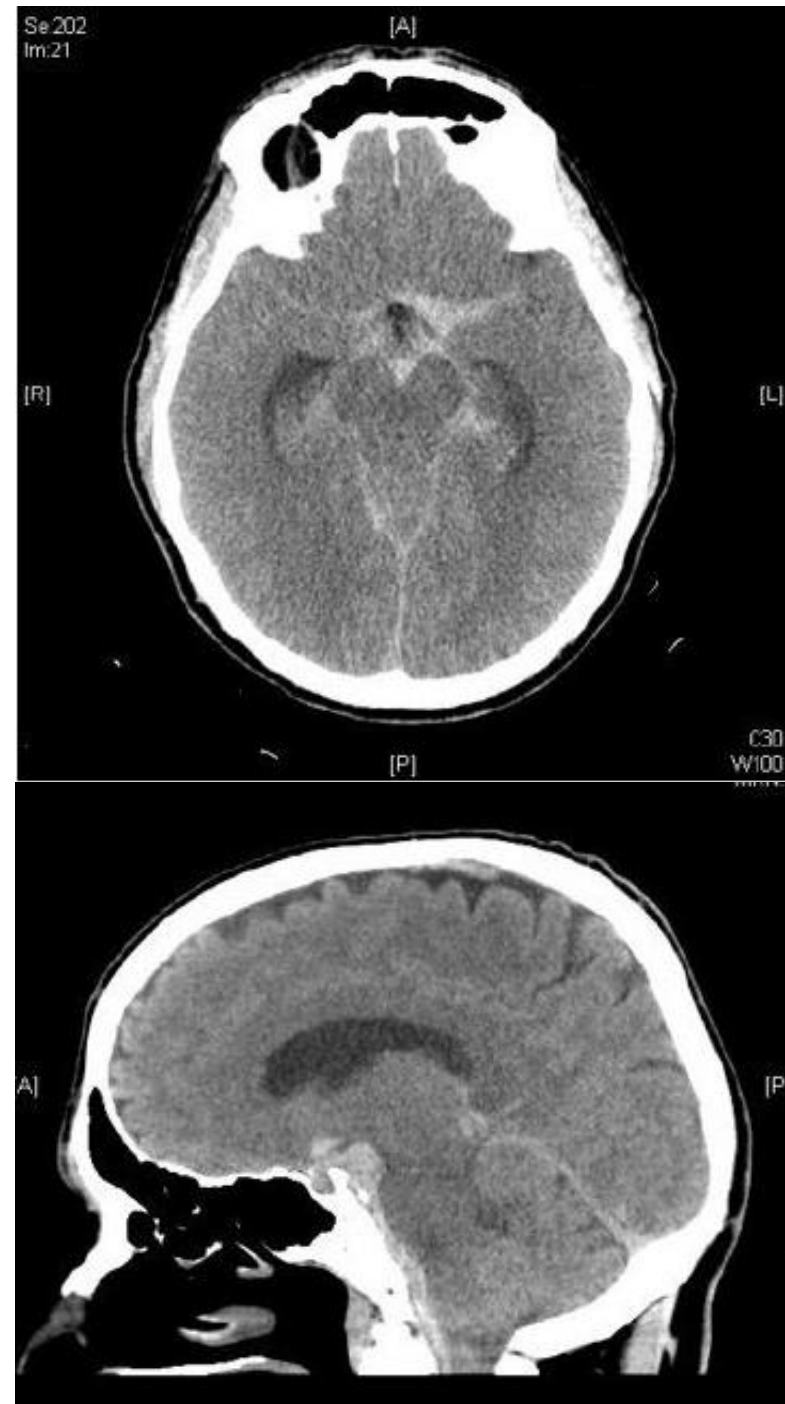
Vital signs GCS 14
 P 100 bpm
 BP 180/70 mmHg
 Temp 36 deg C

i. Interpret the CT images (4 marks)

CT IMAGES ARE SHOWN IN THE PROPS BOOKLET, PAGE 3

ii. Outline 5 management priorities (5 marks)

iii. List 4 strategies to minimize abnormalities in intracranial pressure if this patient was intubated (4 marks)



A 45 year-old female has long standing low back pain was discharged the preceding day by a JMO in your ED with a diagnosis of malingering. She now presents to the ED with a sudden and severe lower back pain radiating down the legs. In the department she was unable to control herself and was incontinent of urine.

1. What 6 features would suggest cauda equina syndrome? (3 marks)

2. List the essential test to aid the assessment of a patient with suspected cauda equina? (1 mark)

3. You investigate and find that the JMO did not examine the patient, wrote no notes and was heard by the ED RN to tell the patient that there is nothing wrong with them and they should not have come to the ED, again. You are the JMO's supervisor. Outline your approach to this situation (4 marks)

4. Outline the immediate steps in the management of this patient (2 marks)

4.7 Vascular

- a) Peripheral ischaemia DIS H
- b) Arterial occlusion DIS H
- c) Venous occlusion DIS H
- d) Intestinal ischaemia DIS H
- e) Thoracic dissection DIS H
- f) Intra-abdominal aneurysms DIS H
- g) Aortic disorders DIS H
 - i) Aortic aneurysms DIS H
 - ii) Aortic dissection DIS H
- h) Mycotic aneurysms DIS G
- i) Intra-arterial drug injection DIS H

Vascular

COLUMN "LO" – CATEGORIES OF LEARNING OBJECTIVES

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COLUMN "LP" – LEVELS OF PRACTICE

Ex - Expert
H - High
G - General

A 75 year old man presents via ambulance from home with severe abdominal pain.

A single slice from an abdominal CT scan is shown in the props booklet on page 15.

i. State 2 important abnormalities on the CT scan (2 marks)

1 _____

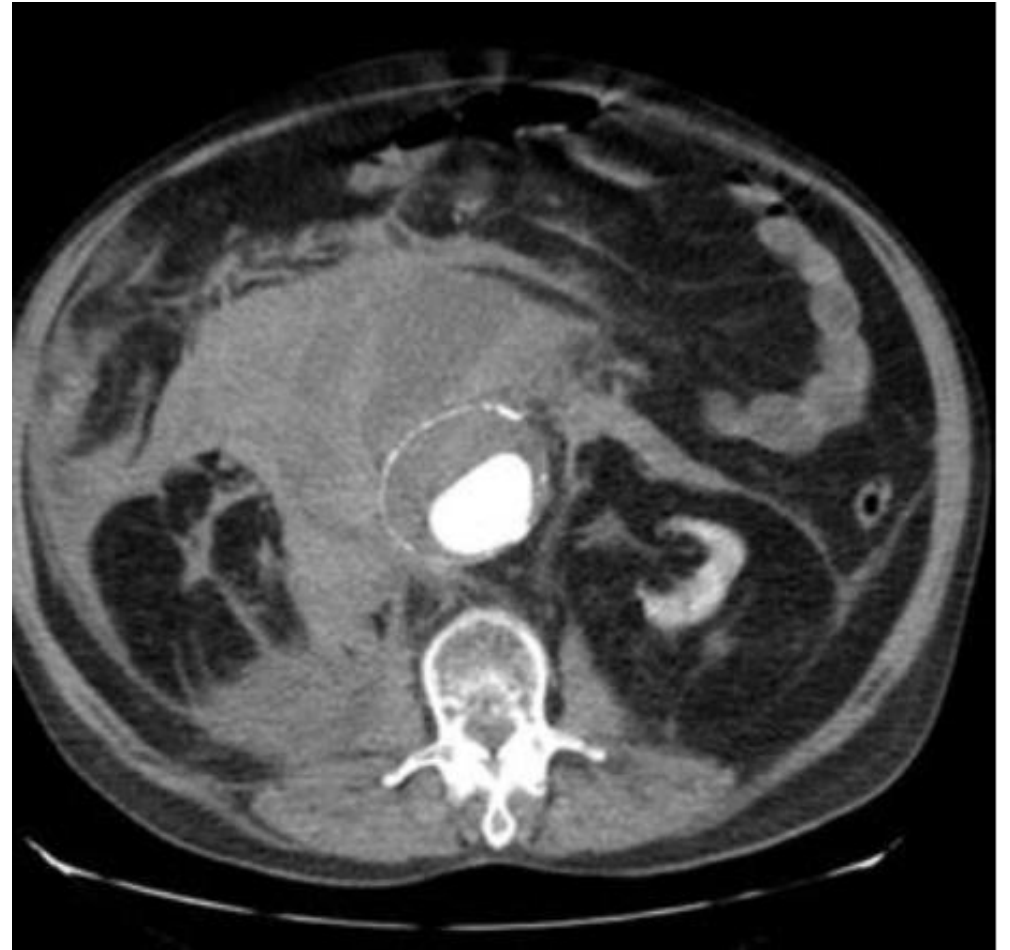
2 _____

ii. What is your diagnosis? (1 mark)

He deteriorates on arrival back from CT. His observations are as follows:

GCS	15	(E4, V5, M6)
HR	120	/min
BP	70/40	mmHg
RR	22	/min
Sats	100%	on 6L O ₂ via Hudson mask

iii. What end points in his observations will you aim for? (3 marks)



iv. Prescribe your first bag of crystalloid in the chart below (2 marks)

Fluid	Additives (if applicable)	Rate ml/hr

v. What are four (4) pieces of information you need to rapidly acquire from taking a history from this patient? (4 marks)

- 1 _____
- 2 _____
- 3 _____
- 4 _____

vi. What are your three (3) immediate management priorities? (3 marks)

- 1 _____
- 2 _____
- 3 _____

You are a consultant in charge in a tertiary emergency department at 2300 hrs. You overhear a junior medical officer- who recently commenced night shift- asking a nursing staff member to arrange the discharge of a 72 year-old man, whom he has diagnosed with renal calculi. Nursing staff express their concerns with you as they state that the patient has ongoing right sided abdominal pain. You have not worked with the medical officer before.

a) State five steps (5) that you would take in this circumstance. (5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

b) State five (5) limitations to the performance of bedside ultrasound to rule out AAA for this patient. (5 marks)

1. _____
2. _____
3. _____
4. _____
5. _____

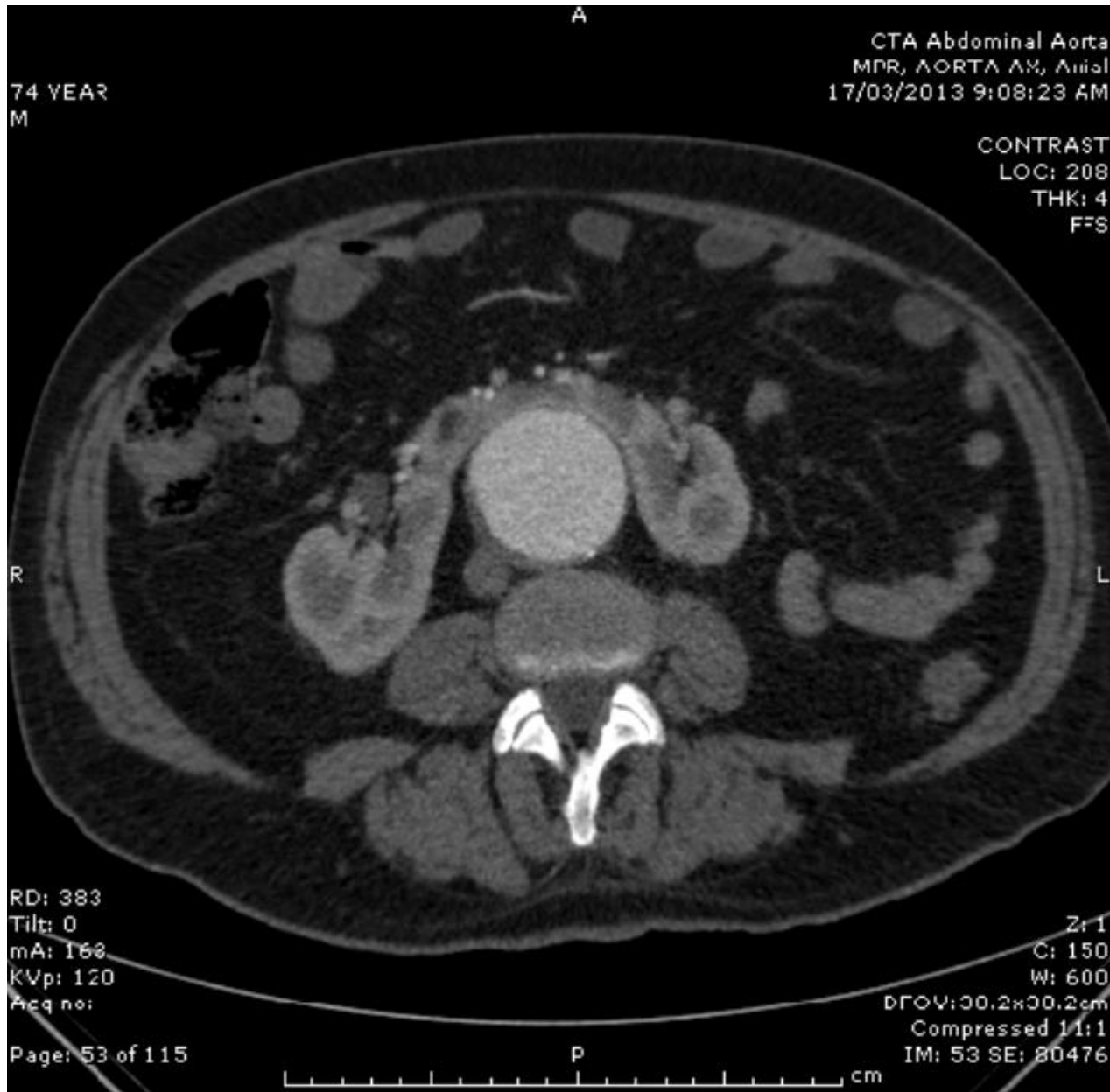
c) State four (4) ultrasound features that are consistent with AAA rupture. (4 marks)

1. _____
2. _____
3. _____
4. _____

A CT abdomen is taken and shown in PROPS booklet ; page 3 .

d) State three (3) abnormal findings in the CT scan. (3 marks)

1. _____
2. _____
3. _____



His vital signs post CT are as follows (he has not received fluid intravenously).

BP	80/40	mmHg
PR	90	/min
RR	16	/min
O2 Saturation	98% on room air	
Temperature	37.5°C	

e) What is your approach to his fluid resuscitation? State four (4) points in your answer.(4 marks)

1. _____
2. _____
3. _____
4. _____

Ambulance officers bring a 68 year old man with severe back pain to your ED. He is shocked (BP 80/50mm Hg). Your trainee has performed a bedside ultrasound and obtained this image.

A CLINICAL IMAGE IS SHOWN IN THE PROPS BOOKLET, PAGE 12

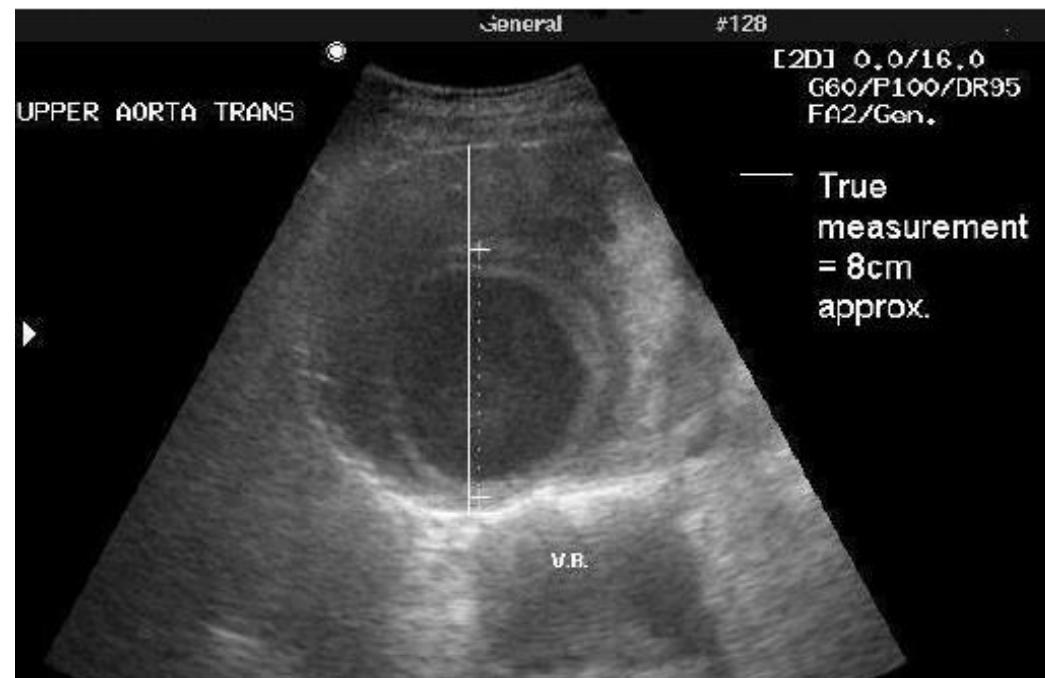
i. Describe the image (2 marks)

ii. List the most likely diagnosis and one differential diagnosis (2 marks)

The on-call vascular surgical registrar has asked you to continue to resuscitate the patient and get an urgent CT while he organises theatres.

iii. What is the role of CT scanning in this setting? (2 marks)

iv. List the key steps in your ongoing resuscitation and preparation for theatres (5 marks)



A 65 year old male presents with severe sudden onset left flank pain. He is pale, sweaty and agitated.

Vital signs: GCS 14
Automated BP 160/145mmHg, palpable brachial pulse (but not radial)
P 130 bpm
RR 27 bpm
Central CR 5 sec

i. List 4 differential diagnoses (4 marks)

ii. Why is there discrepancy between palpable pulses and automated BP and what is your action (3 marks)

iii. You suspect a ruptured abdominal aortic aneurysm. List 2 pros and 2 cons for ultrasound and CT imaging (8 marks)

An 86 year old male presents to ED with severe abdominal pain. His medical history includes AF and IHD. He is taking aspirin and atorvastatin.

Vital signs are:

P 130
BP 160/90
RR 20
SaO₂ 97% RA

His abdomen is diffusely tender with guarding. Bedside USS of his abdomen is performed.

A SINGLE ULTRASOUND IMAGE IS SHOWN IN THE PROPS BOOKLET, PAGE 9

- i. Describe 3 positive findings in the USS image (3 marks)

- ii. Outline 4 immediate management steps that are required for this patient (4 marks)



The patient's blood pressure falls to 70 SBP while awaiting vascular surgeon arrival and he is now receiving a blood transfusion.

iii. Define massive transfusion in an adult patient (2 marks)

iv. List 4 target parameters when giving massive transfusion (4 marks)

A 62 year old man presents with a cold, painful, numb left leg. You suspect an acute ischaemic limb.

- i. List 4 features on **history** that would suggest acute arterial embolism rather than thrombosis as the cause (4 marks)

- ii. List 4 features on **examination** that would suggest acute arterial embolism rather than thrombosis as the cause (4 marks)

- iii. Name 2 revascularisation strategies (2 marks)

- iv. Name 4 post reperfusion complications that may arise (4 marks)

Wound Management

4.13 Wound management

- a) Classification of wounds T H
- b) Surgical wound management P H
- c) Basic wound closure techniques P H
- d) Wound dressings P H
- e) Wound infections DIS H
- f) Chronic ulcers DIS G
- g) Special wounds
 - i) Puncture wounds DIS H
 - ii) Bites and stings DIS H
 - iii) Blast injury DIS H
 - iv) Degloving injury DIS H
 - v) Amputations DIS H

4.14 Plastics

- a) Plastic surgical techniques
 - i) Grafts P G
 - ii) Flaps P G
 - iii) Advanced wound closure P G

COLUMN "LO" – CATEGORIES OF LEARNING OBJECTIVES			COLUMN "LP" – LEVELS OF PRACTICE
DIS - Diseases/Injuries/Symptoms	D - Pharmacological & toxicological agents	S - Systems	Ex - Expert
E - Physical Examination	P - Procedures	NCI - Non-clinical/clinical interface	H - High
I - Investigations	Eq - Equipment		G - General
M - Medical Interventions	T - Theories		

A 12-year-old boy is brought to your rural emergency department, following a dog bite to his face;

a) State the differences between dog and cat bite in the following table. List one (1) fact for each variable for dog and cat bite. (6 marks)

VARIABLE	Dog bite (3 marks)	Cat bite (3 marks)
Common micro-organism		
Wound characteristics		
Risk of infection		

b) List three (3) risk factors for infection in bites in general. (3 marks)

1. _____

2. _____

3. _____

c) State general recommendations for would repair in animal bites in the following table. (4 marks)

	Primary closure	Antibiotics
Dog		
Cat		

A 25 year old male presents with a large area of cellulitis of his left anterior thigh.

i. Complete the table identifying specific bacteria of concern for each specific situation (4 marks)

Situation	Specific organism(s)
Human bite	
Cat bite	
Fresh water wound	
Salt water wound	

ii. List 6 clinical features that help to distinguish necrotising fasciitis from uncomplicated cellulitis (6 marks)

iii. List the common organisms responsible for necrotising fasciitis (4 marks) and state the recommended empiric antibiotic choice for undifferentiated necrotising fasciitis (doses not required) (2 marks)
