IV ROUND

CLINICAL SCENARIOS

- Each team will be getting 3 questions
- 30 sec to answer
- 5 mark for correct answer
- No negative mark
- First answer will be taken into account
- Other team can answer – 3 mark (if not answered by primary team)

Team A

- A 66-year-old female is scheduled for major surgery. She suffers from Parkinson's disease for which she is treated with levodopa. She has a history of PONV. Which of the following anti-emetic regimes would be most suitable for this patient?

- a. Domperidone and ondansetron.
- b. Metoclopramide and ondansetron.
- c. Droperidol and prochlorperazine.
- d. Ondansetron and prochlorperazine.

Team B

- A 3-year-old boy known to be diabetic presents with irritability and disorientation. His blood glucose is 250 mg and his urine is positive for ketones. Which of the following is the most common cause of death in a patient presenting with these clinical features?

- a. Sepsis.
- b. Cerebral oedema.
- c. Arrhythmias.
- d. Acute pancreatitis.

Team C

- A 23-year-old male undergoes a closed reduction of a fracture of his right femur. In the immediate postoperative period he becomes tachypneoic and confused. Which of the following findings most strongly suggest fat embolism?

- a. Axillary petechiae.
- b. Emboli present in the retina.
- c. Fat present in urine.
- d. Fat globules present in the sputum.

Team D

- 18-year-old female presents to the accident and emergency department having taken about 50 tablets of paracetamol. She says that she swallowed the tablets within the last 20 minutes. Which of the following treatments would be the most effective in reducing absorption of paracetamol?

- a. Gastric lavage.
- B. Activated charcoal.
- C. N-acetyl cysteine.
- D. Methionine.

Team E

- A 78-year-old man underwent a hemi-arthroplasty of the left hip under general anaesthesia. He was given atropine in recovery for severe bradycardia. Following this he become extremely restless, agitated and confused. Which of the following is likely to be the most suitable treatment for this patient's restlessness and agitation?

- a. Intravenous midazolam.
- b. Intravenous physostigmine.
- c. Intravenous neostigmine.
- d. Intravenous haloperidol.

Audience

- After a critical adverse event occurs, which of the following should be implemented?

- A. Limit the number of consultants involved.
- B. Involve the risk management department in the hospital only if a suit is filed.
- C. Record any additions or alterations of the facts in the chart as amendments.
- D. Chart the event, including the facts of the events and speculations regarding the cause of the incident.
- E. Never disclose medical judgment or performance errors to the victim or survivors.

Team A

- A 72-year-old male who is a chronic smoker complains of constant leg pain. Clinical examination has revealed ischaemic ulcers in both his legs. He has been assessed by a vascular surgeon and has been referred to the pain clinic for the management of his pain. Which of the below is likely to be the most effective treatment for his pain?

- a. Lumbar epidural steroids.
- b. Nerve root block.
- c. Chemical lumbar sympathectomy.
- d. Regular morphine.

Team B

- A 30-year-old male patient is undergoing a laparoscopic cholecystectomy. Halfway through the surgery, despite adequate inspired oxygen and ventilation, his SpO2 decreases to 90%. Clinical examination reveals distended neck veins, and reduced movement and breath sounds on the left side of the chest. Whatshould be the next step in the management of this patient?

- a. Increasing minute ventilation.
- b. Arterial blood gas analysis.
- c. Endotracheal suction.
- d. Needle decompression and insertion of a chest drain.

Team C

- A 65-year-old male patient with a history of heavy smoking presents with chest pain and a cough of 2 months' duration. On clinical examination there are enlarged supraclavicular lymph nodes on the left side. Chest X-ray demonstrates a 2cm lesion in the left upper lobe. The biochemistry reveals normal potassium, urea and creatinine but serum sodium is 124mmol/L. Which of following is the most likely cause for his hyponatraemia?

- a. Cerebral salt wasting syndrome.
- b. Small cell carcinoma of the lung.
- c. Adrenal insufficiency.
- d. Hypothyroidism.

Team D

- A 65-year-old male patient is undergoing laser excision of a laryngeal papilloma. The airway is secured with a 'Laser-flex' endotracheal tube. During the procedure the proximal cuff is burst by a laser beam and a small flame of fire appears in the surgical field. The most appropriate immediate measure should be:

a. Continuing with laser resection to complete the procedure as soon as possible.

b. Flooding the field with normal saline.

c. Increasing the nitrous oxide concentration in order to reduce the inspired oxygen concentration.

d. Changing the endotracheal tube immediately.

Team E

- A 60-year-old admitted to the ER. He was working on his car in a garage and was found unconscious by his wife, with the garage door almost shut and the car engine running. his GCS is 7, oxygen saturation is 99% and mucous membranes are 'cherry red' in colour. Which is most appropriate in the immediate management?

- a. Arrange for a CT of the brain to precisely diagnose the cause of unconsciousness.
- b. Arrange for urgent transfer to a neuro-intensive care unit.
- c. Intubate and ventilate the patient with 100% oxygen.
- d. Oxygenate with a non-rebreathing mask whilst arterial blood gas results are performed.

Audience

- Which of the following statements is TRUE?

- A. The magnitude of radiation absorbed is a function of the distance from the source of radiation and the use of radiation shielding, but not of total exposure intensity.
- B. Radiation exposure is proportional to the square of the distance from the source.
- C. Radiation exposure becomes minimal at a distance greater than 36 inches from the source.
- D. Wearing a thyroid collar in addition to a lead apron protects virtually all vulnerable sites.

Team A

- A 45-year-old man with a history of gall stones presents to the emergency department complaining of severe constant epigastric pain radiating to the back and flanks, and vomiting. Examination reveals pyrexia, abdominal distension, rebound tenderness and discolouration of the flanks. Which of the following blood tests would be most useful in the diagnosis of acute pancreatitis?

- a. Serum amylase.
- b. Serum trypsinogen.
- c. Serum lipase.
- d. Serum transaminases.

Team B

- An 83-year-old female presents to the pain clinic with a 10-week history of severe pain in her left eye. The pain is continuous and is associated with a burning sensation. She also had a skin rash in the painful area which began after a week of onset of the pain. She has been treated with an intermittent course of steroid medication for the management of her poorly controlled COPD. The most likely cause of her pain is:

- a. Trigeminal neuralgia.
- b. Atypical facial pain.
- C. Late signs and symptoms of polymyalgia rheumatica.
- D. Post-herpetic neuralgia.

Team C

- A 61-year-old female is ready to be discharged on the fifth postoperative day following an uneventful total hip replacement. A nurse has noticed localised necrosis of skin at the sites of subcutaneous injection of enoxaparin on the abdominal wall. She also mentions that there has been a fall in platelet count from 216 x109/L to 64 x 109/L over the last 5 days. What would be your next action?

- a. Stop enoxaparin.
- b. Stop enoxaparin until the platelet count starts rising.
- c. Stop enoxaparin and start an alternative anticoagulant.
- d. Stop enoxaparin and transfuse two units of adult platelets.

Team D

- 29-year-old male is admitted to the emergency department following a road traffic accident. Since admission his GCS has been gradually deteriorating and is now 11. Which of the following would warrant an immediate craniotomy in this patient?

- a. Status epilepticus.
- b. Unilateral pupillary dilatation.
- c Cerebrospinal fluid rhinorrhoea.
- d. Significant hypotension.

Team E

- A 2-year-old child is brought to the emergency department with acute onset of respiratory distress, cough and stridor. The chest appears hyperinflated on the right side with reduced movements and breath sounds. The child is irritable with an oxygen saturation of 90% on air and a heart rate of 120/minute. What is the most likely diagnosis?

- a. Acute severe asthma.
- b. Acute epiglottitis.
- c. Aspiration pneumonia.
- d. Foreign body aspiration.

Audience

- When a plaintiff's attorney files a complaint, the anesthesiologist should take certain actions EXCEPT:

- A. Gather all pertinent records including billing statements.
- B. Cooperate fully with the attorney provided by the insurer.
- C. Discuss the case with all involved operating room personnel.
- D. Refrain from making alterations to the chart.
- E. Make a detailed account of all events.