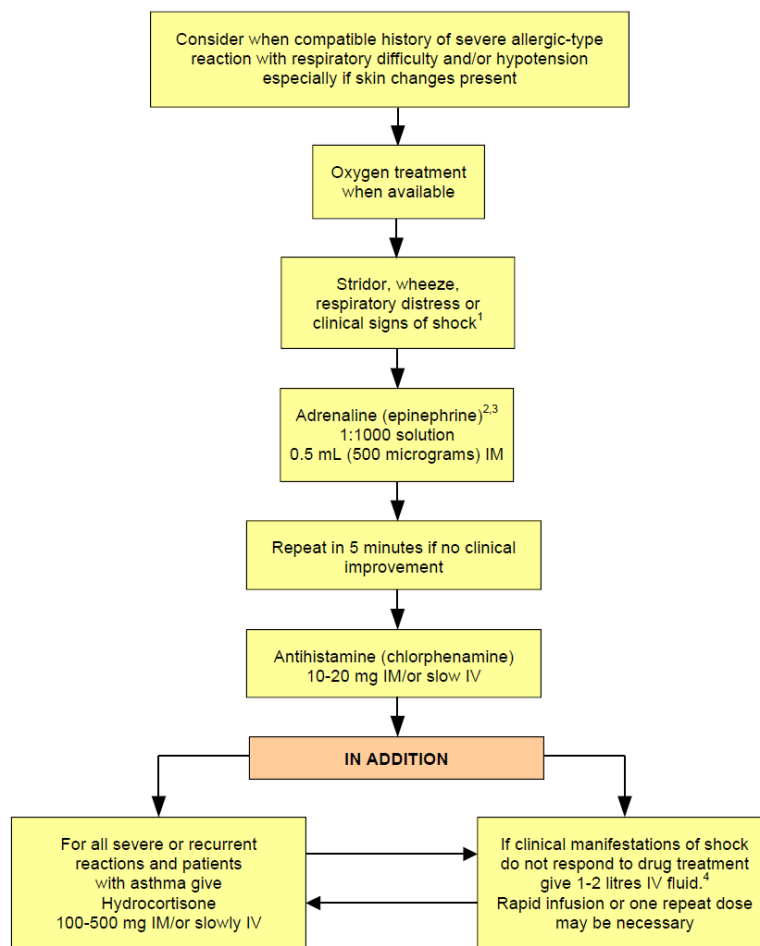




What does the picture show? 1 point

Angiodaema or swelling of the lips

Figure 1 Anaphylactic Reactions: Treatment Algorithm for Adults by First Medical Responders



1. An inhaled beta₂-agonist such as salbutamol may be used as an adjunctive measure if bronchospasm is severe and does not respond rapidly to other treatment.
2. If profound shock judged **immediately** life threatening give CPR/ALS if necessary. Consider **slow IV** adrenaline (epinephrine) 1:10,000 solution. This is **hazardous** and is recommended only for an experienced practitioner who can also obtain IV access without delay. Note the different strength of adrenaline (epinephrine) that may be required for IV use.
3. If adults are treated with an adrenaline auto-injector, the 300 micrograms will usually be sufficient. A second dose may be required. Half doses of adrenaline (epinephrine) may be safer for patients on amitriptyline, imipramine, or beta blocker.
4. A crystalloid may be safer than a colloid.

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Fill in the blank boxes for the anaphylaxis pathway. 1 point each

Give 4 causes of angiodaema. 2 points

Hereditary, acquired, drug induced and allergic, also idiopathic for ½ point

What is the significance in the treatment between these classifications? – 2 points

HAO, AAO and ACE induced do not respond to antihist/adren/steroid Rx

*Vapour heated C1-INH concentrate is used for the HAO & AAO alternatively FFP
(extra 2 points)*

Name 5 Ps pathognomonic to compartment syndrome and what is the main problem with applying them in clinical practice to diagnose this condition? 6 points

pain, pallor, paresthesia, paralysis, pulselessness

These are late signs, probably too late to save the compartment.

Give 6 causes of compartment syndrome- 3 points

Trauma, fractures, bleeding in enclosed space, external compression of the limb, vigorous exercise, small thrombo- embolic events, and intramuscular injections.

What compartment pressures are considered abnormal? – 1 point

15mm Hg resting or 30 mm Hg exertional, pressures above 20mmHg at 5 min post exercise are also abnormal (extra 1/2 point)

A 38 year old woman comes in feeling rather unwell, complaining of a headache and nausea. She noticed that her ankles started swelling last couple of weeks and she is concerned as she is 32 weeks pregnant.

Describe the initial investigations and management of this patient. 3 points

IV access, check BP and perform UA and BM, Lie down in a quiet room(1/2 extra point)

What features would constitute a diagnosis of preeclampsia? 1 point

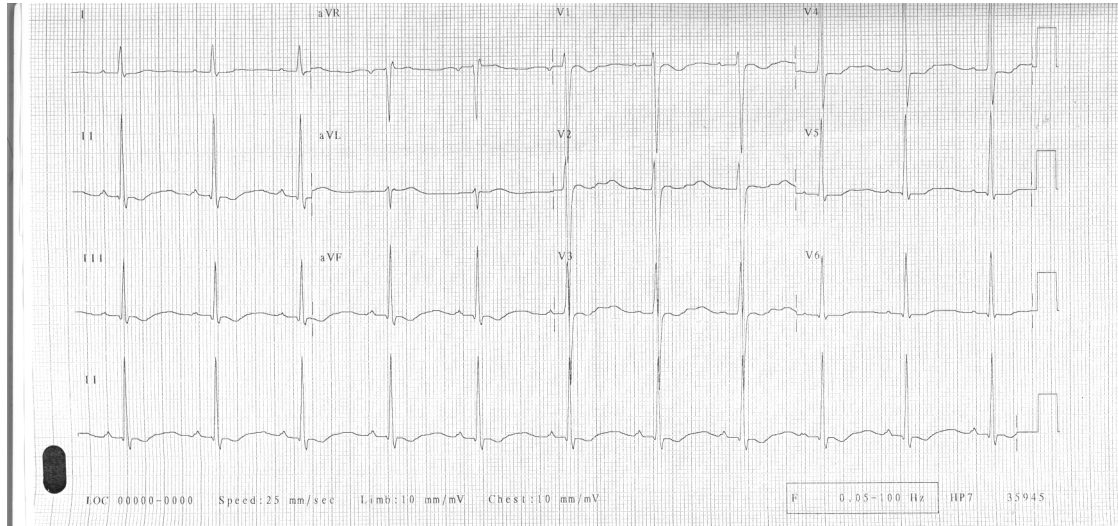
Pregnancy, Hypertension and proteinuria &/or oedma

As you are attending to her patient suddenly becomes vacant and unresponsive. She then starts twitching on her mouth. What is the treatment at this point. 1 point

MgSO₄ 2-4 g

What are the main management points following this? 5 points

Place in L lateral position, give O₂, control BP – diastolic 90-100 with labetalol or hydralazine, refer to O&G for urgent delivery



Name 3 abnormalities on this ECG.

What is the likely diagnosis?

4 points

T wave inversion inferiorly, T wave flattening in chest leads, U wave in V2-V3.

Hypokalaemia

What is the normal NaHCO_3 concentration? 1 point

23-26 mmol

How do you calculate anion gap and what is its normal value? 2 points

$\text{Na} - (\text{Cl} + \text{NaHCO}_3) = 3 \text{ to } 11$ (used to be 8-15)

Give 4 causes of clinically important increases anion gap acidosis, other than lactic acidosis. – 4 points

Renal failure, ketoacidosis, alcohol poisoning, salicylate poisoning



A 7-year-old boy presents to his primary care physician with a swollen left eye. Three days ago, what was thought to be a pimple developed below his left eye, adjacent to his nose. Two days ago, the left eyelids appeared erythematous and swollen. Yesterday, the swelling became worse, and the patient's mother noted discharge from his left eye. In addition, he had a low-grade fever and complained of having a headache and body aches. The patient's father is in the US Army Special Forces and is being deployed to Iraq next week. What is the diagnosis? What is the likely pathogen and how would you treat it? 5 points

Periorbital cellulitis

Vaccinia of the eyelid caused by inadvertent inoculation

vaccinia immunoglobulin (VIG) together with systemic antibiotics to prevent and treat any secondary bacterial infection



A 55-year-old man with a fever for 10 days developed a crusted plaque on his left flank (picture on the R). There was a black eschar with surrounding erythema and small vesicles. Two weeks earlier his grandson developed a similar lesion associated with high fever, sepsis, seizures and death.

What is the diagnosis? 1 point

What investigations would you perform? 2 points

How would you treat it? 1 point

Anthrax,

BC, CXr, ELISA blood test

IV abio- penicillin, ciprofloxacin