Blood transfusion

A 60 year old man is brought in following a bout of fresh haematemesis. He is known to suffer from duodenal ulcers. He looks pale but is conscious and his BP is 140/100 his pulse is 95, his sats are 98 % on RA and his RR is 18. Apart from his PUD he has no other medical problems. Describe initial management and investigations. 3 points

2 large bore cannulae *Group and save serum* *FBC, U&E* *ECG*
His Hb is 6 so you start blood transfusion and called for an urgent endoscopy. While this is being sorted pt develops a temperature of 38.8 ^{o}C. What would you do next? 2 points
Slow down the transfusion *Recheck the blood bag*
List 4 symptoms of acute haemolytic blood reaction, other than pyrexia. 2 points
Chills *Burning along the vein* *Anxiety* *Back pain* *Chest tightness* *Flushing* *Nausea* *Tachycardia* *Hypotension*
What is the definition of massive blood transfusion? 2 points
Replacement of ½ volume of blood immediately or whole volume of blood within 24 hours
Which blood groups could you transfuse to someone who is A Rh-ve? 1 point

A-ve ½ point
O-ve ½ point
A+ or O+ if this is their first transfusion for extra ½ mark each

Delirium Tremens

36 year old patient is brought in to the department by ambulance. He is agitated and keeps trying to push thing off himself when there is nothing there. He is known to the department as a regular who comes in intoxicated with alcohol. According to the ambulance he had not been seen for 3 days and when his friend went to see him he was found in this condition.
List 6 signs or symptoms of alcohol withdrawal other than mentioned above. - 3 points

Seizures, sweat, tachycardia, mild temperature, hypertension, tremour, insomnia, alcohol craving, tachypnea, nausea/vomit, incontinence

Before you get to see the patient he has a grand mal seizure. It lasts 2 minutes and self terminates before you give him anything. His temp is now 38, HR 130, BP 140/65, BM is 1.5.GCS is 11. Assuming O2 is on and pt has IV access, describe your immediate treatment.4 points

IV thiamine (pabrinex, glucose- 500 ml 10% (but -1 if thiamine not mentioned as it can precipitate Wernicke's), N Saline 1 l stat, benzodiazepines of your choice titrated to pt response, e.g. diazepam 10mg IV- according to the literature that is the drug of choice

What is the Wernicke's encephalopathy triad? 3 points

Ocular abnormalities
Global confusional state
Ataxia

Epistaxis

Give 3 signs which would suggest posterior bleed. 3 points

Inability to visualise anterior source *Bilateral bleed* *Blood dripping down the nasopharynx*
A 40 year old man presents to A&E with a 30 minute left sided epistaxis. He is haemodynamically stable etc.. What would be your initial management. 2 poins
Firm pressure to both sides of the nose- so that pt is uncomfortable for 10 min +/- ice *Ask pt to lean forward*
This is a healthy man with a PMH of hypertension only on ACE inhibitors, no previous bleed. What blood tests would you perform. – 2 points
None
A 69 year old man is brought in by ambulance he has been bleeding for 4 hours, rather profusely following an injury to his nose at home. His BP is 100/65, HR is 85 irregular. He takes B blockers for hypertension and is known to have AF and is on warfarin, INR last week was 3.5. No other PMH of significance. GCS 15 His nose is obviously deformed and swollen and it continues to bleed. Describe your immediate management. 3 points for 6 steps
Pressure and ice on the nose as much as pt will tolerate *Oxygen if necessary* *IVA* *Analgesia* *Bloods- FBC, U&E, INR, X-match 2-4 units* *Give FFP a.s.a.p.* *Monitor BP/sats* *Contact ENT* *Contact anaesthetist and ICU* *If bleed continuing consider packing/baloons*

F Fractured Femur

A 25 year old man is brought in following a fall off a scateboard in a park- he was playing on a pipe. He is in a lot of pain from an isolated injury to his R thigh, which is obviously deformed and swollen. His ABC is intact, he has a cannula in situ. List 3 methods of pain relief you would use in this patient. 3 points

IV opiates *Femoral block* *Nitrous Oxide gas* *GA if indicated* *IV NSAIDs*
As you are dealing with his pain you notice that his heart rate begins to rise and he looks rather sweaty. His BP remains reasonable at 120/90. What would be your initial single form of management. 2 points
Apply traction splint- e.g. Thomas
What would be the single most important blood test at this stage and the single most important part of the bedside examination? 2 points
X-match 4 units of blood *Check distal pulses*
His blood pressure is now starting to drop and he is becoming less responsive. Describe you management at this stage. 3 points
Give IV fluids- hypertonic saline, saline or colloid of your choice *Insert another cannula* *Ask for O neg blood* *Organise an urgent thigh X-ray* *Call trauma team + vascular surgeon*

Headache - Migraine

A 55 year old lady presents to A&E with a 2 day H/O gradual onset headache. It is unilateral, tight feeling associated with nausea. She had a few problems sleeping last night and paracetamol is not helping.
On examination there is no abnormality at all, she has no PMH of significance and she'd never suffered from headaches like this before. What urgent investigations would you order. 4 points

FBC *U&E* *ESR+/- CRP* *CT head*
What treatment would you give her initially? 2 points
NSAID + antiemetic e.g. ketorolac 30 mg + prochloperazine 12.5 mg IM
List 4 signs or symptoms which are likely to be present in a migraine type headache- 4 points

- **History:** Moderate-to-severe headache with or without a prodrome
- **Aura** (20%):
  Visual aura (most common)
  - Scotoma (blind spots)
  - Fortification spectra
  - Geometric visual patterns
  - Hemianopia
  - Hallucinations
- **Headache**
  - Unilateral, also known as hemicrania (30-40% are bilateral)
  - Throbbing or pulsatile
  - Lasts between 4-72 hours
- **Systemic manifestations**
  - Nausea (80-90%)
  - Vomiting (40-60%)
  - Photophobia (80%)
  - Phonophobia (75-80%)
  - Lightheadedness (70%)