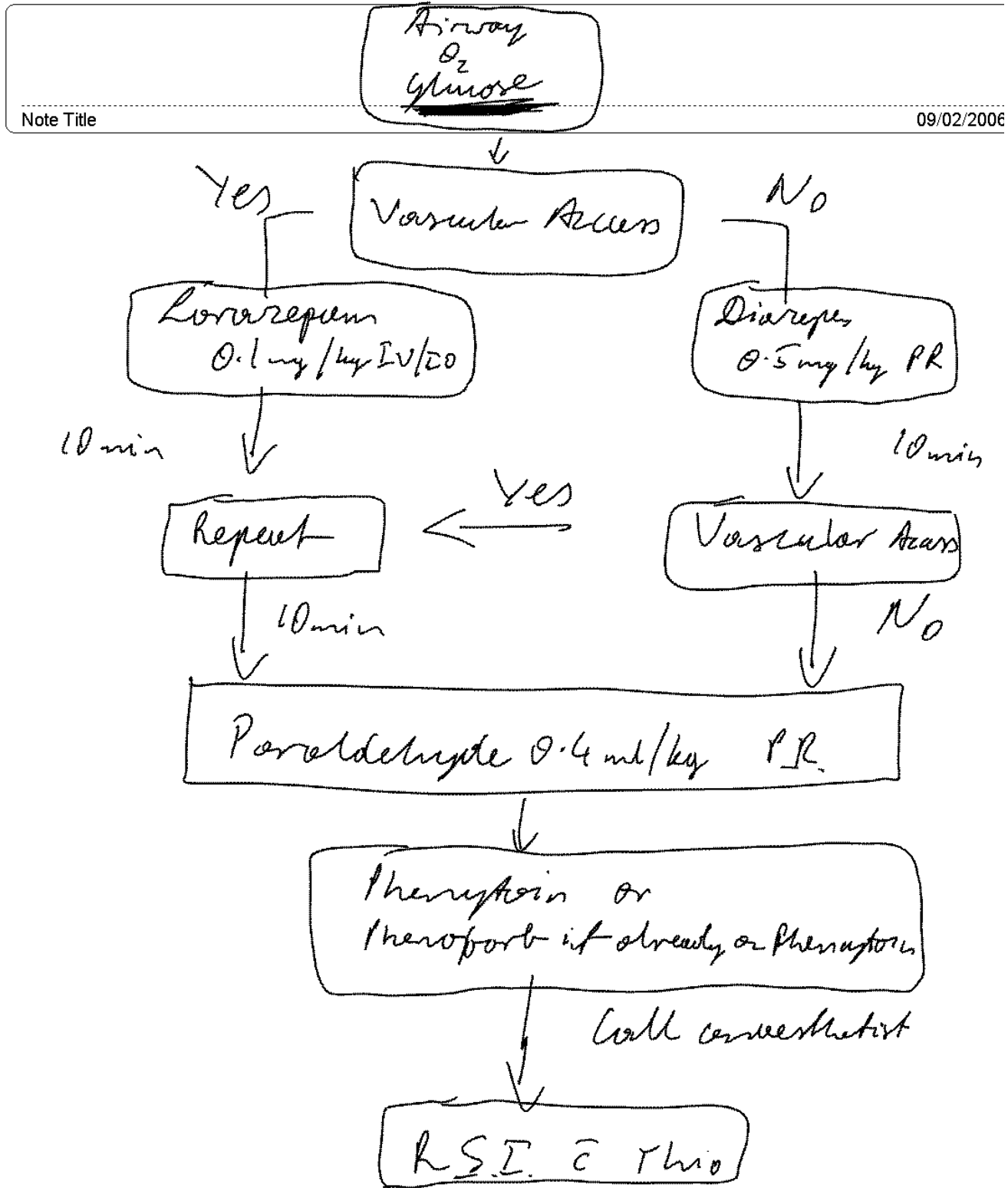


Fill in the empty boxes in the fitting child algorithm. 10 points for all (2 points for the 2<sup>nd</sup> from the bottom)



At 0800 a 65 year old man is brought in by ambulance. He was found outside in a field and is unconscious. There is no evidence of injury, his clothes are covered in mud and he smells of alcohol. His pulse is 55, BP 90/60, RR 8, sats 95% with a poor trace, he has a cannula inserted in his R cubital fossa. What further 2 tests would you carry out immediately? 2 points

<p><i>Core temperature- rectal or NG (no points for just temp)</i>  <i>BM</i></p>
<p>Name 4 signs or symptoms of moderate hypothermia other than the ones mentioned above. 2 points</p>
<p><i>Core temp- 29-32°C</i>  <i>Polyuria</i>  <i>Irregular heart rate</i>  <i>Sluggish/dilated pupils</i>  <i>Absence of shivering</i>  <i>Stupor</i></p>
<p>The pt temperature is 30°C. Except for the ABC, what would be your first action as far as treatment is concerned and what must you always remember when doing it? 2 points</p>
<p><i>Remove wet clothes CAREFULLY- these pts are very unstable and prone to cardiac arrest.</i></p>
<p>List 8 methods of re-warming available to you in A&amp;E. 4 points</p>
<p><i>Non invasive- Warm water- e.g. bath</i>  <i>Warm objects- e.g hot water bottle or electric blanket</i>  <i>Radiant heat- esp in babies</i>  <i>Forced warm air</i>  <i>Invasive- Warm gastric lavage</i>  <i>Warm bladder irrigation</i>  <i>Warm inhaled gases</i>  <i>Warm IV fluids</i>  <i>Surgical- Warm peritoneal lavage</i>  <i>Warm mediastinal lavage</i>  <i>Warm pleural lavage</i></p>

A baby boy is brought in to A&E. He has been coughing a little all day and is now finding it difficult to breathe. On examination he has widespread wheeze and fine crackles, his sats are 94% on air and his RR is 60.

Your SHO thinks it's probably Bronchiolitis. List 4 factors which would make you worry that a child is at an increased risk of a severe attack. 2 points

<p><i>Premature birth</i> <i>Under 6 weeks old</i> <i>Chronic lung disease</i> <i>Congenital heart problem</i> <i>Immunodeficiency</i></p>
<p>He is afebrile and haemodynamically stable. What treatment would you instigate in this boy? 1 point</p>
<p><i>High flow Oxygen therapy</i></p>
<p>He does not improve greatly despite your management and suddenly starts fitting and goes into a respiratory arrest. He is 2 years old. Calculate the following. Current weight 1 point ETT sizes 1 point Emergency fluid requirements 1 point Adrenaline dose 1 point Monophasic Defibrillator charges as per 2005 guidelines 1 point According to the current guidelines how many breaths should you give at the beginning of CPR 1 point What is the current recommendation for the compressions:ventilation ratio in this age group? 1 point</p>
<p><i>(Age+4)x2= 12kg</i> <i>Age/4 + 4= size 4,4.5 and 5</i> <i>Wt x 20= 240 ml N Saline bolus</i> <i>0.01 mg/kg= 0.12 mg adrenaline – 1.2ml of 1:10000</i> <i>4J/kg single shock= 48 J or the nearest available dose on the defib</i> <i>5 breaths- effective</i> <i>15:2 or 30:2 if single person and problems switching</i></p>

A 13 year old boy fell off a tree. He has not been able to walk since. On arrival he tells you that he fell 2 m and landed on his feet and his L knee is really sore. He has an obvious deformity of his L thigh.

List 6 signs which would alert you to circulatory inadequacy in this child. 3 points

*Tachycardia*  
*Low BP*  
*Reduced UO*  
*Reduced GCS or mental state*  
*Pale skin*  
*Cold extremities*  
*Increased capillary refill*  
*Tachypnea*  
*Reduced pulse pressure*  
*Signs of heart failure are not relevant in this case*

How could you control his pain? 4 points

*Intravenous morphine- 0.1 mg/kg or intranasal diamorphine*  
*Nitrous Oxide*  
*Femoral block- 3mg/kg Lignocaine*  
*Leg splint*

When you examine his legs you notice that the L foot looks a bit pale. List 3 signs which might alert you to a vascular injury. 3 points

*Abnormal pulses*  
*Impaired capillary return*  
*Decreased Sensation*  
*Expanding haematoma*  
*Bruit*

A 5 year old child is brought in by his uncle. Apparently he became rather unwell after eating a chocolate. He is known to have an allergy to nuts. The child is looking pale and quiet with somewhat swollen lips and is struggling for breath.

List 4 signs and 4 symptoms which would alert you that this was a moderate or severe anaphylactic attack. 4 points

<p><i>Symptoms-</i>  <i>Coughing/wheezing</i>  <i>Loose bowel motions/uncontrolled defecation</i>  <i>Sweating</i>  <i>Irritability</i>  <i>Collapse</i>  <i>Vomiting</i></p>	<p><i>Signs-</i>  <i>Bronchospasm</i>  <i>Tachycardia</i>  <i>Pallor</i>  <i>Laryngeal oedma</i>  <i>Shock</i>  <i>Respiratory arrest</i>  <i>Cardiac arrest</i></p>
<p>As you approach the child you note that he has a quiet stridor and his RR is 60. What treatment would you instigate immediately? 2 points</p>	
<p><i>IM adrenaline- 10 micrograms/kg IM</i>  <i>Nebulised adrenaline 5ml 1:1000 through O2</i></p>	
<p>As the treatment is being instigated describe your further management. 4 points</p>	
<p><i>IV access</i>  <i>Hydrocortisone IV 4mg/kg      ½ mark for drug and ½ for dose</i>  <i>Chlorpheniramine IV 2.5-5 mg      ½ mark for drug and ½ for dose</i>  <i>Call anaesthetist</i>  <i>Call paediatrician</i>  <i>Presumably Ranitidine etc can be given but APLS does not mention it</i></p>	