A 35 year old man comes to A&E with sore throat, temperature and generalised aches and pains. He is concerned as he just came back from France and is worried that he might have bird flu. What 4 questions would you ask him from the WHO recommendations? 2 points

Ask whether he has been in the region where birds have been infected? *Has he been in contact with dead birds while there?* *Has he visited any poultry farms/markets while there?* *Does he think he might have eaten a poorly cooked/raw bird or egg while on holidays?*
Name 4 EU countries, other than France, in which Bird flu has been documented. 4 points
Germany, Croatia, Austria, Slovenia, Greece, Hungary, Cyprus & Italy
What are the WHO recommendations regarding visits to infected regions, except the questions in 1st part? 2 points
Wash your hands frequently with soap and water *Do not try to bring any live or dead birds to UK*
What symptoms would you expect a patient with bird flu to have early on during the disease? 2 points
Temp > 38°C *Sore throat* *Sore eyes* *Achy joints and muscles* *Generally feeling unwell* *Cough* *SOB* ***SAME AS ANY FLU***

A 68 year old man is brought in c/o problems with speech. He is slightly drooling and R corner of his mouth is sagging. This all started 45 minutes ago.

List 4 independent risk factors which predict the probability of CVA pot TIA? 2 points

What are the chances of the pt having a stroke within 90 days if all 5 factors are present? 1 point

AGE- > 60
Duration > 10 min
Signs of weakness
Speech difficulty
Diabetes
34%

List 4 symptoms compatible with a posterior circulation TIA/CVE. 2points

Virtigo
Diplopia
Bilateral simultaneous visual loss
Bilateral simultaneous weakness
Bilateral simultaneous sensory disturbance
Crossed sensory/motor loss

Can also be- Dysarthria, homonymous hemianopia, dysphagia.

What does "locked in" syndrome signify? 1point

Pt remains conciouss but cannot move- stroke affecting ventral pontine motor areas (pt is capable of looking upwardsonly)

What are the indications for emergency thrombolysis in CVEs? 3 points

Onset< 3 hours
No improvement in symptoms
No haemorrhage on CT
Age > 18
No contraindications to thrombolysis

A 17 year old girl has come in with suspected appendicitis. Tour SHO goes to see her and returns ½ hour later looking concerned. He tells you that he saw the patient who was initially in pain and was having problems moving on bed, she had localised peritonitis in RIF and he referred her to surgeons. When he went back to see her she appeared to be in some distress. You go and see the patient who is sittnig in bed looking worried and keeps looking all around her. She says she can't stop herself.

What is the condition called? 1 point

Occulogyric crisis- part of the dystonic reactions

What is the likely cause in this pt?
List 2 other causes. 3points

Antiemetic drug
Antipsychotics, antidepressants

List 6 other symptoms the pt might develop. 3 points

Buccolingual crisis
Protrusion of tongue
Forced Jaw opening
Difficulty in speaking
Facial Grimacing
Torticoliis
Opisthotonic crisis (Any idea what this is?)
Lordosis or Scoliosis
Tortipelvic crisis

List 4 factors which would predispose a pt to this attack.2 points

Young age
Female gender
Viral infection
Cocaine abuse
Alcohol abuse
Family history of dystonia

What is the treatment? 1 point

Antimuscarinic drugs e.g. benzatropin 1-2 mg IV or procyclidine 5-10 mg IV extra point for doses

What 2 pieces of advice would you give the SHO? 2 points

Antiemetics are relatively contraindicated in young especially females BNF advises t avoid.
They have no effect on the nausea related to opioid use (2 randomised double blind trials in A&E and an observational study), except $5HT_3$ antagonists.
Not a clinically serious event, just scary.

Name 8 complications of transfusion. 4 points

Immediate-

- *Acute haemolytic reaction due to ABO incompatibility*
- *Febrile non haemolytic transfusion reaction*
- *Allergic reaction*
- *Hyperkalaemia*

Delayed-

- *Infections*
- *Hypocalcaemia*
- *Acid base disturbances*
- *Fluid overload*
- *Hypothermia*
- *Delayed haemolytic reaction*
- *Graft-vs-host disease*

Which group of patients are most likely to get the most severe type reaction? 1 point

Unconscious or intubated

List 4 indications for FFP transfusion 2 points

Pt on warfarin or other anticoagulants
Pt with liver disease or DIC
Pt with congenital factor deficiencies when the specific factors not available
Pt with thrombotic thrombocytopaenic purpura
Pt with massive transfusion and signs of coagulopathy and ongoing bleed
Pt with antithrombin 3 deficiency

Which products are used to treat haemophilia A and which haemophilia B? 2 points

A- factor VIII
B- factor IX

What drug can be used to reverse heparin and how quickly does it act? 1point

Protamine acts within 5 min

A 48 year old pt is brought into the department complaining of a headache and sore neck. This was a sudden onset severe headache and he passed out for a minute or so. He is conscious but keeps his eyes closed until you talk to him, he can give you full history and there is no obvious neurological deficit. The most likely diagnosis is a subarachnoid haemorrhage. List 4 factors in the past medical history would increase the likelihood of that event. 4 points

<table>
<tr><td colspan="2">Smoking
Family history
Hypertension
Connective tissue disease- particularly polycycstic kidney and neurofibromytosis
Sickle cell disease
A-1 antitrypsin deficiency</td></tr>
<tr><td colspan="2">What factors go into the WFNS grading system of SAH, what scale does it run and what grade bleed is the pt? 3 points</td></tr>
<tr><td>GCS and presence of motor deficit
1-5
Grade 2</td><td>The other grading system is Hunt and Hess also 1-5 and takes into account severity of headache and extent of neurological deficit</td></tr>
<tr><td colspan="2">List 6 methods of investigating acute intracranial bleed 3 points</td></tr>
<tr><td colspan="2">CT
MRI
MRA
USS in neonates
Angiogram
Lumbar puncture</td></tr>
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