

Paracetamol is the most commonly used drug in suicide attempts.

What is the best antidote and after what dose and how soon after the ingestion of paracetamol should it be started. 3 points

N- acetyl cysteine

150mg/kg, or 75mg/kg in high risk pt, after 8 hours or immediately if staggered.

What is the alternative antidote, when should it be given instead of the above and at what time post ingestion. 2 points

Methionine if H/O true anaphylaxis or no IV access (although oral N-acetyl cysteine is available in the US) in < 10h

Name 5 other common poisons with a specific drug or substance used in the treatment of their overdose. 5 points

B blockers – glucagons

Digoxin- dig specific antibody

TCA- NaHCO₃

FE- Desferroxamine

Methanol etc- ethanol

Opiates- Naloxone

Insulin- Glucose

Paracetamol- N-Acetylcysteine

Sulphonylureas- Octreotide

Cyanide- Thiosulphat/dicobalt ededate/ hydroxycobalamine

Oral anticoagulants- vit K

Heavy Metals- EDTA, DMSA, DMPS

Drug overdose most commonly associated with the admission to ICU is the tricyclic antidepressant group of drugs.

Name 6 signs of TCA overdose which can be found on examination- 3 points

The anticholinergic properties of TCAs produce

Sinus tachycardia, warm dry skin, brisk reflexes, sedation, seizures, agitation to delirium, confusion, amnesia, hallucinations, slurred speech, ataxia, sedation, and coma.

Peripheral antimuscarinic symptoms include poorly reactive pupils, blurred vision, hyperthermia, hyper- or hypo- tension, decreased oral secretions, ileus, urinary retention, increased muscle tone, and tremor

Name 4 ECG changes associated with TCA overdose- 2 points

QRS, QT, and PR prolongation, and right axis deviation, cardiac ectopy, tachy and brady arrhythmias

What is the main drug used in the treatment of TCA overdose, when should it be used and how would you monitor its effects and what is its main side effect 4 points

NaHCO₃ 1-2 meq/kg until serum pH is 7.5-7.55

if pt is acidotic, cardiac arrhythmias, QRS prolongation of greater than 100 ms, or hypotension

Hypokalaemia

Name 2 other drugs which can be used in the A&E for the treatment of TCA overdose
1 point

hypertonic saline, benzodiazepines, activated charcoal, barbiturates, MgSO₄

2 days ago 40 year old woman flew back to Liverpool from skiing in Breckenridge, Colorado. She fractured her left tibia and fibula and has her leg in plaster. Today she presents to A&E with a sudden onset sharp, pleuritic left sided chest pain and SOB. Describe your initial management. 2 points

High flow O₂, IVA, analgesia, heparin either LMW or unfractionated

She has a RR of 25, sats of 100%, BP 140/85, ECG shows a sinus tachy of 110. According to BTS guidelines, what should be the next investigation? 1 point
CTPA

Name other investigations which can be used as alternatives. 2 point

Perfusion scan, pulmonary angiography, MRI angio, USS – thoracic, ECHO or leg

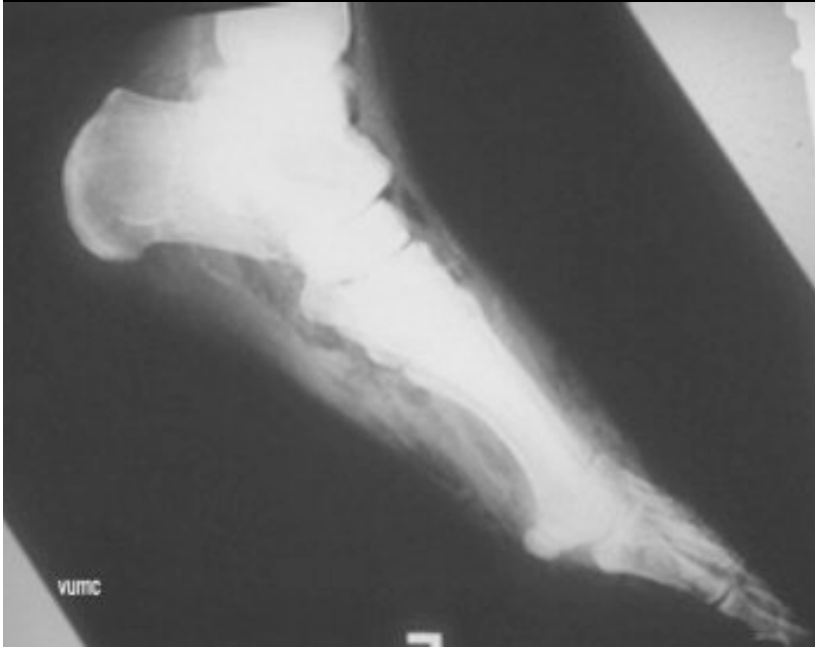
She is not improving and suddenly deteriorates.

What are the clinical signs of massive PE. 4 points

Hypotension/collapse and unexplained hypoxia and engorged neck veins and gallop rhythm

What bedside investigation would help to confirm the diagnosis and what is the treatment of choice. 1 point

ECHO- showing R V dilatation, 50 mg alteplase as a bolus



What is the diagnosis and what is the most common cause 1 point

What is the most common disease predisposing to this condition and give a differential diagnosis of this X-ray. 1 point

Fas gangrene due to Clostridium perfringens infection, DM, surgical emphysema from pneumothorax on ventilator or laparoscopic VV surgery,

Describe your immediate management of this patient. 3 points

O2, IV access, IV fluids – 0.9% saline large volume, IV antibiotics- benzyl penicillin or cephalosporin plus gentamycin, analgesia, BM



This, normally healthy, 4 year old child presented with a 6 day H/O temperature up to 40, also has red eyes. Has not been eating well and is crying on passing water. What is the most likely diagnosis, what treatment can be given in A&E, and what investigation should be done within 24 hours? 3 points

Kawasaki Disease or Mucocutaneous Lymphnode syndrome, Aspirin 80-100 mg/kg, ECHO

What is the treatment of choice for this condition and what is the most serious long term complication? 2 points

*Immune Globulins
Coronary Artery aneurisms*

List the Ottawa knee rules – 5 points

Age >55

Inability to FWB both immediately and in the ED (4 steps)

Inability to flex to 90%

Tenderness over the head of Fibula

Isolated tenderness over the patella

List the Ottawa ankle rules- 5 points

Tenderness posterior med mall

Tenderness over navicular

Tenderness over lat mall

Tenderness over head of 5th metat

Inability to wt bear immediately and in the ED

Higher index of suspicion in young, old and intoxicated (1/2 point if one of the others missing)