

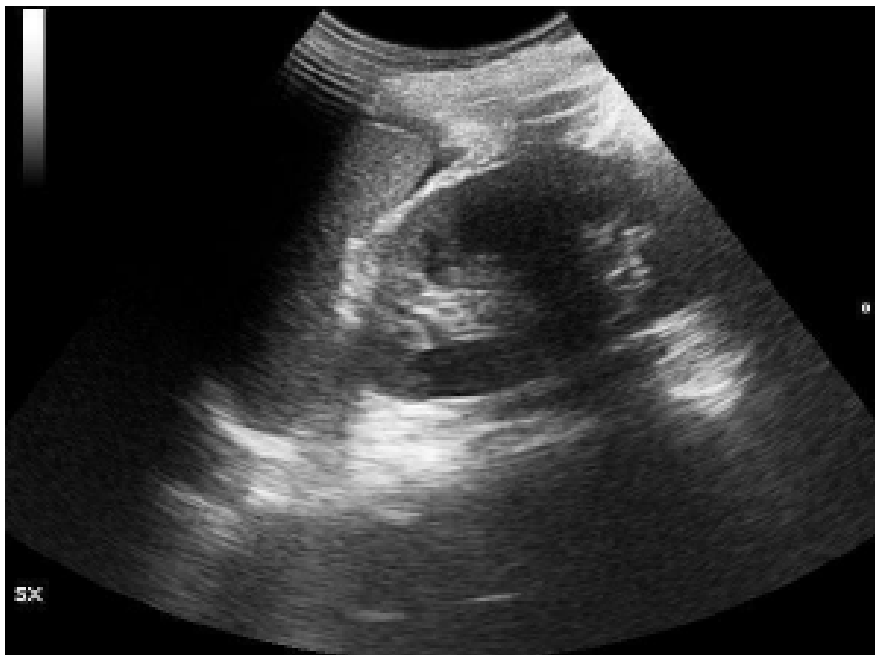
FEx Network Collated SAQs -
Vascular Questions

Question 1

A 74 year old man with a history of renal colic presents to ED. He is vomiting, diaphoretic and pale. BP 100/60, P120, RR32, Sats 99%, Afebrile

His CT and a of his 1 FAST scan image is shown below





1. Describe the 3 most relevant CT findings (3 marks)

2. Describe the main finding on the FAST image shows (1 mark)

3. List the immediate steps you will take to manage this patient (10 marks)

4. The patient's daughter arrives, she is a GP. She is very angry because her father presented 1 week earlier with abdominal discomfort, that he didn't receive a CT scan. She is shouting at you in the middle of a busy resus room. Another capable FACEM is present and able to manage the clinical care of the father. List the important factors in dealing with the daughter. (10 marks)

Question 2

A 38 year-old man is referred to your emergency department for workup and management of a 12-hour history of leg pain and rash.

He appears unwell and has the following vitals signs:

Temp 39.3OC

RR 28

SaO2 96% R/A

HR 121/min

BP 99/67mmHg



A. List 4 bacterial species that may cause this rash (4 marks):

B. List 5 examination findings that increase the likelihood of necrotising soft tissue infection being the primary diagnosis (5 marks):

C. List your initial antibiotic choices with doses and a rationale for each choice (6 mark):

D. List 5 non-antimicrobial therapies that this patient may also require (5 marks)?

Question 3 (16 marks)

A 74-year old man presents to ED with severe, sudden onset R leg pain. There is no history of trauma to the leg and no previous history of vascular disease. The distal pulses in the painful limb are not palpable.

Q1. What other signs would you look for on examination to determine the urgency of intervention? (4 marks)

—

Q2. Which bedside tests would assist? Give a reason for each test. (8 marks)

Test	Reason

You assess the limb to be critically ischaemic. Your small outer-metropolitan hospital does not have vascular surgery or interventional radiology.

Q3. List 4 treatments you will initiate while arranging transfer (including doses) where appropriate

Question 5 (19 marks)

A 56-year-old presents with a SOB and chest pain. He has recently been diagnosed with hypertension and started on perindopril and amlodipine. He presents to ED because he has measured a BP of 210/110 at home. He is convinced that he is going to have a stroke. You are concerned that he is having an aortic dissection.

BP 230/120

P 130

Sats 99% RA

RR 26

T 36.9

Q1. Complete the table below outlining the other acute serious consequences of uncontrolled hypertension and the signs or bedside investigations you will employ to rule them in or out. State nil if there is no relevant diagnostic bedside test. (15 marks)

Acute Consequence	Possible Signs	Potentially Diagnostic Bedside Investigations

His chest pain worsens and you decide to send him for a CT aortogram.

Q2. List 2 drugs that you will choose to lower his BP assuming that this study is positive for aortic dissection. List them in the order you will chose to give them (4 marks)