

Question 20

A 23 year old woman self-presents to triage with her partner. She is drooling and unable to speak and seemingly in discomfort. Her partner tells you she has been well recently and her symptoms started after yawning. A clinical photograph is below.



What is the most likely diagnosis? (1 mark)

Name the anatomical structures involved and the direction of displacement (2 marks)

Outline your approach to imaging in this condition (2 marks)

Candidate Name: _____

Describe two techniques for managing this condition (6 marks)

Outline your discharge instructions (not including return precautions) in this case (2 marks)

Candidate Name: _____

SAQ 3

A 68 year old man presents to the ED with ongoing epistaxis, of spontaneous onset. The patient's medications include warfarin.

1. List six (6) features in the History that are important for your assessment of this patient.

2. The patient is bleeding only from Kiesselbach's plexus (Little's area). He is haemodynamically stable. Outline six (6) steps you would take to control his epistaxis.

3. List three (3) pieces of advice you would give him on discharge.

Question 14 (13 marks)

A 4 year old male has presented to the ED with a suspected nasal foreign body. His mother reports that he was playing with a beaded necklace when it broke and beads were found scattered on the floor.

(i) If a foreign body is NOT seen under direct vision, list two (2) clinical features that suggest the presence of an occult nasal foreign body (2 mark)

i)

ii)

On examination a green spherical foreign body is visualised. The family have consented for the nasal foreign body removed under conscious sedation.

(ii) List three (3) pieces of equipment you would prepare for this procedure, which would assist you in removing the foreign body (3 marks)

i)

ii)

iii)

(iii) State two (2) indications to refer this case to a ENT surgeon (2 marks)

i)

ii)

(iv) State two (2) techniques for removal, and highlight one (1) advantage and one (1) disadvantage for each technique. (6 marks)

Technique	Advantage	Disadvantage

Candidate initials: _____

Q18

A 3 year old child has been brought to the ED with pain in the right ear for the last 2 days.

A clinical photo is provided in the **PROPS BOOKLET**.

1. State your diagnosis. Include 3 supportive findings from the clinical photo. (4 marks)

Diagnosis

Supportive findings

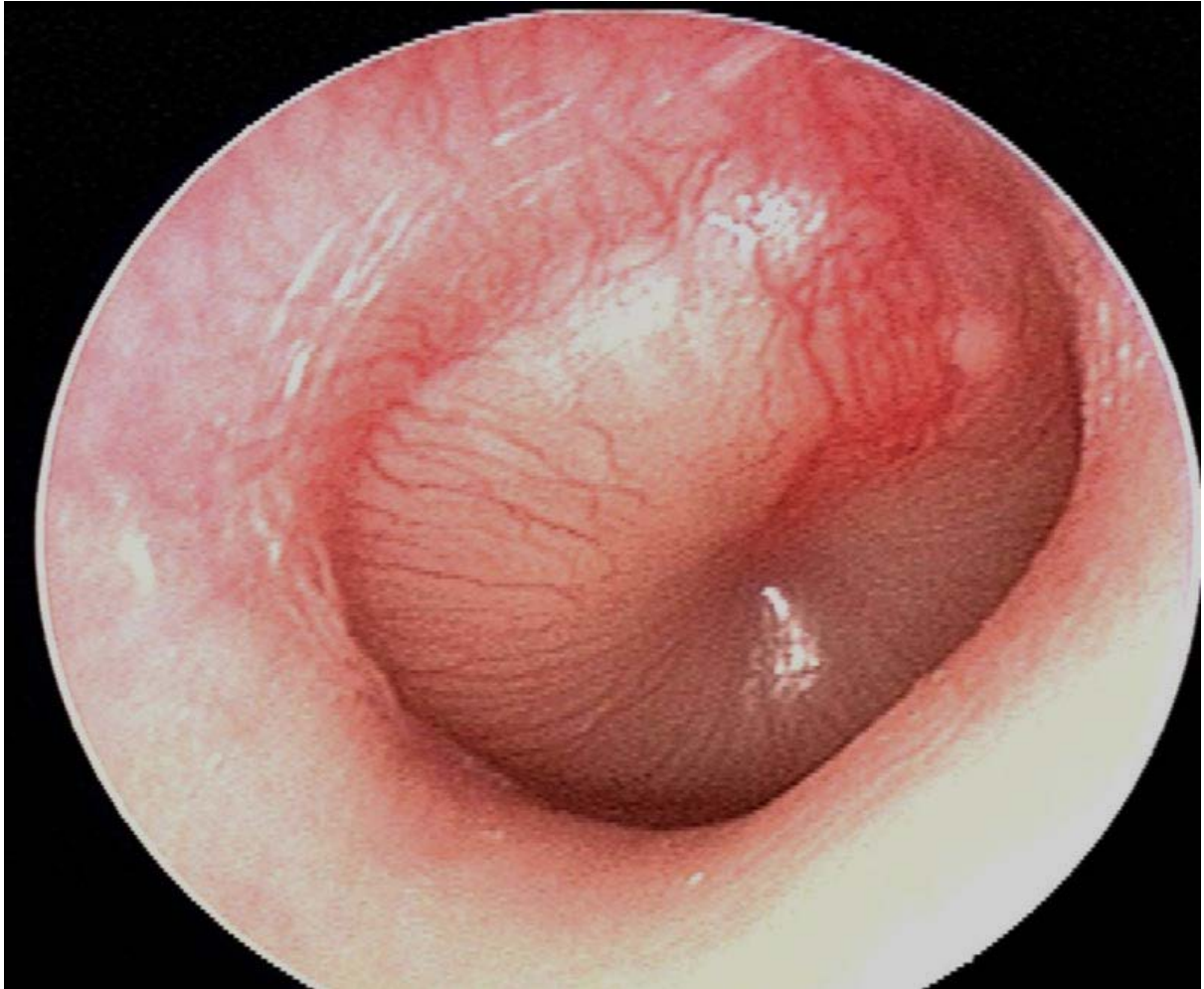
2. State 3 options for analgesia, with doses. (3 marks)

Candidate initials: _____

3. List 3 indications for antibiotic treatment of this condition. (3 marks)

4. List 3 potential complications of this condition. (3 marks)

Q18



SAQ 5 (12 marks)

Parents have brought their 3 year old child into your emergency department concerned that he has inserted an uncooked kernel of popcorn into his right ear.

Your examination confirms the presence of this foreign body **(see photo in props booklet)**

The child is co-operative and well restrained by his parent.

- a. List four (4) potential instruments/methods of removal OF THIS FOREIGN BODY including a “pro” and a “con” for each. (12 marks)

1) _____

Pro _____

Con _____

2) _____

Pro _____

Con _____

Candidate number_____

3)_____

Pro_____

Con_____

4)_____

Pro_____

Con_____

SAQ 5



SAQ 7 (14 marks)

A 16-year-old boy is brought into the ED by his parents with a complaint of fever and fatigue for six days. Further questioning reveals that he has had some weight loss and has noticed a firm non-painful lump in the left lateral side of his neck. He denies any cough, difficulty breathing, gastrointestinal, or urinary symptoms.

Vital signs are: Pulse 110, BP 108/62 mmHg, RR 18, sats 98% on room air, T 39.2 Celsius

a) List your three (3) top differential diagnoses (3 marks)

1.

2.

3.

b) List the three (3) most important additional historical features you would seek to help establish a diagnosis and explain how each may be of use. (3 marks)

1.

2.

3.

- c) List the three (3) most important physical examination findings you would look for to help establish a diagnosis and explain how each may be of use (3 marks)

1.

2.

3.

- d) Describe five (5) investigations that might be most helpful in diagnosing this boy's illness, and explain how each may be of use (5 marks)

1.

2.

3.

4.

5.

QUESTION 8 (12 MARKS)

A 52-year-old judo exponent presents to you with a laceration and swelling to his left pinna.

See image on page 10 in separate book

1. Describe the injury. (2 marks)

2. Outline 4 important steps in the management. (4 marks)

(1) _____

(2) _____

(3) _____

(4) _____

3. For this type of injury, list **6** indications for referral for formal surgical review and repair.
(6 marks)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

4. What are the contraindications to drainage of this problem in the ED? (2 marks)

QUESTION 8

Image 1 of 1



QUESTION 10 (20 MARKS)

A 25-year-old man has been brought in to your emergency department after sustaining a knife wound to his neck in an assault.

His vital signs and GCS are normal.

See image on page 12 in separate book

1. Describe the injury seen in the picture above: (3 marks)

2. Complete the following table for each of the **three** zones of the neck. (12 marks)

NECK ZONE	ANATOMICAL LANDMARKS	ANATOMICAL STRUCTURES WHICH MAY BE INJURED	INVESTIGATION MODALITY
ZONE III			
ZONE II			
ZONE I			

3. List the indications for emergent intubation of this patient. (5 marks)

QUESTION 10

Image 1 of 1



SAQ 17 (12 marks)

You are the consultant in a tertiary hospital ED. A 25 year old woman, G2P1 who is currently 20 weeks pregnant, attends the ED with a sore neck.

She discloses to the resident that she was strangled by her partner during an altercation earlier in the evening. The resident comes to you for advice.

- a. What features of history OR examination would suggest her neck injury needs further investigation? (6 marks)

Candidate number _____

After further assessment you decide the patient does NOT require specific investigation of her neck injury. She declines to stay in the ED for any further assessment as she was mainly worried about her neck.

- b. What are the important points to address prior to discharge of this patient? (6 marks)

SAQ 10

A 32 year old man presents to your urban district (non-tertiary) ED with 48hrs of worsening sore throat and fever. At triage he is noted to have difficulty swallowing and to have a hoarse voice. When assessed in a resuscitation area, he has a soft inspiratory stridor, and prefers not to lie down during examination.

His vital signs are:

Temp	38.4C
HR	98
BP	115/75
RR	18
SaO2	98% on RA

Questions:

1. List five clinical features used to assess the severity of a patient's upper airway obstruction

(5 marks)

2. Outline your initial treatment of this patient

(5 marks)

3) This patient is to be transferred to tertiary ENT care. Outline four important considerations when preparing to transfer this patient and provide some details of each. The department is currently well staffed, with good senior cover.

(12 marks)

Consideration	Details

SAQ 4

A 12 year old boy has been brought to your ED by his parents with profuse blood loss from his mouth. His clothes are covered in blood.

He had undergone tonsillectomy at your hospital 7 days prior.

On arrival, his vital signs are:

GCS	15	
Pulse	160	/min
BP	75/40	mmHg
RR	30	/min
O ₂ saturation	99%	room air

He looks pale and sweaty.

Your initial assessment is that he does not require immediate intubation.

Candidate initials: _____

1. State your **initial management steps**, including details of drug doses and end-points.
(5 marks)

Candidate initials: _____

After a brief period of time in the ED, the patient has a large vomit consisting of congealed blood. He appears to aspirate a significant portion of vomitus.

You have decided to intubate the patient to protect his airway and to facilitate ongoing management.

2. Complete the table by listing **three difficulties** you anticipate in his intubation, and the **solutions you will employ** to manage each. (6 marks)

Difficulty	Solution

Candidate initials: _____

Q14

A 9 year old boy has been brought to the ED with bleeding from his mouth. He underwent tonsillectomy at your hospital 6 days ago.

1. In order of increasing invasiveness, state four methods you could employ to reduce the amount of bleeding from the surgical site. (4 marks)

(1) _____

(2) _____

(3) _____

(4) _____

After a short time in the ED, his bleeding has increased in volume.

The patient has become agitated and is having trouble managing his airway, with continuous coughing and choking episodes.

You have decided to intubate the patient to facilitate further safe management.

Candidate initials: _____

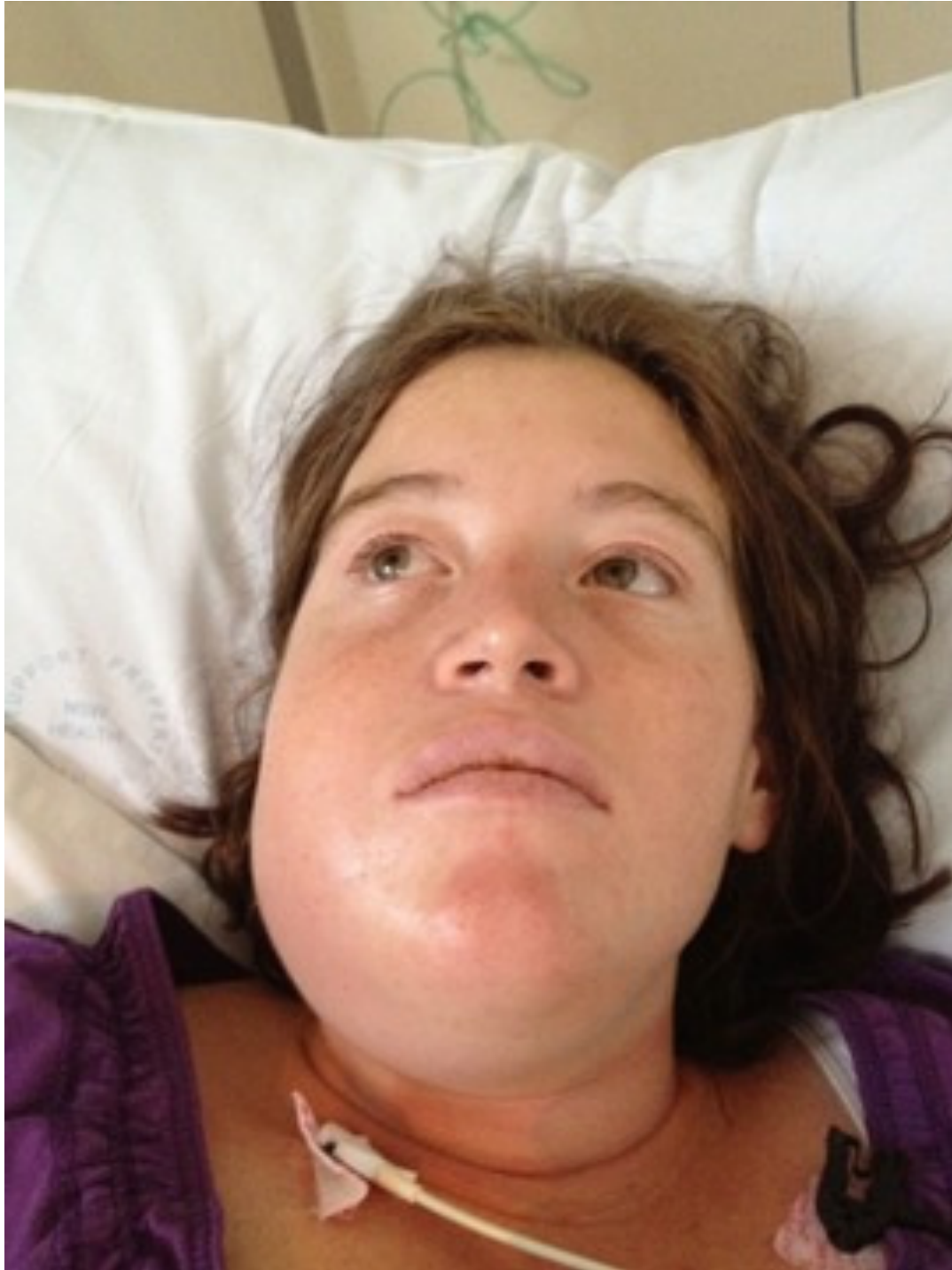
2. List 4 issues you would anticipate during the period around his intubation. For each, state how you will aim to manage the problem. (8 marks)

Issue	Management

Q13

A 25 year old woman has presented to the ED with a 3 day history of jaw pain and swelling.

A clinical photo is provided below.



Candidate initials: _____

Q13

A 25 year old woman has presented to the ED with a 3 day history of jaw pain and swelling.

A clinical photo is provided in the **PROPS BOOKLET**.

1. State the most likely diagnosis. (1 mark)

2. List 2 supporting features from the image provided. (2 marks)

On arrival, the patient has the following vital signs:

GCS	15	
Pulse	120	/min
BP	130/75	mmHg
O2 saturation	99%	room air
Temperature	38.5	degrees

Candidate initials: _____

3. State 3 key components of your management.

(3 marks)

- 1) _____

- 2) _____

- 3) _____

After some time in the ED, the patient has developed stridor and has become cyanotic. Attempts to ventilate and intubate the patient have been unsuccessful.

The patient is sedated and paralysed.

You have decided to perform a cricothyroidotomy.

Candidate initials: _____

4. List 6 key steps in performing a cricothyroidotomy via Seldinger technique. (6 marks)

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

- 6) _____

Question 23 (12 marks)

A 48-year-old man presents to your regional Emergency Department with 24 hours of dysphagia and fevers, and new respiratory distress. He has no past medical history and is not on any medications. On arrival, he is sitting upright and is reluctant to lie back on the bed. He is having difficulty swallowing his secretions and also has a mild stridor with a hoarse voice.

His vital signs are:

BP 140/80 mmHg
HR 90 bpm
SpO2 99% room air
Temp 37.8 degrees Celsius
RR 24 breaths/min

The nearest tertiary centre is a 2 hour drive away by road. You obtain a lateral neck x-ray, shown in the Props Booklet (Figure 8).

a). State the likely diagnosis and name the relevant positive finding on this radiograph (2 marks)

b). What is the most common causative organism for this patient's diagnosis? (1 mark)

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c). What would be your anti-microbial of choice for this patient? (1 mark)

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The patient develops worsening stridor and distress within 20 minutes of arrival at your department. He is becoming increasingly agitated and his oxygen saturations start to drop. You make the decision to intubate the patient in the ED. There is no anaesthetist available.

d). Complete the following table, listing the issues you might face during the intubation of this patient and how you would address these problems. (8 marks)

Factor	Anticipated problem	Proposed solution

Figure 8 (SAQ 23)

