

FEx Net 2023 Collated SAQs:

Emergent Psychiatric Presentations

1. Agitation
2. Agitation
3. Agitation
4. Agitation
5. Agitation
6. Anorexia
7. Delusions
8. Eating Disorder
9. Eating Disorder
10. Eating Disorder
11. Eating Disorder
12. Eating Disorder
13. Mania
14. Mania
15. Mania
16. Psychosis
17. Psychosis
18. Psychosis
19. Psychosis
20. Psychosis
21. Suicidality
22. Suicidality
23. Suicidality

Question 1 (15 Marks)

A 25 year old man has been brought to the ED with agitated behaviour. He was found by bystanders in a park screaming out “Help!” repeatedly.

1. List six features of your assessment that would suggest a **psychiatric cause** of his behavioural disturbance. (6 marks)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

After a short period of time, the states he is planning to leave. You are considering whether he is competent to make this decision.

2. List the components of competence assessment.

(3 marks)

You have decided that the patient is not competent to make competent decisions about his health care in this current state. He is now attempting to leave.

3. State, **in sequential order**, your management steps in attempting to keep this patient against his will. Include doses of drugs where appropriate.

(6 marks)

Question 2 (12 Marks)

A 25 year old female has been brought to your department by ambulance and police escort. She is agitated and violent, with contusions over her face and head.

The handover indicates her neighbours called the police for a domestic disturbance. Ambulance and police found evidence of drug paraphernalia around the house as well, as multiple empty alcohol containers. Medications in the patient's name include thyroxine, venlafaxine and pregabalin.

1. Other than alcohol/drug intoxication and psychosis, list 4 likely causes for this patient's presentation (4 Marks)

2. List 4 potential complications of emergency sedation (4 Marks)

3. List 4 departmental design features that can help mitigate negative psychosocial states and violence in Emergency Departments (2 Marks)

4. List 4 system-wide approaches to mitigation of violence in Emergency Departments in general (2 Marks)

Question 3 (12 Marks)

A 14 year old girl presents to your ED having been brought in by the police for causing a disturbance at home. She had been threatening her mother with a knife after an argument about her boyfriend sleeping over.

She appears intoxicated on arrival and admits to drinking alcohol today.

Questions:

1- List 6 key components of your assessment of this patient in the ED. (6 marks)

2- On attempting to take further history from the patient, she becomes aggressive and starts spitting at staff and throwing chairs around the treatment room. You are unable to verbally deescalate the situation and decide to proceed with chemical restraint of the patient.

List the agents you would use to chemically restrain this patient in the ED. (including doses) (2 marks)

3- After you have safely sedated this patient, her mother arrives and becomes angry that you have sedated her child. List the key components of your response to the mother's complaint. (4 marks)

Question 4 (12 Marks)

A 45 year old woman with a history of schizophrenia and medication non-compliance is brought in by an ambulance after being found trying to run into oncoming traffic. She is acting erratically and states she is being experimented on by the Government. She is becoming increasingly agitated.

List 3 clinical features suggestive of an organic cause for her presentation (3 marks)

List 5 features suggestive of acute psychosis (5 marks)

Patient becoming increasingly agitated and attempting to leave the department. Verbal de-escalation fails and you decide to initiate chemical restraint.

List 2 options for parenteral administration (different classes) including dose / route / 1 side effect (4 marks)

Question 5 (18 Marks)

An acutely aggressive 24-year-old man is brought into your emergency department by ambulance and police after being found alone on a bridge.

- a). Give a stepwise approach to managing this aggressive patient with specific examples. (5 marks)

- b). Complete the following table for the components of a mental state examination. For each component give an example of what specifically should be assessed (8 marks)

[illegible]

c). List 10 risk factors that are associated with a high risk for suicide (5 marks)

[illegible]

Question 6 (12 Marks)

A severely emaciated 14-year-old girl presents to ED with her parents who are very concerned about her weight. She has a known diagnosis of Anorexia Nervosa.

1. List 4 overarching goals in the management of Anorexia Nervosa when admitting patients to the hospital for acute inpatient care.

(2 marks)

2. List 6 clinical, bedside test or lab criteria that would require her to be admitted to the hospital under the Medical inpatient Team.

(6 marks)

3. You decide this patient requires admission to a medical ward.

List 4 medical complications that may occur after this patient commences treatment.

(4 marks)

Question 7 (16 marks)

A 21-year old male presents to the Emergency Department with concerns he is being chased by “bikies”. It is his first ED presentation. He is moderately agitated but alert and orientated.

His vital signs are

BP 115/70 mmHg

HR 80 bpm

Temp 36.9 C

- a) List six (6) features of your history and examination which make you more likely to consider primary psychosis as your diagnosis. (6 marks)

1.

2.

3.

4.

5.

6.

b) The Mental Health Team asks you if you have done a “medical clearance”. List two (2) reasons why it is important to perform a medical assessment of this patient? (2 marks)

1.

2.

c) The patient is getting increasingly agitated. Attempts at de-escalation are unsuccessful. For safety measures you decide to use further restraint measures. Please fill in the table below (8 marks)

Type of restraint	Advantages	Disadvantages
Chemical	i. ii.	i. ii.
Physical	i. ii.	i. ii.

Question 8 (10 Marks)

A 16 year old girl with an exacerbation of anorexia nervosa has been referred by her local doctor for a medical admission.

- 1. List 5 criteria for admission under a medical team. (5 marks)**

You have assessed the patient as requiring admission for refeeding.

- 2. List 5 complications that might occur during the initial stages of refeeding. (5 marks)**

Question 9 (25 Marks)

A 23 year old woman with anorexia nervosa presents to your ED with weakness and vomiting for the past 2 weeks. She weighs 35kg.

Her vital signs are:

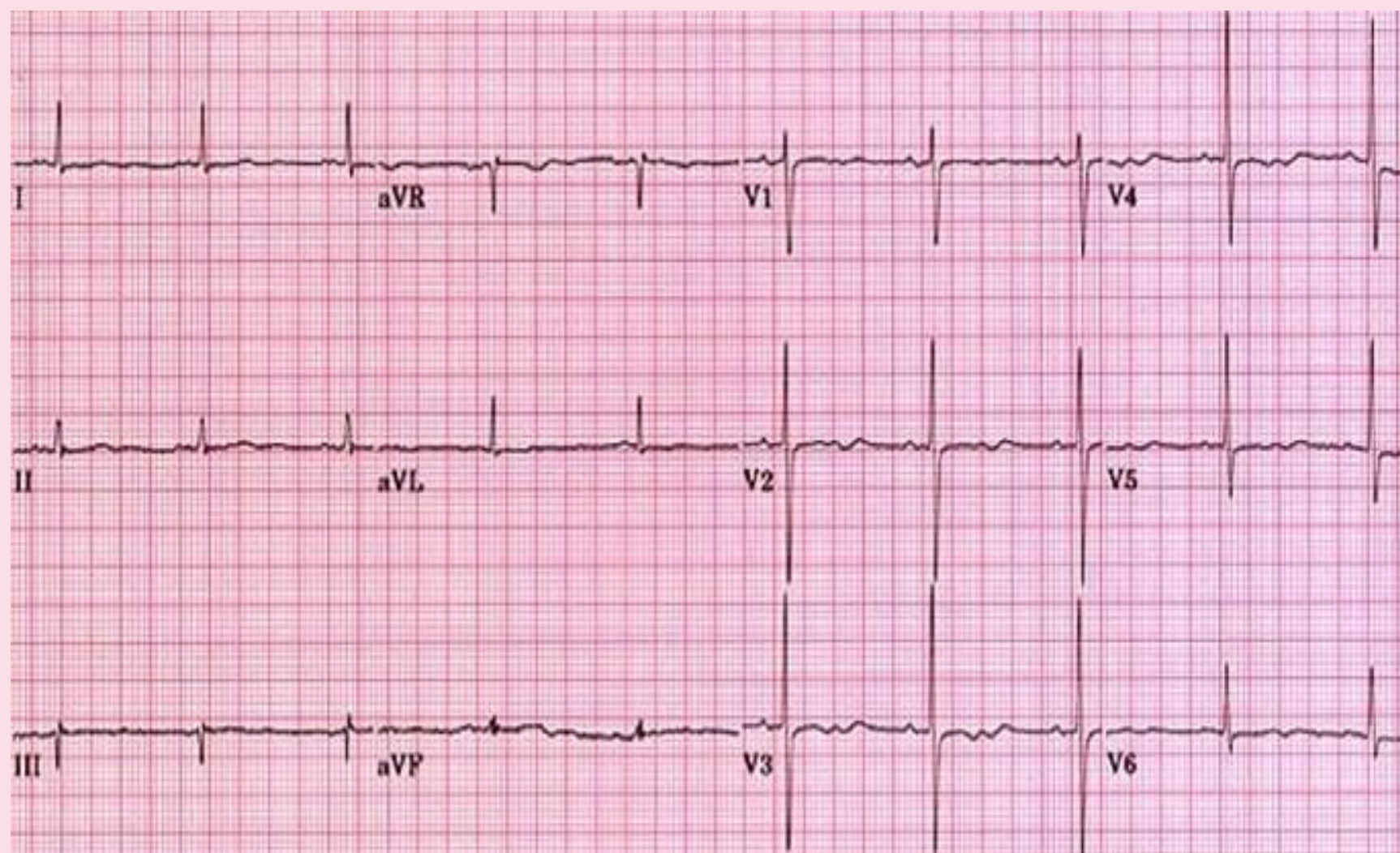
BP 80/40

RR 12

Temp 34.9 C

Sats 95% on RA

1. Her ECG is reproduced for review. What is the most likely diagnosis and provide supporting evidence. (5 marks)



2. Describe 6 management steps for the above patient including any drugs required: (6Marks)

3. List the potential ethical and legal pitfalls that could be anticipated in the management of this patient: (2 marks)

4. List 6 common physical symptoms that a patient with anorexia nervosa may present with to the ED. For each list one potential underlying cause. (12 marks)

Symptoms	Reasons

Question 10 (Total 12 Marks)

A 16 year old girl is brought in by her parents due to concern about her weight and mental health.

She weighs 38kg.

- I. List four (4) features on history that may suggest an eating disorder .
(4 marks)**

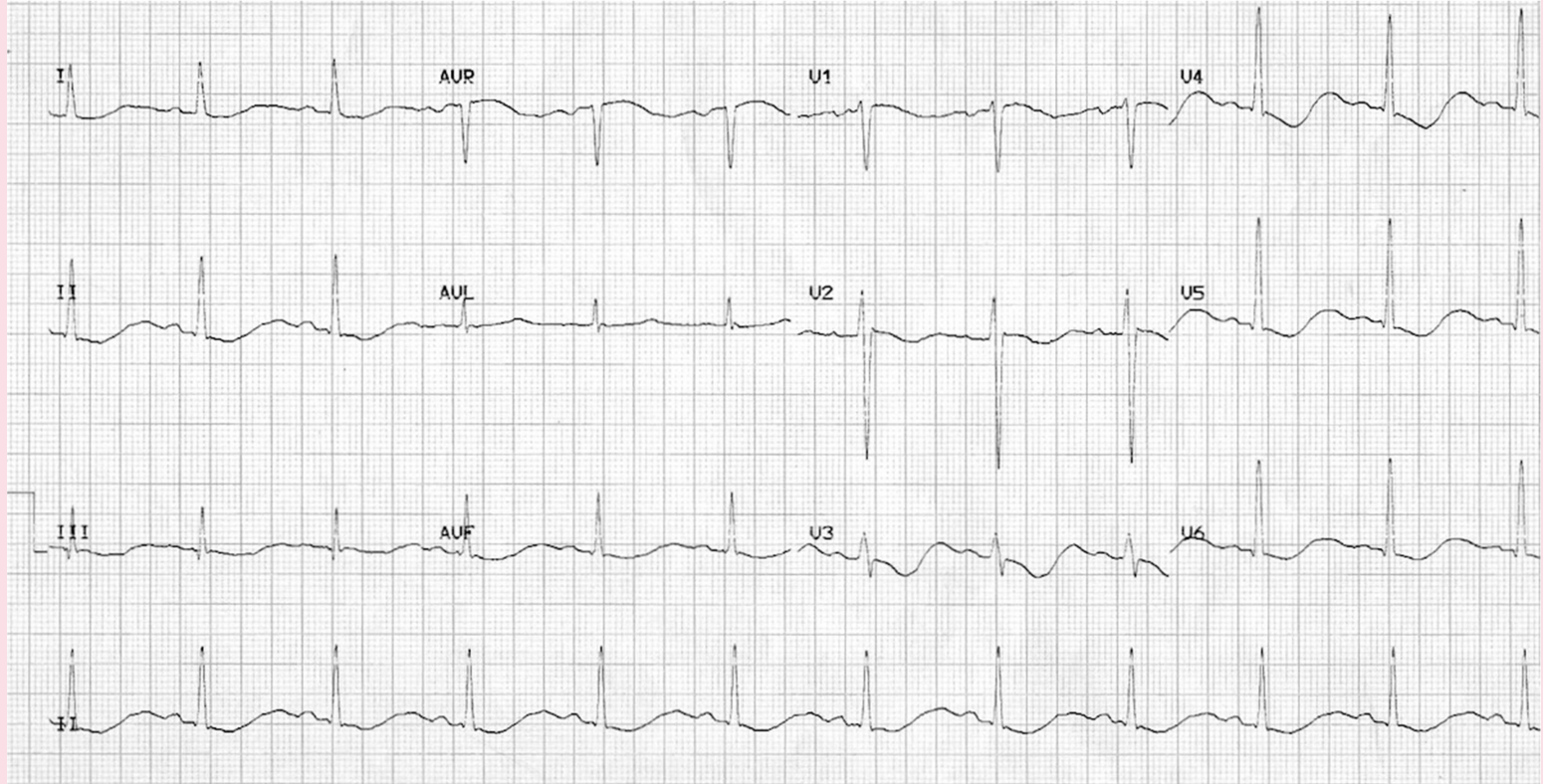
- II. List four (4) medical complications that may occur due to an eating disorder.
(4 Marks)**

III. What principles of risk assessment need to be considered when deciding her treatment? (4 marks)

Question 11 (18 marks)

A 16 year old woman is brought to the emergency department by her parents who are concerned about her recent loss of weight. She is known to have an eating disorder and currently has a BMI of 15.

- a. List nine (9) SIGNIFICANT complications of anorexia nervosa (9 marks)



An arterial blood gas is performed on room air and the results are:

pH	7.53	Cl	75
pCO ₂	51	Base Excess	25.3
Na	131	HCO ₃	48
K	2.2		

b. List three (3) SIGNIFICANT abnormalities shown (3 marks)

c. What would be the causes for the abnormalities (2 marks)

An ECG is performed (**see prop booklet**).

d. List the SIGNIFICANT findings on the ECG (3 marks)

e. List one (1) SIGNIFICANT arrhythmia this patient is at risk of? (1 mark)

Question 12 (10 Marks)

A 17 year old girl is brought to the Emergency Department by her parents as they are concerned she isn't eating enough. On examination she is extremely pale and thin. Her weight is 42 kg and her height is 173 cm.

1. What are **4** of the diagnostic criteria for anorexia nervosa? (4 marks).

- i. _____
- ii. _____
- iii. _____
- iv. _____

2. Give **4** medical indications for admission of patients with severe eating disorders (4 marks).

- i. _____
- ii. _____
- iii. _____
- iv. _____

3. Give **2** long term complications of eating disorders (2 marks).

- i. _____
- ii. _____

Question 13 (12 Marks)

A 32 year old woman has been brought to the ED following one week of erratic behaviour.

You are concerned about the possibility of a manic episode.

- 1. List 6 findings from your history or mental status examination that would be consistent with mania as the cause of the patient's behaviour. (6 marks)**

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

2. List 6 investigations you might perform in this patient. For each, provide justification. (6 marks)

Investigation	Justification

Question 14 – (16 marks)

A 24 year old man with a history of bipolar affective disorder is brought to the emergency department by friends who are concerned he has been non-compliant with his lithium. His friends are concerned he has become manic.

What are the clinical features of mania? (4 marks)

The patient is admitted to the mental health ward and recommenced on lithium therapy. Your medical student has several questions regarding lithium toxicity.

What are the main clinical features of a large acute lithium overdose (2 marks)

What are the main clinical features of a chronic lithium toxicity? (4 marks)

Name 3 factors predispose a patient to chronic lithium toxicity? (3 marks)

What is the modality and name 3 indications for enhanced elimination in lithium toxicity. (3 marks)

Modality

Indications

Question 15 (12 Marks)

A 32 year old woman has been brought to the ED following one week of erratic behaviour.

You are concerned about the possibility of a manic episode.

- 1. List 6 findings from your history or mental status examination that would be consistent with mania as the cause of the patient's behaviour. (6 marks)**

2. List 6 investigations you might perform in this patient. For each, provide justification. (6 marks)

Investigation	Justification

Question 16 (12 Marks)

A 40 year old known schizophrenic patient presents to your ED by ambulance on an involuntary order. He had been behaving erratically at a train station. Whilst waiting to be seen he absconds from the ED and is unable to be located by ED staff.

Questions:

1-List 5 immediate steps in managing this situation

(5 marks)

2-List 4 features that would make this patient at high risk of self harm.

(4 marks)

3- A few hours later the patient is returned to the ED by police. On arrival he is behaving aggressively and is resisting being moved into a treatment cubicle.

(3 Marks)

List 3 options for chemical restraint, including doses:

Question 17 (12 Marks)

A 29- year-old lady presents to ED on a Friday night, with bizarre behaviour following a recent admission under the medical team with cellulitis.

She has a history of depression and self-harm. She is accompanied by her husband, who states that she has not slept since discharge.

She is currently taking antibiotics and an SSRI. Her husband states that she started to hallucinate while she was an inpatient but didn't mention it to medical staff as she wanted to go home.

You are concerned that she has an acute presentation of psychosis.

1. What features of her mental state exam indicate psychosis.

List 4 features:

(4 Marks)

2. Missed medical diagnoses in psychiatric patients are reported in up to 45% of patients. What are the main pitfalls in the "medical clearance process".

List 4 pitfalls:

(2 Marks)

She is calm and responsive to your assessment and request for further investigations. She is referred to the mental health team for review.

3. What features of her presentation suggest she should remain for inpatient assessment?

List 2 features:

(2 Marks)

She suddenly becomes more agitated in the department whilst waiting for the mental health team review. She is pacing in her cubicle and threatening harm to herself. Her husband has left the department.

4. How do you manage this situation?

List 4 steps

(4 Marks)

Question 18 (18 Marks)

A 40 year old known schizophrenic patient presents to your ED by ambulance on an involuntary order. He had been behaving erratically at a train station. Whilst waiting to be seen he absconds from the ED and is unable to be located by ED staff.

Questions:

1-Outline your 5 immediate steps in managing this situation (5 marks)

2-List 6 features that would make this patient at high risk of self harm.

(6 marks)

3- A few hours later the patient is returned to the ED by police. On arrival he is behaving aggressively and is resisting being moved into a treatment cubicle.

List 3 options for chemical restraint, including doses and endpoints of treatment.
(7 marks)

Question 19 (19 marks)

You are called to see a 40 year-old man who was brought into ED by the police after he was found wandering the streets with his shirt off, behaving in a bizarre manner. He has been verbally aggressive and abusive to the police officers and is initially refusing to be assessed in your department.

- 1. List (4) issues that need to be addressed in the assessment of this patient? (4 marks)**

- 2. List 5 potential organic mimics of psychiatric conditions that may be present in this patient. (5 marks)**

- 3. List 5 major features of acute delirium. (5 marks)**

4. List the steps you would take to manage this patient's aggression. (5 marks)

- 4. She suddenly becomes more angry in the department while waiting for a mental health bed, her husband had left, she is pacing and threatening harm to herself. How do you manage this situation? List five (5) steps**

(5 Marks)

Question 21 (10 marks)

A 78-year old man is brought to your ED by ambulance after a carer found him drowsy in bed this morning at 0900.

The patient admitted to taking 10 X 10mg temazepam capsules and a glass of whisky at 2200 the night before with the intent of 'having a long sleep'. He denies ingestion of any other substances.

He has a past history of hypertension and hypercholesterolaemia and a left sided MCA infarct 8 months ago. He walks with the aid of a frame.

He is widowed and lives alone on a small farm on the outskirts of town.

- a. List five (5) risk factors he has for a subsequent successful suicide attempt in the following month? (5 marks)

- b. List five (5) ADDITIONAL risk factors for a subsequent suicide that you will be seeking when you assess him? (5 marks)

Question 22 (19 Marks)

A 45 year old man presents to your urban district ED with suicidal ideation. He is restless and pacing the floor, and appears to be responding to hallucinations. Shortly after arrival he says he feels better, and wants to leave.

Questions:

1. List six factors of history used to assess his risk of suicide:
2. List four features most useful in differentiating an organic cause from a psychiatric cause of his presentation
3. What pharmacological options do you have to calm him down? For each option, list the dose and route of administration.

(6 marks)

Drug	Dose, Route of admin

4. List three factors which influence your decision on whether he can leave.
(3 marks)

Question 23 (12 marks)

You are the duty Consultant in a tertiary ED. An intern is about to assess a 24 year old man who has been brought to the ED by his brother with suicidal ideation following the break-up of a long term relationship. He has a past history of an anxiety disorder and depression, with several similar presentations. He is on a regular antidepressant. He has no other medical problems.

The intern asks for advice on how to proceed with the assessment.

- i) List **SIX (6)** factors which suggest the patient is at high risk of suicide. (6 marks)

The patient is referred to the psychiatry registrar for a mental health assessment. The registrar asks if the patient is “medically cleared?”

The intern asks you if they need to take bloods on the patient.

- ii. List **THREE (3)** low risk criteria which must be fulfilled to enable the patient to be “medically cleared” without investigations. (3 marks)

The patient feels better after discussing his concerns, denies further suicidal ideation, and asks if he may leave before mental health review to have follow-up with his GP. The intern asks you if the patient should be “detained”.

- iii. List **THREE (3)** criteria which must be satisfied before a patient can be placed on an involuntary treatment order under the relevant mental health act. (3 marks)