

Question 4 (10 marks)

A 60 year old man with a known history of alcoholic liver disease and cirrhosis presents with reduced level of consciousness, which began as confusion the day prior. He is afebrile and his vital signs are within normal limits.

Name 4 stigmata of chronic liver disease on physical examination (2 marks)

Other than hepatic encephalopathy, name 4 relevant differential diagnoses in this patient? (4 marks)

Name 4 important precipitants of hepatic encephalopathy (4 marks)

Candidate Name: _____

Candidate initials: _____

Q17

A 45 year old alcoholic man has presented with haematemesis. He is known to have chronic liver disease.

You suspect variceal haemorrhage.

His vital signs are:

GCS 14 E4 V4 M5

Pulse 120 /min

BP 80/40 mmHg

O2 saturation 98% room air

1. List and justify 4 investigations you would perform on this patient. (4 marks)

1) _____

2) _____

3) _____

4) _____

Candidate initials: _____

2. List 4 haematological parameters you would target in your management. (4 marks)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

3. Apart from fluid resuscitation, state 3 steps in your management of this patient. (3 marks)

- 1) _____

- 2) _____

- 3) _____

Candidate initials: _____

Q26

A 42 year old man has presented to the ED with abdominal pain and jaundice.

His liver function tests are provided in the **PROPS BOOKLET**.

- 1. State your interpretation of the results provided, with justification. (3 marks)**

- 2. List 4 non-infectious causes of this pattern of disease. (4 marks)**

1) _____

2) _____

3) _____

4) _____

Candidate initials: _____

3. List, with justification, 5 investigations you would perform in the further assessment of this patient. (5 marks)

1) _____

2) _____

3) _____

4) _____

5) _____

Q26

A 42 year old man has presented to the ED with abdominal pain and jaundice.

His liver function tests are provided **BELOW**.

Bili	85	umol/L	(<20)
Bili (conj.)	10	umol/L	(<4)
AST	750	U/L	(<35)
ALT	850	U/L	(<45)
GGT	200	U/L	(<55)
ALP	350	U/L	(30 – 110)
Albumin	29	g/L	(35 – 50)

SAQ 15 (11 marks)

A 75 year old man is brought by ambulance to your rural ED. He has a history of stroke, and consequently lives in a high-level care nursing home. He has been sent to hospital as he has become agitated and pulled out his PEG (gastrostomy) tube.

- a) List two (2) factors that will determine whether you will attempt to re-site the tube, and provide a brief rationale for each. **(4 marks)**

Factor	Rationale

You decide to re-site the tube, however a replacement PEG tube is not available in the hospital and there is no specialist gastroenterology or surgical support on site.

- b) What is a suitable alternative? **(1 mark)**

After having difficulty during the process of re-siting the tube, you are concerned the tube may be malpositioned.

c) What would your next step be and justify? **(2 marks)**

d) Other than inadvertent removal, list four (4) other potential PEG complications that can result in patients presenting to the ED. **(4 marks)**

1.

2.

3.

4.

SAQ 5 (6 minutes)
(Total 12 Marks)

Candidate Name:

A mother brings in her 2-year old son who she suspects may have swallowed a button battery some time over the last hour whilst visiting at a friend's house.

The child had been playing on the carpet when the mother suddenly noticed he had dismantled a small alarm clock and the battery was nowhere to be found.

The boy looks well and is happy playing in the assessment cubicle.

1. List your immediate management steps

(4 marks).

2. Name two indications for immediate endoscopy and battery removal

(2 marks).

After assessing the patient, you determine that there are no indications for immediate endoscopic removal. You consider managing the patient conservatively at home.

3. Name three other conditions required for conservative management of button battery ingestion

(3 marks).

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4. State three specific instructions you would give as part of your discharge advice

(3 marks).
