

## 2012 GOLD MCQ - Westmead

- These are (obviously) not the exact questions but worth looking up for the Exam

1. A 14-year-old girl presents after collapsing at school during her lunch hour. In a young patient with a transient loss of consciousness following a Syncopal episode. Which of the following is TRUE

- a) hypoglycaemia is a common cause
- b) there is no need for a 12 lead ECG in this setting
- c) the cause is unlikely to be a vasovagal event
- d) BP drop of 20mmHg define Orthostatic Hypotension

D

<http://proxy14.use.hcn.com.au/resourceTOC.aspx?resourceID=718>

2. In a patient presenting with Paracetamol Overdose which of the following is most CORRECT

- a) The initial dose of N-acetylcysteine is 500mg/kg given over one hour.
- b) Toxicity is more likely when associated with acute alcohol ingestion.
- c) Children less than 10 are at relatively less risk than adults
- d) Elevation of AST, ALT, and LDH are usually apparent within the first 6 hours following ingestion.

D

Seems to come up a lot

<http://proxy14.use.hcn.com.au/content.aspx?aID=2683336&searchStr=acetaminophen+overdose#2683336> (use CIAP password)

3. A 29-year-old female presents at 32 weeks gestation following a Motor Vehicle Accident. She is asymptomatic but has a seatbelt sign. A Kleihauer-Betke Test and Group and Screen are performed. She is A negative Blood Type and Kleihauer is pending. She has a normal examination. Which is TRUE in this case?

- a) It is recommended that anti-D not be used in the Rh-negative patient if the Kleihauer-Betke stain test is negative in Pregnant Trauma
- b) In this case anti-D should be given within 72 hours
- c) If the Kleihauer Test is positive then give 625 IU of anti D
- d) When indicated in pregnancy the same dose of anti D should be given when the criteria for its use are met

B

<http://proxy14.use.hcn.com.au/content.aspx?aID=6381429>

Tintinalli says give unless (1) prior maternal sensitization; (2) a known Rh-negative fetus; or (3) a known Rh-negative father. Rh0 (D) immunoglobulin protects against Rh isoimmunization if given within 72 hours of fetomaternal hemorrhage

4. You are the director of a semi-rural Emergency Department. You are concerned that access block is increasing. Which of the following is FALSE in regards to the effects of access block?

- a) There is an increased risk of complications of MI
- b) Discharge may be delayed (longer overall hospital stay)
- c) Errors do occur but are rarely due to drug prescribing errors
- d) There may be delays in reviews of critically ill patients

C

[http://www.acem.org.au/media/media\\_releases/Access\\_Block\\_Literature\\_Review\\_08\\_Sept\\_3.pdf](http://www.acem.org.au/media/media_releases/Access_Block_Literature_Review_08_Sept_3.pdf)

[http://www.acem.org.au/media/Access\\_Block1.pdf](http://www.acem.org.au/media/Access_Block1.pdf)

5. The finding of Portal Hypertension is LEAST associated with

- a) Jaundice
- b) Ascites
- c) Haematemesis
- d) Splenomegaly

??A

6. The positive likelihood ratio of a test can be calculated by:

- a) True positive rate/True negative rate
- b) True positive rate/False positive rate
- c) True positive rate/True negative rate
- d) False positive rate/True positive rate

Stats Suck but there usually a question

B

7. Regarding the Australasian Triage Scale (ATS) and ACEM policy?

- a) The performance indicator for ATS 1 is 90%
- b) The performance indicator for ATS 3 is 75%
- c) The performance indicator for ATS 5 is 50%
- d) Staff and resources should be deployed so thresholds are achieved progressively from categories 1 to 5

B

6. In children the correct CPR ratio for a single rescuer is

- a. 15:2
- b. 3:1
- c. 30:2
- d. 5:1

30:2 when alone

C

7. Which of the following is LEAST likely to be associated with Non-accidental Injury?

- a. Metaphyseal Chip Fracture
- b. Spiral Tibial Fracture
- c. Fractures of differing ages
- d. Posterior Rib Fractures

B

(Toddler's Fracture)

8. Brain Death diagnosis is aided by which of the following findings

- a. EEG Activity after stopping sedation
- b. Hypothermia
- c. No cough reflex on suctioning
- d. Caloric Testing and Doll's Eye Reflexes

D

9. With respect to Diving related Emergencies

- a. If Arterial Gas Embolism is suspected then it is best to sit the patient up and place them on high flow Oxygen Therapy via a Non rebreather mask
- b. Syncope within minutes of resurfacing is likely due to Arterial Gas Embolism
- c. Decompression sickness patients are typically symptomatic soon after resurfacing
- d. Divers can fly within 12 hours if they are asymptomatic

B

10. In regards to Radiation Exposure which is FALSE

- a. Gastrointestinal Symptoms occur as part of the prodromal phase and can later cause massive fluid losses due to disruption of the mucosal barrier
- b. The lymphocyte count is the first to be affected and is a good indicator of early radiation injury
- c. More than 6gy is often fatal
- d. Radiation injury is always life-threatening therefore management of the radiation injury takes priority over managing other injuries and illnesses

D

11. Which one of the following is TRUE in regard to Lumbar Puncture

- a. The lymphocyte count can reliably differentiate viral and bacterial meningitis
- b. Normal Serum to CSF glucose ratio is 0.6-0.7
- c. Normal values in neonates and older children are the same
- d. IV caffeine has been consistently shown to improve LP related headaches

B

12. With respect to Shoulder Dislocation which is TRUE

- a. Posterior - Occur in between 5 and 10% of shoulder dislocations
- b. The usual mechanism for a Posterior dislocation is an indirect force that produces forceful internal rotation and adduction
- c. Adduction, extension, and external rotation causes anterior shoulder dislocation
- d. Posterior Dislocations are rarely missed

B

(Tintilli)

13. In a patient with Status Epilepticus the least appropriate to Terminate the seizure is

- a. Phenytoin 15mg IV over 20-30mins
- b. Intubation and Ventilation
- c. IM Diazepam
- d. Midazolam via IV or IO line at a dose of 0.15mg/kg

C

(IM)

13. A young child is pulled out of a cold river in a suspected drowning, In CPR of this 5-year-old child in Cardiac Arrest which is FALSE

- a. Chest Compressions should be 1/3 of the Depth of the chest
- b. Pulse checks should never be done for more than 10 seconds
- c. A rate of 15:2 is appropriate ratio of compressions to ventilations
- d. When Intubated PEEP should be used in patients with near drowning

**B**  
(Hypothermia)

## 2010 GOLD MCQ – Westmead

### 1 - In an IVDU with Suspected endocarditis

- A The most common organism is Staph. epidermidis
- B The mortality is over 75 % even with antibiotics
- C Patients can present with atypical symptoms such as respiratory infection
- D Disease is more commonly left sided than in infectious endocarditis in non IVDU

### 2 - An 80 year old patient on hydrochlorothiazide presents with Na 128 K 3.1 glu 12 What is the MOST likely cause of low Sodium?

- A HCT
- B reduced ADH with increase age
- C low K
- D CRF
- E high BSL

### 3 - What electrolyte abnormality is MOST common in Addison's disease?

- A High K
- B Low K
- C High Na
- D High Magnesium

### 4 - Regarding the Blue Ringed Octopus which is TRUE?

- A The toxin is tetrodotoxin
- B Weight is 200 mg
- C Causes coagulopathy (VICC)
- D Has a blue ring when resting

### 5 - Regarding dental trauma - which is FALSE?

- A With severe fractures applying CaOH aims to reduce pain
- B The Ellis class II fracture can be identified both by the patient's symptoms and visualization of exposed dentin, which is a creamy yellow color compared with the whiter enamel
- C Root fractures account for 5% to 7% of all injuries of the permanent dentition.
- D Ellis class I fractures involve the enamel portion of the tooth. Generally, no emergency treatment is indicated, except to smooth sharp corners that may irritate the tongue or mucosa

A – Calcium is more for covering exposed portion  
See - Tinitinalli Chapter 240

### 6 - In an avulsed tooth that is replaced immediately which is TRUE

- A There is always peri-dental inflammation
- B The socket is prepared by carefully removing the clot and irrigating gently with sterile normal saline
- C Reimplantation should occur within 12 hours
- D A tooth that has been dry for more than 60 mins can often be successfully re-implanted

B is True – implantation should occur within 3 h and not with dry teeth or deciduous teeth

### 7 - SVT and WPW

- Repeat Question about Treatment

**8 - In a Tetanus prone wound appropriate treatment includes the following EXCEPT**

- A ADT
- B DTP
- C Immunoglobulin
- D Debridement
- E Wound closure

Table 151\_2 in Tintinalli – Depends on number of previous ADTs

**9 - Regarding Human bite Wounds which is FALSE**

- A Hand injuries are more infective than other parts of the body
- B Herpes simplex virus can cause local infection after a human bite or contact with infected saliva
- C Infection is often with staphylococcus, streptococcal and Eikenella corrodens
- D The wound infection rate is 60%

D Wound infection is 10% (Tintinalli)

**10 - Diagnostic Peritoneal Lavage (DPL). The Following are TRUE EXCEPT**

- A RBC 100000 is a positive after lavage with 1L normal saline
- B WCC 100/ml
- C An immediately positive DPL is defined as aspiration of >10mls of free flowing bloods
- D Minimal injury can easily produce a hemoperitoneum sufficient to render a positive lavage.

B - Determining white cell count in the lavage effluent is nonspecific

<http://www.ncbi.nlm.nih.gov/pubmed/9637154?dopt=Abstract>

**11 - Regarding IO which is TRUE**

- A Fat Embolus is a common complication
- B Cannot give contrast (this may be controversial)
- C ABG EUC can be checked
- D Can only be used in children

C – Contrast – Maybe: <http://www.ncbi.nlm.nih.gov/pubmed/21111513>

Complications of IO access include cellulitis, osteomyelitis, iatrogenic fracture or physeal plate injury, and fat embolism (rare).

**12 – Regarding the use of IV contrast - risk factors for adverse outcomes DO NOT include**

- A DM
- B Renal failure
- C Renal calculi
- D Older Age

Risk Factors:

- <http://www.radiology.ucsf.edu/patient-care/patient-safety/contrast/iodinated>

- Age over 60
- History of “kidney disease” as an adult, including tumor and transplant
- Family history of kidney failure
- Diabetes treated with insulin or other prescribed

medications • Hypertension (high blood pressure) • Paraproteinemia syndromes or diseases (e.g., myeloma) • Collagen vascular disease (e.g., SLE, scleroderma, rheumatoid arthritis) • Solid organ transplant.

**13 - Regarding evidence based treatment of PE**

- A Thrombolysis in R ventricular strain
- B Clexane better outcome than heparin

**14 - Oxygen delivering system**

- A Nasal Prongs do NOT have a reservoir
- B Normal breathing adult O<sub>2</sub> flow rate 60l/min

**15 - Regarding Kidney injury which is NOT true?**

- A Haematuria is a common finding
- B Isolated Ureteric injury is common in blunt trauma
- C Renal injury is present in 8% to 10% of patients with abdominal trauma
- D More than 80% of those with injuries to the kidney have additional visceral injury.

B - Tintinalli Chapter 262 and 263 – NB the absence of haematuria does not rule out injury

**16 - In a patient with a Lap belt injury sign**

- A 5% of patients involved in a motor vehicle crash who have a seat belt abrasion have a significant internal injury.
- B Mesenteric tear and Small bowel injury is common
- C Pelvic fracture is very common
- D In the pregnant patient the lap belt should be placed as high as possible over the uterus

Note – there was no answer with spine (chance) fracture

B (A = 30%)

**17 - The Jefferson fracture**

- A Is a compression injury
- B Is a Burst Fracture of C2
- C If displacement of both lateral masses is >10 mm when added together, rupture of the transverse ligament is likely, and the spine is unstable.
- D Instability results from injury to the Horizontal Ligament

Tintinalli Chapter 255 Unstable if displacement more than 7mm, due to Transverse Lig Injury

**18 - Regarding Cervical spine Injuries the following are true EXCEPT**

- A Pre-dental space is 5 mm or less in adults
- B Angle between spine of more than 11 degrees suggest instability
- C Loss of 25% or more of the vertebral body height also is a marker of anterior column instability
- D A Flexion Teardrop fracture is Unstable. There is disruption of the posterior longitudinal ligament with a fracture of the antero-inferior portion of the superior vertebrae

A – 3mm, 5 in children, B True (Tintinalli) central cord syndrome except

**19 - Regarding Hyperflexion injury – common neurological pattern is**

- A One side motor and contralateral sensory loss

- B Loss of motor function and pain and temperature sensation distal to the lesion. Only vibration, position, and crude touch are preserved.
- C Associated with a good prognosis
- D Deficits greater in Upper Limb compared to Lower Limb

B – Tintinalli Chapter 255

**19 - In an elderly person with acute appendicitis**

- A The pain is poorly localised
- B Perforation decreases with age
- C Presentation is usually earlier

A <http://www.ncbi.nlm.nih.gov/pubmed/18030181?dopt=Abstract>

**20 - In Panic disorder**

- A Weak Association with anxiety and depression
- B Objective signs of sympathetic activation are always present
- C Obvious of precipitating event
- D SSRI and CBT are treatments of choice

D - Tintinalli Chapter 287 – Somatic and Cognitive symptoms are common

**21 - In Acute Aspirin Poisoning**

- A Alkalinisation increases excretion
- B Dialysis is not indicated
- C Acidosis is due to the acidity of the tablets
- D Respiratory Acidosis is common

A

**22 - Diarrhoea in children**

- A Adenovirus is the most common
- B 5% dehydration need IVF always
- C Clinical Dehydration scale has 6 components
- D Ondansetron can be used with care

D – Chapter 123 Tintinalli

Rotavirus most common, 4 components to the Dehydration Scale (GOLDMAN 2004)

<https://emergencycare.nhmrc.gov.au/gateway/forum/files/Clinical%20Dehydration%20Scale%20for%20Children%20With%20Acute%20Gastroenteritis.pdf.pdf>

**23 - Regarding Croup**

- A RSV is the most common cause
- B Westley Score can risk stratify
- C Humidification is of proven benefit
- D Children generally have the most severe symptoms on the 1st and 2nd days of illness and subsequently begin to improve

B - Parainfluenza in 75% of cases, sickest by 3<sup>rd</sup>- 4<sup>th</sup> days - Info in Chapter 119 Tintinalli  
Humidification doesn't help

**24 - In a 3-month-old child bacteraemia is suggested by:**

- A Fever > 39.5
- B Lethargy
- C Fever not responding to paracetamol
- D WCC>12

A

**25 - Regarding Shoulder dislocation**

- A Bankhart fracture is related to posterior dislocation
- B Axillary nerve injury transient
- C Soft tissue injury in elderly need surgery
- D Recurrent dislocation is more common with older age

B - Tintinalli

**27 Child with Eucalyptus oil ingestion presented 2 hrs post ingestion with no symptoms**

- A Observe for 2 hrs and discharge
- B Immediate discharge
- C Charcoal
- D Charcoal and gastric lavage

A

**28 - Which will cause toxicity in a child**

- A Camber
- B Mineral oil
- C Silica gel
- D Bath Oil

? – Prob not B, C or D according to Wikipedia

**29 - Major trauma life threatening EXCEPT**

- A Airway obstruction
- B Tension pneumothorax
- C Tamponade
- D Aortic tear

D