

SELF ASSESSMENT SECTION

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1. *In significant aortic stenosis:*
 - A there is an early diastolic murmur
 - B the ECG often shows evidence of left ventricular hypertrophy
 - C can be caused by rheumatic fever
 - D collapse may be the first manifestation
 - E cannot be present if the patient is hypertensive

2. *With aortic stenosis:*
 - A a pulse rate of 40 per minute is good for haemodynamics
 - B ketamine is a useful anaesthetic agent
 - C antibiotic prophylaxis is necessary for surgical procedures on the bladder
 - D neuromuscular relaxation is contraindicated
 - E hydralazine is a safe drug to use

3. *In cardiac tamponade there may be:*
 - A hypotension
 - B distended neck veins
 - C Kussmaul's sign
 - D pulsus paradoxus
 - E cardiac arrest

4. *Concerning cardiac tamponade:*
 - A may be caused by penetrating trauma
 - B may be secondary to a pericardial effusion
 - C general anaesthesia is required to drain the pericardium
 - D can follow blunt trauma
 - E ECG complexes may be small

5. *Constrictive pericarditis:*
 - A may be caused by TB
 - B causes abdominal swelling
 - C may lead to hepatomegaly
 - D peripheral oedema may be minimal
 - E may cause peritonitis

6. *Rheumatic fever:*
 - A affects only the heart valves
 - B occurs after streptococcal infection
 - C may cause a large joint polyarthritis
 - D does not affect the mitral valve

7. *Elevated blood urea may occur:*
 - A in renal failure
 - B after bleeding into the gut
 - C in dehydration
 - D in liver failure
 - E in overhydration

8. *Concerning tuberculosis:*
 - A miliary TB may be associated with a negative mantoux test
 - B the X-ray of miliary TB may mimic staphylococcal pneumonia
 - C primary TB can cause hilar adenopathy on chest X-ray
 - D the primary complex causes upper lobe cavitation
 - E may present in conjunction with malnutrition

9. *The Apgar score:*
 - A should be measured at 0 and 3 minutes
 - B has a maximum score of 8
 - C includes assessment of respiration
 - D includes assessment of colour
 - E each measure is scored 0-1

10. *The GCS (Glasgow Coma Scale):*
 - A has a minimum score of 0
 - B scores pupil size
 - C a confused patient would score 13
 - D if reduced in presence of a skull fracture is a worrying sign
 - E if 15 in presence of a skull fracture is reassuring

11. *After head injury:*
 - A a lucid interval may occur with an extradural haematoma
 - B craniotomy will take preference over surgery for abdominal bleeding
 - C depressed skull fracture always requires operative repair
 - D wound toilet may be safely accomplished under local anaesthetic
 - E hypertension and bradycardia may occur with

- raised intracranial pressure
12. *Features of base of skull fracture include:*
- A Battle's sign
 - B "raccoon" or "panda" eyes
 - C a haemotympanum (blood behind the ear drum)
 - D normal GCS
 - E lowered GCS
13. *After head injury treatment of raised ICP (intracranial) pressure can include:*
- A 1000ml of 20% mannitol
 - B 20mg of frusemide
 - C intravenous colloid or 0.9% saline solution
 - D maintenance of nutrition with 5% dextrose solution
 - E positioning the patient in slight head up posture
14. *After head injury treatment of raised ICP (intracranial pressure) can include:*
- A surgical decompression of space occupying lesion
 - B slight hyperventilation
 - C applying atropine to the conjunctiva in order to see optic discs
 - D using tight bandages round the neck to secure an endotracheal tube
 - E ketamine infusion
15. *Instruments can be sterilised:*
- A by thorough cleaning in hot soapy water
 - B by immersion in chlorhexidine for one hour
 - C by boiling in water for 20 minutes
 - D by autoclaving even if they are still dirty
 - E by autoclaving if they have been cleaned thoroughly beforehand
16. *Spinal injury may be associated with:*
- A flaccid paralysis
 - B priapism
 - C urinary retention
 - D loss of anal tone
- E low blood pressure and slow pulse
17. *After blunt thoracic trauma:*
- A fractured ribs 9-12 may be associated with liver or spleen injury
 - B myocardial injury may occur in association with a fractured manubrium
 - C pulmonary contusion may be complicated with ARDS
 - D flail segment can be diagnosed clinically
 - E consider thoracotomy if there is > 1500ml blood loss from chest drain
18. *Concerning failed intubation:*
- A never remove cricoid pressure if the stomach is full
 - B if you cannot intubate or ventilate a surgical airway is indicated
 - C don't worry how long it takes- try, try, try again until you are successful at intubating
 - D the safest plan is to wake the patient up before using an alternative approach
 - E repositioning the patient's head and neck may be useful manoeuvres
19. *Low serum potassium (hypokalaemia):*
- A may occur in kwashiorkor
 - B can occur after high dose salbutamol
 - C may cause cardiac arrhythmias
 - D reduces digoxin toxicity
 - E may cause ileus
20. *High serum potassium (hyperkalaemia):*
- A may cause cardiac arrest
 - B should be treated with 50mls 50% dextrose plus 50u of soluble insulin
 - C can be treated with sodium bicarbonate
 - D may be caused by rhabdomyolysis
 - E can occur with spironolactone
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