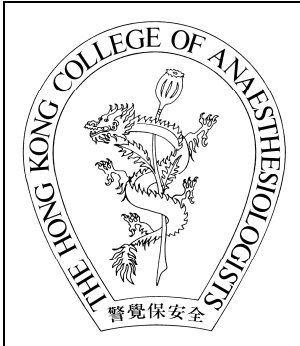


HONG KONG COLLEGE OF ANAESTHESIOLOGISTS



DIPLOMA OF FELLOWSHIP

FINAL FELLOWSHIP (INTENSIVE CARE)

LONG ANSWER PAPER

2 Questions

9th APRIL 2008

1:00 pm - 3:00 pm

NOTICE

- (A) Write your answers to the two questions in separate books.
- (B) Read the questions carefully, and in view of the time available, balance your answers to encompass points of great importance without going into needless detail.
- (C) Record your number on the cover of each book and hand in all books.

QUESTION ONE

A 25 year-old male leaves a disco at 4 am and is hit by a car when crossing the road. He is brought in by ambulance soon after, and you attend him immediately in the A&E resuscitation cubicle.

He smells strongly of alcohol, is comatose (GCS = E2 V3 M3), and is agitated. His heart rate is 80/min (sinus rhythm) and the blood pressure is 75/48 mm Hg; the pulse oximeter cannot pick up a signal.

There is a large frontal haematoma, severe bruising over the right chest and right upper abdomen, and a suspected proximal right femoral fracture with severe bruising and tense swelling of the thigh.

1. Discuss your initial plan of assessment and resuscitation.
2. List the potentially life-threatening injuries that the patient may have.
3. The patient remains severely shocked after 3 l of colloid fluids over 30 minutes. The bedside haemoglobin level at this point is 4.5 g/L. The CXR does not show any abnormalities except fractured ribs 8, 9, and 10 on the right. The lateral cervical spine C1 – C5 is normal. The pelvis is not fractured. There is a closed fracture of the proximal right femoral shaft.

What should be the next steps in management?

4. The patient subsequently has a laparotomy, is found to have a lacerated liver, and a liver resection is performed. However, intra-operative bleeding is difficult to control. On returning

to ICU, what steps can be taken to improve the patient's haemostasis?

5. The patient develops acute anuric renal failure soon post-operatively. List the potential cause(s), and describe briefly how you would deal with this complication.

QUESTION TWO

An elderly patient is admitted to the AED with a collateral history of several days of dizziness and unsteadiness of gait. He has fallen over several times, and has a bruise over the forehead. On examination, he is agitated and the Glasgow Coma Score is E3 V3 M4. His pupils are equal and reactive. The blood pressure is 185/100 mm Hg and the heart rate is 48 / min.

The point of care blood test in AED shows a sodium level of 102 mmol /L.

1. Should this patient be admitted to ICU, and why?
2. What are possible cause(s) of the hyponatraemia?
3. What investigations could help to define the possible cause(s)?
4. What would be your acute treatment plans for this patient, pending elucidation of the cause of the hyponatremia.
5. What are the risks of the hyponatremia and of your planned treatment?

End