

More Practice EMQs for Medical Students

The answers below are the answers that were given with the EMQs, but as they're not official answers, they may be wrong.

Some of the answers were omitted (shown by _); sometimes 2 answers were given, and I have no clue (shown by eg A/B) and some were unsure (?).

1 Fluid balance A J C F B 2 Thyroid disease and neck lumps A F B E J C I 3 Rectal Bleeding B E J

D C H A 4 Peripheral Neuropathy A D H B G 5 Diabetes management C I A E B 6 CVS risk F A E H 7 Change in bowel habit C A

B D F 8 Ix of chest pain A A I F _ G 9 Chest physical signs B C H J D 10 Swollen Legs A C E B I 11 Diarrhoea J E B P 12 Ix of

Clubbing A D E C B 13 Cause of cough H F D G E 14 Abnormal electrolytes B D E A I 15 Airway A C B E C 16 Post-op

hypotension E A C C 17 ECG diagnosis D 18 Pt w/ vomiting H D K B C 19 Recent arrival from abroad D A B C J 20 Valvular heart

disease G C F A E 21 Calcium metabolism D 22 Breast cancer A B C F G 23 Inflammation, healing and repair B D C E I 24

Breast disease D B C A H 25 Weight loss H A M E D I 26 Causes of cough D H I C A 27 Clubbing ? M H G A E 28 Acute venous

thromboembolism C B B/A H G/I 29 Dysphagia I B G E F 30 Leg ulcers A ? A/H C B I 31 Scrotal swelling A D I C G 32 Jaundice

A L E G 33 Leukaemia and lymphoma C D F A F 34 Hepatomegaly G B D I N J 35 Unconsciousness K I F 36 Hypotension D C

H A G 37 Acute abdo pain A B C 38 Tired all the time D C B H A 39 Confusion J D E A C 40 Something wrong in the head D H F

M E 41 Jaundice H C G A D 42 Diabetic neuropathy C F G B H 43 Abdo pain H F D B I 44 Dilemmas de la abdomen K B A G F

45 GI disease D B E I H 46 Abdo pain E I G B C 47 Acute breathlessness C A B F 48 Management of breathlessness G L H C A

49 Diagnosis of neck lumps C A K B L 50 Headache F I J C G A 51 Neuro exam F H A C K 52 Back pain H B A I ? E/G 53

Rheumatic disorder G F A I C 54 Epigastric pain E B 55 Breathlessness on exertion J D G H E 56 Black toes H B E C A 57 Scrotal

lumps G F A K D 58 Diagnosis of pleural effusion A/G A H G O B 59 Tx of diarrhoea A C D H I 60 Ascites C B I F 61 Anaemia B

C I H 62 Hyper- and neoplasia B D F H 63 Colostomies and ileostomies A F G H B 64 Lumps in the groin E G A J B 65

Splenomegaly B D F A E 66 Management of acute abdo A H E D/G D I 67 Drug OD B D C A H 68 Post op analgesia B D E B 69

Ix of fever E C F J 70 Syncope A F D I B 71 Joint pain D J A E G 72 Side effects A J G B D 73 Dysphagia C H A E F 74

Tiredness C F H B 75 Neck lumps E H D I C 76 Jaundice C B H E I 77 Anaemia G C F J B 78 Erectile dysfunction H E K F D

79 Endo disorders F E C H D 80 Eye J F A G E 81 Urinary symptoms G B D E I 82 Rectal bleeding C J D G H 83 Venous

disease K L G D E 84 Abdominal pain H D A B J 85 Headaches E H J C B 86 Haemoptysis G D E J A 87 Ix of oedema B F A J

E I 88 Prostatic disease B G H D 89 Cough D E C H 90 Heart conditions F E D A G 91 Chest pain E D I C B 92 Respiratory

conditions H E I F L 93 Typical face appearance E F D A G C 94 Resp diseases L _ F B A K 95 Physical signs of resp disease D B F

A 96 T2 DM Tx G B D H G G F G 97 ODs + poisoning J L I D B C A G 98 Drugs in IHD A D I J _ B G 99 Anorectal disease B G F I

100 Breast _ _ D _ B _ 101 Neuro H A B H C 102 Thyroid disease G H C K L J A 103 Endo _ B H L F 104 Neuro headaches

A C E G I 105 Eponymous syndromes B D E G 106 Collapse C F D E H 107 Clubbing J A E I H 108 Abdomen B J E F C 109

Resp. system F H B D A K 110 Causes of DM G E H _ C B D 111 Aetiology of diabetes B A B B B A A A A 112 Bleeding disorders B

D E 113 Anaemia B A E D G 114 Causes of pneumonia D/K I G H 115 Tx of menopausal symptoms H K J B/F 116

Cushing's + adrenal axis C A B F/E C B 117 Addison's K E D I G H B 118 Which test most appropriate F C E J/E D J A A I/D H/D

B/D 119 Complications of diabetes B C E A B D B F 120 Abdo pain H C A E K 121 Abdo pain F B/A H I 122 Haematology G A F E

G 123 Trauma B C F H/F 124 Liver Ix F H B E G I 125 Neurology – CNs F J A C K 126 UMN disease C I J A E 127

Central and epigastric abdo pain A D F C C 128 Hypopituitarism H _ A E B 129 GI haemorrhage F H B G A K 130 Headaches F L C

K H 131 Ix of confusion K I B/K D K 132 The unhappy pt G B D F H 133 Neuro Ix G C A I D C 134 Tx of infections G B C E A F

135 Motor weakness B C J E D B 136 Rheumatology D F B I K 137 Lung disease D E B H G 138 Dx of haemoptysis B A D E K

139 Diagnosis of fever I B A F L J 140 Causes of clubbing E B C A G I 141 Metabolic syndrome C J F L D 142 Hypertension A G F B

D 143 Management of rectal bleeding A E B G F 144 MDT stroke management E D C E A 145 Diagnosis of falls G B F N M 146 Dx

chronic joint pain H F C K A 147 Endo A D F B E G I C H J 148 Stroke management G K F K A 149 Jaundice G K A H E 150 The

breathless pt A/D E F C J 151 Microbiology D F G A K L G P E B _ H N J F _ _ 152 Breast disease C A D I E G F 153 Biochemistry H

F C F E A G B A D 154 Haematology L J G _ B A 155 Endocrinology A A C B D E F G 156 Cardiac dysrhythmias E G F D C

1. Fluid balance A. intravenous saline F. intravenous sodium bicarbonate B. blood transfusion G. measure urea and electrolytes C.

intravenous colloid H. intravenous plasma D. intravenous dextrose I. measure blood gases E. intravenous dextrose/saline J. administer

diuretics For each patient described below, choose a SINGLE most appropriate management from the above list of options. Each option

may be used once, more than once or not at all An 80 year old woman is admitted with vomiting. Her blood pressure is 120/80mmHG, pulse

rate 90, with warm peripheries. Plasma urea is 25mmol/L, and creatinine 120umol/l A 70 year old man after a laparotomy has been given 4L of

dextrose/saline intravenously in 24hrs. He is tachypnoeic, with BP 130/90, pulse 120/min and has bilateral basal crepitations. A 20 year old man has

been involved in a road traffic accident. He has severe left upper abdominal tenderness, blood pressure 80/60 and pulse 140/min. A 25 year old

woman is admitted semi-comatose. She has been complaining of increasing thirst and lethargy over the previous few weeks. BM stick result is

36mmol/L. Blood pH is 7.10 with a HCO3- of 15mmol/L A 75 year old man underwent an anterior resection for rectal cancer 48hrs ago. He now has a

urine output of 25mls/hr, BP 110/80, pulse 90/min. His Hb is 7.9g/dl. 2. Thyroid disease and neck lumps A. grave's disease

G. carotid artery aneurysm B. hashimoto's thyroiditis H. tb abscess C. myxoedema I. pancreatic carcinoma D. euthyroid goitre J.

superior vena cava syndrome E. Hodgkin's disease K. thyroid cancer F. thyroglossal cyst For each patient described below, choose a SINGLE most likely diagnosis from the above list of options. Each option may be used once, more than once or not at all

A 28 year old woman has developed rapid weight loss and palpitations. You notice a lid lag and a goitre on examination. A 17 year old man has noticed a painless smooth swelling just above the suprasternal notch. He has had the swelling for two years and is well. It moves with swallowing and tongue protrusion. A 17 year old girl has developed an acutely painful goitre. She has fever and pain on swallowing. A 22 year old man has developed multiple hard swellings on the left side of the neck. He has had night sweats and anorexia for 2 months. A 20 year old medical student is concerned about recent weight gain and lethargy and constipation. You notice bradycardia and a goitre. Her ankle reflexes are sluggish. Her periods have stopped. A 72 year old man with weight loss has developed a hard swelling in the left supraclavicular fossa. 3. Rectal bleeding A. diverticular disease G. infective diarrhoea B. caecal carcinoma H. duodenal ulcer C. ulcerative colitis I. Meckel's diverticulum D. rectal carcinoma J. acute ischaemic bowel E. haemorrhoids K. Crohn's disease F. anal fissure For each patient described below, choose a SINGLE most likely diagnosis from the above list of options. Each option may be used once, more than once or not at all.

A 60 year old woman presents with a poor appetite, weight loss, tiredness and right iliac fossa intermittent discomfort for the last 6 weeks. A 30 year old man presents with painless fresh rectal bleeding which appears on the stool, on the paper and in the toilet bowl. A 70 year old man with atrial fibrillation presents with a 2 hour history of general abdominal discomfort, and is shocked and has passed bloody diarrhoea. A 59 year old man presents with a 1 month history of constipation, tenesmus and fresh rectal bleeding. A 25 year old woman presents with a 4 month history of diarrhoea, altered blood and mucus per rectum. A 49 year old man, with a 5 year history of dyspepsia, collapses in the pub. He has noticed that his stools have become black over the past few days. A 68 year old woman presents with a 2 day history of passing copious quantities of blood per rectum. She has also had left iliac fossa pain during this period. 4. Causes of peripheral neuropathy A. vitamin B12 deficiency F. alcohol B. diabetes G. paraneoplastic syndrome C. trauma H. porphyria/diverticulum D. drug induced I. renal failure E. amyloid J. sarcoid For each patient described below, choose a SINGLE most likely diagnosis from the above list of options. Each option may be used once, more than once or not at all.

A 66 year old woman presents with fatigue, breathlessness and paraesthesiae in all limbs. Examination reveals pallor, loss of position sense and impaired vibration sense. A 40 year old man with pulmonary tuberculosis is in the second month of treatment with isoniazid, rifampicin and pyrazinamide. He complains of a burning sensation in his hands and feet. There is impaired sensation to pin prick and light touch. An 18 year old woman is admitted with very severe abdominal pain and confusion. She is noted to have bilateral wrist drop. She had recently started the oral contraceptive pill. A 67 year old overweight Asian woman presents with painful feet. Direct questioning revealed that she has had nocturia for the last 3 months. A 55 year old smoker presents with rapidly progressing weight loss with severe burning pains on his hands and feet. Chest x-ray shows a small round opacity in the right upper lobe 5. Diabetes - Management A. blood pressure control F. laser treatment B. insulin G. statin C. diet alone H. bed rest D. oral hypoglycaemic drug I. improve glycaemic control E. oral glucose or sugar J. intravenous dextrose For each patient described below, choose the most appropriate treatment from the above list of options. Each option may be used once, more than once or not at all

A 55 year old Asian man complaining of nocturia. Random blood glucose 10.2 mmol/l. He was overweight. A 47 year old man with diabetes for 10 years. At review BP 130/80, glycosylated haemoglobin 8.2% (normal <6.5%), plasma cholesterol 5.7 mmol (normal 5.2 - 6.5 mmol/l). A 52 year old man with diabetes for 15 years. Recently found to have microalbuminuria. Glycosylated haemoglobin 7.2%. BP 150/85. Cholesterol 5.2 mmol/l. A 55 year old woman in diabetic clinic. She has been waiting for 3 hours and starts feeling sweaty and weak. A 22 year old medical student notices that he is thirsty and drinking 3-4 litres of fluid a day while studying for finals. He tests his urine and finds glucose 3+ and ketone 2+. 6. Cardiovascular risk A. weight reduction and increased physical activity E. aspirin therapy B. cholesterol lowering therapy with a statin F. angiotensin converting enzyme inhibitor therapy C. antihypertensive drugs G. reduced alcohol intake D. smoking cessation H. weight reduction and metformin therapy For each patient described below, choose one of the options above as the single most appropriate (but not necessarily the only) means of reducing cardiovascular risk.

A 62 year old man 3 months after an acute myocardial infarction, taking aspirin, atenolol and simvastatin, whose echocardiogram shows worsening left ventricular function. A 46 year old woman, normal blood pressure, cholesterol and blood sugar. Body mass index is 32. A 77 year old man, normal blood pressure, not diabetic, who has had three episodes of transient left sided weakness in the last month. A 54 year old man, normal blood pressure, normal lipid profile, body mass index 28, random blood sugar 15 mmol/l, fasting blood sugar 8.5 mmol/l 7. Diagnosis of problems with a change in bowel habit A. colorectal cancer F. ischaemic colitis B. inflammatory bowel disease G. radiation proctitis C. irritable bowel syndrome H. benign colonic structure D. infectious diarrhoea I. hyperthyroidism E. diverticular disease For each patient described below, choose a SINGLE most likely cause of the symptoms from the above list of options. Each option may be used once, more than once or not at all

A 25 year old female trainee solicitor presents complaining of bloating and excessive flatus. She is passing pellet like stools associated with abdominal pains. Her symptoms have been intermittent for several years. A 75 year old man with a 6 month history of straining at stool. He also thinks he is not emptying his rectum completely. He is passing blood and mucus per rectum. He has some weight loss and anorexia. A 32 year old female presents with a 4 week history of bloody liquid stool with mucus 4 times a day. She has anorexia, weight loss and anaemia. A 19 year old male returns from a recent backpacking holiday in India. He is passing bloody liquid stools about 15 times a day. He has lassitude, anorexia and a temperature of 37.5°C. A 65 year old man had an elective aortic aneurysm repair 5 days ago. He now has abdominal distension and left sided abdominal pain. He is passing a small amount of blood and mucus per rectum. 8. Investigation of chest pain A. ECG H. barium swallow B. exercise ECG I. upper GI endoscopy C. transthoracic echo J. V/Q scan D. chest x-ray K. CT scan chest E. chest x-ray in

expiration L. CPK (creatinine phosphokinase) F. chest x-ray rib views M. Coronary angiogram G. dorsal spine x-rays For each patient described below, choose the SINGLE most useful investigation from the above list of options. Each option may be used once, more than once or not at all An 80 year old man with a history of ischaemic heart disease trips over a paving stone and fractures his hip. An ambulance takes him to A&E. 1 hour after his arrival, he develops crushing central chest pain. A 19 year old male medical student develops acute chest pain during a game of squash. On examination he is distressed but there are no abnormal findings on examining his chest A 55 year old female complains of a 6 month history of chest pain which radiated to the jaw and both shoulders. The pain is reported to be more severe at night. ECG and chest x-rays are normal. A 30 year old male alcoholic presents to casualty with pain radiating from his back around the left side of his chest wall. The pain catches with inspiration and is associated with a feeling of breathlessness. On examination there is localised pleural rub and exquisite tenderness on palpation to the lower chest wall. Chest x-ray is unremarkable. An 80 year old woman develops acute chest pain. It is posteriorly sited, radiating anteriorly under the breast. Cardiovascular and respiratory examination is normal. Chest x-ray and ECG are both normal. 9. Interpretation of chest physical signs A. Pleural effusion F. Pleurisy B. Pneumothorax G. Pulmonary oedema C. Lobar collapse H. Emphysema D. Lobar pneumonia I. Chronic bronchitis E. Hyperventilation J. Fibrosing alveolitis For each description of a chest examination below, choose the SINGLE most likely diagnosis of shortness of breath from the above list of options. Each option may be used once, more than once or not at all Trachea deviated to the right. Hyper-resonant on percussion on left side with reduced breath sounds. Trachea deviated to left. Dull to percussion and reduced breath sounds on left base. Reduced chest movements bilaterally. Using accessory muscles of respiration. Breath sounds generally quiet. Bilateral fine basal crepitations. JVP not visible. Trachea central. Reduced chest movement on right. Dull to percussion on right. Bronchial breathing at right base. 10. Swollen legs A. HEART FAILURE F. PELVIC MALIGNANCY B. DEEP VENOUS THROMBOSIS G. LYMPHOEDEMA C. NEPHROTIC SYNDROME H. CELLULITIS D. PORTAL HYPERTENSION I. CALCIUM ANTAGONIST EFFECT E. RENAL FAILURE Match the description of the patient with the most likely diagnosis 59 year old male smoker with with a 2 moth history of increasing shortness of breath. For the last week he has noticed increasing ankle swelling. He was found to be centrally cyanosed, have a raised JVP, expiratory rhonchi, sacral and leg. 55 year old alcoholic presented to casualty with swollen legs and ascites. JVP was not raised. Liver was smooth and enlarged by 3cm. Blood testing revealed low plasma Albumin (14g/l), normal plasma urea (7.2mmol/l) and normal creatinine (96umol/l). Liver function tests were otherwise normal. Protein+++ was found on urine dipstix. 46 year old diabetic with a history of laser treatment to eyes was admitted with increasing shortness of breath and swollen legs. ECG was normal, chest x-ray confirmed pulmonary oedema; heart was slightly enlarged. Blood pressure was 150/100. Blood test revealed plasma creatinine 560 umol/l 33 year old woman presents to casualty with swollen tender right calf which developed on her return from Australia. Examination revealed tender swollen hot red calf. 62 year old woman with a history of hypertension and ischaemic heart disease. Her GP had recently increased the dose of nifedipine as her BP had been 155/95. Two weeks later she complained that her legs had both become swollen and hot. On examination her JVP was not raised, breath sounds were normal and both legs were found to have pitting oedema. Urine testing revealed protein 1+. 11. Diagnosis of diarrhoea A. VIRAL GASTROENTERITIS I. DRUG-INDUCED B. BACTERIAL GASTROENTERITIS J. THYROTOXICOSIS C. ULCERATIVE COLITIS K. BLIND LOOP SYNDROME D. CROHNS DISEASE L. AUTONOMIC NEUROPATHY E. IRRITABLE BOWEL SYNDROME M. DIVERTICULAR DISEASE F. CONSTIPATION N. CANCER OF RECTUM G. MALABSORPTION O. CANCER OF COLON H. AMOEBIC DYSENTRY P. CLOSTRIDIUM DIFFICILE For each scenario below, choose the single most likely diagnosis from the above list of options. Each option may be used once, more than once or not at all. A 65 year old woman admitted with diarrhoea and weight loss. On examination, she has a fine tremor and was in rapid atrial fibrillation, FBC, ESR and C-reactive protein were normal. A 30 year old city banker comes to the GP with symptoms of abdominal bleeding, intermittent constipation and diarrhoea and occasional nausea. This has been going on for the last 6 months and there has been no weight loss or malaise. She has no blood in her stool. An 18 year old student attends A&E with acute onset of vomiting at 2am followed by abdominal cramps and profuse diarrhoea. He has eaten a take-away that evening. There is some blood in the stool and he has a high fever. There has been no recent foreign travel and the FBC shows a normal haemoglobin and raised neutrophils. A 76 year old woman admitted with chest infection which was treated with cefuroxime and erythromycin. On the day prior to discharge she develops diarrhoea not associated with blood. She appears unwell. T 38°C and CRP 150 12. Investigation of cause of clubbing A. ABDOMINAL ULTRASOUND SCAN E. ECHOCARDIOGRAM B. BRONCHOSCOPY F. LUNG FUNCTION TESTS C. COLONOSCOPY G. SPUTUM CULTURE D. CHEST X-RAY H. STOOL CULTURE For each scenario below, choose the single most likely investigation from the above list of options. Each option may be used once, more than once or not at all. A 45 year old man with a long history of excess alcohol consumption presents with haematemesis. On examination he is clubbed and has spider naevi A 45 year old man with a history of occupational exposure in building and demolition industry presents with shortness of breath. On examination clubbing and signs of peripheral effusion. A 19 year old woman with a past history of cardiac surgery in infancy presents with symptoms of decreasing exercise tolerance. On examination there is cyanosis and clubbing. A 35 year old woman with history of recurrent lower abdominal pain, bloody diarrhoea and passing mucus PR. On examination there is lower abdominal tenderness and clubbing. A 50 year old woman who is a heavy smoker presents with shortness of breath and weight loss. On examination she is clubbed. The chest x-ray shows a perihilar shadow. 13. Treatment of cause of cough A. ORAL PENICILLIN V G. DIURETIC B. SALBUTAMOL INHALER H. NEBULISED SALBUTAMOL C. STEROID INHALER I. SIMPLE LINCTUS D. IV CEFUROXIME J. FLUIDS, BED REST E. OPIATE K. 3 MONTHS COMBINATION ANTIBIOTICS F. ORAL AMOXICILLIN WITH ERYTHROMYCIN OR CLARITHROMYCIN For each scenario below, choose the single most appropriate treatment from the above list of options. Each option may be used

once, more than once or not at all. A 23 year old woman presents with a cough and shortness of breath for 24 hours. On examination she is distressed, she has a heart rate of 110/min and a respiratory rate of 25/min. She has a widespread bilateral expiratory wheeze. A 30 year old teacher presents to her GP with a cough and shortness of breath, worsening over 48 hours. On examination she has a temperature of 39oC. There is little to find on chest examination, but the chest x-ray shows bilateral shadowing. She has a normal white cell count and abnormal liver function tests. A 40 year old male smoker has had a cough productive of green sputum for 2 weeks and has been pyrexial and short of breath for 24 hours. On examination his temperature is 39.3oC, respiratory rate 35/min, pulse 120/min. There is dullness to percussion and reduced breath sounds at the left base. An 80 year old man presents with a nocturnal cough and white sputum for 2 weeks. There are bilateral basal crepitations on chest examination. The chest x-ray shows an enlarged heart and a small right pleural effusion. A 60 year old man has been diagnosed as having bronchial carcinoma with secondaries. He is troubled by a chronic cough.

14. Diagnosis of patients with abnormal electrolytes A. SYNDROME OF INAPPROPRIATE ADH F. SARCOIDOSIS B. DIABETES INSIPIDUS G. AMYLOIDOSIS C. DIABEES MELLITUS H. ADDISON’S DISEASE D. PSYCHOGENIC POLYDIPSIA I. VITAMIN D DEFICIENCY E. PRIMARY HYPERPARATHYROIDISM For each scenario below, choose the single most likely diagnosis from the above list of options. Each option may be used once, more than once or not at all.

 A 25 year old man complains of thirst and polyuria. Investigations: Na 151 mmol/l, K 4.0 mmol/l, Urea 7.1mmol/l, Creatinine 115umol/l, urine specific gravity 1.005 (normal 1.001 – 1.035), Glucose 4.3 mmol/l (3.0-6.1), Calcium 2.4 mmol/l (2.2-2.6), Phosphate 0.9mmol/l (0.8-1.6). A 25 year old man complains of thirst and polyuria. Investigations: Na 129 mmol/l, K 3.7 mmol/l, Urea 4.2 mmol/l, Creatinine 90umol/l, urine specific gravity 1.002, Glucose 4.6 mmol/l, Calcium 2.38 mmol/l, Phosphate 1.0mmol/l. A 40 year old woman complains of thirst and polyuria. Investigations: Na 145 mmol/l, K 4.0 mmol/l, Urea 6.2 mmol/l, Creatinine 100umol/l, urine specific gravity 1.030, Glucose 4.5 mmol/l, Calcium 2.91 mmol/l, Phosphate 0.4mmol/l. A 60 year old man is admitted with confusion following an epileptic fit. Na 121 mmol/l, K 3.2 mmol/l, Urea 4.2 mmol/l, Creatinine 78umol/l, urine specific gravity 1.030, Glucose 4.5 mmol/l, Calcium 2.4 mmol/l, Phosphate 1.1mmol/l. A 60 year old man is admitted with confusion following an epileptic fit. Na 135 mmol/l, K 3.5 mmol/l, Urea 6.5 mmol/l, Creatinine 98 umol/l, urine specific gravity 1.010, Glucose 4.5 mmol/l, Calcium 1.9 mmol/l, Phosphate 0.4mmol/l, parathyroid hormone 85pg/nl (normal 10-50).

15. Choice of airway A. ORAL AIRWAY + OXYGEN B. LARYNGEAL MASK ARIWAY (LMA) C. ENDOTRACHEAL TUBE D. NONE E. O2 FACEMASK For each scenario below, choose the single most appropriate method to maintain patient oxygenation. Each option may be used once, more than once or not at all.

A 55 year old known epileptic arrives in A&E having suffered a fit whilst shopping. She is “post-ictal” on arrival in A&E and breathing in an obstructed manner with o2 saturation of 92% (on air). A 19 year old motorcyclist suffers a head injury after colliding with a lorry. On examination he is found to have a GCS of 4 and requires an urgent CT scan. A 61 year old fit 70Kg man requires and elective knee arthroscopy under general anaesthesia. He gives no past medical history and does not suffer from reflux. A 60year old woman on the ward has an O2 saturation of 91%on air. She underwent a laparotomy for small bowel obstruction the previous day. All her other observations are within normal limits. A 40 year old patient is due to undergo surgery on her short saphenous veins in the prone position under general anaesthesia.

16. Diagnoses of causes of postoperative hypotension A. MYOCARDIAL INFARCTION B. SEPSIS C. HYPOVOLAEMIA D. CARDIAC DYSRHYTHMIA E. PULMONARY OEDEMA For each scenario below, choose the single most likely diagnosis from the above list of options. Each option may be used once, more than once or not at all.

A 70 year old man who has had a gastrectomy for a GI bleed complains of shortness of breath, has a heart rate of 120/min and is hypotensive. He has received

About the Author

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