THE COLLEGE OF FAMILY PHYSICIANS OF CANADA

LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Examination of Added Competence in Emergency Medicine

September 2021

ORAL EXAM #1

Introduction to Oral #1

You will be dealing with a single patient who arrives in the Emergency Department. You will receive a stem with some basic triage information.

There is a **12-minute total time limit** to complete this case. Your history, physical exam and investigations should focus on the items that you feel are most pertinent to the care of this patient. The examiner will also direct you along the case in order to best utilize your time.

The examiner will show you the stem for the patient and ask you to read it out loud. **The 12-minute timer begins immediately after you read the stem.** Any writing on the electronic notepad or time you require after that will be during the 12-minute limit.

Please note, you are not permitted use of a pen or paper during the exam, only the electronic notepad available within the examination platform (Practique) may be used for note taking.

You are working in the Emergency Department of a community hospital when the following patient arrives.

An 80 year-old man who has arrived by ambulance. He is complaining of abdominal pain and vomiting.

Temperature:	37.0º C oral
Pulse:	120/minute and irregular
Respiration:	22/minute
Blood Pressure:	105/65 mm Hg
O_2 sat:	95% on room air
Weight:	70 kg (154 lbs)

Prescribed Medication:
Enalapril and metformin

Allergies:
None

You are working in the emergency department of a community hospital when the following patient arrives.

	Oral #1 An 80 year-old man who has arrived by ambulance. He is complaining of abdominal pain and vomiting. **Temp:** 37.0° C oral (37.5 rectal) **Pulse:** 120/minute and irregular **Resp:** 22/minute **BP:** 105/65 mm Hg **O_2 sat:** 95% on room air		
	Weight: 70 kg (154 lbs) **Prescribed medication:** Enalapril and metformin **Allergies:** None		

Time 1 (12:00)	**The nurse indicates that the patient is complaining of abdominal pain and vomiting since last night.**		**The patient is accompanied by his wife. She called the ambulance this morning.** **•Last meal 12 hrs ago**
	•**Ate 3-day old coleslaw & potato salad** (10 pm, it's now 10 am; wife was out). **11 pm, diffuse abdo pain** (moderate, squeezing, over 5 mins) •Pain 10/10[1] now •**Vomited semi-digested food contents six times since midnight** •**6 am also diarrhea, about four bm's of liquid light-brown stool** •No fever[1]; no Abx[1]; **no travel or sick contacts**; **no recent illnesses**; no toxic exposures or ingestions •No syncope[1]; no chest pain[1]; no dyspnea or palpitations; no choking •**Pt now vomits about 100 mL of bright red blood** (**before 2º survey**) •**No GU Sx or flank pain** •**No Hx trauma** •No previous episodes •No other constitutional Sx •No ASA/NSAID's[1]; no steroids or anticoags; no other confounders (iron, bismuth, beets) ON EXAMINATION: **Pt retching, holding abdomen in pain, lying on stretcher.** VS unchanged. Oriented (x 3), GCS 15[1].	PAST HX: •**HTN and diabetes, stable for last few years. No recent admissions; saw his family MD 3 months ago, all ok** •No Hx ACS or arrhythmia •No Hx cholelith[1]; no Hx pancreatitis, nephrolith; no Hx abdo surgery[1] •**No relevant family Hx** •Retired businessman, lives with wife (kids are grown) •No Hx GI bleeds or bleeding disorders; no Hx liver disease or varices[1] MEDICATION: **Enalapril and metformin** (Pt and wife don't know doses; AM and tid regimen) ALLERGIES: None SUBSTANCES: Non-smoker; etoh use[1], half bottle of wine with dinner, x yrs; no other recreational drugs •ECG: atrial fibrillation at 120, no other changes •Bedside glucose is 12 mmol/L	

	•**Skin cool, pale, diaphoretic** (conj pale[1] if asked; caucasian); no stigmata (spider ang/caput, palmar eryth, jaundice or gynecomast[1]), no rash/ bruise (**what look for**) •**Airway is patent**; saliva pool diminished •JVP[1] at SA; no bruits; **trachea midline, no stridor**; thyroid N •**Resp N; cardiac otherwise N** (**what look for**) •Abdo not distended; **very mild diffuse discomfort**, not peritoneal[1] anywhere; BS decreased; no masses or bruits; no organomeg or ascites •Rectal[1] light-brown liquid stool; if asked, OB +ve; no mass	•**Perineum, back and CVA, neuro exams N** •**No peripheral edema**; pulses diminished but palpable and symmetrical; cap refill 3 sec[1]; **no signs trauma** •Normal weight (5 ft 7 in, 154 lbs; 1.70 m, 70 kg; BMI 24)	
		What is your DDx at this time? (considers) ☐ Peptic ulcer[1] ☐ Gastroesophageal varices[1] ☐ Ischemic bowel[1]	
	How would you manage this patient now? ☐ IV bolus 1 L crystalloid ☐ Order IV pantoprazole[1]; order octreotide[1]; order ceftriaxone (to cover GI bleed in cirrhosis or[1] variceal bleed) ☐ NG[1] drains scant amount of gastric secretions		
Time 2 (2:30)	**(cutoff for hx, px, ddx) Pt now has two large bloody bm's, 500 mL each, dark red. A portable CXR is done and is non-contributory. Bedside ultrasound shows no free fluid or effusions but is otherwise indeterminate because of +++ gas shadowing. All other investigations requested are pending. What would be your final management plan and disposition for this patient now?** ☐ Repeat vital signs same even after repeat IV bolus 1 L crystalloid; no longer retching but abdo pain remains unchanged; foley catheter drains 10 mL of concentrated urine ☐ Discuss level of intervention/consent[1] with Pt or wife; transfuse 2 units at least/consider MTP[1]; order serial Hg's q2-4h[1] ☐ Request UGI endoscopy[1]; consult ICU[1] ☐ Consider etoh withdrawal[1]		

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Hx: 10/10[1], no fever[1], no Abx[1], no syncope[1], no cp[1], no ASA/NSAID's[1], no Hx cholelith[1], no Hx abdo surg[1], no Hx liver dis/varices[1], etoh use[1]

0 1 2 3 4 5 6 7 8 9 10

Px/DDx: GCS 15[1], conj pale[1], no stigmata[1], JVP[1], not peritoneal[1], rectal[1], cap refill[1];
DDx- PUD[1], varices[1], ischemic bowel[1]

0 1 2 3 4 5 6 7 8 9 10

Mx: IV pantoprazole[1], octreotide[1], ceftriaxone for[1], NG[1]; discuss LOI/consent[1], transfuse 2 units/MTP[1], Hg's q2-4h[1], UGI endoscopy[1], consult ICU[1], consider etoh withdrawal[1]

0 1 2 3 4 5 6 7 8 9 10

Overall Process of Care:

0 1 2 3 4 5 6 7 8 9 10