**2018 Sem 1 WH CAH Recall (Partial recall)**

**MCQ**

1. 3yo Indigenous. Presented with 38.6deg. ASD murmur. What do you do?
   * Transfer to hospital
   * Do a blood culture and IV antibiotics
   * Outpatient ECG and echo
   * Do a culture, antistreptolysin for group A streptococcus
2. Gastroenteritis. Child vomited up the NGT. What’s the next step?
   * IV bolus saline
   * IV maintenance
   * NGT slower hydration
   * Trial of oral fluids
3. Normal vaginal birth. What is the next step?
   * IM Oxytocin
   * IV infusion
   * Ergometrine

**EMQ**

1. Vaginal discharge
2. Fever in children
3. SOB in children

**SAQ**

**Women’s Health**

1. JK is a 26yo G1P0 female who presents with 10 weeks of amenorrhoea. Previous UPT was positive. She has 33 days cycle, which is regular.
   * Nil PMx.
   * Nil Fx of congenital disease, perinatal health
   * No smoking, no alcohol
   * Well supported, works office job, financially sound
   * Pap smear 9/12 ago, negative
   * On Vitamin D+ pregnancy multivitamin
   * O/E: normal BP 90/50, BMI 19.5
   * Results
     + Urinalysis: normal
     + B Rh-, no antibodies
     + Hb, platelets normal
     + Rubella, not immune
     + HBV/HCV/HIV immune
2. List 3 issues you have found based on the information & how this affects pregnancy care (6 marks)

She comes at 36 weeks for an antenatal visit. Her SFH is 42 cm. Her BP is 100/60, urinalysis negative. Her FHR is 132 bpm. She had mile pedal oedema bilaterally. The station was 4/5.

1. Interpret the examination findings and explain the cause of any abnormal findings (3 marks)

She has as an emergency CS. Is in post op ward. 3 days later, has acute onset SOB in the shower. Afebrile. Tachycardiac. SaO2 95% room air.

1. Name 4 causes of her SOB with 1 additional feature on history and 1 on exam to support your diagnosis (8 marks)
2. Name 3 of the most important investigations you would do and why (3 marks)
3. Cindy is a 27 year old woman with RIF pain for 12 hours. UPT negative. 2 differentials are appendicitis & ovarian torsion.
4. List 3 common features on history for both these diagnosis & 3 different features on history for this diagnosis (6 marks)
5. Name 4 examination findings and why they’re important (6 marks)

She goes on to have a diagnostic laparoscopy….? (partial recall)

1. What is the effect of appendicitis & ovarian torsion on infertility? (2 marks)
2. Name 4 risks of emergency laparoscopy (2 marks)
3. Please explain the following terms in plain English & why they’re relevant to her infertility (4 marks)
   * Mid luteal progesterone
   * Prolactin
   * Hysteroscopy
   * Lap & Dye
4. Anabelle is a 27 year old woman who is sexually active. She has been so since 17yo. She has had the Gardasil vaccine. She has been on implanon for contraception for 18 months. She had a Pap smear negative 2 years ago. She’s getting her CST now that it has been 2 years.
5. What would the National Cervical Cancer Screening Pogram recommend and why for the following results (4 marks)

* HPV16 + LBC LGSIL
* HPV18 + LBC HGSIL

1. Up to what age and how often do we screen Chlamydia? (2 marks)
2. The GP wants to ask questions about her risk for STI. Say whether these questions are relevant and why or why not. (6 marks)
   1. Do you use condoms?
   2. When was LMNP?
   3. Have you ever been pregnant?
   4. Do you drink alcohol?
   5. Have you had more than 1 sexual partner in the last month?
   6. Do you get post coital bleeding?

CST comes back as negative. However Chlamydia PCR came back as positive.

1. Outline your initial and long-term management plan (8 marks)

**CAH**

1. Dylan is a 4 year old boy who had his first generalized tonic clonic seizure this morning. He had a runny nose. His temperature was 38.6. He went stiff and seized for 2 minutes. Went to ED – sleepy on ambulance but happy to go home now that he is in ED, so he recovered in 45 minutes.
2. Name your diagnosis (1 mark)
3. What 4 features on history support your diagnosis (2 marks)

He is 39.2 deg C. irritable. No focal features just runny nose. No rash. No neck stiffness.

1. What is the likely cause of his fever (2 marks)
2. Parents are worried about high fever. Advise (5 marks)
3. Parents are worried about epilepsy & future development. Advise (3 marks)
4. List common side effects for immunisations (3 marks)
5. Why would you want vaccine in Australia? Advise (3 marks)
6. Should Dylan be immunized today? (1 mark)
7. Jack is a 4yo boy who just had prawns. Minutes her later he develops an urticarial rash, angioedema of lips and peri-orbital oedema, pale, persistent coughing, hoarse cry. NOT hypotensive. Tachycardic and tachypnoeic. Afebrile. Sent to ED. O/E bilateral expiratory wheeze. Pale. CRT 4s.
8. What is your diagnosis? (1 mark)
9. List 6 clinical signs from history to support this diagnosis (3 marks)
10. He’s in resuscitation. Nurse has put him on high flow o2. What is your next management step (2 marks)
11. 6 hour later he’s ready for discharge. Management for parents? (7 marks)
12. Here’s a picture. Diagnosis (1 marks)
13. Manage his diagnosis (6 marks)
14. Jack is a 7 week old boy who keeps crying. It is effortless milky vomiting. Progressively worse since 3 weeks. Has been crying 3-4 hours every evening. Lot more detail into the crying. Formula fed top up in evening but otherwise demand feed every 2 hours.
15. Interpret these 3 growth charts. (3 marks)
16. List 3 differential diagnoses. (3 marks)
17. For each differential diagnosis, give 1 feature from history, 1 feature on additional history and 1 investigation or management plan (9 marks)
18. Advise on SIDS specifically commenting on apnoea monitors (5 marks)