

Clinical challenge

Questions for this month's clinical challenge are based on theme articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 4 CPD points per issue. Answers to this clinical challenge will be published next month.

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SINGLE COMPLETION ITEMS

DIRECTIONS

Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Case 1 – Cindy Beach

Cindy, four years of age, has a viral URTI, the fifth in the past four months. Her mother, Sandy, tells you she can't wait to get up to Cairns for their December holiday so the kids can get out in the sun and swim in the sea and get healthy. You briefly discuss the slip/slop/slap message, drowning prevention and warn Sandy of some of the potential marine hazards.

Question 1

Her enthusiasm for her holiday waning, Sandy asks about the effects of box jellyfish envenomation. You tell her:

- A. severe localised pain occurs from discharge of venom from nematocysts
- B. pain resolves as soon as the tentacles are removed
- C. even a small area of tentacle contact is likely to be fatal
- D. death is caused by paralysis of respiratory muscles
- E. all of the above.

Question 2

Sandy and her family can reduce the risk of box jellyfish envenomation on their holiday by:

- A. rubbing vinegar onto their skin before swimming

- B. swimming at beaches with jellyfish 'nets'
- C. swimming at beaches that don't have jellyfish warning signs
- D. postponing their holiday until March
- E. all of the above.

Question 3

Initial treatment of box jellyfish envenomation in an unconscious victim includes:

- A. pressure immobilisation of the poisoned body part
- B. removing tentacles manually as soon as the victim is out of the water
- C. dousing the victim with vinegar for at least 30 seconds before commencing CPR
- D. remove victim from water, commence CPR, douse attached tentacles with vinegar
- E. administer box jellyfish antivenom intramuscularly.

Question 4

Becoming increasingly anxious, Sandy asks if there are other creatures she should know about. You mention the Irukandji, which is small enough to get through jellyfish nets. Irukandji envenomation may cause all except:

- A. chest pain
- B. back pain
- C. sweating, nausea, headache
- D. hypertension
- E. severe local pain.

Case 2 – Dr Greg Goodluck

With the help of his GP and a skilled psychotherapist, Greg is recovering from post-traumatic stress disorder. As a transition to return to work, he decides to take a locum job in a sleepy, northern Australian coastal town.

Question 1

Before work, Greg is sitting near the tidal rock pools at the local beach practising mindfulness meditation. A child who has been fossicking in the rock pools begins vomiting and appears to be having breathing difficulties. Greg suspects blue-ringed octopus envenomation. Other possible clinical features include all except:

- A. severe local pain
- B. numbness of the face or neck
- C. flaccid paralysis
- D. apnoea
- E. nausea.

Question 2

Fortunately, Greg has just finished reading his December 2003 AFP and knows that correct management includes:

- A. administering antivenom
- B. supported breathing with expired air ventilation if the patient is apnoeic
- C. pressure immobilisation bandage to the affected limb
- D. all of the above
- E. B and C.

Question 3

The reception staff are so impressed with Greg's skills they allocate him the emer-

gency patient who presents to the surgery with a stonefish sting. The patient has severe hand and arm pain and swelling. Greg should:

- A. bathe the stung area in cold water
- B. consider tetanus prophylaxis
- C. give the patient paracetamol and tell him the pain will settle in 30 minutes
- D. apply a pressure dressing
- E. bathe the affected area in vinegar.

Question 4

The patient has three spine punctures on his hand. Stonefish antivenom is:

- A. not indicated unless the patient develops systemic symptoms
- B. required and the patient should have one ampoule
- C. required and the patient should have two ampoules
- D. required and the patient should have three ampoules
- E. not available.

Case 3 – Tommy Titcher

Dr Greg walks home along the (unpatrolled) beach, trying to relax and correct his automatic negative thought: 'Bad things always happen around me'. He sees Ted Titcher dragging his three year old son, Tommy, from the water.

Question 1

Tommy looks lifeless and Ted holds him in his arms, distraught. Greg's first action should be:

- A. check airway, breathing and circulation and commence CPR
- B. run back to the surgery for help
- C. comfort Ted
- D. turn Tommy on his side and cover him to warm him up
- E. phone for an ambulance on his mobile.

Question 2

Greg commences CPR and gets Ted to phone for an ambulance before helping with the CPR. If Tommy does not respond, CPR should be discontinued after:

- A. 5–10 minutes

- B. 10–15 minutes
- C. 15–20 minutes
- D. 20–30 minutes
- E. over 30 minutes.

Question 3

After only five minutes of CPR, Tommy coughs, splutters and begins breathing spontaneously. He is fully conscious by the time the ambulance arrives. Greg decides that, because Tommy is now conscious and alert:

- A. no further treatment is needed and Tommy can go home
- B. Ted can take Tommy to the surgery for a check up
- C. Tommy needs to go to hospital by ambulance breathing 100% O₂
- D. Tommy doesn't need O₂ but should go to hospital
- E. Tommy should be given O₂ and salbutamol before going home.

Question 4

If Tommy had not required CPR, which features would indicate the need for hospital assessment:

- A. cough
- B. retrosternal discomfort
- C. wheezes and crackles in the chest
- D. reduced oxygen saturation on oximetry
- E. all of the above.

Case 4 – Shane Ball

Shane Ball, aged 22 years, attends for travel vaccination advice. He is planning a trip to Africa where he will join an under 30s bus tour.

Question 1

You arrange the appropriate pretravel vaccinations including hepatitis A and B. In your discussion of hepatitis vaccination you discuss travel sexual health. The key issues are:

- A. prevalence of sexual infections in Africa
- B. condom use
- C. postexposure prophylaxis for HIV

- D. all of the above
- E. A and B.

Question 2

Factors associated with casual sex abroad include:

- A. female gender
- B. travelling with usual sexual partner
- C. use of excess alcohol or drugs
- D. monogamous relationship at home
- E. all of the above.

Question 3

Shane believes he would not be at risk of HIV because he does not have sex with men. You tell him that:

- A. he is correct
- B. in Africa HIV spread is predominantly heterosexual
- C. the risk of heterosexual spread in Africa is similar to Australia
- D. the risk of heterosexual spread in Africa is less than in Australia
- E. IV drug use poses less of a threat in Africa than in Australia.

Question 4

Shane, surprised, asks about other differences with STIs contracted overseas. Choose the correct statement.

- A. the seroprevalence of genital herpes may be up to 70% in parts of Africa
- B. contracting syphilis confers some protection against HIV
- C. penicillin resistant gonorrhoea is less common in Asia than Australia
- D. the seroprevalence of herpes is 10–30% in Africa
- E. none of the above.