

- (d) Induction of emesis with syrup of ipecacuhana
- (e) Gastric lavage with a large bore tube
- 4 A 60-year-old man presented to the ED having been found unconscious at home. He had a history of depression and was being treated with amitriptyline. On examination he had a GCS of 5, dilated pupils, respiratory rate 12, pulse rate 80 bpm and BP 120/80 mmHg. An ECG showed a sinus tachycardia with a prolonged QT interval. Shortly after arrival he had a grand mal convulsion and was treated with diazepam. He subsequently had a series of prolonged grand mal convulsions resistant to diazepam. Which of the following complications of poisoning is he most likely to develop?
- (a) Hepatic failure  
(b) Hyperthermia  
(c) Hypothermia  
(d) Pressure sores  
(e) Renal failure
- 5 A 25-year-old man presented to the ED having ingested 50 x 500 mg paracetamol tablets 10 hours previously. He was on no regular medication but had consumed one litre of vodka in the past 12 hours. He weighed 80 kg. Which of the following is the most appropriate immediate course of action?
- (a) Activated charcoal  
(b) Acetylcysteine therapy  
(c) Acid-base measurement on arterial blood gas to determine need for antidote  
(d) Gastric lavage  
(e) Take blood for paracetamol level to determine need for antidote
- 6 A 30-year-old woman was admitted to the medical admissions unit having taken an unknown quantity of aspirin tablets three hours previously. She was conscious and alert with a pulse of 120 bpm, BP 128/70 mmHg, respiratory rate 30/min and oxygen saturations of 98% on air. Blood salicylate concentration checked on admission was 500 mg/l. Which of the following is the most appropriate immediate course of action?
- (a) Activated charcoal  
(b) Intravenous saline (1 litre)  
(c) No active treatment  
(d) Perform blood gases  
(e) Repeat blood sample for salicylate
- 7 A 54-year-old man presented to the ED two hours after a deliberate overdose of lisinopril, atenolol and bendroflumethiazide. Which of the following toxic features is most likely to be due to lisinopril?
- (a) Acute renal failure  
(b) Bradycardia  
(c) Cough  
(d) Peripheral oedema  
(e) Systemic hypotension
- 8 A 35-year-old man presented to the ED after ingesting 30 tablets of amitriptyline. His pupils were dilated, pulse 120 bpm and BP 102/68 mmHg. A 12-lead ECG was performed. Which ECG feature is the best predictor of complications in this situation?
- (a) Brugada pattern  
(b) PR interval prolongation  
(c) QRS duration prolongation  
(d) QTc interval prolongation  
(e) Right axis deviation
- 9 A 24-year-old man presented with palpitations and anxiety after nasal inhalation ('snorting') of cocaine powder. On examination his temperature was 37.6°C, heart rate 138 bpm, BP 210/112 mmHg. An ECG showed sinus tachycardia and no other specific abnormalities. Which of the following is the most appropriate initial pharmacological therapy?
- (a) Dantrolene  
(b) Diazepam  
(c) Haloperidol  
(d) Metoprolol  
(e) Verapamil
- 10 A 38-year-old man was brought to hospital having been found unconscious in the street. He had been administered naloxone by ambulance paramedics, with improvement in his level of consciousness. On initial examination his GCS was 12/15, temperature 34.8°C, heart rate 98 bpm and BP 112/66 mmHg. There were old injection marks over the arms, feet and groin. An ECG showed sinus rhythm with a QTc interval of 540 ms and no other abnormalities. Over the course of the day his conscious level deteriorated and he was still requiring repeated doses of naloxone to maintain an adequate airway and ventilation 18 hours after initial presentation. Which of the following drugs is most likely to be responsible?
- (a) Dihydrocodeine  
(b) Gamma hydroxybutyrate  
(c) Heroin  
(d) Methadone  
(e) Oxycodone

### CME Haematology SAQs

Answers to the CME SAQs published in *Clinical Medicine* December 2007

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
(c)	(d)	(d)	(a)	(d)	(b)	(d)	(b)	(c)	(c)