Emergency medicine mini-OSCE 1:

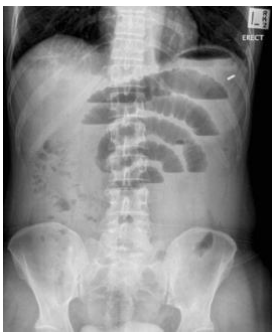
Q1.A) A patient presents with periumbilical abdominal pain that migrated to the right lower quadrant, accompanied by a low-grade fever (38.1°C) and vomiting (typical presentation of acute appendicitis). Which of the following is the most specific ultrasound finding?

A. A non-compressible tubular structure in the right iliac fossa with a diameter of 7 mm

B. Free fluid in the pelvis only

C. A hyperechoic mass within the lumen of the appendix only

Q1.B) a 50 year-old patient came to the ER with sever abdominal pain and vomiting, his x-ray is shown below, he has a history of prior cholecystectomy, what is the most likely diagnosis?



A- post surgical adhesions

B- Intussusception

C- Mesenteric ischemia

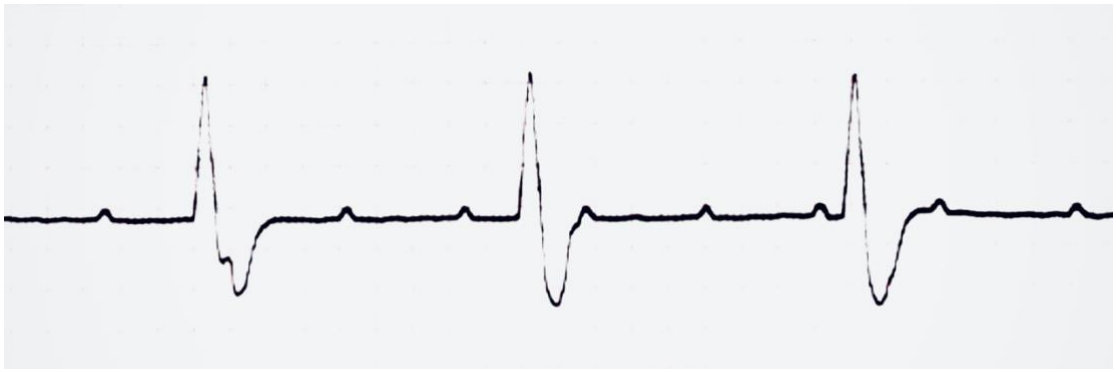
D- Gastric outlet obstruction ?

Q2)

A- what is the type of this rhythm?

B- is it shockable or non-shockable?

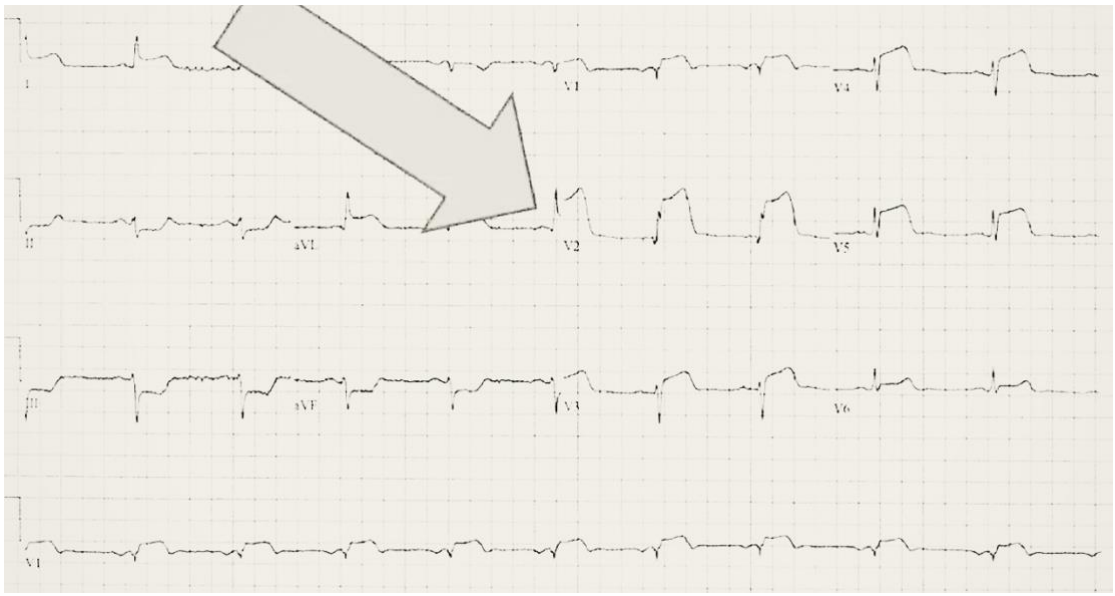
Q3) a patient with BP of 80/40 and this is his ECG



A- What is the type of this rhythm?

B- What drug do we give in this case?

Q4) A 65 year old patient came to the ER with severe chest pain, this is his ECG



A- describe 2 findings in this ECG (not sure it was this exact ECG)

B- what is the diagnosis

Q5) Trauma case

A- Mention one test you use to assess disability

B- Mention one primary adjunct to primary survey

Suggested answers:

1-A) A

1-B) A

2-A) Asystole

2-B) Non- shockable

3-A) Third degree heart block

3-B) Atropine

4-A)

- ST elevation in leads V2-V6 (the pic in the exam showed obvious ST elevation in V6)
- Peaked T wave in V2-V6 / ST depression in lead III / poor R wave progression (not sure)

4-B) anterolateral STEMI

5-A) Glasgow coma scale

5-B) FAST / DPL / x-ray / ABGs and lactate / catheters / urinary output / ECG / vital signs / pulse oximetry and CO2 …. (Only one is required)