

CODE: 008 C11  
 Question: Cardiac Type: Elective/Urgent Author: Dr. L. Brownell

**Opening Scenario:**

58 year old man with sigmoid carcinoma for resection. Presented one day ago in E.R., with rectal bleeding and fainting.

**Major points of additional information to be provided to the candidate, e.g., hx, px, labs, x-ray, consults:**

B.P. 100/50. H.R. 100 Pale. P.M.Hx negative. R of S chest pain last week. Gr II/VI systolic murmur. Left sternal border. Hb 80. X-matched blood available. CXR (n), EKG voltage L.V.H.

**Major decision points (major decision points or options which must be recognized by the candidate)**

- 1) Differential diagnosis. Blood loss alone, aortic stenosis/I.H.D. exacerbated by blood loss.
  - 2) Investigation - consultation, echo, GXT/dipyridamole - thallium scan/angiogram.
  - 3) Treatment - cautious transfusion and reassessment.
- ?When is pt. ready for procedure (which procedure).

**Any followup information required to lead to the end of the question**

Tests show:

- 1) A.S. moderate
- 2) angio not done
- 3) with Hb 100, no further chest pain or syncope

How would you proceed?

Intra op decrease BP and ST segment elevation. How would you manage?

**Critical features to be included i.e. the *must* have to pass the question or to be considered *completely unacceptable***

Recognize possible concern of symptoms in addition to blood loss. Appropriate investigation and treatment prior to procedure. Ongoing assessment, re: urgency and effect of Tx.

Ref: RCEXAMAT FORM. June, 95

USED:

Last revision: 95/10

- 1) Sbt purple
- 2) Hemodynamic goals HR, cont, pulse, affected
- 3) Given Syg? Conds?
- 4) Check (M).