

CODE: **CI 17**

Question: Major Illness

Type:

Author:

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Opening Scenario:

54 yo male for laparotomy for perforated viscus. History alcoholic cirrhosis.

No EtOH for 3 yrs.

Path of question:

First: PARR Problems

Second: Significant intra-op bleeding and what to do about it

History - Anaesthetic: GA remote, no problems

Medical: Sclerotherapy 3 yrs ago, no bleeding since. Ex smoke, 30 pack years.

Medications: Spironolactone for abd distension

Other: N/A

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

Physical: HR-BP-RR: 120-105/70-24 Weight: 75kg Airway: edentulous, easy

Respiratory/CVS: Chest clear, hyperdynamic heart no S3,S4.

Other: Alert, oriented. Distended abd, telangectasia, no liver flap

Lab: Hgb/plt/O₂ sat: 120/125,000/94% on RA Na/K/Cl/Glu: 140/4.5/97/6.5

Other: Bili 30mmol/l (N 2-22), PT up 20%, Albumin 30gm/l (N35-50)

X-ray: CXR clear

Consults: GI presently stable

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

1) Adequate pre-op fluid load, watch U/O, Blood X-match

2) Long list: a) Portal hypertension with ++ bleeding, b) Hyperdynamic, c) Cardiomyopathy, d) Anemia, e) Hypoglycemia, f) Encephalopathy, g) Hepato-renal syndrome, h) Hypoxemia, I) Drug metabolism

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

Follow-up info: Does well with RSI, +++ intraabdominal bleeding, very slow arousal due to hypoglycemia in PARR

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

Major critical features: Recognizes CVS/renal/GI/CNS/Pulm interactions

Critical pre-op: Antibiotics

Monitors: CVP/artline/Foley

Induction: Varies RSI with high-n dose Thio, Succ OK

Intra-op: Tight BP control, monitor glucose, good u/o

Post-op: Watches for CNS and above changes

Fail if? No u/o or glucose monitoring. Forgets X-match

Ref: RCEXAMAT.FORM June, 95
USED: