

CODE: CI 2
Question: Chronic

Type: Consultant

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Opening Scenario:

34 yo female with acute intermittent porphyria for ECT

Path of question:

First: Porphyria

Second: ECT

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

History - Anaesthetic: GA 1977, psychosis following with positive porphyrin screen

Medical: Depression, diarrhea, postural fainting, recurrent abdominal pain (3-4 admissions/yr)

Medications: Prozac 20mg od

Other: Mother with AIP

Physical: HR-BP-RR: 80-100/65-20 Weight: 60kg Airway: Normal

Respiratory/CVS: NAD (except postural BP drops by 20mmHg systolic)

Other:

Lab: Hgb/plt/0₂ sat: 120/235,000/96% on RA NaK/Cl/Glu: Normal

Other: Porphyria screen negative

X-ray: n/a

Consults: Psychiatrists agree ECT necessary

Hematologist suggest 'safe' anesthetic, hematin and glucose if develops acute crisis

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

- I) Has to request consults above, confirms need to avoid barbiturates
- II) Requests pre-hydration, pre-Ox, induction drug of choice (?Propofol)

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

Seizes well with propofol or droperidol, won't stop seizing!!!! STATUS EPILEPTICUS
 Either high dose propofol or inhalational stop seizure well.

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

Major critical features: Contra-indications to barbiturate, caution with benzodiazapine

Critical pre-op: Consults, well hydrated, recognizes autonomic neuropathy

Monitors: Routine and EEG

Induction: Propofol or ?, muscle relaxant

Intr-op: Treatment of prolonged seizure

Post-op: Possible management of acute psychosis, abd pain, bulbar paresis

Unacceptable features

Use barbiturate; don't know or ask for help with management of porphyria.