# Psychiatry SAQ\_RDH Fellowship Program

**Q1 (14 marks)**

**A previously well, 33 year old male builder has been brought in with several months of worsening, intermittently bizarre behaviour. He was found dishevelled and unclean, burying everyday objects in the garden this morning by a neighbour. He is in the waiting room and is pacing up and down and talking to himself. He has allowed the triage nurse to check his observations. She states that he was not engaging and would not speak to her or make eye contact**

**P 110**

**BP 140/97**

**RR 18**

**T 37.4**

**Sats 97%**

**a. List five (5) non-psychiatric diagnoses that you will consider in this man**

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**After discussion with the family you learn he seems to have no insight into his unusual behaviours. There is a strong family history of schizophrenia.**

**b. List four (4) features specific to schizophrenia, other than those mentioned thus far, that you will seek in your mental state examination of this man**

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**He is attempting to leave the department and you believe he may need to be sectioned.**

**c. List the four (4) criteria he needs to meet to allow him to be legally sectioned (4 marks)**

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**Q2 (11 marks)**

**A 23 year old female with a history of severe anxiety has presented to ED with suicidal thoughts in the setting of a situational crisis. The mental health team are busy and have asked that you make a preliminary assessment of her suicide risk until they can assess the patient fully.**

**a. List six (6) factors that will help you to make an assessment of her psychiatric risk level and guide the need for admission to hospital (6 marks)**

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**2 hours later patient is tearful and states that she wishes to leave because she needs to collect her child from daycare in another 2 hrs. You do not feel that she meets the criteria to be detained involuntarily under the mental health act.**

**c. List five (5) steps that you could take in this situation to minimise risk to the patient**

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**Q3 (11 marks)**

**A 78 year old woman has been brought in by her family. She has been increasingly slow and withdrawn for the last 12 months with several emotional outbursts over the last 2 months. She is staying in bed for a lot of the day and no longer participates in her previous social activities. The family took her to the GP today who referred her to ED with possible delirium.**

**She has a history of hyperlipidaemia only and takes a statin but no other medications**

**Observations**

**P 52**

**BP 150/90**

**T 36.5**

**RR 14**

**Sats 96% RA**

**BSL 4.1**

**a. List five (5) non-psychiatric differential diagnoses in this woman (5 marks)**

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**She remains in the short stay area of ED for several hours while some investigations are performed**

**At 10pm the intern tells you that she has become very agitated and is trying to climb out of bed.**

**b. List four (4) features that in general suggest a delirium rather than a depression (4 marks)**

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**c. List the two (2) MOST appropriate pharmacological agents (with doses) that you could utilise as single agents for short term management of her agitation (2 marks)**

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**Q4 (11 marks)**

**A 34 year old man with a history of psychosis recently started on medication by the GP. He drinks harmful amounts of alcohol and is homeless. He has evidence of poor self care. He currently has painful spasms of his neck, eye deviation and grimacing. He is unable to give any history due to difficulty speaking but is indicating that he feels short of breath**

**P 120**

**BP 140/98**

**Sats 96 RA**

**Temp 37.1**

**RR 22**

**a. List three (3) medications that could be used for definitive management of his condition (3 marks)**

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**b. List three (3) differentials for his presentation (3 marks)**

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**After treatment he has an ECG, which is shown below**



**b. List five ( 5) potential causes for this ECG (5 marks)**

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**Q5 (15 marks)**

**A 15 year old girl presents after not eating for 10 days, she states that she is trying to starve herself to death because someone has sexually assaulted her. She is tearful and withdrawn and appears thin and dehydrated. Her father is a single parent and she has a younger sibling. Her father is en route to the hospital. She won’t disclose who assaulted her. The sexual assault team have been called**

**The blood tests and observations show the following**

**Hb 107 P 130**

**Plt 156 BP 90/60**

**WCC 12 Sats 97% RA**

**Cr 100 RR 22**

**Ur 8.9 T 36.1**

**CCa 2.23**

**PO4 0.34**

**Mg 0.4**

**K 2.1**

**a. List the immediate management of her nutritional status in ED (5 marks)**

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**b. List the ten other (10) issues that will need to be addressed in this child by the ED and sexual assault team (10 marks)**

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**Q6 (marks)**

**A 17 year old previously well male has been sent in by his GP after his parents found him walking around naked in the garden. He was seen behaving normally 2 days ago. They returned from a weekend away to find the house in disarray. He appears confused. They report that he has been more withdrawn lately but has no history of mental illness.**

**P 110**

**BP 135/90**

**Sat 99% RA**

**RR 20**

**T 37.5**

**The GP is concerned that he has psychosis and has referred him to the mental health team.**

**a. In the table below list the five (5) MOST LIKELY non psychiatric differentials with 2 examination findings that you will seek for each (15 marks)**

|  |  |
| --- | --- |
| Diagnosis | Examination Findings |
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**Q7 (14 marks)**

**A 25 year old male bodybuilder has been brought into ED after a methamphetamine binge by his girlfriend. He has become verbally aggressive and is threatening staff with violence. You have been unsuccessful at verbal de-escalation and he has refused to take any oral benzodiazepines. He is pacing in the corridor and refuses to sit down and talk. The decision has been make to phycially and then chemically restrain the patient.**

**a. List six (6) preparations you will make before physically and chemically restraining this patient (6 marks)**

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**b. List 5 measures that can be utilised to prevent patient harm during restraint (5 marks)**

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**You are also in the planning stages of designing a new department that will open in 2 years from now**.

**c. List three (3) features you will incorporate into the department that will ensure staff and patient safety from violent patients**

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**Q8 (12 marks)**

**A 130 kg 26 year old female presents to ED claiming to have taken 100 panadol tablets 3 hrs ago. She has a history of borderline personality disorder and has presented to ED 15 times in the last 6 months, she has been discharged each time. She has been seen by the mental health team who are happy for her to be discharged and followed up with her case worker in the community. Her panadol level is 0 at 2 hrs post ingestion.**

**She is demanding a script for oxycodone for her chronic back pain, which she tells you she takes on a PRN basis when the pain is bad. She is not taking any other medications. She has no physical abnormalities on examination and has had full investigation of her pain with a CT, MRI and bloods in the last month.**

**a. List the discharge advice you will provide to the patient (4 marks)**

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**b. List five (5) factors associated with frequent attending to ED (5 marks)**

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**You decide to write a patient protocol for the patient given her frequent attendances and disruptive behaviour.**

**c. Outline three (3) recommendations you will make in the patient protocol for this patient (3 marks)**

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**Q9 (9 marks)**

**A 31 year old man has presented to ED with SOB. He was started on clozapine for resistant chronic psychosis 4 weeks ago.**

**He doesn’t appear to have any features of acute psychosis currently**

**P 120**

**BP 90/70**

**Sats 99% RA**

**RR 24**

**Temp 38.8**

**He was due to see his GP for blood tests yesterday but missed his appointment because he was feeling unwell. ECG shown**



**a. List the 3 MOST likely diagnoses for this patient (3 marks)**

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**b. List the most important pharmacological agents the you will administer whilst waiting for investigation results (1 mark)**

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**c. List the five (5) MOST important investigations you will order with reasoning (5 marks)**

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