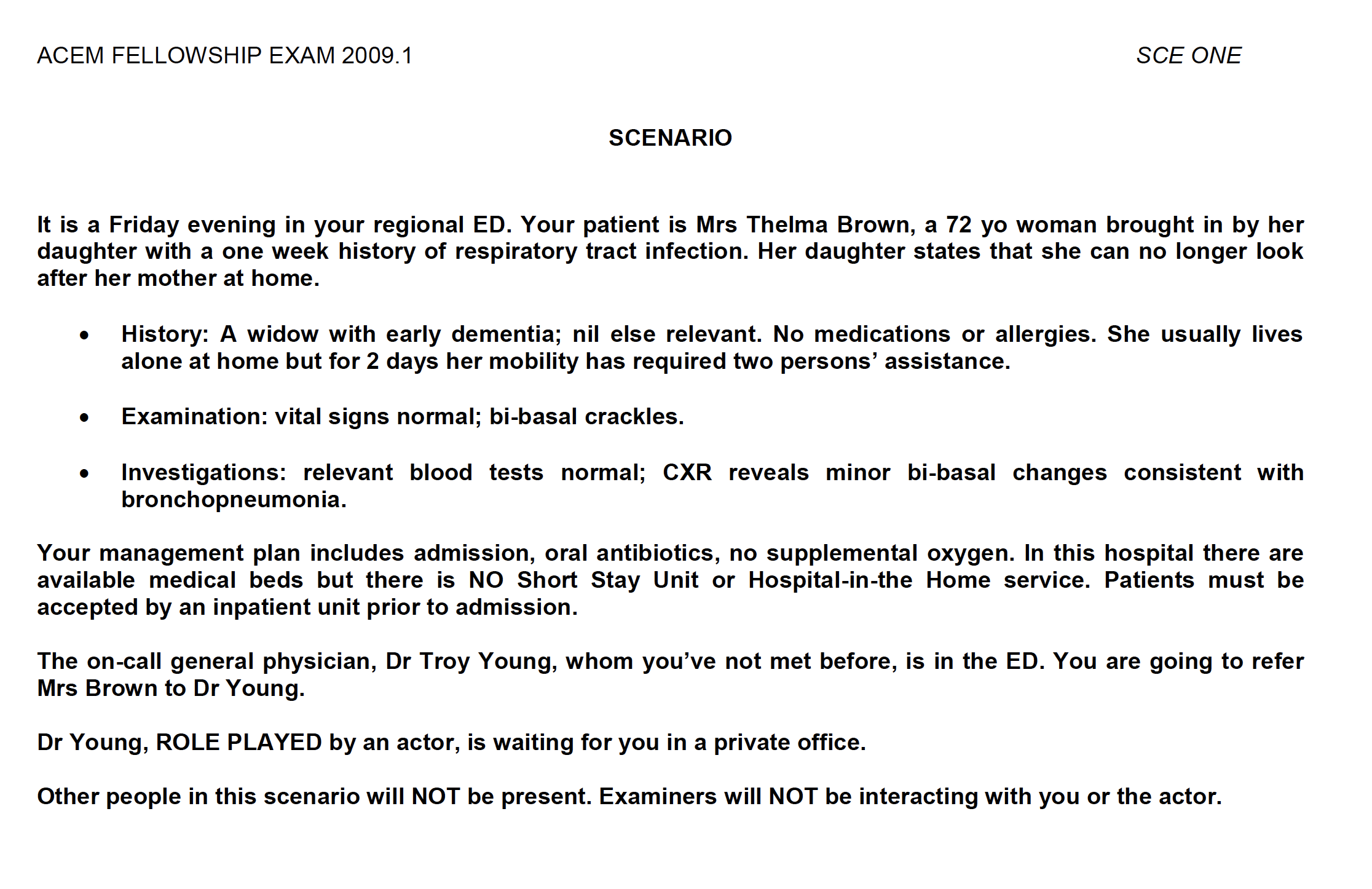
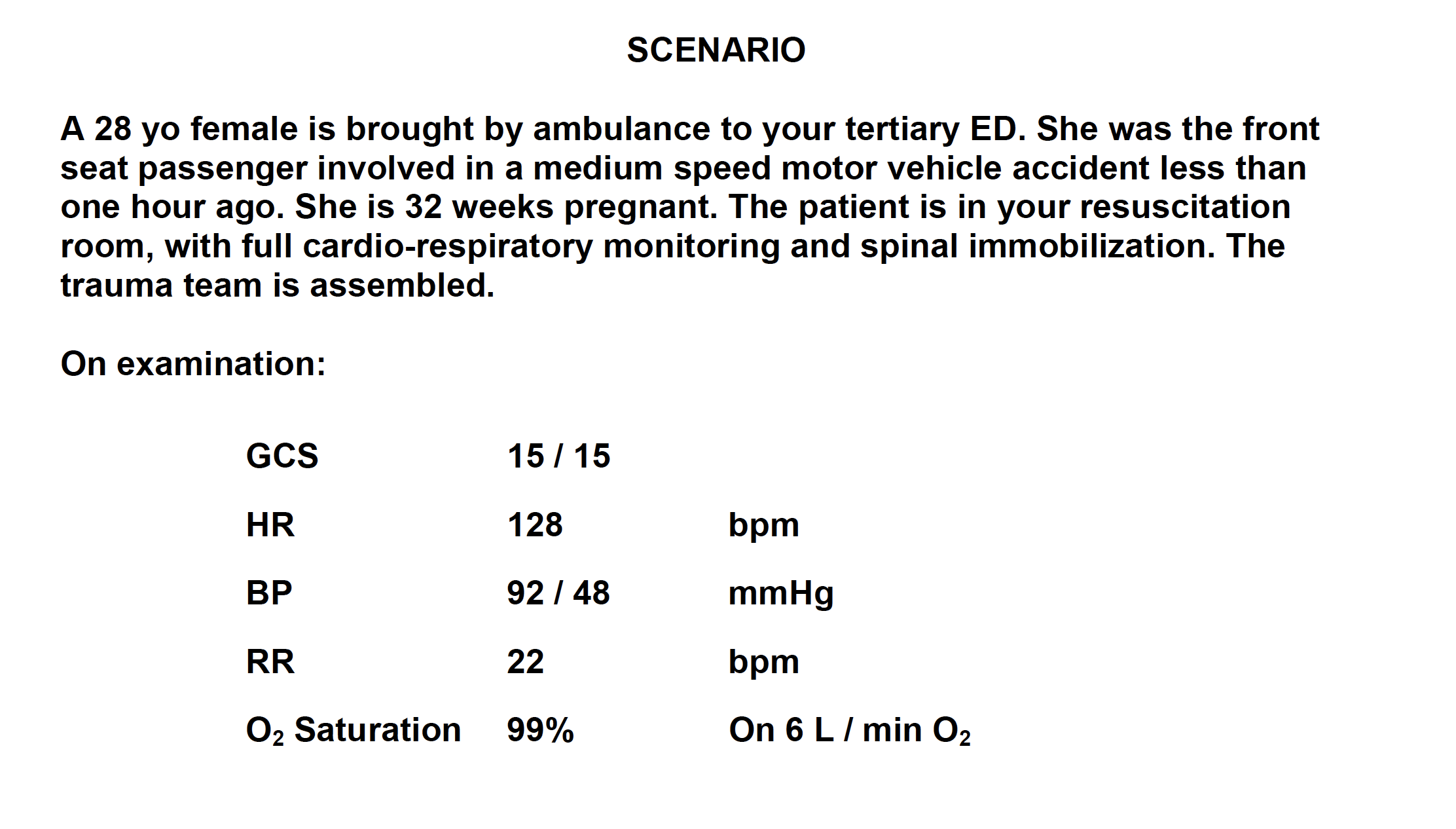
# 2009:1 SCE Rehash

**QUESTION 1 –** Communication station – per original SCE

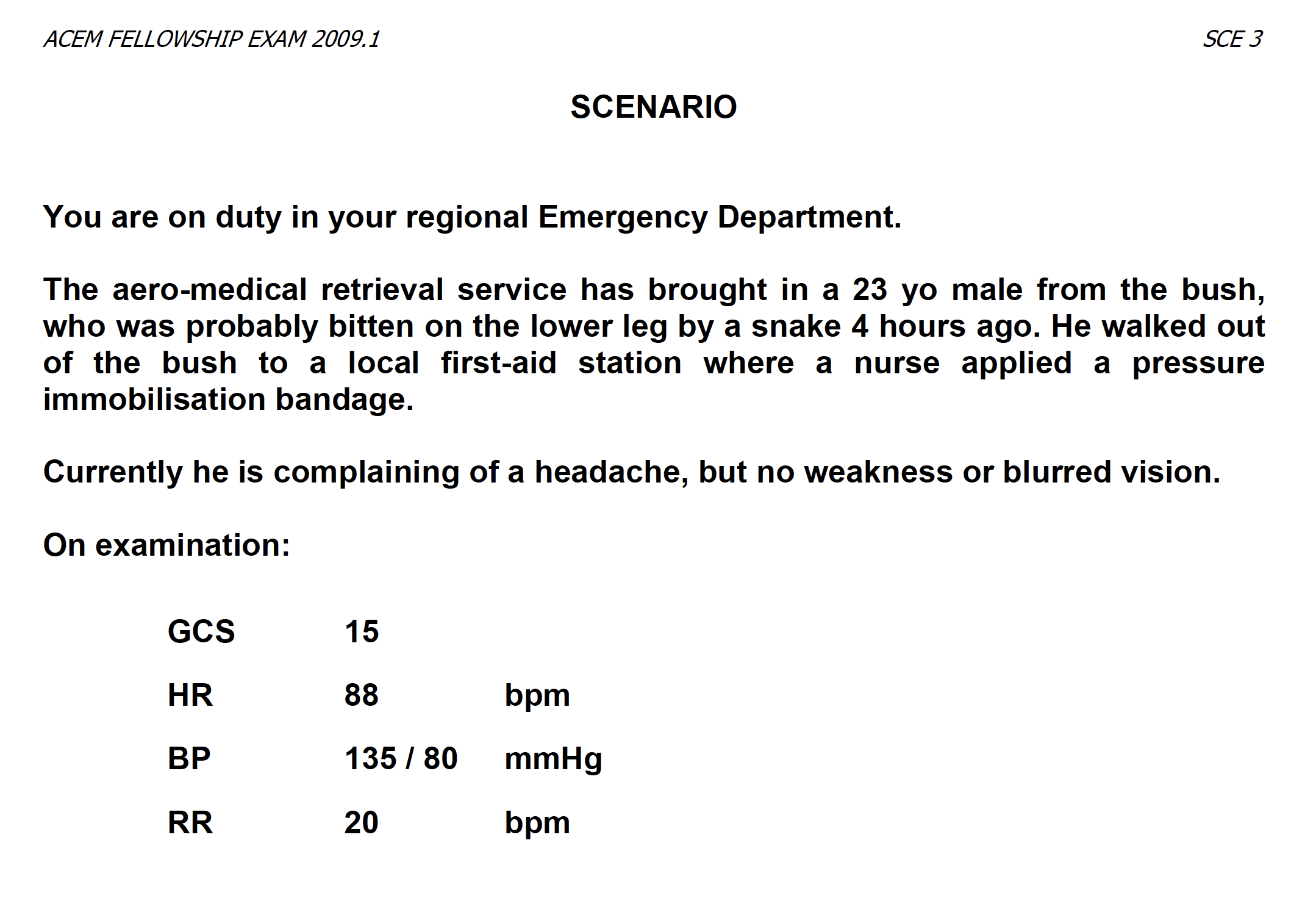


**QUESTION 2**

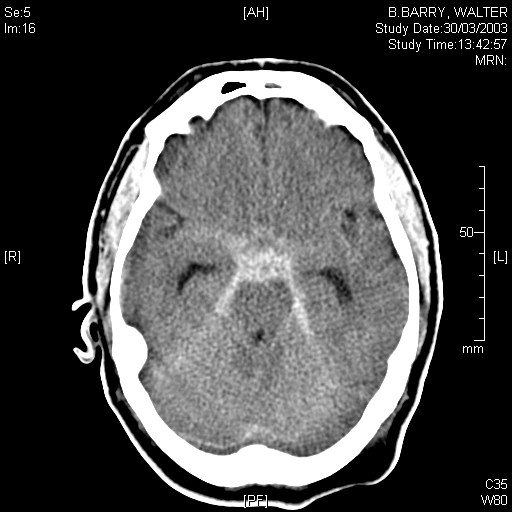
2009:1 SCE2

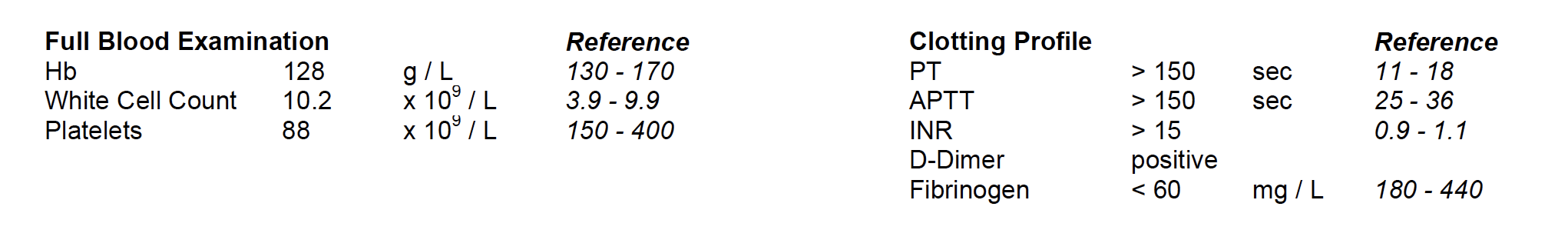


**QUESTION 3**



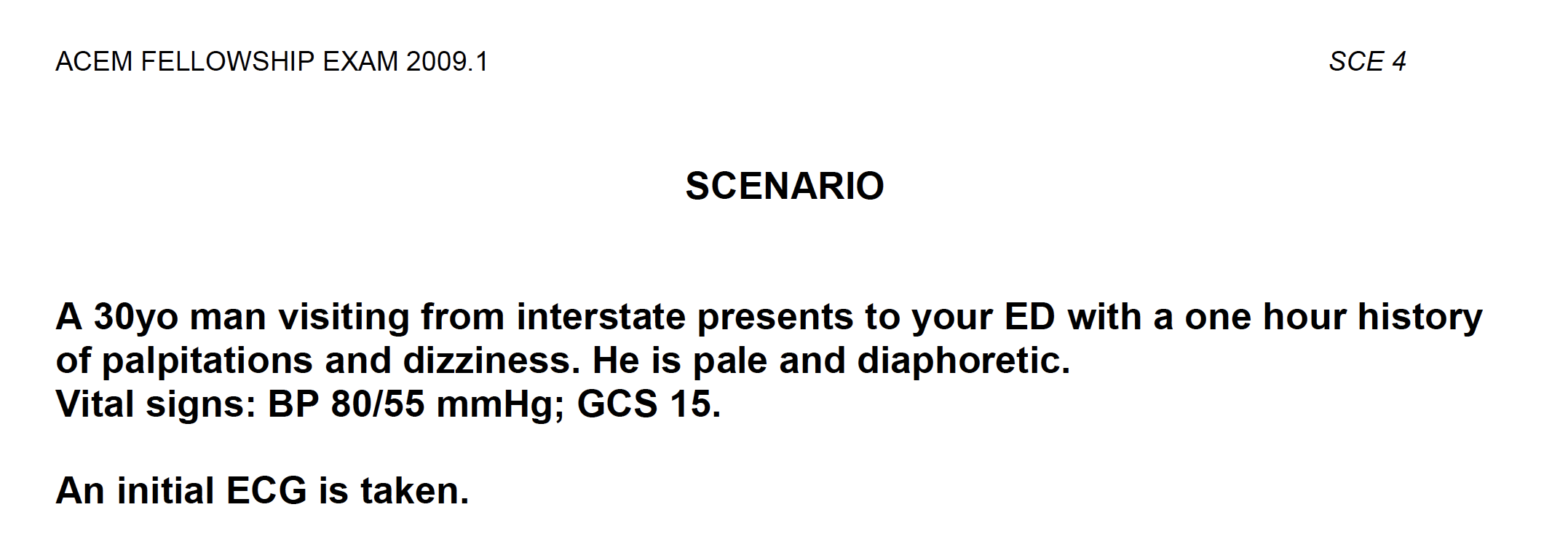
**Q2 PROPS – NOT be be given with STEM**



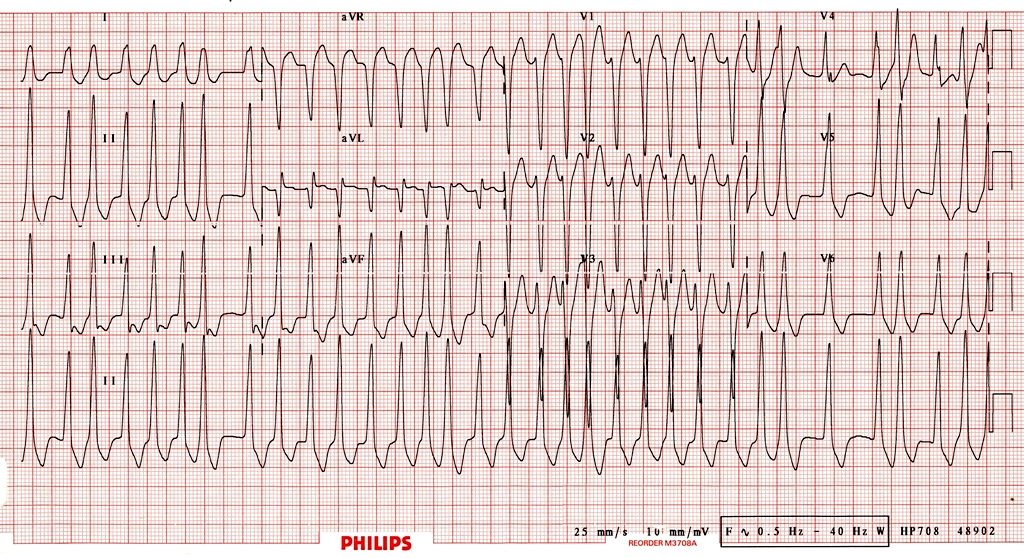


(CT brain not part of original SCE but can be easily adapted to include for SCBD)

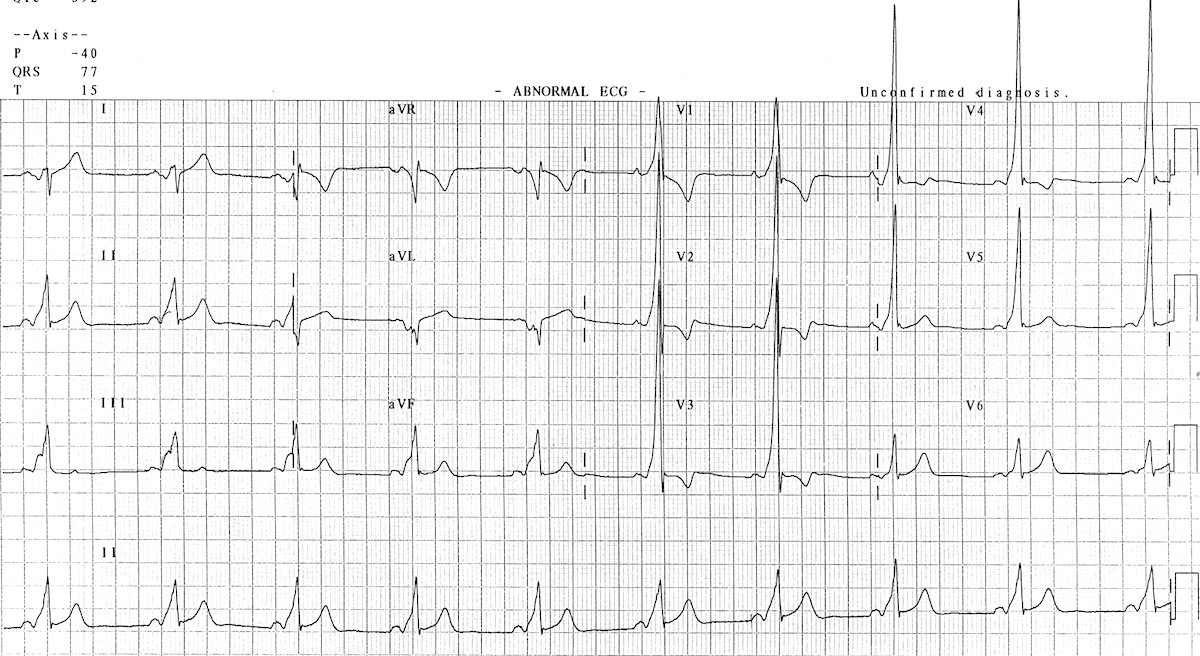
**QUESTION 4**

****

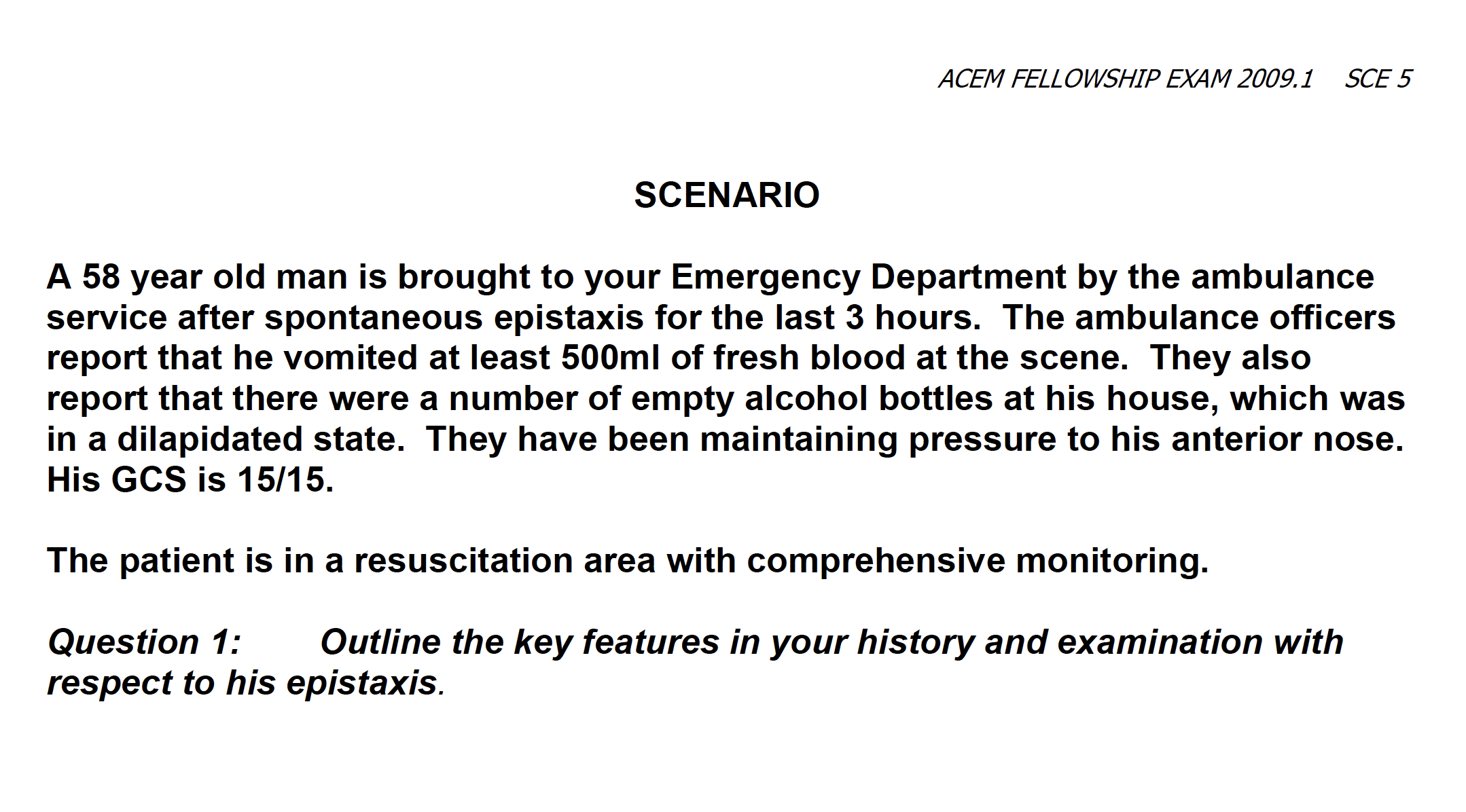
(First ECG Provided to Candidate)



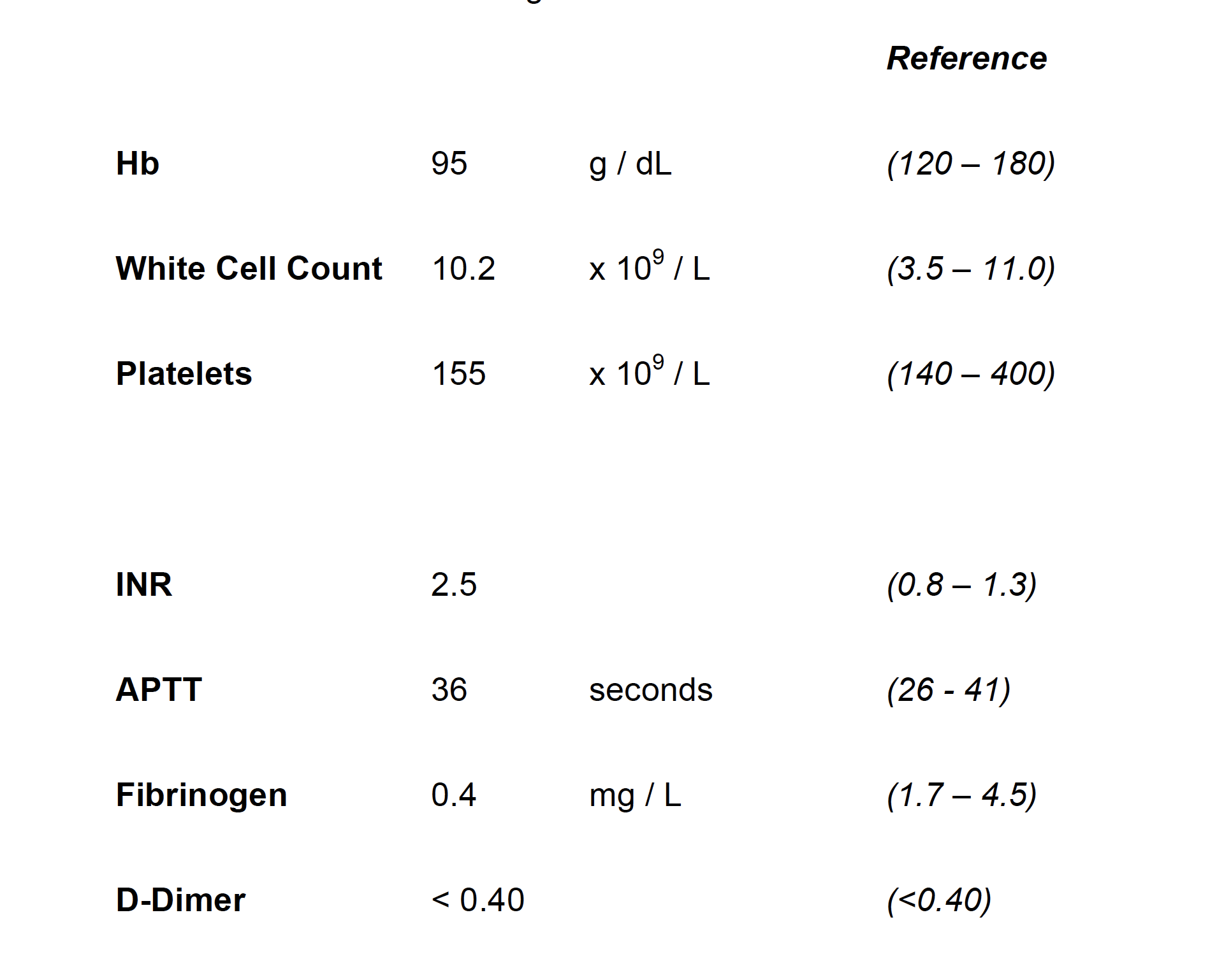
**Q4 Props – not to be given**

****

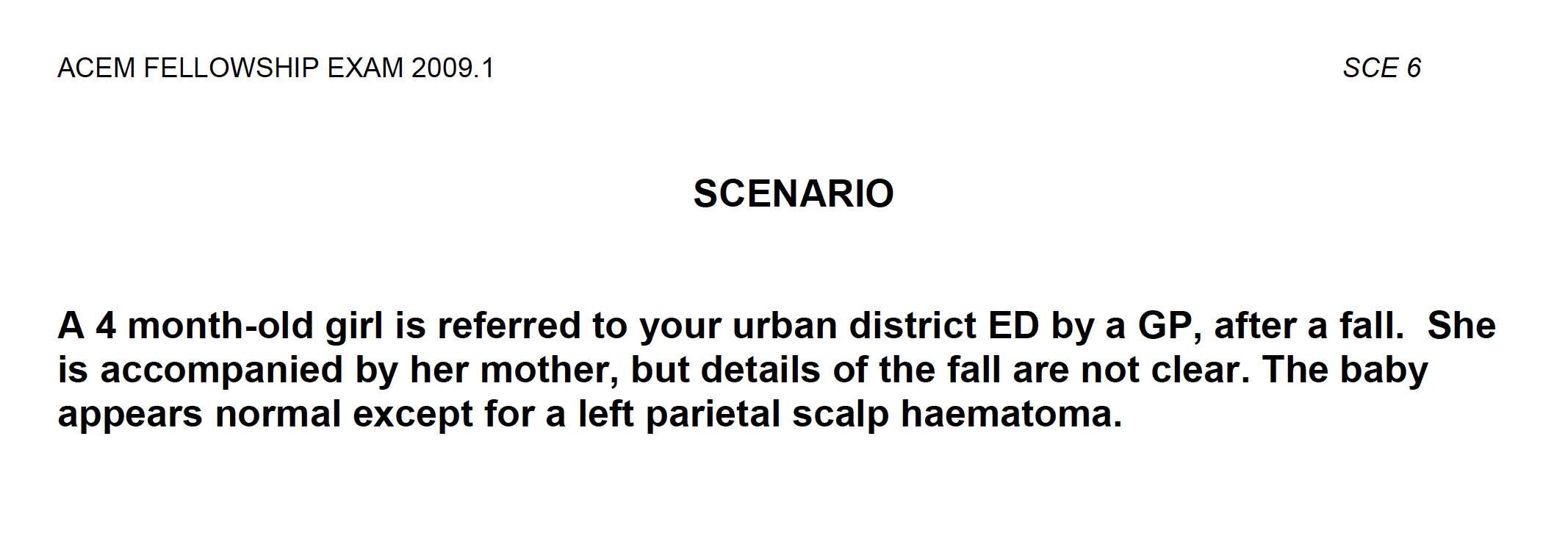
**Question 5**

****

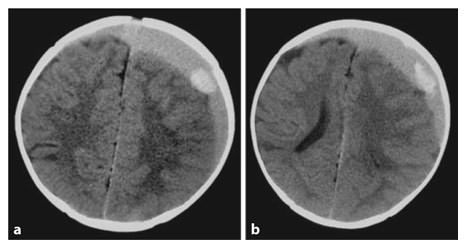
**Q5 Prop – not to be given to candidate initially – presented during discussion**

****

**Question 6**

****

(Props not to be given to candidate)

**Q6 Prop NOT to be given to candidate with stem**

# CT Interpretation - A left subdural hematoma causing a midline shift and compression of the left lateral ventricle and sulcal effacement. The hyperdense area on the left side represents an acute hemorrhage.

No evidence of depressed skull fracture – appropriate suture separation of age of child

**Suggested Add On Questions/Station Ideas/Candidate Homework**

- Q2\_SIM Preg Trauma

- Q3\_Demonstrate Examination of patient/PIB application in snake bite

- Q3\_Explain interpretation of head CT to a junior – Mnemonic Blood, Can, Be, Very, Bad (Blood/Cisterns/Brain/Ventricles/Bone)

- Q4\_Explain ECGs to a junior – pre and post reversion

- Q5\_Demonstrate how to insert a rapid rhino/pack a nose/Use a foley to cease epistaxis

- Q6\_NAI Comminication station with actor