

1. Urgent Medical Care. PROVIDING URGENT MEDICAL CARE\2.19 Musculoskeletal Conditions including Trauma\2.19.11 Management of acute back/neck pain

A 68-year-old Asian man presents to the Emergency Department with an acutely painful left foot. The pain started 24 hours ago and has been getting progressively worse. The pain is described as 9/10 on pain scoring. He has had a similar issue previously which settled spontaneously. He has a history of atrial fibrillation and takes bisoprolol and rivaroxaban. On examination, temperature 37.6°C, pulse 88 beats per minute, BMI 34 kg/m². The left foot is very red over the 1st metatarsophalangeal joint and touching it or moving it leads to extreme pain. What is the most appropriate initial treatment?

- A. allopurinol
- B. codeine
- C. colchicine
- D. naproxen
- E. prednisolone

2. Urgent Medical Care - PROVIDING URGENT MEDICAL CARE\2.04 Care of Children and Young People\2.04.03 Management of conditions specific to childhood

You are working in a walk-in centre. A 10-month-old boy is brought in by his parents. He has a 2-day history of episodic crying and drawing up his legs and vomiting. He has passed some red mucous stool in the past two hours. On examination, pulse 160, temperature 37.8°C. On abdominal examination there is a firm mass in the right iliac fossa. What is the most likely diagnosis?

- A. appendicitis
- B. bowel obstruction
- C. caecal carcinoma
- D. inflamed Meckel's diverticulum
- E. intussusception

3. Urgent Medical Care - PROVIDING URGENT MEDICAL CARE\2.20 Neurological Problems\2.20.01 Management of Bell's Palsy & other acute nerve lesions

You are working in the Emergency Department and see a 43-year-old lady who presents as a walk-in patient with weakness on the left side of the face. She has developed this over the past 24 hours with drooping of the mouth with some drooling and difficulty closing the eye. She is unable to wrinkle her forehead on the left side. She had some facial discomfort initially but this has now settled. She has a strong family history of cardiovascular disease. She is on Atorvastatin for raised cholesterol but nothing else. Vital signs are normal as is further examination. The most appropriate management would be:

- A. advise on care of the eye and discharge for GP follow-up
- B. arrange urgent CT scan to exclude ischaemic event
- C. commence Aciclovir 200mg five days, five times a day
- D. prescribe a ten-day course of prednisolone at an appropriate dose
- E. refer to neurology

4. Urgent Medical Care - PROVIDING URGENT MEDICAL CARE\2.01 Adapting practice to the Urgent Care Setting\2.01.05 The role of patient investigations in urgent care settings

A 45-year-old man presents with a three-day history of fever, muscle pain and bilateral parotid swellings. The last two days he has started to vomit and is experiencing severe central abdominal pain. He is tolerating fluids. He is unsure of his vaccination history. He has no testicular pain. Which test is most likely to be diagnostic of this patient's abdominal pain?

- A. FBC/CRP
- B. Amylase
- C. U & Es
- D. MSU
- E. U & Es/LFTs

5. Urgent Medical Care - PROVIDING URGENT MEDICAL CARE\2.16 Haematological Problems\2.16.02 Assessment & prioritisation of abnormal haematology/pathology reports

A result is phoned in from the lab for an 87-year-old lady on warfarin who had an INR check to that has come back as 8.3. You have phoned the patient and she reports no symptoms of bleeding and feels well. What is the next appropriate next stage of management?

- A. stop her warfarin and get in tomorrow
- B. admit to the hospital
- C. call GP in the morning to discuss doses
- D. take standard dose and reduce over the next few days
- E. administer 2mg oral vitamin K today

6. Urgent Medical Care - PROVIDING URGENT MEDICAL CARE\2.25 Women's Health including Obstetric Care\2.25.02 Awareness of complications within later pregnancy

A woman who is 19 weeks pregnant presents to you with her 6-year-old son who has chickenpox. She does not think she has had it before. At the moment she is well afebrile and has no rash. Examination is normal. Your next step is:

- A. reassurance. Chickenpox does not require treatment
- B. prescribe calamine and antihistamine in case rash develops
- C. prescribe Aciclovir 800mg x5 daily for seven days
- D. admit to obstetrics
- E. send for a blood test to check varicella IGG

7. Urgent Medical Care USING TECHNOLOGY IN URGENT CARE\3.03 Equipment commonly found in urgent/OOH settings

You are managing the airway of a patient that has experienced a cardiac arrest in the waiting room of the minor injury unit where you are working. You notice a progressive steady rise in end tidal carbon dioxide reading. What could the spike in EtCO₂ indicate?

- A. bronchospasm
- B. hyperventilation
- C. inadequate seal
- D. obstruction
- E. return of spontaneous circulation

8. Urgent Medical Care - USING TECHNOLOGY IN URGENT CARE\3.03 Equipment commonly found in urgent/OOH settings

You need to gain vascular access to a 5-year-old child and venous access is proving challenging so you opt for the intraosseous (IO) route. What is the insertion site of choice for an IO needle in this child?

- A. distal femur
- B. distal radius
- C. distal ulna
- D. proximal humerus
- E. proximal tibia

9. Urgent Medical Care - USING TECHNOLOGY IN URGENT CARE\3.01 Equipment Governance

You are examining a 33-year-old woman who has taken a deliberate overdose of her Citalopram medication that she is prescribed for depression. Her ECG is abnormal. What ECG abnormality under these circumstances could lead to a potential life-threatening arrhythmia?

- A. left axis deviation
- B. pathological Q wave
- C. prolonged QT
- D. T-wave inversion
- E. wide QRS

10. Urgent Medical Care - PROVIDING URGENT MEDICAL CARE\2.07 Cancers and Palliative care\2.07.02 Management of end of life care

An 83-year-old female is receiving palliative care at home for metastatic ovarian carcinoma. She is receiving medication via a syringe driver. Her pain is well controlled. Over the last few days she has developed distressing hallucinations, delirium and myoclonic jerks. What is the most appropriate course of action?

- A. increase the dose of opiate in her syringe driver
- B. administer 200-400 micrograms of naloxone subcutaneously or intramuscularly
- C. start a subcutaneous infusion of midazolam
- D. reduce the dose of opiate in her syringe driver
- E. start an infusion of bisphosphonate