

January 2013 – Paediatric emergency medicine

CPD questionnaires must be completed online via www.cpdjournals.co.za
After submission you can check the answers and print your certificate.

PAEDIATRIC TRAUMA

1. True (A) or false (B):

For blunt abdominal trauma a CT scan of the abdomen with intravenous and enteral contrast has been the standard of care for the evaluation of the peritoneal cavity and the retroperitoneum.

2. True (A) or false (B):

Laparoscopy serves as a diagnostic tool in abdominal trauma, which reduces the morbidity of a negative laparotomy.

HOW TO PREVENT AND TREAT AN ALLERGIC CRISIS

3. True (A) or false (B):

Histamine release is responsible for vascular leakage, bronchoconstriction and circulatory collapse.

4. True (A) or false (B):

Tests for allergen sensitisation (such as skin and/or specific IgE tests) are invariably reliable within 3 - 4 weeks after an anaphylactic episode.

5. True (A) or false (B):

Adrenaline auto-injectors, medic alert bracelets and individualised action plans are effective strategies for risk reduction.

6. True (A) or false (B):

Parents of school-going children with severe allergies and anaphylaxis should be advised to inform schools of any allergy diagnosis and provide the school with a copy of their written, personalised action plan.

INVESTIGATION OF METABOLIC ENCEPHALOPATHY

7. True (A) or false (B):

Glutaricaciduria type 1 has a good prognosis, if diagnosed and treated before the onset of symptoms.

8. True (A) or false (B):

Expanded newborn screening for inherited metabolic disease is available in South Africa.

9. True (A) or false (B):

An increased anion gap metabolic acidosis is typically seen with urea cycle defects.

BALANCING THE HEART AND THE LUNGS IN CHILDREN WITH LARGE CARDIAC SHUNTS

10. True (A) or false (B):

ASD often causes PHT in childhood.

11. True (A) or false (B):

Cardiac failure symptoms in children with shunts is mostly due to a volume-loaded heart and neuroendocrine response, not due to myocardial pump failure.

12. True (A) or false (B):

Management of cardiac shunts in children *does not* include high-flow oxygen targeting saturations above 98%.

FLUID THERAPY IN THE EMERGENCY UNIT

13. True (A) or false (B):

The clinical signs of poor tissue perfusion are prolonged capillary refill time (CRT) (>2 s), cool peripheral temperatures with a differential between central and peripheral assessments, and impaired level of consciousness.

14. True (A) or false (B):

Fluids that should not be used in septic shock are: 5% dextrose or hypotonic solutions, e.g. 0.2% saline.

15. True (A) or false (B):

IV antibiotics should be given early within the first hour in the management of septic shock.

WHAT'S NEW IN TOXICOLOGY?

16. True (A) or false (B):

Prophylactic antibiotics do not alter the course of illness in pneumonitis caused by paraffin ingestion.

17. True (A) or false (B):

Amitraz poisoning gives a similar clinical picture to organophosphate poisoning, but without sweating, excessive secretions, urinary and faecal incontinence or muscle fasciculations.

PAEDIATRIC TRIAGE IN SOUTH AFRICA: WHERE ARE WE?

18. True (A) or false (B):

In the initial management of a child with emergency signs assess airway, breathing and circulation.

19. True (A) or false (B):

Triage into a non-urgent category does not mean that the child is not ill.

20. True (A) or false (B):

The presence of severe malnutrition may influence the rate of fluid administration in the case of hypovolaemic shock (circulation problems).