



M15 – E2 QA

No	Description
1	Patient with secondary metastasis of lung, liver and bone admitted for treatment of colon carcinoma.
2	Nonsclerosing infiltrating Basal cell carcinoma of forehead
3	Malignant neoplasm of uncertain behavior of caecum
4	Ca. of stomach metastasis to liver
5	Basal cell adenocarcinoma metastasis of lung from right breast
6	Carcinoma of fundus and lesser curvature of stomach
7	Patient came for treatment of secondary bone cancer from unknown primary site
8	Carcinoma in situ of colon
9	Benign neoplasm of breast
10	lymphoplasmacytic lymphoma
11	diffuse large B-cell lymphoma
12	Malignant neoplasm of thyroid gland

Exercise 3

Patient with end stage adenocarcinoma of the right upper lung was admitted for treatment of hypercalcaemia. During the episode, the hypercalcaemia was actively treated and the patient also received palliative care for their neoplasm. Social worker visited the patient during admission

Description Code

Exercise 5.

Patient with history of colon cancer treated by radiotherapy two years ago admitted for follow-up Colonoscopy with biopsy under GA ASA 1, non-emergency. No recurrence of the malignancy was found.

Exercise 6.

Patient with history of transitional cell cancer of the bladder treated with radiotherapy 2 years ago, admitted for follow-up cystoscopy under Spinal anaesthesia ASA 1 2 3 4 5 6 E. Recurrence of the malignancy was treated with diathermy.

1- An elderly male was admitted to hospital complaining of weakness fatigue and episodes of fainting. Blood tests revealed severe pancytopenia. Treatment included transfusion of packed cells for his anaemia and platelets for his thrombocytopenia.

2- This 2-year-old child was admitted with hereditary Thrombocytopenia for platelet transfusion. He was found to have an E-coli urinary tract infection

Discription

1- Non autoimmune haemolytic anaemia

2- Amino-acid-deficiency anaemia

3- Sarcoid myocarditis

4- Patient admitted with anaemia, transfused with 2 units of packed cells

5- Patient with BPH, on long term anticoagulants, admitted one day prior to TURP (under GA) for warfarinisation

6- Somatisation disorder

7- Early onset of Alzheimer's disease

8- Wernicke's encephalopathy chronic alcoholism

9- Schizoid personality

10- Lewy body dementia

11- 50-year-old male patient admitted with smoking related Chronic obstructive pulmonary disease

12- Mental retardation (IQ = 42) with significant impairment of behaviour

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4. Patient with DM2 with long term insulin treatment admitted for rotator cuff syndrome of shoulder. He underwent Arthroscopic reconstruction of shoulder procedure under spinal anesthesia ASA 2. Patient also with known case of diabetic cardiomyopathy and erythema. Patient also treated with insulin injection, diabetes education and social worker seen the patient and he was discharged after 2 days from the hospital.

Principal Diagnosis		
Additional Diagnosis		
Principal procedure		
Additional procedure		

4- Patient with Type 1 DM admitted for management of retinal ischaemia left eye.

Case Study:

1- This 51-year-old male has Type 2 diabetes (on twice daily insulin injections) with hypertension and fatty liver. His blood tests were positive for EBV and he was diagnosed with infectious mononucleosis. He was started on NSAIDs and IV fluids and was discharged 5 days later

2- This 37-year-old female with IDDM was brought to hospital by her parents having been unwell for a few days with symptoms of lethargy, nausea and vomiting and acute abdominal pain. Her urine tested positive for both glucose and ketones and a diagnosis of diabetic ketoacidosis was made. Further discussions with the patient revealed that she did not take her insulin regularly. A full review of her diabetes was performed and a diagnosis of polyneuropathy was made. Her BSL's were brought back to normal and she was discharged for follow-up with the Diabetic Educator.

3- This patient was admitted for treatment of Type 1 diabetic cataract. The patient also has mononeuritis multiplex and diabetic cardiomyopathy. A left phacoemulsification of the lens and insertion of an artificial intraocular lens was performed under sedation. ASA 1 2 3 4 5 6 E There were no postoperative complications.

9 Patient admitted with infectious gastroenteritis with dehydration.

10 Juvenile polyp of colon. Colonoscopy to hepatic flexure with biopsy with biopsy performed under GA ASA 3, E

- 2 6 years old girl admitted in ICU with acute episode of Pneumonia. She was intubated with ETT and ventilated for 44 hours and temporary tracheostomy performed under GA 2
"E"

Patient admitted with community acquired pneumonia.

- 3 Continuous positive airway pressure [CPAP] was connected with nasal mask for 26 hours and the following day the patient was intubated and mechanically ventilated for 32 hours. The patient was discharged to home on the 5th day.
- 4 Management of nasopharyngeal intubation
- 5 10 years old boy admitted for tonsillectomy for tonsillitis under GA. During surgery she was mechanically ventilated and continued up to 19 hours of post-surgery.
- 6 76 year old patient admitted with severe asthma. Bi-level positive airway pressure [BiPAP] ventilator support given by facemask for 12 hours and discharged home in a stable condition
- 7 Patient admitted with cough and shortness of breath and discharge diagnosis documented by physician as Acute severe Asthma.
- 8 Patient admitted with obstructive sleep apnea. CPAP given for 20 hours with the patient's own ventilator which was brought from home.
- 9 Pneumonia due to *Streptococcus pneumoniae*
- 10 Centrilobular emphysema

M18 – E3 QA

No	Description
1	Patient admitted with CAD. Coronary angiography with left heart catheterisation and Right ventriculography done under sedation
2	Triple vessel disease. left and right heart catheterization with coronary angiography and PTCA with 2 stents to a single artery with Left and right ventriculography performed under sedation ASA 123456E
3	Chronic ischemic leg with ulcer
4	Embolism and thrombosis of iliac artery
5	Phlebitis and thrombophlebitis of popliteal vein
6	Thoracoabdominal aortic aneurysm
7	Occlusion and stenosis of posterior cerebral artery
8	Cerebral infarction due to thrombosis of cerebral arteries
9	Supraventricular tachycardia
10	Atrioventricular block, second degree
11	Supraventricular Tachycardia
12	Obstructive hypertrophic cardiomyopathy
13	Disorders of both aortic and tricuspid valves and hypertension
14	Hypertensive heart and kidney disease with (congestive) heart failure, CKD stage 4
15	Chronic nephritic syndrome, diffuse membranous glomerulonephritis secondary to hypertension

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2 – This 60 year old female was admission with a diagnosis of unstable angina.

A previous cardiac catheterisation had confirmed CAD of the native. She was taken to theatre where CABG using 1 radial artery graft was performed under GA.

She left theatre ventilated and intubated and was transferred to the ward. She was extubated after 12 hours. Her postop recovery was uneventful and she was discharged home to be followed-up in the Cardiac Clinic. ASA 3

	Description	Code	COF
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6 – Patient 38 week delivery twins baby full-term by elective LSCS (Lower segmental caesarean section)	
7- 25 years woman in 35 weeks with labour admitted for delivery SVD baby girl in good condition	
8 – Patient admitted for delivery with 41 weeks postdate pregnant she receive induction prostin she delivery by SVD without any complication	

9 Patient admitted for medical induced (prostin) of labor for termination of pregnancy at 23 weeks due to fetal anencephaly.

10 27 Year old patient was admitted due to miscarriage of 4 weeks pregnancy. D&C done under general anesthesia.

9	Newborn baby re-admitted after 2 weeks for circumcision. Circumcision done under GA, ASA 1
10	Preterm newborn baby born in hospital at 34+3 weeks, delivered via emergency cesarean section, Birth weight : 2.379 kg, diagnosed with neonatal hypertension which was treated before discharge
11	Extreme preterm newborn baby born in hospital at 26 weeks with birth weight 857gm.

M20 – E3 QA

No	Descriptions	Codes
1	A newborn baby born in hospital with a diagnosis of respiratory distress syndrome of newborn and cerebral depression.	P22.0 P91.4 Z38.0

7	<p>Term newborn baby born in hospital, Normal vaginal delivery, Baby is doing well, active and good sucking, mild Jaundice, This baby was admitted to the Nursery for routine nursery care and observation. The course was smooth. Phototherapy not given, Circumcision and hearing test was done before discharge</p> <p>Discharge Diagnosis: = Term newborn baby , Normal vaginal delivery</p>
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6	Hypertrophy of adenoids and Chronic mucoid secretory otitis media. Adenoidectomy and bilateral myringotomy with ear tube insertion under general anaesthesia ASA 1
7	Patient admitted with nasal cavity polyp, chronic sinusitis. Functional endoscopic sinus surgery (FESS) for nasal polypectomy from maxillary and frontal sinus and <i>Ethmoidectomy with sphenoidectomy, frontonasal approach was per performed under GA ASA 2</i>
8	Hypertrophy of tonsils with hypertrophy of adenoids. Adenotonsillectomy performed under GA 2 "E"

M22 – E1 QA

No	Description	C
1	Patient admitted for same day hemodialysis but stayed for 4 days due to worsening of her chronic kidney disease for monitoring. Hemodialysis was given twice before discharge.	
2	61 year old patient admitted with CKD, GFR 23, with known case of proliferative glomerulonephritis with recurrent hematuria	
3	Patient admitted for hemodialysis and discharged in a stable condition on the same day after dialysis.	