1. 1. A semi-conscious patient is dropped at the emergency entrance by unknown bystanders who immediately leave. The patient has no ID and is bleeding profusely. What should be done first?  
   (A) Complete casualty registration to create a medical record and then alert clinicians  
   (B) Call security to track the bystanders while keeping the patient in the lobby  
   (C) Activate the emergency response: alert duty doctor/trauma team and start resuscitation while initiating rapid registration in parallel  
   (D) Call police and wait for instructions before patient care
2. 2. A child arrives with respiratory distress; guardians are en route and no payment guarantee is available. What is the best immediate action?  
   (A) Insist on deposit before triage  
   (B) Start stabilizing care after written consent from a passerby  
   (C) Alert pediatric emergency team and commence life‑saving measures while opening an emergency file; financials later  
   (D) Refer to another facility due to consent issues
3. 3. A suspected stroke patient arrives within the thrombolysis window; imaging and neurologist are available. Family is arguing about costs. What should the reception do?  
   (A) Wait for family agreement, then proceed  
   (B) Register the patient and immediately trigger “code stroke” pathway while financial counseling proceeds in parallel  
   (C) Advise relatives to move the patient to a government hospital  
   (D) Call police to mediate family dispute first
4. 4. Two victims of a road traffic crash arrive simultaneously; one is unresponsive, the other is alert with fractures. Only one resus bay is open. What should be initiated at reception?  
   (A) Take both to X‑ray first to confirm injuries  
   (B) Assign space to the conscious patient since consent can be obtained quickly  
   (C) Triage: send the unresponsive patient to resus immediately; alert additional teams and prepare overflow bay for the second  
   (D) Wait for EMS documentation before assigning bays
5. 5. A patient with chest pain collapses at the counter; AED and crash cart are nearby. What is the correct sequence?  
   (A) Call billing to suspend queues, then find a doctor  
   (B) Start CPR, call a “code blue,” bring AED/crash cart, and document time of collapse; registration continues later  
   (C) Move the patient to the waiting area for privacy, then call for help  
   (D) Ask family to sign consent, then begin CPR
6. 6. A young woman arrives reporting sexual assault within the last 6 hours. She requests treatment but is afraid of police involvement. What should reception initiate?  
   (A) Refuse care until police arrive  
   (B) Provide immediate medical care and preservation of evidence as per protocol; inform the appropriate authority as mandated, while honoring confidentiality  
   (C) Send her to a forensic center without examination  
   (D) Wait for family to consent
7. 7. A patient with suspected infectious disease (fever, cough, rash) arrives in a crowded lobby. What should be done first?  
   (A) Offer a mask and ask them to wait in the main queue  
   (B) Direct the patient to isolation/triage area with mask and hand hygiene, notify infection control and duty doctor, fast‑track evaluation  
   (C) Ask them to visit an outpatient clinic tomorrow  
   (D) Register only after confirming the diagnosis
8. 8. An unconscious elderly man arrives with a Do‑Not‑Resuscitate (DNR) card photo on a phone but no physical document. Family is unreachable. What is the best immediate reception action?  
   (A) Delay care until original paperwork is produced  
   (B) Begin full resuscitative care while simultaneously escalating to ethics/medical leadership to verify directives  
   (C) Call police for legal advice before any care  
   (D) Treat only with oxygen until clarification
9. 9. A violent, intoxicated patient is brought by police with scalp lacerations. He is shouting and trying to leave. What should reception coordinate?  
   (A) Refuse admission due to security risk  
   (B) Call security, enable safe care environment, alert emergency physician and nursing, and ensure medico‑legal case (MLC) documentation with police presence  
   (C) Ask police to take the patient elsewhere  
   (D) Sedate immediately at reception

10. A burn victim arrives with >30% burns; bystanders say it was a workplace accident. The nearest burn center is 20 km away. What should reception initiate?  
(A) Register and arrange transfer first; no interventions here  
(B) Activate burn protocol: immediate ABCs, fluids, pain control, initial dressings, MLC initiation, notify burn center, then arrange monitored transfer when stable  
(C) Wait for employer consent  
(D) Call media for awareness and donations