

ERDataset

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Emergency Response Q&A

Question 6

What should I do in case of gunshot wounds?

Treat all gunshot wounds as major trauma. Ensure staff safety and involve police. Fully expose the patient to find all entry/exit wounds. Manage hypovolemia, assess for chest and abdominal injuries, give tetanus cover and antibiotics, and consider surgical intervention. Delayed primary closure is recommended for high-velocity injuries.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 7

What should I do in case of seizures?

Do not restrain the person. Move objects away to prevent injury. Place them on their side after the seizure to prevent choking. If it's a first seizure or differs from prior episodes, perform neurological assessment and investigations. Arrange follow-up with epilepsy specialist.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 8

What should I do in case of emergency preparedness?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 9

What should I do in case of snake bites?

Immobilize the limb and keep it below heart level. Do not incise the wound or apply a tourniquet. Transport the patient to a hospital immediately. Provide fluids, monitor vitals, perform blood tests, and administer antivenom if systemic symptoms or limb swelling are present.[Source: *QMGE M.pdf*]

Question 10

What should I do in case of asthma attack?

Give high-dose oxygen and nebulized short-acting β -agonists (e.g., salbutamol). Consider ipratropium bromide and IV magnesium sulfate if needed. Monitor ABG and PEF. Admit if severe or life-threatening signs are present. Discharge only if peak flow $\geq 75\%$ after treatment. [Source: *Oxford handbook of emergency medicine* (PDFDrive.com).pdf]

Question 11

What should I do in case of CPR?

Start CPR immediately for a person who is unresponsive and not breathing. Use a ratio of 30 compressions to 2 breaths. Prioritize high-quality chest compressions (depth ≥ 2 inches in adults) with minimal interruptions. Defibrillate if indicated. Administer epinephrine and follow ACLS/ALS protocol. [Source: *ACLS Pocket Guide.pdf*, *Oxford handbook of emergency medicine.pdf*]

Question 12

What should I do in case of choking?

For a conscious adult, perform 5 back blows followed by 5 abdominal thrusts. Encourage coughing if airway obstruction is partial. If unconscious, begin CPR and check airway for visible obstruction. For infants, alternate 5 back slaps with 5 chest thrusts. [Source: *Oxford handbook of emergency medicine* (PDFDrive.com).pdf, *ACLS Pocket Guide.pdf*]

Question 13

What should I do in case of heart attack?

Call 911 immediately. Have the person stop all activity and sit down. If they are conscious and not allergic, give one adult aspirin (325 mg) to chew slowly. Administer oxygen, attach monitoring devices, and prepare for ACLS as needed. [Source: *Oxford handbook of emergency medicine* (PDFDrive.com).pdf]

Question 14

What should I do in case of allergic reactions?

Administer intramuscular adrenaline (0.5 mL of 1:1000 solution) and repeat every 5 minutes if needed. Lay the patient flat and raise their legs. Provide high-flow oxygen, IV fluids, and consider antihistamines and corticosteroids. [Source: *Oxford handbook of emergency medicine* (PDFDrive.com).pdf]

Question 15

What should I do in case of poisoning?

Ensure airway, breathing, and circulation. Secure the airway if consciousness is impaired. Use decontamination methods appropriate to the exposure route (e.g., gastric lavage, activated charcoal). Administer antidotes if known. Monitor vitals and consider ICU admission.[Source: QMGEM.pdf]

Question 16

What should I do in case of stroke?

Support airway, breathing, circulation. Give oxygen only if SpO₂ <95%. Check blood glucose and correct if needed. Arrange emergency CT/MRI. If no hemorrhage, give aspirin 300 mg (rectally if needed). Consider thrombolysis within 4.5 hours if eligible. Admit to stroke unit.[Source: Oxford handbook of emergency medicine (PDFDrive.com).pdf]

Question 17

What should I do in case of bleeding?

Apply direct pressure to control bleeding. Elevate the injured area if possible. Use a tourniquet only if bleeding is severe and unresponsive to pressure. Assess for shock and begin fluid resuscitation.[Source: Oxford handbook of emergency medicine (PDFDrive.com).pdf]

Question 18

What should I do in case of burns?

Cool the burn with cold water. Remove clothing and jewelry near the burn site. Cover the area with sterile dressing. Assess airway, breathing, and circulation. For large or deep burns, initiate fluid resuscitation, pain control, and consider transfer to burn unit.[Source: Oxford handbook of emergency medicine (PDFDrive.com).pdf]

Question 19

What should I do in case of fractures?

Immobilize the affected limb. Control any bleeding. Administer analgesia and provide tetanus prophylaxis. Cover open wounds with sterile dressing. Arrange for imaging and orthopedic consultation.[Source: Oxford handbook of emergency medicine (PDFDrive.com).pdf]

Question 20

What should I do in case of drowning?

Maintain the airway. Suction fluid/debris. Provide oxygen and ventilate if necessary. Begin CPR if in cardiac arrest. Rewarm hypothermic patients. Insert

NG tube to relieve gastric dilatation. Monitor labs and chest imaging.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 21

What should I do in case of heat stroke?

Remove the patient from the hot environment and strip off clothing. Secure airway, give high-flow oxygen, and use evaporative cooling (spray tepid water and fan the body). Apply ice-packs to axillae, groins, neck, and scalp. Avoid antipyretics. Stop active cooling when core temperature drops below 39 °C.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 22

What should I do in case of child emergencies?

Recognize that children differ from adults in physiology and response to illness. Gain their confidence, involve parents early, and monitor vital signs closely. Follow pediatric-specific protocols such as APLS.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 23

What should I do in case of toxic inhalation?

Ensure airway and provide oxygen. In severe aspiration, secure the airway early with intubation. Avoid steroids and prophylactic antibiotics. Support ventilation in case of respiratory depression.[Source: *QMGEM.pdf*]

Question 24

What should I do in case of spinal injury?

Suspect spinal injury in trauma. Immobilize the spine with a collar and blocks. Maintain airway and ventilation. Monitor for neurogenic shock. Perform neurological and spinal exams. Use imaging like CT/MRI. Avoid high-dose steroids.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 25

What should I do in case of chest pain?

Administer oxygen, aspirin 300 mg, and clopidogrel. Attach cardiac monitor and provide IV opioids if needed. Consider acute coronary syndrome and admit if there's any suspicion of myocardial infarction.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 26

What should I do in case of hyperventilation?

Exclude serious causes like DKA or PE. Do not sedate. Reassure the patient,

and try breathing exercises (inhale through nose for 8 counts, exhale through mouth for 8 counts, hold for 4, repeat). Discharge with GP follow-up if stable.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 27

What should I do in case of unconsciousness?

Assess responsiveness and check pulse. Clear airway, provide oxygen, and monitor pulse and ECG. Investigate potential causes such as seizure, cardiac event, or drug intoxication. Check vitals, BMG, ECG, and consider CT scan.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 28

What should I do in case of abdominal pain?

Resuscitate and give IV analgesia. Check vitals, urine, and blood tests. Consider surgical and gynecological causes. Perform pregnancy test in women of childbearing age. Refer to surgery if diagnosis uncertain or serious condition suspected.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 29

What should I do in case of labor emergency?

Call an obstetrician immediately. Give oxygen, obtain IV access, and begin resuscitation. Monitor the fetus and use ultrasound to assess placenta and hemorrhage. Administer anti-D if Rh-negative.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 30

What should I do in case of back pain?

Identify life-threatening causes. Treat simple back pain with analgesics and early return to activity. Refer urgently for signs of cord compression. Document history, perform neurological and spinal exam. MRI may be needed.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 31

What should I do in case of diarrhea?

Most cases are self-limiting. Assess for dehydration and consider sending stool for microscopy and culture. Rehydrate with oral or IV fluids depending on severity. Avoid antimotility agents in bloody diarrhea or suspected infection.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 32

What should I do in case of testicular pain?

Rule out testicular torsion, which is a surgical emergency. Refer urgently if suspected. Other causes include epididymitis (treat with antibiotics and analgesia) or orchitis. Always consider ultrasound if diagnosis is uncertain. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 33

What should I do in case of nosebleed?

Pinch the soft part of the nose and lean forward. If bleeding persists, use a nasal pack or cauterize the bleeding point with silver nitrate. Admit if bleeding cannot be controlled. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 34

What should I do in case of hypertension emergency?

Reduce BP by 25% over 3–12 hours but not lower than 160/90 mmHg. Use parenteral drugs for rapid control. Monitor for end-organ damage and admit all cases. [Source: *QMGEM.pdf*]

Question 35

What should I do in case of hallucinations?

Exclude organic causes. Refer to psychiatric team for further evaluation. Antipsychotics may be needed urgently. Maintain safety and ensure appropriate follow-up. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 36

What should I do in case of head trauma?

Give oxygen and maintain airway. Monitor neurological status. Check for signs of increased intracranial pressure. Avoid hypotension and hypoxia. Obtain CT if GCS ≤ 15 or signs of skull fracture. Refer to neurosurgeon if necessary. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 37

What should I do in case of abdominal trauma?

Secure airway, breathing, and circulation. Give oxygen, obtain IV access, and send bloods. If unstable, consider immediate laparotomy. Use imaging like FAST or CT in stable patients. Involve a surgeon early. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 38

What should I do in case of confusion?

Check glucose and oxygen levels. Evaluate for infection, stroke, trauma, or intoxication. Obtain history from relatives. Perform neurological exam. Consider CT scan and blood tests.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 39

What should I do in case of fever with rash?

Suspect meningococcal infection or other serious illnesses. Assess vitals and give IV antibiotics immediately if meningitis suspected. Do not delay treatment for investigations. Refer to paediatrics or infectious diseases.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 40

What should I do in case of anxiety attack?

Reassure the patient in a quiet room. Use calm communication. Avoid sedatives unless absolutely necessary. Teach slow breathing techniques. Provide outpatient follow-up.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 41

What should I do in case of allergic reaction?

Remove allergen if known. Give IM adrenaline 0.5mg (0.3mg in children) every 5–15 minutes as needed. Provide oxygen, IV fluids, and antihistamines. Monitor vitals.[Source: *QMGEM.pdf*]

Question 42

What should I do in case of bleeding?

Apply direct pressure to bleeding site. Elevate the limb if possible. Use tourniquet only if life-threatening. Identify source and treat accordingly. Transfuse if needed.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 43

What should I do in case of diabetic emergency?

Check blood glucose. For hypoglycemia, give oral glucose or IV dextrose. For hyperglycemia or DKA, start IV fluids, insulin, and monitor electrolytes. Refer for specialist care.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 44

What should I do in case of stroke?

Call stroke team urgently. Perform CT head without delay. Maintain airway, breathing, and circulation. Monitor vitals. Avoid hypotension. Do not give aspirin until hemorrhage ruled out. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 45

What should I do in case of poisoning?

Check airway and vitals. Identify poison and route of exposure. Do not induce vomiting. Give activated charcoal if indicated. Call poison control and refer to toxicologist. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 46

What should I do in case of seizure?

Establish airway, give high-flow oxygen, and monitor vital signs. Check blood glucose and administer IV lorazepam or diazepam. Repeat if seizures persist. Start anticonvulsants like phenytoin if necessary. Admit if multiple seizures or first episode. Advise against driving until reviewed. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 47

What should I do in case of heat stroke?

Remove patient from hot environment, strip clothing, and begin evaporative cooling with water spray and fans. Give high FiO₂, monitor vitals, and avoid antipyretics. Use cold IV fluids if needed. Aim for core temperature <39°C. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 48

What should I do in case of chest trauma?

Apply high-flow oxygen. Look for signs of tension pneumothorax (e.g. tracheal deviation, absent breath sounds). Decompress immediately with a large bore cannula in the second intercostal space mid-clavicular line. Insert chest drain. Obtain chest X-ray. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 49

What should I do in case of eye injury?

Do not manipulate embedded objects. Assess visual acuity. For corneal FB, use cotton bud or needle. Chemical burns require immediate irrigation for 20

minutes or until pH normal. Refer serious injuries to ophthalmologist.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 50

What should I do in case of animal bite?

Clean wound thoroughly with saline. Do not close puncture wounds. Give prophylactic antibiotics (e.g., co-amoxiclav). Assess tetanus and rabies risk. Refer facial or joint injuries to specialists.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 51

What should I do in case of burn injury?

Separate the patient from the burning agent. Cool the affected area with cold water. Beware of hypothermia in children. Cover the burn with sterile dressing. Admit large burns or those with smoke inhalation. Refer full thickness burns and burns in special areas. Provide analgesia and tetanus prophylaxis. Avoid silver sulphadiazine unless advised.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 52

What should I do in case of smoke inhalation?

Give humidified 100% oxygen immediately. Early tracheal intubation is required if signs of airway compromise. Consider bronchoscopy. Monitor ABG and COHb levels. Supportive ventilation with PEEP may be needed.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 53

What should I do in case of electric shock?

Ensure the power is off before approaching the patient. Secure airway, breathing, and circulation. Look for entry and exit wounds, check ECG. Monitor for arrhythmias. Assess for trauma and muscle damage. Treat myoglobinuria if present.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 54

What should I do in case of near drowning?

Maintain airway, remove fluid from mouth. Provide high-flow oxygen or intubate if needed. Rewarm if hypothermic. Treat pulmonary edema with PEEP ventilation. Consider associated trauma. Monitor electrolytes and ABG.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 55

What should I do in case of neck injury?

Immobilize cervical spine. Examine for tenderness, neurological signs. Perform cervical spine X-rays or CT if indicated. Refer if vertebral or spinal cord injury suspected. Use analgesia and encourage early mobilization if no injury. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 56

What should I do in case of dental trauma?

For chipped or dislodged teeth, refer to the dentist. For pulp-involved fractures (with bleeding), refer immediately. For avulsed permanent teeth, rinse gently and reimplant promptly if possible. Handle by the crown only. Use milk as transport medium if reimplantation is delayed. Give tetanus and antibiotic prophylaxis. Refer urgently to a dentist. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 57

What should I do in case of foreign body in ear?

Remove under direct vision with hooks. Drown live insects in 2% lidocaine first. Do not syringe vegetable matter. If difficult (e.g., ball bearing), refer to ENT for possible removal under GA. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 58

What should I do in case of foreign body in nose?

Remove anterior nasal FBs in ED. Instruct the patient to blow nose with one nostril closed. If not successful, use nasal speculum and forceps. Use 'parent's kiss' in children. Refer to ENT if FB is not easily removed or is dangerous (e.g., battery). [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 59

What should I do in case of foreign body in eye?

Instill local anesthetic and remove with a cotton bud. If unsuccessful, use needle under slit lamp. Ensure anterior chamber is intact. Give antibiotic ointment and refer if FB is deep, large, or partially removed. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 60

What should I do in case of insect bite?

Treat local reactions with ice packs, rest, elevation, analgesia, and antihistamines. Complications like cellulitis may need antibiotics. Bee stings should

be flicked out. Anaphylaxis requires urgent treatment. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 61

What should I do in case of scorpion sting?

Clean the wound and apply a cool compress. Provide pain relief (e.g., paracetamol or NSAID). Observe for systemic symptoms such as muscle cramps or cardiovascular signs. Admit for monitoring if symptoms are severe. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 62

What should I do in case of ear pain?

Ear pain (otalgia) may result from otitis externa, otitis media, or trauma. Treat otitis externa with topical antibiotics and steroids, avoid water exposure. Otitis media may require oral analgesia and antibiotics if severe or prolonged. Refer complicated or non-resolving cases to ENT. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 63

What should I do in case of menstrual emergency?

Take a careful menstrual and sexual history. Assess bleeding severity. For heavy bleeding, consider NSAIDs like mefenamic acid. Rule out pregnancy and structural causes (e.g., fibroids). Refer if unstable, severe, or recurrent bleeding. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 64

What should I do in case of panic attack?

Reassure the patient, explain symptoms are not life-threatening. Encourage slow breathing. Avoid unnecessary medical interventions. Refer to a general practitioner for further evaluation and follow-up. [Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 65

What should I do in case of thyroid storm?

Treat underlying cause. Provide oxygen, IV fluids, sedation (e.g., diazepam), antipyretics (avoid aspirin), and antithyroid drugs like propylthiouracil or carbimazole. Give iodine 2 hours after antithyroid medication, beta-blockers (propranolol), and steroids (dexamethasone or hydrocortisone). Admit to ICU if needed. [Source: *QMGEM.pdf*]

Question 66

What should I do in case of head trauma?

Monitor for neurological symptoms such as drowsiness, vomiting, seizures, and altered vision. Patients with reduced GCS, neurological deficit, or those on anticoagulants should be admitted. Provide analgesia and observe. Discharge only if fully conscious, with no deficits, and someone is available to monitor at home. Warn about signs to return for urgent care. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 67

What should I do in case of chest trauma?

Provide oxygen and secure venous access. Assess for life-threatening conditions like tension pneumothorax and haemothorax. Needle decompression may be needed. Chest drains should be placed for significant injuries. Pain control and monitoring are essential. Admit if respiratory compromise or associated injuries. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 68

What should I do in case of abdominal trauma?

Assess airway, breathing, and circulation. Provide oxygen and venous access. Perform focused examination (including PR). Use imaging like FAST or CT. Unstable patients with suspected intra-abdominal injury need urgent surgery. Stabilize and refer. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 69

What should I do in case of spinal injury?

Immobilize the spine immediately. Secure airway and breathing. Apply a cervical collar and spinal board. Perform neurological exam and assess for spinal cord injury. Obtain spinal imaging. Monitor circulation and treat neurogenic shock if needed. Refer to specialist. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 70

What should I do in case of rib fracture?

Treat uncomplicated rib fractures with oral analgesia. Warn the patient about prolonged pain. For multiple rib fractures, assess oxygenation, and monitor for pneumothorax or pneumonia. Admit if elderly, with lung disease, or significant injury. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 71

What should I do in case of pelvic fracture?

Resuscitate as for major trauma. Avoid unnecessary movement. Use a pelvic binder for unstable fractures. For type A fractures, give analgesia and allow bed rest until able to mobilize (usually 3–6 weeks). Refer to orthopaedics. Look for associated injuries like urethral or rectal damage. Do not catheterize if urethral injury is suspected. Use imaging to assess fracture type and stability. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 72

What should I do in case of sprain?

Use the PRICE approach: Protection, Rest (24–48 hours), Ice (10–15 min every few hours), Compression (Tubigrip bandage), and Elevation. Avoid wearing compression at night. Start gentle exercises when symptoms allow. Refer if severe or if suspected ligament rupture. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 73

What should I do in case of dislocation?

X-ray before reduction unless there's neurovascular compromise. Use analgesia and sedation. Reduce joint dislocation urgently to prevent complications. Immobilize after reduction and X-ray again to confirm. Refer if reduction is unsuccessful or if complex injury. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 74

What should I do in case of hand injury?

Remove rings early. Elevate, clean, and dress wounds. X-ray for glass injuries. Provide tetanus cover. Refer tendon, nerve, or arterial injuries. Treat amputations with dressings and cold transport of severed part. Refer complex injuries or if in doubt. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 75

What should I do in case of finger injury?

Treat mallet finger with splinting for 6 weeks. Buddy strap volar plate or pulley injuries. Drain subungual hematomas if >50%. Clean and dress nail bed lacerations. Refer pyogenic flexor tenosynovitis urgently. Refer severe crush, degloving, or tendon injuries to hand surgeon. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 76

What should I do in case of knee injury?

Use the Ottawa knee rules to decide on X-rays. Examine ligaments and patella carefully. Manage minor injuries with rest, ice, compression, elevation (PRICE), analgesia, and gradual exercise. Refer suspected ligament, meniscal, or patellar tendon injuries to orthopaedics. Dislocations require urgent reduction and follow-up. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 77

What should I do in case of ankle injury?

Assess using Ottawa ankle rules. Most sprains are treated with rest, ice (10–15 min), elevation, and early mobilization. Provide analgesia. Immobilize severe injuries and refer for review if weight-bearing remains difficult. Refer dislocations and unstable fractures to orthopaedics. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 78

What should I do in case of foot injury?

Crushing injuries can cause serious damage. Treat with analgesia, immobilize, and refer for X-rays. Dislocations of the talus or midfoot require urgent reduction under GA. Check for vascular compromise and compartment syndrome. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 79

What should I do in case of leg fracture?

Treat tibial and fibular fractures with analgesia, immobilization in a long leg POP backslab, and refer to orthopaedics. Check neurovascular status. Tibial plateau fractures require elevation \pm ORIF. Admit if haemarthrosis present. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 80

What should I do in case of hip dislocation?

Hip dislocation is a medical emergency. Resuscitate, give analgesia, and assess for sciatic nerve damage. Refer for reduction under general anaesthesia. X-ray to confirm diagnosis and post-reduction. Monitor for complications such as avascular necrosis and nerve injury. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 81

What should I do in case of thigh injury?

Treat minor thigh injuries with rest, ice, and analgesia. Monitor for large haematomas, which may require compression, drainage, and antibiotics. For significant muscle trauma, watch for signs of compartment syndrome and rhabdomyolysis. Refer if severe bruising, swelling, or neurological signs are present. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 82

What should I do in case of groin injury?

Assess for hernias, muscle strain, or referred pain. Manage strains with rest, ice, and gradual mobilization. Inguinal hernias that are irreducible or painful may require urgent referral. Refer suspected strangulated hernias immediately for surgical evaluation. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 83

What should I do in case of scrotal injury?

Evaluate for torsion, infection, or trauma. Acute painful swelling may indicate testicular torsion — refer urgently for surgery. Haematomas or lacerations should be assessed and referred. Use analgesia and scrotal support for minor injuries. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 84

What should I do in case of vaginal bleeding?

Assess severity and check for hypovolaemic shock. Resuscitate if necessary. Take menstrual and sexual history. Rule out pregnancy, including ectopic. Examine for cervical or uterine pathology. Refer if bleeding is heavy, persistent, or associated with abnormal examination findings. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 85

What should I do in case of urinary retention?

Urgently decompress the bladder with urethral catheterization unless contraindicated. If catheterization fails, consider suprapubic catheter. Examine for causes (e.g. prostate, neurological signs). Check urine, record output, and refer to urology. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 86

What should I do in case of urinary tract infection?

For uncomplicated lower UTIs in women, prescribe a 3–6 day course of trimetho-

prim or nitrofurantoin. Advise increased fluid intake, avoid delaying urination, and void after intercourse. In pregnancy, treat both symptomatic and asymptomatic bacteriuria with antibiotics like amoxicillin. Men should receive a 2-week course (e.g., ciprofloxacin) due to difficulty distinguishing prostatitis. Refer for further investigation in recurrent cases, GU malformation, or renal impairment. Admit patients with acute pyelonephritis for IV antibiotics and fluids. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 87

What should I do in case of kidney stone?

Provide analgesia (e.g., morphine and NSAIDs), IV fluids if dehydrated, and antiemetics. Tamsulosin may help pass larger distal stones. Imaging may include CT, ultrasound, or KUB depending on context. Most can be discharged with GP/urology follow-up. Refer for intractable pain, infected stone, or compromised renal function. [Source: *EM-Handbook-2nd-Edition-2020.pdf*]

Question 88

What should I do in case of hematuria?

Investigate visible or microscopic hematuria with urinalysis, blood tests, and possibly imaging (CT or IVU). Frank hematuria or haemodynamic instability warrants urgent CT and surgical team involvement. Microscopic hematuria in stable patients may not need urgent imaging. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 89

What should I do in case of testicular torsion?

Treat as a surgical emergency. Suspect with sudden onset testicular pain, especially in young males. Examine for red, tender, high-riding testis and absent cremasteric reflex. Refer urgently for exploration, untwisting, and bilateral orchidopexy. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 90

What should I do in case of priapism?

Priapism is a urological emergency. Refer urgently. For prolonged erection (>6 hours), aspirate 50 mL blood from each corpus cavernosum using a 19G butterfly needle. Consider underlying causes like sickle cell disease, drugs, or malignancy. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 91

What should I do in case of paraphimosis?

Paraphimosis occurs when the foreskin is left retracted, causing swelling of the glans and difficulty replacing the foreskin. Attempt reduction by manual decompression using topical or injected lidocaine. If unsuccessful, refer for surgical reduction under general anesthesia or dorsal slit followed by circumcision. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 92

What should I do in case of phimosis?

Phimosis is normal up to age 5. After that, if it persists and causes ballooning during urination or recurrent infections, refer for preputial stretch or circumcision. Advise parents to consult their GP for surgical referral. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 93

What should I do in case of prostate problem?

Prostatitis may present with fever, urinary symptoms, and perineal pain. PR exam reveals a tender prostate. Urinalysis may show protein. Refer for further investigation and treatment. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 94

What should I do in case of sexual assault?

Provide privacy and ensure a female staff member is present. First exclude serious injuries. Document meticulously. History should include type, date, and place of assault. Examine for genital and other injuries. Obtain informed consent for forensic evidence collection. Provide emergency contraception and hepatitis B prophylaxis if needed. Offer HIV risk assessment and prophylaxis. Ensure counselling and follow-up arrangements. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 95

What should I do in case of rectal bleeding?

Assess for hypovolaemia and resuscitate if needed. Investigate history of bleeding, drug use, and medical conditions. Examine abdomen and perform PR exam. Common causes include haemorrhoids, fissures, diverticulosis, or inflammatory bowel disease. Refer unstable patients or those with significant bleeding for further investigation. [Source: *Oxford handbook of emergency medicine* ([PDFDrive.com](#)).pdf]

Question 96

What should I do in case of constipation?

Advise increased fluid intake and dietary fiber. Consider oral laxatives such as lactulose or senna. In more severe cases, suppositories or enemas may be necessary. If symptoms persist or there are signs of obstruction, refer for further evaluation.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 97

What should I do in case of diarrhea?

Ensure adequate hydration, using oral rehydration salts if needed. Consider antidiarrheals like loperamide only if no infection is suspected. Take a history of travel, food intake, and recent antibiotics. Investigate if persistent, bloody, or associated with systemic illness.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 98

What should I do in case of vomiting?

Take a detailed history including duration, frequency, and relation to food. Assess for dehydration. Administer antiemetics such as metoclopramide or ondansetron. Investigate underlying cause. Refer if persistent or associated with red flags like blood in vomit, weight loss, or severe pain.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 99

What should I do in case of abdominal pain?

Assess vital signs and examine the abdomen. Start IV fluids and analgesia (morphine) if serious causes are suspected. Investigations may include blood tests, urinalysis, and imaging. Always consider surgical and gynecological causes. Refer if diagnosis is unclear or pain is severe.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 100

What should I do in case of hernia?

If reducible and asymptomatic, refer for elective surgical review. If painful, irreducible, or signs of bowel obstruction are present, treat as a surgical emergency. Resuscitate with fluids, analgesia, and refer urgently for surgery.[Source: *Oxford handbook of emergency medicine* (*PDFDrive.com*).pdf]

Question 101

What should I do in case of abdominal swelling?

Assess for underlying causes such as masses, organomegaly, or fluid accumulation. Common benign causes in children include full bladder or colon, or enlarged liver/spleen. In suspected malignancy (e.g., neuroblastoma or Wilm's tumour), refer urgently for CT/USS imaging. :contentReference[oaicite:0]index=0

Question 102

What should I do in case of liver disease emergency?

Look for signs of liver failure: jaundice, ascites, encephalopathy, coagulopathy. Manage hypoglycemia and bleeding risks. Monitor vital signs, glucose, and LFTs. Start IV fluids, vitamin K, and refer to a specialist. :contentReference[oaicite:1]index=1

Question 103

What should I do in case of jaundice?

Evaluate onset and duration. Obstructive jaundice may involve dark urine and pale stools. Consider hepatic vs post-hepatic causes. Check LFTs and refer if pain, fever, or signs of malignancy exist. :contentReference[oaicite:2]index=2

Question 104

What should I do in case of hepatitis?

Hepatitis A is usually self-limiting; avoid alcohol and arrange follow-up. For hepatitis B, assess transmission risk (e.g., needle injury, sexual contact). Most recover fully, but some progress to liver failure or chronic hepatitis. Refer to specialist. :contentReference[oaicite:3]index=3

Question 105

What should I do in case of pancreatitis?

Give oxygen, IV fluids, analgesia (morphine), and antiemetics. Monitor urine output and consider central line if severely ill. Refer to HDU/ICU and monitor for complications like renal failure or ARDS. :contentReference[oaicite:4]index=4

Question 106

What should I do in case of gastrointestinal bleeding?

Assess airway, breathing, and circulation. Resuscitate with oxygen and IV fluids. Insert two large-bore cannulae and start fluid replacement. Check vital signs, perform PR examination, and check for signs of liver disease. Send blood for FBC, clotting, UE, glucose, and group and save. Arrange urgent endoscopy for diagnosis and treatment. :contentReference[oaicite:0]index=0

Question 107

What should I do in case of appendicitis?

Suspect acute appendicitis in patients with central abdominal pain migrating to the right iliac fossa, often accompanied by nausea or vomiting. Give IV fluids, opioid analgesia, and antiemetics. Keep the patient nil by mouth and refer urgently to surgery. Perform urinalysis and pregnancy test if appropriate. :contentReference[oaicite:1]index=1

Question 108

What should I do in case of peritonitis?

Provide immediate resuscitation including oxygen, IV fluids, and analgesia. Suspect peritonitis if there's generalized abdominal tenderness, guarding, and rebound. Refer urgently for surgical evaluation. WCC may be normal in established peritonitis. :contentReference[oaicite:2]index=2

Question 109

What should I do in case of bowel obstruction?

Insert an IV cannula and start IV saline. If shocked, resuscitate with oxygen and fluids. Insert a urinary catheter, provide IV morphine, and antiemetic (e.g., cyclizine), and insert a nasogastric tube. Refer urgently to the surgical team. :contentReference[oaicite:3]index=3

Question 110

What should I do in case of mesenteric ischemia?

Resuscitate with oxygen and IV fluids. Provide IV morphine and consider broad-spectrum antibiotics. Refer urgently to surgery. Suspect in elderly patients with severe abdominal pain out of proportion to physical findings. ABG may show metabolic acidosis with raised lactate. :contentReference[oaicite:4]index=4

Question 111

What should I do in case of cholecystitis?

Administer IV analgesia and antiemetics. Check blood tests (FBC, UE, LFTs), perform ECG and CXR to rule out cardiac causes, and confirm diagnosis with ultrasound. Begin IV antibiotics (e.g., cefotaxime 1g IV) and refer to surgery. :contentReference[oaicite:0]index=0

Question 112

What should I do in case of cholangitis?

Recognize Charcot's triad: abdominal pain, jaundice, and fever. The patient may be critically ill and require resuscitation for septic shock. Manage per

sepsis protocol including oxygen, IV fluids, and antibiotics, and refer urgently. :contentReference[oaicite:1]index=1

Question 113

What should I do in case of peptic ulcer disease?

Administer oxygen, IV fluids, IV analgesia (morphine), and antiemetic (e.g., IV metoclopramide). If perforation is suspected, confirm with erect CXR showing free gas under diaphragm. Give antibiotics (e.g., cefotaxime and metronidazole) and refer to surgery. :contentReference[oaicite:2]index=2

Question 114

What should I do in case of gastroenteritis?

Ensure fluid replacement using ORT or IV fluids based on severity. Avoid anti-diarrheal drugs in children and use antiemetics cautiously. Investigate prolonged or severe cases. Follow infection control procedures. :contentReference[oaicite:3]index=3

Question 115

What should I do in case of esophageal varices?

Initiate fluid resuscitation, administer terlipressin 2mg IV every 4-6 hours, give prophylactic antibiotics (e.g., ciprofloxacin), and consider balloon tamponade if bleeding is uncontrolled. Secure the airway if necessary and refer for emergency endoscopy. :contentReference[oaicite:4]index=4

Question 116

What should I do in case of esophagitis?

If the patient presents with symptoms suggestive of esophagitis (e.g., pain or burning behind the breastbone), and there are no signs of complications, consider discharge with antacid and GP follow-up. Do not start H2 blockers or PPIs in ED without accurate diagnosis. Serious cases require further investigation. :contentReference[oaicite:0]index=0

Question 117

What should I do in case of food bolus obstruction?

Patients with complete obstruction are unable to swallow solids, liquids, or saliva. Refer for urgent endoscopy. Glucagon 1mg IV may relieve some cases, but endoscopy is still recommended to rule out esophageal stricture or malignancy. :contentReference[oaicite:1]index=1

Question 118

What should I do in case of perforated ulcer?

Give oxygen, IV analgesia (e.g., morphine), antiemetics, and IV 0.9

Question 119

What should I do in case of toxic megacolon?

Suspect if patient has severe ulcerative colitis with colonic width ≥ 5.5 cm on X-ray. Initiate aggressive medical therapy with IV and PR steroids and IV fluids. Refer urgently for joint medical and surgical review. Surgery may be needed.

Question 120

What should I do in case of intussusception?

Suspect in children aged 6 months–4 years with sudden distress, vomiting, or redcurrant jelly stools. Refer urgently to surgery. Diagnosis may be confirmed and treated by air or barium enema unless perforation is suspected.

Question 121

What should I do in case of volvulus?

Obtain an abdominal X-ray and refer promptly to the surgical team. Sigmoid volvulus typically shows a large single dilated loop of colon (a ‘bent inner tube’) on the left side with both ends in the pelvis. If not strangulated, sigmoidoscopy may be attempted. Strangulated cases require surgery.

Question 122

What should I do in case of hernia strangulation?

Look for signs of intestinal obstruction: pain, vomiting, abdominal distension. Confirm obstruction via X-ray. Resuscitate with IV fluids, give analgesia, and refer urgently for surgery.

Question 123

What should I do in case of celiac disease emergency?

I’m sorry, but I don’t have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 124

What should I do in case of Crohn’s disease flare?

Crohn’s disease may present as colitis with bloody diarrhea, urgency, and fre-

quency. Emergency surgery is indicated in acute fulminating Crohn's colitis with bleeding, toxic dilatation, or perforation. Refer urgently if these signs are present. :contentReference[oaicite:2]index=2

Question 125

What should I do in case of ulcerative colitis flare?

If severe acute colitis is suspected, with ≥ 6 loose bloody stools per day and systemic signs, refer urgently to inpatient gastroenterology for aggressive therapy (IV and PR steroids, IV fluids). Surgical review is needed if complications arise (e.g., toxic megacolon). :contentReference[oaicite:3]index=3

Question 126

What should I do in case of irritable bowel syndrome emergency?

Irritable bowel syndrome is diagnosed by exclusion. In emergencies, exclude other serious causes of abdominal pain. If the patient has a known history, manage symptoms conservatively with reassurance and symptomatic treatment. Be vigilant for any new or red flag symptoms that may indicate organic disease. :contentReference[oaicite:0]index=0

Question 127

What should I do in case of anal fissure?

Prescribe analgesia and stool softeners. Most fissures heal spontaneously. Refer for surgical follow-up if there is significant ulceration, hypertrophied tissue, or skin tag, or if the fissure is chronic or atypical (e.g., not in midline or multiple). :contentReference[oaicite:1]index=1

Question 128

What should I do in case of hemorrhoids?

For painless bright red PR bleeding, examine the anus and perform PR exam. If prolapsed piles are present and acutely painful, treat conservatively with analgesia, bed rest, and stool softeners. Thrombosed external piles may require surgical referral for possible incision and drainage. :contentReference[oaicite:2]index=2

Question 129

What should I do in case of fecal impaction?

Fecal impaction is listed as a cause of acute urinary retention. Assess for abdominal discomfort and a tender enlarged bladder. Perform PR exam to assess rectal tone and identify fecal mass. Initial management includes addressing urinary retention and referring for appropriate follow-up. :contentReference[oaicite:3]index=3

Question 130

What should I do in case of proctitis?

For venereal proctitis, consider STDs such as gonococcus, chlamydia, syphilis, or herpes simplex. Patients may report pain, irritation, discharge, or bleeding. Refer urgently to a genitourinary specialist. :contentReference[oaicite:4]index=4

Question 131

What should I do in case of syncope?

Assess responsiveness and check for pulse. Maintain airway, give O₂, and monitor ECG. Investigate the cause (e.g., vasovagal, seizure, cardiac). Take detailed history and perform full examination including postural BP. Refer for cardiology review if risk factors are present. Discharge if vasovagal syncope is confidently diagnosed and the patient has recovered fully. :contentReference[oaicite:0]index=0

Question 132

What should I do in case of seizure?

Ensure airway is clear, give oxygen, and check blood glucose. If it's the first seizure, obtain history and witness report. Perform ECG, bloods, and consider CT if red flags are present. Discharge if recovered, normal exams, and follow-up with epilepsy specialist arranged. Advise no driving or machinery use until reviewed. :contentReference[oaicite:1]index=1

Question 133

What should I do in case of status epilepticus?

Establish airway and give high-flow O₂. Give IV lorazepam 4mg; repeat in 10 minutes if needed. Use IV glucose if hypoglycemia suspected. If no IV access, give buccal midazolam or rectal diazepam. If seizure persists, give phenytoin or phenobarbital and prepare for intubation and ICU transfer. :contentReference[oaicite:2]index=2

Question 134

What should I do in case of headache?

Take a full history and neurological exam. Identify red flags (sudden onset, worst ever, trauma, etc.). Manage with paracetamol or NSAID and metoclopramide. Perform CT if indicated. Discharge only if normal exam and symptoms resolved. Always advise return if worsens. :contentReference[oaicite:3]index=3

Question 135

What should I do in case of migraine?

Use paracetamol or NSAID with antiemetic (e.g., metoclopramide). If not

responsive, consider sumatriptan, but check for contraindications. Refer if neurological signs or diagnostic uncertainty. Avoid ergotamine. :contentReference[oaicite:4]index=4

Question 136

What should I do in case of cluster headache?

Administer high-flow oxygen at 12L/min via reservoir mask for 15 minutes. If this is not effective, use paracetamol or NSAID. Consult before starting ergotamine or sumatriptan. :contentReference[oaicite:0]index=0

Question 137

What should I do in case of tension headache?

Rule out more serious pathology first. If consistent with tension headache, treat with simple analgesia like paracetamol (1g PO up to four times daily). Advise follow-up with a general practitioner. Reassure the patient if no red flags are identified during history and examination. :contentReference[oaicite:1]index=1

Question 138

What should I do in case of subarachnoid hemorrhage?

Suspect in patients with sudden, severe 'worst ever' headache. Assess airway and breathing. If unconscious, intubate and ventilate. Obtain venous access and emergency CT. If CT is normal but suspicion remains, perform lumbar puncture. Provide oxygen, analgesia, and antiemetic. Consult neurosurgical team urgently. Use nimodipine for vasospasm and mannitol for increased ICP if indicated. :contentReference[oaicite:2]index=2

Question 139

What should I do in case of intracranial hemorrhage?

Look for deterioration in conscious level or new neurological signs. Administer oxygen, monitor vitals, and ensure rapid neuroimaging. Treat increased ICP with IV mannitol and consult neurosurgery urgently. Control BP and avoid hypoxia. :contentReference[oaicite:3]index=3

Question 140

What should I do in case of stroke?

Immediately correct hypoglycemia. Give oxygen only if SpO₂ <95%. Screen ability to swallow. Administer aspirin 300mg if no hemorrhage is found. Arrange emergency CT scan. Refer to stroke unit. Do not lower BP acutely. Thrombolysis may be used within 4 hours if no contraindications. :contentReference[oaicite:4]index=4

Question 141

What should I do in case of TIA?

To diagnose a TIA, ensure symptoms resolved within 24 hours. Assess vitals and perform neurological exam. Start aspirin 300 mg daily immediately. Use ABCD2 score to assess risk. Admit if score is 4 or more or if multiple TIAs within a week. Otherwise, arrange stroke team follow-up. Investigate causes such as atrial fibrillation, carotid stenosis, or hypoperfusion. :contentReference[oaicite:0]index=0

Question 142

What should I do in case of cerebral venous sinus thrombosis?

Diagnose with CT/MR venography if suspected due to headache, seizures, or focal neurological signs. Treat with anticoagulation using heparin, even in presence of hemorrhagic infarction. Supportive care includes managing seizures and elevated intracranial pressure. Consult neurology for ongoing management. :contentReference[oaicite:1]index=1

Question 143

What should I do in case of meningitis?

Start IV antibiotics (e.g., ceftriaxone or cefotaxime) immediately if suspected. Add ampicillin if over 55 years. Give IV dexamethasone with first antibiotic dose if pneumococcal meningitis is suspected. Perform CT before LP if raised ICP is suspected. Monitor vitals, fluid status, and conscious level. Notify communicable disease authorities if meningococcal infection is suspected. :contentReference[oaicite:2]index=2

Question 144

What should I do in case of encephalitis?

Start acyclovir 10 mg/kg IV if viral encephalitis is suspected (especially HSV). Perform CT and LP to confirm diagnosis. Supportive care includes IV fluids, seizure control, and monitoring for raised ICP. ICU care may be required. Consult neurology early. :contentReference[oaicite:3]index=3

Question 145

What should I do in case of brain abscess?

Suspect in patients with headache, fever, and focal neurological signs. Diagnose with contrast CT or MRI. Start IV antibiotics (e.g., cefotaxime + metronidazole). Neurosurgical drainage may be needed. Monitor ICP and manage seizures. Consult infectious diseases and neurosurgery. :contentReference[oaicite:4]index=4

Question 146

What should I do in case of Bell's palsy?

Start prednisolone 60mg daily within 72 hours of symptom onset for 5 days, then taper by 10mg per day for a total of 10 days. Antiviral treatment is not typically helpful. Advise artificial tears and eye patching at night to prevent corneal drying. Refer to ENT for follow-up. :contentReference[oaicite:0]index=0

Question 147

What should I do in case of trigeminal neuralgia?

Treat with carbamazepine and oral analgesia. Admit if the pain is severe and unrelieved. The condition presents with severe stabbing unilateral facial pain triggered by stimuli like touch or chewing. :contentReference[oaicite:1]index=1

Question 148

What should I do in case of multiple sclerosis emergency?

Arrange admission under neurology. If the patient has eye symptoms (e.g., optic neuritis), urgently refer to ophthalmology. Symptoms may include sensory loss, limb stiffness and weakness, ataxia, and diplopia. :contentReference[oaicite:2]index=2

Question 149

What should I do in case of myasthenia gravis crisis?

Admit to ICU. Maintain airway and circulation. Intubate and ventilate if respiratory effort is poor. Start nasogastric feeding if dysphagia occurs. Specific therapy includes pyridostigmine 60mg every 8 hours, IV immunoglobulin (0.5 g/kg/day for 5 days) or plasmapheresis, and immunosuppressive treatment with prednisolone and/or azathioprine. :contentReference[oaicite:3]index=3

Question 150

What should I do in case of Guillain-Barré syndrome?

Refer urgently to ICU if respiratory failure is suspected. Monitor vital capacity regularly. Treat with IV immunoglobulin (0.5 g/kg/day for 5 days) or plasmapheresis. Provide general support including respiratory care, feeding, DVT prophylaxis, and physiotherapy. Corticosteroids are not effective. :contentReference[oaicite:4]index=4

Question 151

What should I do in case of Parkinson's disease emergency?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 152

What should I do in case of Huntington's disease emergency?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 153

What should I do in case of ALS emergency?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 154

What should I do in case of spinal cord compression?

Suspect spinal cord compression in patients with neurological deficits or pain. Immobilize the spine and assess ABCs. Use CT or MRI to evaluate for bony injury or compression. High-dose steroids are not widely recommended. Refer urgently for orthopedic or neurosurgical evaluation. Cervical injuries may require skeletal traction. :contentReference[oaicite:0]index=0

Question 155

What should I do in case of cauda equina syndrome?

Urgently refer patients with lower limb weakness, altered perineal or perianal sensation, or sphincter disturbance. MRI confirms the diagnosis. Consult neurosurgery immediately for possible emergency decompression. Start analgesia and IV dexamethasone. :contentReference[oaicite:1]index=1

Question 156

What should I do in case of epidural abscess?

Order MRI to definitively diagnose. Consider bone scan if osteomyelitis is suspected. Start broad-spectrum antibiotics and consult orthopedics. :contentReference[oaicite:0]index=0

Question 157

What should I do in case of transverse myelitis?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 158

What should I do in case of peripheral neuropathy emergency?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 159

What should I do in case of autonomic dysreflexia?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 160

What should I do in case of neuroleptic malignant syndrome?

Stop the antipsychotic medication immediately. Cool the patient. Administer dantrolene. Support airway and oxygenation. Monitor for rigidity, autonomic instability, and elevated CK. :contentReference[oaicite:1]index=1

Question 161

What should I do in case of serotonin syndrome?

Provide supportive care. Manage agitation, hyperthermia, and seizures with diazepam. Treat rhabdomyolysis with IV fluids and urine alkalization. Cyproheptadine (4–8mg orally) may be considered as a serotonin receptor antagonist. Seek expert advice. :contentReference[oaicite:0]index=0

Question 162

What should I do in case of hypertensive crisis?

Admit the patient. In hypertensive emergencies, reduce BP by 25

Question 163

What should I do in case of hypotensive shock?

Recognize clinical signs: hypotension, tachycardia, altered consciousness, poor peripheral perfusion, and oliguria. Give high-flow oxygen, establish IV access, and administer a 20mL/kg bolus of 0.9

Question 164

What should I do in case of cardiogenic shock?

Establish airway and circulation. Secure central venous access. Start ECG and continuous monitoring. Use echocardiography to identify causes. Administer fluids cautiously if no LV failure. Give inotropic support (dopamine, norepinephrine, or dobutamine). Consider mechanical devices and urgent revascularization or surgery for mechanical complications. :contentReference[oaicite:3]index=3

Question 165

What should I do in case of anaphylactic shock?

Administer 0.5mg IM adrenaline immediately. Repeat every 5 minutes if needed. Give high-flow oxygen, maintain airway, and consider IV fluids (1–2L of 0.9%

saline). Add antihistamines (chlorphenamine), corticosteroids (hydrocortisone), and nebulized beta-agonists if bronchospasm occurs. Admit for observation due to risk of biphasic reaction. :contentReference[oaicite:4]index=4

Question 166

What should I do in case of septic shock?

Administer high-flow oxygen and obtain IV access. Give an initial bolus of 20mL/kg of 0.9

Question 167

What should I do in case of obstructive shock?

Identify and alleviate the obstruction. For tension pneumothorax, perform needle decompression and insert a chest tube. For cardiac tamponade, give IV crystalloids and perform pericardiocentesis. For massive pulmonary embolism, administer IV fluids, inotropes, and consider thrombolysis. :contentReference[oaicite:1]index=1

Question 168

What should I do in case of toxic shock syndrome?

Provide IV fluids and start anti-staphylococcal antibiotics. Remove any associated tampon or foreign material and send for culture. Refer to ICU. Surgical debridement may be required for abscess or necrotic tissue. :contentReference[oaicite:2]index=2

Question 169

What should I do in case of adrenal crisis?

Secure IV access and begin fluid resuscitation with 0.9

Question 170

What should I do in case of thyroid storm?

Treat the underlying cause and support organ function. Administer oxygen, IV fluids, and sedatives as needed. Start propranolol or esmolol, corticosteroids (hydrocortisone or dexamethasone), and carbimazole. Add iodine at least 2 hours after antithyroid drugs. Avoid aspirin. Admit to ICU. :contentReference[oaicite:4]index=4

Question 171

What should I do in case of myxedema coma?

Administer IV thyroxine (T4) and/or triiodothyronine (T3). Begin supportive therapy including high-flow oxygen and IV fluids. Treat hypothermia with

passive rewarming. Address hypoglycemia and hyponatremia. Broad-spectrum antibiotics should be started until infection is ruled out. Admit to ICU. :contentReference[oaicite:0]index=0

Question 172

What should I do in case of diabetic ketoacidosis?

Start with high-flow oxygen and IV fluids (0.9

Question 173

What should I do in case of hyperosmolar hyperglycemic state?

Rehydrate gradually using 0.9

Question 174

What should I do in case of hypoglycemia emergency?

If the patient is unconscious, give 50mL of 50

Question 175

What should I do in case of hypercalcemia crisis?

Begin rehydration with 0.9% or 0.45% saline at 250–500mL/hr. Once rehydrated, give IV furosemide to promote calcium excretion. Add potassium supplements. Consider calcitonin (4–8 units/kg every 6–8 hours SC/IM) and steroids (IV hydrocortisone 200–400mg every 6–8 hours) especially if due to malignancy. Monitor fluid status closely. :contentReference[oaicite:4]index=4

Question 176

What should I do in case of hypocalcemia emergency?

Administer IV calcium gluconate 10

Question 177

What should I do in case of hyperkalemia?

Administer IV calcium gluconate if ECG changes are present. Shift potassium with IV insulin + dextrose, albuterol nebulization, and bicarbonate if acidotic. Promote excretion with fluids, diuretics, PEG3350, or dialysis if severe. Monitor ECG closely. :contentReference[oaicite:1]index=1

Question 178

What should I do in case of hypokalemia?

Replace potassium orally or IV depending on severity. IV KCl: 10–20 mmol/hr;

PO: 40–60 mmol every 2–4 hours. Check for and treat associated hypomagnesemia with IV MgSO₄ 500mg/h. Monitor ECG for arrhythmias. :contentReference[oaicite:2]index=2

Question 179

What should I do in case of hypernatremia?

Identify cause and correct water deficit slowly. Use hypotonic fluids (D5W or 0.45

Question 180

What should I do in case of hyponatremia?

If acute or symptomatic with Na <120 mmol/L, use IV 3% saline (100cc over 10 minutes). Do not exceed correction of 8 mmol/L per 24 hours to avoid central pontine myelinolysis. Tailor treatment to volume status. :contentReference[oaicite:4]index=4

Question 181

What should I do in case of metabolic acidosis?

Identify and treat the underlying cause. Administer sodium bicarbonate if pH <7.1 or in severe poisoning. Monitor arterial blood gases. In renal failure or poisoning with methanol, ethylene glycol, or salicylates, consider dialysis. :contentReference[oaicite:0]index=0

Question 182

What should I do in case of metabolic alkalosis?

Determine the underlying cause. Treat hypokalemia and volume depletion. Use isotonic saline if due to vomiting or diuretics. In severe cases, consider IV acid infusion under ICU monitoring. :contentReference[oaicite:1]index=1

Question 183

What should I do in case of respiratory acidosis?

Ensure airway and support ventilation. Treat underlying causes like COPD or CNS depression. Provide non-invasive or mechanical ventilation if needed. Avoid excessive oxygen in chronic CO₂ retainers. : contentReference[oaicite : 2]index = 2

Question 184

What should I do in case of respiratory alkalosis?

Treat underlying causes such as pain, anxiety, or hypoxia. Reassure patient if due to psychogenic hyperventilation. Avoid sedation. Use breathing exercises. Exclude serious causes like PE or sepsis. :contentReference[oaicite:3]index=3

Question 185

What should I do in case of mixed acid-base disorder?

Use blood gas and electrolyte values to identify coexisting acid-base abnormalities. Treat all underlying causes concurrently. Monitor serial ABGs and clinical response closely. :contentReference[oaicite:4]index=4

Question 186

What should I do in case of upper GI bleeding?

Ensure airway and breathing; provide O₂. Insert two large-bore IV cannulas. Start IV fluids or blood as necessary. Send blood for FBC, UE, clotting, cross-match. Consider IV omeprazole if peptic ulcer known. In suspected variceal bleed, give terlipressin, IV antibiotics, and arrange emergency endoscopy. Monitor vitals closely. Consider ICU and surgical consultation. :contentReference[oaicite:0]index=0

Question 187

What should I do in case of lower GI bleeding?

Assess for hypovolemia and initiate resuscitation. Administer O₂, attach monitoring, insert two large-bore IV cannulas, give IV fluids. Insert NG tube and urinary catheter. Correct coagulopathy if present. Contact surgical and ICU teams early. Consider colonoscopy or imaging for localization if bleeding persists. :contentReference[oaicite:1]index=1

Question 188

What should I do in case of hematemesis?

Initiate ABCs, oxygen, and IV access. Resuscitate with fluids or blood as needed. Monitor for shock. Administer proton pump inhibitor if peptic ulcer suspected. For suspected variceal bleeding, give terlipressin and antibiotics. Arrange urgent endoscopy. Protect airway if vomiting is ongoing or patient has reduced consciousness. :contentReference[oaicite:2]index=2

Question 189

What should I do in case of melena?

Melena usually indicates upper GI bleeding. Stabilize the patient: provide oxygen, insert two IV lines, give fluids and cross-match blood. Monitor vitals and urine output. Administer IV PPIs. Arrange upper GI endoscopy. Rule out iron ingestion or Pepto-Bismol use. :contentReference[oaicite:3]index=3

Question 190

What should I do in case of hematochezia?

Consider both upper and lower GI sources. Initiate ABCs and resuscitation. In-

sert large-bore IV access, give fluids or blood. If unstable or with massive bleeding, consult GI/surgery urgently. Consider nasogastric lavage and colonoscopy once stable. :contentReference[oaicite:4]index=4

Question 191

What should I do in case of appendicitis?

Obtain IV access and start fluids if dehydrated. Administer IV opioid analgesia and antiemetics (e.g. slow IV metoclopramide 10mg). Keep the patient nil by mouth and refer to the surgeon. If appendicectomy is required, give pre-op antibiotics (e.g. cefuroxime + metronidazole). Monitor for signs of perforation or sepsis. :contentReference[oaicite:0]index=0

Question 192

What should I do in case of diverticulitis?

Give analgesia and IV fluids. Keep the patient fasted. Start broad spectrum IV antibiotics (e.g. cefuroxime + metronidazole). Refer to the surgical team. Monitor for complications such as perforation, obstruction, or abscess. :contentReference[oaicite:1]index=1

Question 193

What should I do in case of bowel obstruction?

Insert IV cannula and start 0.9% saline. If shocked, give oxygen, IV fluids, and insert urinary catheter. Provide analgesia (e.g. IV morphine), antiemetics, and insert a nasogastric tube. Refer to the surgical team. Order blood tests and abdominal X-rays. :contentReference[oaicite:2]index=2

Question 194

What should I do in case of bowel perforation?

Give oxygen and IV fluids. Provide IV analgesia (e.g. morphine) and antiemetics (e.g. metoclopramide). Obtain an erect chest X-ray to check for free gas under the diaphragm. Refer to the surgical team urgently. Start IV antibiotics (e.g. cefotaxime and metronidazole). :contentReference[oaicite:3]index=3

Question 195

What should I do in case of peritonitis?

Initiate prompt resuscitation with oxygen and IV fluids. Provide IV opioid analgesia. Monitor vitals and urine output. Refer urgently to the surgical team. Consider imaging and blood tests. WCC may be normal despite sepsis. :contentReference[oaicite:4]index=4

Question 196

What should I do in case of pancreatitis?

Provide oxygen, obtain IV access, and resuscitate with fluids. Administer IV analgesia (e.g., morphine titrated to response) and anti-emetics (e.g., metoclopramide or cyclizine). Insert a nasogastric tube and urinary catheter, monitor urine output. Consider early central line insertion in severe cases. Transfer to HDU/ICU if needed. Monitor for complications like ARDS or renal failure. :contentReference[oaicite:0]index=0

Question 197

What should I do in case of cholecystitis?

Give IV analgesia and anti-emetic. Check FBC, UE, glucose, amylase, and LFTs. Perform CXR and ECG to exclude differential diagnoses. Confirm with ultrasound (look for ultrasonic Murphy's sign). Start IV antibiotics (e.g., cefotaxime 1g IV) and refer to surgery. :contentReference[oaicite:1]index=1

Question 198

What should I do in case of cholangitis?

Look for Charcot's triad (jaundice, fever, RUQ pain). Start resuscitation and IV antibiotics. Admit urgently. Monitor closely as patient may be septic and require ICU care. Consult surgery and gastroenterology for possible ERCP. :contentReference[oaicite:2]index=2

Question 199

What should I do in case of biliary colic?

Provide analgesia. If pain has subsided and there are no abnormal signs, the patient may be discharged with follow-up via GP or surgical outpatient. If persistent or severe, refer to surgery. :contentReference[oaicite:3]index=3

Question 200

What should I do in case of liver failure?

Admit to HDU/ICU. Monitor glucose, INR, LFTs, renal function. Treat hypoglycemia with glucose infusion. Correct coagulopathy with vitamin K and FFP. Monitor for signs of encephalopathy and treat with lactulose. Consider urgent transplant referral if meeting criteria. :contentReference[oaicite:4]index=4

MISSING 5

Question 206

What should I do in case of peptic ulcer disease emergency?

Give high-flow oxygen and resuscitate with IV fluids. Administer IV opioid analgesia (e.g., morphine), antiemetics (e.g., metoclopramide 10mg IV), and

antibiotics (e.g., cefotaxime with metronidazole for late cases). Confirm diagnosis with erect CXR or CT. Refer to surgeon urgently. Monitor for signs of peritonitis or shock. :contentReference[oaicite:0]index=0

Question 207

What should I do in case of gastritis emergency?

If symptoms suggest upper GI inflammation, consider discharging with antacids and GP follow-up. Do not initiate H2 blockers or PPIs without a confirmed diagnosis. If signs suggest complication, investigate further and avoid discharge. :contentReference[oaicite:1]index=1

Question 208

What should I do in case of Mallory-Weiss tear?

Evaluate for upper GI bleed. Stabilize airway and provide high-flow oxygen. Insert two large-bore IV lines, send bloods (FBC, UE, clotting), and initiate fluid resuscitation or blood transfusion as needed. Arrange urgent endoscopy. :contentReference[oaicite:2]index=2

Question 209

What should I do in case of esophageal rupture?

Suspect if patient has severe chest pain, dyspnea, subcutaneous emphysema after vomiting or instrumentation. Initiate oxygen and IV fluids. Provide broad-spectrum IV antibiotics. Obtain urgent surgical consultation. Confirm diagnosis via contrast esophagogram or CT. :contentReference[oaicite:3]index=3

Question 210

What should I do in case of esophagitis?

Consider in patients with dysphagia, odynophagia, or retrosternal pain. Treat symptomatically with antacids if mild and uncomplicated. If signs of upper GI bleed or severe pain are present, consider endoscopic evaluation and refer. :contentReference[oaicite:4]index=4

Question 211

What should I do in case of anal fissure?

Prescribe analgesia and stool softeners. Most fissures heal spontaneously. Chronic features such as ulceration, hypertrophied tissue, or a skin tag may require surgical follow-up. Be cautious of non-midline or multiple fissures, as these may indicate underlying pathology like inflammatory bowel disease or cancer. :contentReference[oaicite:0]index=0

Question 212

What should I do in case of anorectal abscess?

Provide analgesia and refer to the surgical team for incision and drainage under general anesthesia. Clinical signs may include painful, tender, red swelling near the anus. Systemic symptoms or deep abscesses may develop more slowly with pyrexia and general malaise. :contentReference[oaicite:1]index=1

Question 213

What should I do in case of rectal prolapse?

The documents do not provide emergency management steps for rectal prolapse. Please consult a surgical specialist or refer to updated clinical guidelines. :contentReference[oaicite:2]index=2

Question 214

What should I do in case of hemorrhoids emergency?

For prolapsed piles: treat conservatively with analgesia, bed rest, and stool softeners. For thrombosed external piles (peri-anal hematoma): refer to surgery for possible incision and drainage or conservative management. Bright red painless PR bleeding should prompt surgical follow-up to exclude malignancy. :contentReference[oaicite:3]index=3

Question 215

What should I do in case of fecal impaction?

The documents do not provide specific emergency management for fecal impaction. It is often linked with urinary retention and other complications. Please refer to local protocols or consult surgical or emergency care teams. :contentReference[oaicite:4]index=4

Question 216

What should I do in case of gastrointestinal perforation?

Give high-flow oxygen, resuscitate with IV fluids, and administer IV analgesia (e.g., morphine) and antiemetics. Suspect perforation with sudden epigastric pain radiating to the shoulder. Confirm with erect CXR showing free gas under diaphragm or CT if X-ray is inconclusive. Start IV antibiotics (e.g., cefotaxime ± metronidazole) and refer to surgery urgently. :contentReference[oaicite:0]index=0

Question 217

What should I do in case of intussusception?

Affects mostly children aged 6 months to 4 years. Suspect if child presents with intermittent abdominal pain, vomiting, and redcurrant jelly stools. Look for

signs of shock or a palpable mass. Refer urgently to surgery. Air or barium enema may confirm and reduce the intussusception unless perforation is suspected. :contentReference[oaicite:1]index=1

Question 218

What should I do in case of volvulus?

Occurs with congenital malrotation or adhesions. Look for signs of obstruction such as vomiting, distension, and pain. Obtain abdominal X-ray and refer urgently to surgery. If sigmoid volvulus, a 'bent inner tube' appearance may be seen on X-ray. Non-strangulated cases may be treated with sigmoidoscopy, otherwise surgery is needed. :contentReference[oaicite:2]index=2

Question 219

What should I do in case of mesenteric ischemia?

Suspect with sudden, severe abdominal pain that exceeds physical signs, especially in elderly or those with vascular history. Resuscitate with oxygen and IV fluids, provide analgesia (e.g., IV morphine), consider broad-spectrum IV antibiotics, and refer urgently to surgeon. ABG may show metabolic acidosis; CT/angiography may help confirm. :contentReference[oaicite:3]index=3

Question 220

What should I do in case of abdominal compartment syndrome?

Suspect in trauma, post-liver transplant, bowel obstruction, or pancreatitis with tense abdomen and oliguria. Measure intraabdominal pressure via bladder. Treat with abdominal decompression and manage acute renal insufficiency. :contentReference[oaicite:4]index=4

Question 221

What should I do in case of ureteric colic?

Provide IV opioid titrated to effect, and an NSAID (IV ketorolac or oral/rectal diclofenac). Do not use antispasmodics or push fluids. Discharge if pain resolves and imaging shows no obstruction. Admit if pain persists, or if obstruction, infection, sepsis, or renal impairment is found. Arrange outpatient follow-up if discharged. :contentReference[oaicite:0]index=0

Question 222

What should I do in case of urinary retention?

Perform urgent bladder decompression using urethral catheterization unless contraindicated. If unsuccessful or contraindicated, consider suprapubic catheterization by experienced staff. Record drained volume, re-examine abdomen, and test urine. Investigate underlying cause and refer to urology. :contentReference[oaicite:1]index=1

Question 223

What should I do in case of hematuria?

Assess for trauma, infection, stones, or malignancy. Microscopic hematuria often occurs with renal stones. Investigate with urinalysis, imaging (e.g., CT, USS), and MSU. Refer to urology for unexplained cases or those with systemic signs. :contentReference[oaicite:2]index=2

Question 224

What should I do in case of pyelonephritis?

Admit patient for IV antibiotics, fluid replacement, and analgesia. Assess and treat for severe sepsis. Typical symptoms include fever, loin pain, vomiting, and rigors. :contentReference[oaicite:3]index=3

Question 225

What should I do in case of urosepsis?

Initiate prompt resuscitation: give oxygen, IV fluids, and antibiotics. Monitor urine output and vital signs. Manage sepsis as per shock protocols. Refer urgently to urology if obstructive source is suspected. :contentReference[oaicite:4]index=4

Question 226

What should I do in case of testicular torsion?

Refer immediately for urgent surgery. Testicular torsion presents with sudden onset of severe testicular or lower abdominal pain, often with vomiting. Examination may reveal a red, swollen, and tender testis with horizontal lie (Angell's sign). Urgent surgical exploration, untwisting, and bilateral orchidopexy are needed. :contentReference[oaicite:0]index=0

Question 227

What should I do in case of epididymitis?

Rule out testicular torsion first. Treat with antibiotics (e.g., ciprofloxacin for 2 weeks), analgesia, and rest. Send MSU and urethral swab for testing. Admit if severe or consider outpatient management with urology follow-up. Involve urology early and provide contact tracing advice for sexually transmitted infections. :contentReference[oaicite:1]index=1

Question 228

What should I do in case of orchitis?

Provide analgesia and follow-up. If bacterial infection is suspected, treat with antibiotics. Viral orchitis (e.g., mumps) may occur with or without parotitis and typically affects post-pubertal males. Refer if symptoms are severe or diagnosis is uncertain. :contentReference[oaicite:2]index=2

Question 229

What should I do in case of priapism?

Refer urgently to urology. Priapism is a urological emergency. Initial emergency treatment of artificial erection lasting more than 6 hours includes aspiration of blood from each corpus cavernosum using a butterfly needle and syringe. :contentReference[oaicite:3]index=3

Question 230

What should I do in case of paraphimosis?

Attempt manual decompression with cold compresses and topical or injected local anesthetic. If reduction fails, refer to surgery for reduction under general anesthesia or dorsal slit followed by circumcision. Tissue necrosis may occur if untreated. :contentReference[oaicite:4]index=4

Question 231

What should I do in case of phimosis emergency?

Phimosis that persists beyond age 5, balloons on micturition, or is associated with recurrent balanitis may require surgical intervention (e.g., preputial stretch or circumcision). Refer to a pediatric surgeon for assessment. :contentReference[oaicite:0]index=0

Question 232

What should I do in case of urinary tract trauma?

Evaluate for bladder, urethral, or testicular trauma. Look for haematuria, inability to pass urine, perineal bruising, and blood at the urethral meatus. Do not attempt urethral catheterization if urethral injury is suspected. Refer urgently to urology. Intraperitoneal bladder rupture requires surgical repair. Extraperitoneal rupture may be treated conservatively with catheter drainage and antibiotics. :contentReference[oaicite:1]index=1

Question 233

What should I do in case of penile fracture?

This is a urological emergency caused by injury to the tunica albuginea. Symptoms include pain and swelling. Refer urgently for surgical exploration, hematoma evacuation, and repair. :contentReference[oaicite:2]index=2

Question 234

What should I do in case of scrotal trauma?

Scrotal trauma may cause haematoma or testicular rupture. Use analgesia and ultrasound to differentiate. Haematomas may resolve conservatively; testicular

rupture requires urgent surgical repair. Scrotal lacerations may need suturing or exploration if deep. :contentReference[oaicite:3]index=3

Question 235

What should I do in case of genitourinary bleeding?

If associated with trauma or severe haematuria with clots, resuscitate with IV fluids and refer to urology. Look for underlying causes such as stones, tumors, or glomerulonephritis. Investigate with urinalysis, imaging, and labs. Severe bleeding may need catheter irrigation or surgical intervention. :contentReference[oaicite:4]index=4

Question 236

What should I do in case of pelvic fracture with urinary injury?

Do not catheterize if urethral injury is suspected. Look for perineal bruising, blood at the meatus, and a high-riding prostate on rectal exam. Resuscitate, obtain pelvic X-ray, and refer to orthopedics and urology. Use suprapubic catheter if necessary. Stabilize with pelvic binder if unstable. :contentReference[oaicite:0]index=0

Question 237

What should I do in case of bladder rupture?

Check for pelvic fractures and signs like lower abdominal pain, haematuria, or inability to pass urine. Perform pelvic X-ray and cystogram. Intraperitoneal ruptures require surgical repair; extraperitoneal ruptures may heal with catheter drainage and antibiotics. Refer to urology. :contentReference[oaicite:1]index=1

Question 238

What should I do in case of urethral injury?

Suspect with perineal trauma, blood at the meatus, or high-riding prostate. Do not attempt urethral catheterization. Refer urgently to urology. Suprapubic catheterization may be used initially. Imaging or retrograde urethrogram may be performed later. :contentReference[oaicite:2]index=2

Question 239

What should I do in case of kidney trauma?

Blunt renal trauma usually settles with bed rest and analgesia. Use CT for evaluation if stable; IVU if CT not available. Resuscitate if unstable. Severe or penetrating trauma requires urgent urological referral \pm surgery. Provide antibiotics and analgesia. :contentReference[oaicite:3]index=3

Question 240

What should I do in case of testicular rupture?

Provide analgesia. Use ultrasound to distinguish from haematoma. Urgent surgical exploration and repair is required if rupture is confirmed. Scrotal haematomas may resolve conservatively. :contentReference[oaicite:4]index=4

Question 241

What should I do in case of acute urinary retention in children?

Urgent bladder decompression is needed. If no contraindications exist, perform urethral catheterization using aseptic technique. If unsuccessful or contraindicated, a suprapubic catheter may be considered but only by experienced staff. After decompression, send urine for culture, assess for underlying pathology, and refer to urology. :contentReference[oaicite:0]index=0

Question 242

What should I do in case of enuresis emergency?

While enuresis is rarely an emergency, rule out urinary tract infection and assess for constipation or diabetes. Reassure parents, encourage regular voiding, and refer for outpatient follow-up if needed. :contentReference[oaicite:1]index=1

Question 243

What should I do in case of balanitis?

Swab the area, check urine for glucose, and send MSU. Treat with amoxicillin or erythromycin. If redness and swelling involve the entire penis, refer for IV antibiotics. :contentReference[oaicite:2]index=2

Question 244

What should I do in case of epididymo-orchitis?

Rare in children, but may be associated with UTI. The testis and epididymis are red, swollen, and painful. Refer for urgent surgical opinion to rule out testicular torsion. :contentReference[oaicite:3]index=3

Question 245

What should I do in case of testicular pain in children?

Always suspect testicular torsion and refer immediately for surgical assessment. Other causes include torsion of the hydatid of Morgagni or Henoch-Schönlein purpura. Urgent evaluation is critical. :contentReference[oaicite:4]index=4

Question 246

What should I do in case of vomiting in children?

Assess for dehydration. Consider causes such as gastroenteritis, pyloric stenosis, or poisoning. Persistent or projectile vomiting may need investigation for obstruction. Ondansetron (0.1–0.15mg/kg, max 8mg) can reduce vomiting. Prolonged vomiting requires hospital admission and further investigation. :contentReference[oaicite:0]index=0

Question 247

What should I do in case of diarrhea in children?

Most cases are self-limiting. Oral rehydration therapy (ORT) is usually effective. Give 200mL ORT after each loose stool. Refer to hospital if dehydration is $\geq 5\%$, if child is ≥ 3 months, or if there is worsening condition. Anti-diarrhoeal drugs are contraindicated in children. :contentReference[oaicite:1]index=1

Question 248

What should I do in case of dehydration in children?

Assess severity: mild ($\leq 3\%$), moderate (5%), or severe (8%). For severe dehydration, give IV fluids (e.g., 10mL/kg 0.9% saline bolus, repeat as needed). Involve senior pediatric and possibly PICU staff if signs of cerebral oedema or severe acidosis are present. :contentReference[oaicite:2]index=2

Question 249

What should I do in case of abdominal pain in children?

Causes include appendicitis, intussusception, and DKA. Maintain low threshold for surgical referral. If symptoms suggest obstruction or serious pathology (e.g., vomiting, distension, shock), refer urgently. Evaluate thoroughly and consider imaging. :contentReference[oaicite:3]index=3

Question 250

What should I do in case of constipation in children?

Identify and treat underlying causes such as dehydration or dietary issues. Consider impaction if symptoms are chronic. Reassure parents and consider stool softeners or laxatives as advised. Refer if refractory or associated with weight loss or pain. :contentReference[oaicite:4]index=4

Question 251

What should I do in case of intussusception in children?

Suspect intussusception in children aged 6 months to 4 years who suddenly become distressed, vomit, or pass 'redcurrant jelly' stool. X-ray may be normal or

show an absent caecal shadow. Urgently refer to surgery. Diagnosis and treatment may be achieved by air or barium enema unless perforation is suspected. :contentReference[oaicite:0]index=0

Question 252

What should I do in case of pyloric stenosis?

Typically presents with projectile vomiting at 2–10 weeks. Look for visible peristalsis and palpate for an olive-sized lump. Keep the infant nil by mouth, start IV fluids, and correct electrolyte imbalance. Refer to surgery once stable. :contentReference[oaicite:1]index=1

Question 253

What should I do in case of hernia in children?

Inguinal hernias are common and should be referred for elective surgery. Irreducible hernias require urgent admission. Hydroceles should be referred for surgical evaluation. Painful, irreducible hernias may suggest obstruction and need emergency surgery. :contentReference[oaicite:2]index=2

Question 254

What should I do in case of gastroenteritis in children?

Ensure fluid replacement. Use ORT for mild cases; give 200mL after each loose stool. Hospitalize if dehydration is $\geq 5\%$, if ≤ 3 months old, or seriously ill. Avoid anti-diarrhoeal drugs. Ondansetron may reduce vomiting and IV fluid need. :contentReference[oaicite:3]index=3

Question 255

What should I do in case of appendicitis in children?

Suspect in any child with abdominal pain. Classic symptoms include central pain shifting to right iliac fossa. Avoid rectal exams. Keep nil by mouth, start IV fluids, and refer for surgical evaluation. Appendicitis in young children may present atypically. :contentReference[oaicite:4]index=4

Question 256

What should I do in case of febrile seizure in children?

Provide airway support and give oxygen. Administer IV lorazepam (0.1mg/kg), or if IV access is unavailable, use rectal diazepam (0.5mg/kg) or buccal midazolam (0.5mg/kg). Check blood glucose and temperature. Treat fever with paracetamol (15mg/kg PR or oral). Investigate for infection. Admit children ≤ 2 years, those with first febrile fits, or serious infections. Children ≥ 2 years with known cause and previous febrile seizures may be discharged with follow-up. :contentReference[oaicite:0]index=0

Question 257

What should I do in case of status epilepticus in children?

Start with airway, oxygen, and IV access. Administer IV lorazepam 0.1mg/kg; repeat once after 10 minutes if seizure persists. If still seizing, use PR paraldehyde or IV phenytoin/phenobarbital depending on prior medication. After 20 minutes of ongoing seizure, paralyze, intubate, and use IV thiopental. Monitor vitals and treat hypoglycemia or other metabolic causes. Admit to ICU. :contentReference[oaicite:1]index=1

Question 258

What should I do in case of meningitis in children?

Start IV antibiotics (e.g., ceftriaxone or cefotaxime) immediately. If signs of raised ICP or focal neurology, avoid LP and get CT. Provide supportive care (fluids, monitoring vitals). For meningococcal infection, notify public health and give prophylaxis to contacts. Get ICU help early. :contentReference[oaicite:2]index=2

Question 259

What should I do in case of sepsis in children?

Give high-flow oxygen. Start IV fluids (20mL/kg 0.9% saline) and broad-spectrum antibiotics within the first hour. If in shock after 40mL/kg, start inotropes (dopamine, adrenaline). Monitor glucose, lactate, and vital signs. Admit to ICU and identify source for drainage or removal. :contentReference[oaicite:3]index=3

Question 260

What should I do in case of respiratory distress in children?

Provide humidified oxygen to maintain SpO₂ ≥92%. Use NG or IV fluids. Refer to PICU if SpO₂ remains <92% on high FiO₂, with persistent acidosis or low consciousness. CPAP or IPPV may be needed. Avoid bronchodilators or steroids unless specific indications exist. :contentReference[oaicite:4]index=4

Question 261

What should I do in case of bronchiolitis in children?

Provide humidified O₂ to maintain SpO₂ ≥92%. Use NG or IV fluids if intake is <50% over 24 hours. Refer if signs of respiratory distress, apnoea, dehydration, or SpO₂ <94%. Do not use antibiotics, steroids, or nebulized adrenaline. Consider CPAP or IPPV for severe cases with persistent hypoxia or acidosis. Isolate to prevent cross-infection. :contentReference[oaicite:0]index=0

Question 262

What should I do in case of croup?

Leave the child in a comfortable position, preferably with the parent. Do not examine the pharynx. Use the modified Westley croup score. Give oral dexamethasone (0.15mg/kg) or nebulized budesonide (1–2mg) for moderate/severe symptoms. For severe cases, give nebulized adrenaline (0.5mL/kg of 1:1000, max 5mL) and refer to PICU if needed. Most mild cases can be discharged after observation. :contentReference[oaicite:1]index=1

Question 263

What should I do in case of epiglottitis in children?

Do not examine the throat. Let the child stay in their preferred position and give humidified oxygen. Call ICU, anaesthetics, and ENT teams urgently. Nebulized adrenaline (0.5mL/kg of 1:1000, max 5mL) may help temporarily. Delay IV access and other interventions until airway is secured. Prepare for difficult intubation or surgical airway. :contentReference[oaicite:2]index=2

Question 264

What should I do in case of asthma attack in children?

Provide high-flow oxygen. Use agonists via spacer or nebulizer (salbutamol or terbutaline). Add ipratropium bromide if response is poor. Give oral prednisolone (20–40mg based on age) or IV hydrocortisone. For severe cases, consider IV salbutamol, magnesium sulphate, or aminophylline after specialist advice. Refer to PICU if poor response or worsening. :contentReference[oaicite:3]index=3

Question 265

What should I do in case of pneumonia in children?

Give oxygen if SpO₂ <92%. Treat dehydration with IV fluids. Start antibiotics based on age and suspected organism. Admit if signs of severe disease or poor response. Refer to ICU if SpO₂ <92% despite FiO₂ <60%, or if signs of exhaustion or shock. Consider atypical organisms based on age and symptoms. :contentReference[oaicite:4]index=4

Question 266

What should I do in case of anaphylaxis in children?

Administer intramuscular adrenaline immediately: 150mcg (0.15mL of 1:1000) for children <6 years, 300mcg for 6–12 years, and 500mcg for those >12 years. Call for help, lie the child flat, and raise their legs. Provide high-flow oxygen and monitor vitals. Give IV fluids (20mL/kg crystalloid), chlorphenamine, and hydrocortisone. Observe after initial treatment to watch for biphasic reaction. :contentReference[oaicite:0]index=0

Question 267

What should I do in case of allergic reaction in children?

Treat mild reactions with oral antihistamines. For severe reactions with airway, breathing, or circulatory compromise, follow anaphylaxis protocol: give IM adrenaline, high-flow oxygen, IV fluids, and corticosteroids. Consider inhaled agonists for bronchospasm. Monitor closely and refer to allergy testing later. :contentReference[oaicite:1]index=1

Question 268

What should I do in case of foreign body aspiration?

Suspect if child has sudden cough, stridor, or wheeze. Encourage coughing if effective. If airway obstruction is suspected or symptoms persist, refer for bronchoscopy. A chest X-ray may show consolidation or hyperinflation. Expiratory CXR can help. Urgent referral is required if FB is lodged in larynx or tracheobronchial tree. :contentReference[oaicite:2]index=2

Question 269

What should I do in case of choking in children?

If the child is conscious and has an ineffective cough, give 5 back blows followed by 5 chest thrusts (infant) or 5 abdominal thrusts (child >1 year). Repeat sequence if needed. Do not use abdominal thrusts in infants. If the child becomes unconscious, start CPR, open airway, give 5 rescue breaths, and remove any visible object. Avoid blind finger sweeps. :contentReference[oaicite:3]index=3

Question 270

What should I do in case of inhalation injury in children?

Suspect if exposure to smoke/fire in enclosed space, soot, stridor, hoarseness, or facial burns. Give high-flow oxygen and monitor ABG. Consider early intubation for airway protection. For cyanide poisoning, give appropriate antidote. Bronchoscopy may be needed for particulate matter. Avoid routine steroids or antibiotics. :contentReference[oaicite:4]index=4

Question 271

What should I do in case of poisoning in children?

Ensure airway, breathing, and circulation. Consider activated charcoal (1g/kg, max 50g) within 1 hour of ingestion for poisons that bind to charcoal. Avoid charcoal in substances like iron, lithium, or hydrocarbons. Admit for observation if exposure is to a potentially toxic substance, even if asymptomatic. Discharge may be possible after 6 hours of no symptoms. Never attempt gastric emptying in cases of petrol or corrosive ingestion. :contentReference[oaicite:0]index=0

Question 272

What should I do in case of medication overdose in children?

Secure airway, support ventilation, and provide IV access. Check glucose, ECG, and consciousness level. Administer activated charcoal (1g/kg) if life-threatening amount ingested within the previous hour. Specific antidotes may be required for known substances like paracetamol, iron, or opioids. Always consult TOXBASE or poison center for guidance. Monitor closely and consider admission. :contentReference[oaicite:1]index=1

Question 273

What should I do in case of hydrocarbon ingestion?

Avoid gastric lavage due to aspiration risk. Do not give charcoal. Prevent aspiration—coughing is a warning sign. Administer oxygen and ensure airway. Intubate early if signs of aspiration. No steroids or prophylactic antibiotics. Provide supportive treatment for respiratory depression or coma. Observe closely for pulmonary complications. :contentReference[oaicite:2]index=2

Question 274

What should I do in case of iron poisoning in children?

Assess time and amount ingested. If $\geq 20\text{mg/kg}$ within 1 hour, consider gastric lavage. Do not use charcoal. Check serum iron, FBC, glucose, and ABG. Perform abdominal X-ray if tablets are radio-opaque. Use whole-bowel irrigation if many tablets remain. Give desferrioxamine if serum iron exceeds binding capacity or in severe cases (15mg/kg/hr IV, max 80mg/kg in 24hr). Monitor for hypotension and other side effects. :contentReference[oaicite:3]index=3

Question 275

What should I do in case of lead poisoning in children?

Obtain expert advice. Diagnosis is based on blood lead levels. Management may include chelation therapy (e.g., dimercaprol or EDTA) in moderate/severe cases. Supportive care and removal from exposure are critical. Monitor renal and hepatic function. :contentReference[oaicite:4]index=4

Question 276

What should I do in case of acetaminophen overdose in children?

Give activated charcoal within 1 hour if ingestion exceeds 150mg/kg . Measure plasma paracetamol levels and begin IV acetylcysteine promptly if dose is toxic ($\geq 150\text{mg/kg}$) or if levels cross treatment line. Acetylcysteine dose: 150mg/kg in 200mL glucose over 15 min, then 50mg/kg over 4 hr, followed by 100mg/kg over 16 hr. Monitor LFTs, INR, U&E, and glucose. Watch for delayed liver damage. Methionine is an oral alternative if IV route is not available. :contentReference[oaicite:0]index=0

Question 277

What should I do in case of aspirin overdose in children?

If $\geq 500\text{mg/kg}$ taken within 1hr, consider gastric lavage and give activated charcoal (25g in a child). Measure plasma salicylate and repeat if needed. Use IV fluids and sodium bicarbonate to alkalinize urine. Aim for urine pH ≥ 7.5 . In severe poisoning (salicylate $\geq 700\text{mg/L}$ or CNS symptoms), consider haemodialysis. Do not use forced diuresis. Monitor ABG, U&E, glucose, and give glucose IV if needed. :contentReference[oaicite:1]index=1

Question 278

What should I do in case of benzodiazepine overdose in children?

Ensure airway and breathing. Provide supportive care. Gastric lavage and activated charcoal are not routinely indicated if only benzodiazepines ingested. Flumazenil can reverse effects but is risky—avoid in cases of mixed overdose (especially with tricyclics) due to seizure risk. It should only be used by specialists in severe cases. :contentReference[oaicite:2]index=2

Question 279

What should I do in case of opioid overdose in children?

Support airway and ventilation. Use naloxone 10mcg/kg IV, IM, or IN, repeat as needed. Watch for recurrent symptoms as naloxone has shorter action than most opioids. Observation is required for at least 6 hours after last naloxone dose. Avoid full reversal in opioid-dependent children to prevent withdrawal. Monitor vitals closely. :contentReference[oaicite:3]index=3

Question 280

What should I do in case of antidepressant overdose in children?

Tricyclic antidepressants are most dangerous. Symptoms include dry mouth, tachycardia, dilated pupils, and coma. Give activated charcoal (1g/kg , max 50g) within 1hr if safe. Monitor ECG—look for widened QRS, PR. Treat seizures with lorazepam or diazepam. Support airway and circulation. Avoid physostigmine and flumazenil. Consult a toxicologist for severe cases. :contentReference[oaicite:4]index=4

Question 281

What should I do in case of beta-blocker overdose in children?

Monitor ECG, heart rate, and blood pressure. Establish venous access and check U&E and blood glucose. Activated charcoal may be considered. Atropine may help with bradycardia but is often ineffective. Glucagon is the preferred treatment: give $50\text{--}150\text{mcg/kg}$ IV. Be prepared for vomiting. In severe cases, continuous infusion of glucagon, adrenaline, or dobutamine may be needed.

Intralipid and insulin therapy can also be considered. Cardiac pacing is often ineffective. :contentReference[oaicite:0]index=0

Question 282

What should I do in case of calcium channel blocker overdose?

Provide supportive care. Monitor ECG and BP. Secure venous access. Activated charcoal may be used. Check U&E, glucose, and calcium. Atropine may help for bradycardia (0.02mg/kg for children). Calcium gluconate IV may shorten intracardiac conduction time. Glucagon, inotropic support, and high-dose insulin therapy may be necessary. In severe cases, Intralipid or pacing may be required. :contentReference[oaicite:1]index=1

Question 283

What should I do in case of digoxin overdose in children?

Give supportive care. Monitor ECG, BP, and venous access. Activated charcoal may reduce absorption. Measure U&E, plasma digoxin, and ABG. Correct metabolic acidosis and treat hyperkalaemia if $>6\text{mmol/L}$. Atropine may help bradycardia (0.02mg/kg). Digoxin-specific antibodies (Digibind) are used in severe poisoning. Get expert advice for dosage and supply. :contentReference[oaicite:2]index=2

Question 284

What should I do in case of carbon monoxide poisoning in children?

Remove from exposure. Maintain ventilation with 100% oxygen. Use tight-fitting mask or intubation for unconscious patients. Monitor ECG and check for arrhythmias. Measure COHb levels, but be cautious as they may not correlate with symptoms. Correct acidosis through ventilation. Consider mannitol for cerebral oedema. Hyperbaric oxygen is logical but unproven. :contentReference[oaicite:3]index=3

Question 285

What should I do in case of cyanide poisoning in children?

Avoid contamination. Give 100% oxygen and monitor ECG. Decontaminate skin and remove clothing. Activated charcoal or gastric lavage within 1 hour may help. In mild cases, oxygen and observation may be sufficient. In severe poisoning, give dicobalt edetate 300mg IV over 1min, repeat once if needed. Alternatively, use sodium thiosulphate (400mg/kg) with sodium nitrite (4–10mg/kg). Hydroxocobalamin (5–10g) is also effective, especially for smoke inhalation victims. :contentReference[oaicite:4]index=4

Question 286

What should I do in case of organophosphate poisoning in children?

Remove contaminated clothing and wash skin thoroughly. Maintain airway, breathing, and circulation. Administer atropine IV starting at 0.02mg/kg every 5 minutes until secretions are dry and breathing improves. Use pralidoxime 30mg/kg IV over 5–10 minutes, repeat every 4 hours if needed. Supportive care includes oxygen, fluids, and seizure control with diazepam. Monitor ECG and cholinesterase levels. :contentReference[oaicite:0]index=0

Question 287

What should I do in case of pesticide poisoning in children?

Treat pesticide poisoning similar to organophosphate poisoning. Remove from exposure, decontaminate skin and eyes, and avoid contaminated clothing. Administer atropine until atropinization (dry mouth, clear chest). Use pralidoxime (1–2g IV over 30 min, then 500mg/hr) if organophosphate involved. Maintain airway and provide supportive care. :contentReference[oaicite:1]index=1

Question 288

What should I do in case of scorpion sting in children?

Manage pain with analgesics. Monitor for systemic toxicity like hypertension, vomiting, or neurological symptoms. Support vital signs. In severe envenomation, antivenom specific to the scorpion species should be administered, along with intensive care monitoring. :contentReference[oaicite:2]index=2

Question 289

What should I do in case of snake bite in children?

Immobilize the limb and avoid movement. Do not incise or suck the wound. Transfer to hospital immediately. Monitor vitals and coagulation. Administer appropriate antivenom based on symptoms and grade of envenomation. Watch for allergic reactions. Provide IV fluids, analgesia, and supportive care. :contentReference[oaicite:3]index=3

Question 290

What should I do in case of insect bite allergic reaction?

Apply ice packs and elevate the area. Use antihistamines (e.g., chlorphenamine or loratadine). For systemic reactions or anaphylaxis, administer adrenaline IM and seek emergency care. Monitor airway and provide oxygen if needed. :contentReference[oaicite:4]index=4

Question 291

What should I do in case of drowning in children?

Maintain airway and ventilation. Suction debris and regurgitated material. If unconscious or no gag reflex, intubate early. Provide high FiO₂ or IPPV with PEEP if needed. Begin CPR for cardiac arrest. Remove wet clothing and start rewarming. Use NG tube for gastric decompression. Check U&E, glucose, ABG, and ECG. Avoid prophylactic steroids/barbiturates. Antibiotics may be considered if sewage contamination is suspected. :contentReference[oaicite:0]index=0

Question 292

What should I do in case of hypothermia in children?

Treat in a warm room, handle gently, remove wet clothes, dry the skin. Give warmed humidified oxygen. Secure IV access and warm fluids if needed. Avoid drugs until core temp $\geq 30^{\circ}\text{C}$. If in cardiac arrest, standard CPR applies, but defibrillation and drugs may be ineffective until rewarming. Monitor ECG for arrhythmias. :contentReference[oaicite:1]index=1

Question 293

What should I do in case of electrical burn in children?

Separate the child from the electrical source safely. Check ABCs. Monitor ECG, especially for arrhythmias. Look for entry/exit wounds and assess for deep tissue injury. Administer fluids as needed. Consider admission for observation due to risk of cardiac arrhythmias and compartment syndrome. :contentReference[oaicite:2]index=2

Question 294

What should I do in case of chemical exposure in children?

Remove contaminated clothing and wash the skin with soap and water. Use saline for eye or wound irrigation. Keep contaminated patients outside the ED and prepare a decontamination area. Wear PPE. Rinse with clean water, dry the patient, and transfer to a clean area. Provide supportive care. Monitor for symptoms of poisoning. :contentReference[oaicite:3]index=3

Question 295

What should I do in case of sunburn in children?

Cool the area with water to relieve pain. Give NSAIDs for analgesia. Use moisturizers or aloe vera gel. Keep the child hydrated. Monitor for signs of dehydration or heat-related illness. Severe burns or blistering may require medical attention. :contentReference[oaicite:4]index=4

Question 296

What should I do in case of heat stroke in children?

Suspect heat stroke in children who collapse during or after exercise or in hot environments. Remove the child from the heat, strip clothing, and start rapid cooling using tepid water spray and fans, or ice packs in groin, neck, axilla. Give high FiO₂, intubate if needed. Avoid antipyretics. Aim to bring core temperature below 39°C. Monitor for CNS changes, arrhythmias, and signs of DIC or renal failure. :contentReference[oaicite:0]index=0

Question 297

What should I do in case of frostbite in children?

Treat in a warm environment. Rewarm the affected area in water at 37–39°C until skin circulation returns (usually 30 minutes). Give ibuprofen. Avoid rubbing or direct dry heat. After rewarming, let the area dry, elevate the limb, and clean the wound daily. Avoid early surgery. Severe cases may benefit from specialist input. :contentReference[oaicite:1]index=1

Question 298

What should I do in case of head injury in children?

Use the pediatric GCS for children ≥4 years. Observe for signs like vomiting, altered consciousness, or irritability. CT scan is indicated for loss of consciousness ≥5 min, repeated vomiting, GCS ≤14, post-traumatic seizures, or suspicion of NAI. Discharge only if symptom-free and accompanied by an adult. Provide written instructions. :contentReference[oaicite:2]index=2

Question 299

What should I do in case of spinal injury in children?

Immobilize the spine until injury is ruled out by history, exam, and imaging. Use CT or MRI when necessary. SCIWORA (spinal cord injury without radiological abnormality) is possible in children. Maintain immobilization and consult specialists if symptoms persist or imaging is abnormal. :contentReference[oaicite:3]index=3

Question 300

What should I do in case of eye injury in children?

Check visual acuity, pupillary reflexes, and eye movements. Look for signs like proptosis or hyphaema. Use fluorescein to check for corneal abrasions. Avoid giving local anesthetic drops for home use. Refer to ophthalmology for any serious signs such as reduced vision, hyphema, or blowout fracture. :contentReference[oaicite:4]index=4

Question 301

What should I do in case of ear injury in children?

For foreign bodies, remove gently under direct vision. Drown live insects in 2% lidocaine before removal. Do not use water on vegetable matter. If embedded earrings cause inflammation, anesthetize and remove carefully; give antibiotics like co-amoxiclav if infected. For otitis externa, use topical antibiotics and steroids, and avoid swimming. Refer severe cases. For otitis media, provide analgesia; consider antibiotics if no improvement in 72hr. Refer mastoiditis urgently. :contentReference[oaicite:0]index=0

Question 302

What should I do in case of nosebleed in children?

Lean the child forward, pinch the soft part of the nose, and apply firm pressure for 10–15 minutes. Avoid letting blood be swallowed. Use topical vasoconstrictors or cautery if necessary. In severe cases or persistent bleeding, anterior nasal packing may be needed. Refer to ENT if bleeding continues or if posterior bleed is suspected. :contentReference[oaicite:1]index=1

Question 303

What should I do in case of dental trauma in children?

Check for dental malocclusion, loose or missing teeth. Preserve any avulsed tooth in milk or saliva and reimplant if possible. Request X-ray if fragments suspected in soft tissue. Give tetanus prophylaxis, analgesia, and refer to dental or maxillofacial specialist. :contentReference[oaicite:2]index=2

Question 304

What should I do in case of jaw injury in children?

Look for swelling, pain, malocclusion, or numbness. Request an orthopantomogram (OPG). Manage simple fractures with soft diet, analgesia, antibiotics, and outpatient follow-up. Refer displaced or multiple fractures. Temporomandibular joint dislocations may be reduced manually; refer delayed cases or those with complications. :contentReference[oaicite:3]index=3

Question 305

What should I do in case of facial laceration in children?

Clean thoroughly. Consider general anesthesia for uncooperative children. Close in layers for good cosmetic outcome. Use fine sutures and remove early to avoid scarring. Refer suspected injuries to the parotid duct, gland, or facial nerve. For eyelid or eyebrow injuries, full eye exam is needed and refer if complex. :contentReference[oaicite:4]index=4

Question 306

What should I do in case of neck injury in children?

Immobilize the entire spine until injury is ruled out. Pediatric neck injuries often involve the upper cervical spine (C1–3). Be cautious of rotatory subluxation and SCIWORA (spinal cord injury without radiological abnormality). Maintain immobilization and consult experts if symptoms persist or imaging is abnormal. :contentReference[oaicite:0]index=0

Question 307

What should I do in case of chest injury in children?

Children may sustain significant thoracic injury without rib fractures. Be alert for pulmonary contusions. Monitor oxygen saturation carefully. Use appropriately sized chest drains if required. Children have low respiratory reserve and may desaturate quickly. :contentReference[oaicite:1]index=1

Question 308

What should I do in case of abdominal trauma in children?

Look for signs of hypovolaemia. Gently palpate the abdomen once the child is cooperative. Avoid unnecessary PR/PV exams. Use ultrasound or CT instead of DPL. Consider inserting a urinary catheter for monitoring, especially after severe injury. :contentReference[oaicite:2]index=2

Question 309

What should I do in case of pelvic fracture in children?

Treat as orthopaedic emergencies. Resuscitate and obtain pelvic X-rays. Look for signs of bleeding or associated injuries. Avoid 'springing the pelvis' to check stability. If unstable, use pelvic binder/splint and consider external fixation. Severe types may require angiography. :contentReference[oaicite:3]index=3

Question 310

What should I do in case of limb fracture in children?

Assess mechanism, check for swelling, tenderness, and neurovascular compromise. Use X-rays liberally. Treat fractures with analgesia and immobilization. Many heal with POP or slings. Angulated fractures may require manipulation under anaesthesia. Beware of epiphyseal injuries and complications like growth arrest. :contentReference[oaicite:4]index=4

Question 311

What should I do in case of dislocation in children?

Dislocations are relatively uncommon in children. Common examples include

patella dislocation and 'pulled elbow' (radial head subluxation). For pulled elbow, reduce by supination or pronation followed by flexion. If function does not return quickly, consider X-ray and refer. Avoid repeated manipulation without senior help. Advise parents to avoid pulling on the arm. :contentReference[oaicite:0]index=0

Question 312

What should I do in case of soft tissue injury in children?

Use the PRICE principle: Protection, Rest, Ice, Compression, Elevation. Apply ice for 10–15 minutes several times daily using a barrier. Avoid tight bandages on elbows or knees. Elevate limb to reduce swelling. Encourage gentle exercises once pain subsides. Refer significant swelling or suspected complications. :contentReference[oaicite:1]index=1

Question 313

What should I do in case of burn in children?

Separate the child from the burning source and cool with water, but prevent hypothermia. Assess burn depth and area (Lund–Browder charts). Give IV fluids for large burns. Cover burns appropriately and give tetanus prophylaxis. Refer serious burns (airway, >10

Question 314

What should I do in case of scald injury in children?

Scalds are the most common burns in children. Treat like other burns: cool immediately, assess severity, and manage accordingly. Look for signs of non-accidental injury like stocking/glove distribution. Give advice to parents on injury prevention. :contentReference[oaicite:3]index=3

Question 315

What should I do in case of crush injury in children?

Check for signs of compartment syndrome or rhabdomyolysis. Large haematomas need monitoring. Manage with analgesia, ice, and compression. Severe cases may require surgical drainage or escharotomy. Start IV fluids early to reduce renal injury risk from myoglobinuria. :contentReference[oaicite:4]index=4

Question 316

What should I do in case of amputation injury in children?

Control bleeding with direct pressure. Wrap the amputated part in sterile saline-moistened gauze, place it in a plastic bag, and keep the bag on ice. Do not allow direct contact with ice. Transport both child and amputated part to hospital promptly for possible reimplantation. :contentReference[oaicite:0]index=0

Question 317

What should I do in case of eye foreign body in children?

Use local anesthetic drops. For conjunctival FBs, remove with a cotton bud. For subtarsal FBs, evert the upper lid and remove with a cotton bud. For corneal FBs, try a cotton bud first; if that fails, use a 23G needle with the patient's head secured. After removal, prescribe antibiotic ointment. Refer deep or retained FBs. Never attempt to remove embedded or intraocular FBs yourself. :contentReference[oaicite:1]index=1

Question 318

What should I do in case of ear foreign body in children?

Visualize with an auriscope. Remove under direct vision using hooks or forceps. Drown live insects with 2% lidocaine before removal. Avoid syringing vegetable matter. Refer to ENT if removal is difficult or patient is uncooperative. Do not attempt risky removal techniques without full cooperation. :contentReference[oaicite:2]index=2

Question 319

What should I do in case of nose foreign body in children?

Presenting signs include unilateral offensive discharge. Remove accessible anterior nasal FBs in ED. Instruct the child to blow the nose with the opposite nostril occluded. If uncooperative or at risk of aspiration, refer to ENT for removal with airway protection. Avoid risky removal in ED. :contentReference[oaicite:3]index=3

Question 320

What should I do in case of rectal foreign body in children?

Assess with X-ray to determine location and rule out perforation. Do not perform rectal examination in suspected abuse cases. Administer IV antibiotics if perforation is suspected. Refer all cases for surgical removal. :contentReference[oaicite:4]index=4

Question 321

What should I do in case of vaginal foreign body in children?

Remove the object with forceps under direct vision. In children, vaginal examination may require general anaesthesia and should be performed by an expert. Adopt a low threshold for referring such patients. Be aware of associated symptoms like offensive vaginal discharge or signs of infection. :contentReference[oaicite:0]index=0

Question 322

What should I do in case of urethral foreign body in children?

Suspect urethral injury if blood is seen at the external meatus or perineal bruising is present. Do not catheterize in such cases—refer to the urology team. Imaging may be required to locate the foreign body. Definitive treatment involves removal, usually by specialists. :contentReference[oaicite:1]index=1

Question 323

What should I do in case of esophageal foreign body in children?

Confirm the foreign body is not impacted using lateral neck X-ray and chest X-ray. Refer symptomatic or impacted cases, or ingestion of dangerous items like batteries or sharp objects. Monitor for complications such as obstruction or perforation. :contentReference[oaicite:2]index=2

Question 324

What should I do in case of tracheal foreign body in children?

Tracheal foreign bodies present as sudden onset respiratory distress with coughing, gagging, or stridor. If coughing is effective, observe. If ineffective, give 5 back blows and 5 chest thrusts (infants) or abdominal thrusts (children). If unconscious, begin CPR and attempt removal under direct vision. Refer to ENT or cardiothoracic surgeon urgently. :contentReference[oaicite:3]index=3

Question 325

What should I do in case of swallowed coin in children?

Swallowed coins are often radio-opaque and visible on X-ray. If the coin is in the stomach and the child is asymptomatic, they can be discharged with instructions. If the coin is lodged in the oesophagus or the child has symptoms, refer for endoscopy. :contentReference[oaicite:4]index=4

Question 326

What should I do in case of button battery ingestion in children?

X-ray the chest and abdomen or use a metal detector to locate the battery. If stuck in the oesophagus, remove immediately by endoscopy. If in the stomach or bowel and asymptomatic, observe at home with return precautions. If symptoms develop, or battery is not passed in 2–3 days, reassess. ENT removal is required if battery is in the nose. :contentReference[oaicite:0]index=0

Question 327

What should I do in case of magnet ingestion in children?

Multiple magnets or one magnet with a metal object can attract each other

across bowel walls, leading to necrosis or perforation. Refer symptomatic patients or those with multiple magnet ingestion. Monitor asymptomatic patients closely and provide return precautions. :contentReference[oaicite:1]index=1

Question 328

What should I do in case of sharp object ingestion in children?

Refer if the object is sharp (e.g. pins, glass, razor blades) or if the child is symptomatic. Sharp objects can cause perforation. Endoscopic removal may be required. Monitor passage with X-rays. Avoid discharge unless clearly safe. :contentReference[oaicite:2]index=2

Question 329

What should I do in case of toxic ingestion in children?

Identify the substance, amount, and timing. Admit for observation if compound is unknown or could be toxic. Charcoal may be used within 1 hour if appropriate. Avoid stomach emptying unless ingestion is recent and life-threatening. Refer to Poisons Information Service. :contentReference[oaicite:3]index=3

Question 330

What should I do in case of glass ingestion in children?

Glass ingestion is treated as sharp foreign body ingestion. Refer for endoscopic removal if symptomatic or if the object is large, sharp, or not progressing. X-ray may help assess position. Monitor closely. :contentReference[oaicite:4]index=4

Question 331

What should I do in case of jellyfish sting in children?

Most jellyfish in UK coastal waters are harmless. Wash the bitten part in sea water, then pour vinegar (5

Question 332

What should I do in case of bee sting in children?

Flick out bee stings left in the skin. Treat local reactions with ice packs, rest, elevation, analgesia, and antihistamines. Watch for anaphylaxis and treat accordingly if it occurs. :contentReference[oaicite:1]index=1

Question 333

What should I do in case of tick bite in children?

Remove ticks with blunt forceps applied close to the skin. Avoid folklore methods. In endemic areas for Lyme disease, some physicians use amoxicillin as prophylaxis. Monitor for erythema migrans and systemic symptoms. Refer if Lyme disease is suspected. :contentReference[oaicite:2]index=2

Question 334

What should I do in case of dog bite in children?

Thoroughly clean the wound. Assess for tetanus and rabies risk. Co-amoxiclav is the first-line antibiotic. Educate children to avoid provoking dogs. Refer significant wounds or if systemic signs of infection are present. :contentReference[oaicite:3]index=3

Question 335

What should I do in case of cat bite in children?

Cat bites, especially puncture wounds, carry high risk of infection. Clean thoroughly and consider co-amoxiclav as prophylaxis. Do not close puncture wounds. Monitor for signs of infection like *P. multocida*. Refer if needed. :contentReference[oaicite:4]index=4

Question 336

What should I do in case of bat bite in children?

Clean the bite thoroughly. Bats may carry rabies. Refer all patients who might have been in contact with a rabid animal to an Infectious Diseases specialist. Rabies post-exposure prophylaxis is effective even after delayed presentation due to its long incubation period. :contentReference[oaicite:0]index=0

Question 337

What should I do in case of human bite in children?

Human bites are high risk for infection. Clean and irrigate thoroughly. Do not close puncture wounds. Co-amoxiclav is the first-line antibiotic. Consider HIV and hepatitis B/C risks. Refer if there is joint involvement or spreading infection. :contentReference[oaicite:1]index=1

Question 338

What should I do in case of rabies exposure in children?

Clean the wound thoroughly. Refer all patients exposed to potentially rabid animals to Infectious Diseases specialists. Rabies post-exposure prophylaxis should be started promptly even if exposure occurred weeks ago. :contentReference[oaicite:2]index=2

Question 339

What should I do in case of tetanus exposure in children?

Bite wounds are tetanus-prone. Give tetanus prophylaxis according to vaccination status. If not immunized, administer tetanus immunoglobulin and start the vaccine series. If previously immunized, provide booster as needed. :contentReference[oaicite:3]index=3

Question 340

What should I do in case of snake venom exposure in children?

All snake bites should be treated as emergencies. Immobilize the limb and keep it below heart level. In hospital, monitor vitals, give IV fluids, analgesics, and antivenom if systemic signs appear. Observe for anaphylaxis. Use appropriate antibiotics and ensure tetanus cover. :contentReference[oaicite:4]index=4

Question 341

What should I do in case of wasp sting in children?

Treat local reaction with ice packs, rest, elevation, analgesia, and antihistamines. Monitor for anaphylaxis. Adrenaline should be given intramuscularly in life-threatening reactions. :contentReference[oaicite:0]index=0

Question 342

What should I do in case of spider bite in children?

Most spider bites are harmless and can be treated with simple wound care. Clean the area, apply ice, and monitor for signs of local infection or systemic symptoms. Seek urgent care if systemic signs develop. :contentReference[oaicite:1]index=1

Question 343

What should I do in case of scorpion sting in children?

Apply local ice packs and analgesia. Observe for neurotoxic effects such as muscle twitching, abnormal eye movements, or systemic symptoms. Antivenom may be indicated in severe cases. Monitor vitals and support as needed. :contentReference[oaicite:2]index=2

Question 344

What should I do in case of centipede bite in children?

Centipede bites may cause local pain and swelling. Clean the wound, apply ice packs, and give analgesics. Rarely, allergic reactions can occur. Monitor for systemic symptoms. :contentReference[oaicite:3]index=3

Question 345

What should I do in case of marine animal sting in children?

Soak the affected area in hot water (45°C) for 30–90 minutes to inactivate toxins. Remove spines or tentacles carefully. Give analgesia and tetanus prophylaxis. Monitor for allergic reactions and refer if needed. :contentReference[oaicite:4]index=4

Question 346

What should I do in case of fish spine injury in children?

Remove the spine if visible and clean the wound thoroughly. Immerse the affected area in hot water (45°C) for 30–90 minutes to reduce pain and inactivate venom. Administer analgesics and consider tetanus prophylaxis. :contentReference[oaicite:0]index=0

Question 347

What should I do in case of sea urchin injury in children?

Carefully remove visible spines using tweezers. Soak the affected area in hot water (45°C) to alleviate pain. Do not force deeply embedded spines. Administer tetanus prophylaxis and monitor for infection. :contentReference[oaicite:1]index=1

Question 348

What should I do in case of coral injury in children?

Clean the wound thoroughly with antiseptic. Coral injuries can implant foreign material and cause infection. Avoid scrubbing. Monitor for signs of infection and treat with antibiotics if needed. :contentReference[oaicite:2]index=2

Question 349

What should I do in case of barnacle injury in children?

Clean the wound carefully. Barnacle scrapes often contain embedded shell fragments and may become infected. Remove visible debris, apply antiseptic, and consider tetanus prophylaxis. Monitor for infection. :contentReference[oaicite:3]index=3

Question 350

What should I do in case of stonefish sting in children?

Immerse the affected area in hot water (45°C) for 30–90 minutes to denature the venom. Administer analgesics and observe for systemic symptoms. Give tetanus prophylaxis and consider antivenom in severe cases. :contentReference[oaicite:4]index=4

Question 351

What should I do in case of appendicitis in children?

Consider appendicitis in any child with abdominal pain. Presentation may be atypical in young children. Avoid rectal examination. If suspected, keep the child nil by mouth, start IV fluids, give IV opioid and antiemetic, and refer to the surgical team. Pre-operative antibiotics (e.g., cefuroxime + metronidazole) may be given to reduce infection risk. :contentReference[oaicite:0]index=0

Question 352

What should I do in case of intussusception in children?

Suspect intussusception in a distressed child aged 6 months to 4 years with sudden pain, vomiting, or redcurrant jelly stool. Refer urgently to surgery. Diagnosis and reduction may be done via air or barium enema unless perforation is suspected. :contentReference[oaicite:1]index=1

Question 353

What should I do in case of volvulus in children?

Suspect volvulus in children with congenital malrotation or prior abdominal surgery. Symptoms include pain, vomiting, and distension. Prompt X-ray and urgent surgical referral are essential to preserve bowel viability. :contentReference[oaicite:2]index=2

Question 354

What should I do in case of hernia in children?

Inguinal hernias in children are often indirect. Refer neonatal and irreducible hernias urgently for surgery. Electively refer reducible hernias. Irreducible and painful hernias may contain strangulated bowel and require urgent surgery. :contentReference[oaicite:3]index=3

Question 355

What should I do in case of bowel obstruction in children?

Classic signs include pain, distension, vomiting, and constipation. Examine for hernias, perform abdominal X-ray, start IV fluids, analgesia, antiemetic, and insert a nasogastric tube. Refer urgently to surgery. :contentReference[oaicite:4]index=4

Question 356

What should I do in case of pyloric stenosis in children?

Suspect in infants with projectile vomiting, dehydration, and visible peristalsis. Keep nil by mouth, start IV fluids, correct electrolytes, and refer for surgery once stabilized. An ultrasound can confirm diagnosis. :contentReference[oaicite:0]index=0

Question 357

What should I do in case of meckel's diverticulum in children?

May present with painless rectal bleeding or signs of obstruction. If suspected, refer urgently to the surgical team for imaging and potential surgery. :contentReference[oaicite:1]index=1

Question 358

What should I do in case of mesenteric adenitis in children?

Presents with abdominal pain and tenderness, often mimicking appendicitis. Supportive treatment with fluids and analgesia may suffice. Refer if diagnosis is uncertain or symptoms worsen. :contentReference[oaicite:2]index=2

Question 359

What should I do in case of gastroenteritis in children?

Ensure fluid replacement with oral rehydration therapy (ORT) for mild-moderate dehydration. Hospitalize if $\geq 5\%$ dehydration, high fever, or poor home support. Ondansetron may reduce vomiting. Avoid anti-diarrhoeals. Resume normal feeding early. :contentReference[oaicite:3]index=3

Question 360

What should I do in case of food poisoning in children?

Treatment is supportive with ORT. Identify organism by history and incubation time. Notify authorities if outbreak is suspected. Most cases are self-limiting; antibiotics are rarely needed. Monitor hydration and treat complications as needed. :contentReference[oaicite:4]index=4

Question 361

What should I do in case of lactose intolerance in children?

Remove lactose from the diet and use lactose-free formula if bottle-fed. Symptoms often improve with dietary management alone. If uncertain, refer for further evaluation. :contentReference[oaicite:0]index=0

Question 362

What should I do in case of celiac disease in children?

Suspect in children with failure to thrive, diarrhea, or abdominal bloating. Confirm with serology and biopsy. Refer for specialist input. Strict gluten-free diet is the cornerstone of treatment. :contentReference[oaicite:1]index=1

Question 363

What should I do in case of milk protein allergy in children?

Switch to a hypoallergenic or amino acid-based formula. Exclude cow's milk protein from the child's and breastfeeding mother's diet. Monitor symptoms and refer if severe. :contentReference[oaicite:2]index=2

Question 364

What should I do in case of constipation in children?

Encourage fluid and fiber intake. Start with a disimpaction regimen using polyethylene glycol (PEG). Maintain with regular laxatives. Offer support and review response to treatment. :contentReference[oaicite:3]index=3

Question 365

What should I do in case of diarrhea in children?

Use oral rehydration therapy (ORT) for most cases. Continue feeding and avoid anti-diarrhoeals. Hospitalize if dehydrated, lethargic, or unable to tolerate fluids. Identify and treat underlying cause. :contentReference[oaicite:4]index=4

Question 366

What should I do in case of vomiting in children?

Vomiting in children should be assessed for severity, frequency, and associated symptoms. Oral rehydration therapy (ORT) is preferred for mild dehydration. Use ondansetron (0.1–0.15mg/kg, max 8mg) to reduce vomiting and prevent admission. Hospitalize if prolonged vomiting or poor oral intake. :contentReference[oaicite:0]index=0

Question 367

What should I do in case of abdominal pain in children?

Abdominal pain in children requires thorough history and examination. Consider medical causes (e.g., DKA, pneumonia) as well as surgical causes. Refer promptly if concerned, especially in cases with rapid progression. Ultrasound or CT may help confirm diagnosis. :contentReference[oaicite:1]index=1

Question 368

What should I do in case of bloating in children?

Bloating may accompany constipation or gastrointestinal obstruction. Assess dietary intake and stool frequency. If associated with pain, vomiting, or distension, consider imaging and surgical referral. :contentReference[oaicite:2]index=2

Question 369

What should I do in case of rectal bleeding in children?

Bright red bleeding is often due to an anal fissure or haemorrhoids. Refer all PR bleeding to surgery to exclude malignancy or serious causes. Avoid rectal examination in young children if abuse is suspected. :contentReference[oaicite:3]index=3

Question 370

What should I do in case of anal fissure in children?

Anal fissures cause pain during defecation and minimal bleeding. Treat with analgesia and stool softeners. Most heal spontaneously. Non-midline or multiple fissures may indicate serious disease or abuse—refer for specialist evaluation. Avoid rectal examination in children. :contentReference[oaicite:4]index=4

Question 371

What should I do in case of perianal abscess in children?

Perianal abscesses present with painful, red, tender swellings near the anus. Provide analgesia and refer to the surgical team for incision and drainage under general anesthesia. :contentReference[oaicite:0]index=0

Question 372

What should I do in case of hemorrhoids in children?

Hemorrhoids are uncommon in children. If suspected, evaluate for underlying conditions such as constipation or portal hypertension. Treat constipation with stool softeners. Refer for specialist evaluation if bleeding persists or the diagnosis is uncertain. :contentReference[oaicite:1]index=1

Question 373

What should I do in case of proctitis in children?

Venereal proctitis causes pain, discharge, irritation, and bleeding. Suspect multiple organisms like gonococcus, chlamydia, herpes. Refer urgently to a genitourinary specialist. :contentReference[oaicite:2]index=2

Question 374

What should I do in case of fecal impaction in children?

Treat with disimpaction using oral polyethylene glycol (PEG) or rectal enemas if needed. Encourage fluids and fiber. Continue maintenance therapy with regular laxatives. Review response and adjust as needed. :contentReference[oaicite:3]index=3

Question 375

What should I do in case of irritable bowel syndrome in children?

IBS presents with recurrent abdominal pain and altered bowel habits without an organic cause. Reassure the child and family. Encourage a balanced diet, regular meals, and stress management. Refer if symptoms persist or diagnosis is uncertain. :contentReference[oaicite:4]index=4

Question 376

What should I do in case of gastroesophageal reflux in children?

In children, gastroesophageal reflux may cause regurgitation and feeding difficulties. Conservative management includes upright positioning, small frequent feeds, and thickened formula. If symptoms persist, refer for further evaluation. :contentReference[oaicite:0]index=0

Question 377

What should I do in case of esophagitis in children?

Esophagitis in children may result from reflux or infection. Suspect if pain on swallowing or vomiting blood. Provide analgesia and refer for investigation such as endoscopy. :contentReference[oaicite:1]index=1

Question 378

What should I do in case of peptic ulcer disease in children?

Treat peptic ulcer disease with O_2 , IV analgesia (e.g., morphine), antiemetics, and IV fluids. Refer to surgery urgently if perforation is suspected. Avoid initiating H blockers or PPIs in the emergency department without diagnosis. :contentReference[oaicite:2]index=2

Question 379

What should I do in case of gastrointestinal bleeding in children?

Check airway and breathing. Insert two large IV cannulae, start fluids, and give blood as needed. Perform endoscopy to identify the source. Use antibiotics and vitamin K in patients with liver disease or clotting disorders. Consider balloon tamponade for uncontrolled variceal bleeding. :contentReference[oaicite:3]index=3

Question 380

What should I do in case of hepatic failure in children?

Identify causes like paracetamol toxicity, infections, or metabolic disorders. Look for signs such as jaundice, coagulopathy, and altered mental status. Start supportive care with IV fluids and correct hypoglycemia. Refer to a transplant center if criteria are met. :contentReference[oaicite:4]index=4

Question 381

What should I do in case of pancreatitis in children?

Provide oxygen, establish IV access, and begin fluid resuscitation. Administer IV analgesia (e.g., morphine) and anti-emetics (e.g., cyclizine or metoclopramide). Insert a nasogastric tube and urinary catheter. Monitor urine output

and consider early CVP line insertion in severe cases. Refer to HDU/ICU as needed. :contentReference[oaicite:0]index=0

Question 382

What should I do in case of biliary colic in children?

Manage biliary colic with analgesia if pain is ongoing. If the episode has resolved and examination is normal, discharge with outpatient follow-up. Rule out differential diagnoses such as peptic ulcer. :contentReference[oaicite:1]index=1

Question 383

What should I do in case of cholecystitis in children?

Give IV analgesia and anti-emetics. Check blood tests (WCC, UE, LFTs, amylase), perform chest X-ray and ECG. Confirm diagnosis via ultrasound. Start IV antibiotics (e.g., cefotaxime 1g) and refer to a surgeon. :contentReference[oaicite:2]index=2

Question 384

What should I do in case of cholangitis in children?

Look for Charcot's triad: abdominal pain, jaundice, and fever. Begin resuscitation for septic shock if present. Manage as a medical emergency. :contentReference[oaicite:3]index=3

Question 385

What should I do in case of gallstone disease in children?

Gallstones may lead to complications such as cholecystitis, cholangitis, or pancreatitis. If symptomatic, assess with imaging and refer for surgical evaluation. Manage complications appropriately with fluids, antibiotics, or surgery. :contentReference[oaicite:4]index=4

Question 391

What should I do in case of testicular torsion in children?

Testicular torsion is a surgical emergency. It presents with sudden severe pain, often with vomiting. The testis is red, swollen, and tender. Fast referral for urgent surgery is critical: surgical exploration, untwisting, and bilateral orchi-dopexy should be performed. :contentReference[oaicite:0]index=0

Question 392

What should I do in case of epididymitis in children?

Though rare in children, epididymitis may be linked to urinary tract infections. Presenting signs include a painful swollen red testis and epididymis. It may

mimic torsion, so always refer for urgent surgical opinion. Manage with antibiotics (e.g., ciprofloxacin), analgesia, and rest. :contentReference[oaicite:1]index=1

Question 393

What should I do in case of torsion of testicular appendage in children?

Torsion of the hydatid of Morgagni presents with localized pain and a palpable tender nodule. Refer for surgical exploration and excision for quicker symptom relief, though conservative management with analgesia and rest is possible. :contentReference[oaicite:2]index=2

Question 394

What should I do in case of hydrocele in children?

Hydroceles appear as painless, transilluminable scrotal swellings that develop gradually. They do not reduce on palpation. Refer to a surgical clinic for evaluation, especially if differentiation from an irreducible hernia is difficult. :contentReference[oaicite:3]index=3

Question 395

What should I do in case of inguinal hernia in children?

Inguinal hernias in children are usually indirect and appear intermittently with straining. Refer neonatal hernias for immediate surgery and older children to a surgical clinic for elective repair. Irreducible hernias require urgent admission and surgery. :contentReference[oaicite:4]index=4

Question 396

What should I do in case of undescended testis in children?

If the testis cannot be brought down to the fundus of the scrotal sac, arrange surgical follow-up. Orchidopexy is required if descent has not occurred by age 4 years. :contentReference[oaicite:0]index=0

Question 397

What should I do in case of varicocele in children?

Varicoceles are not explicitly detailed in the current source, but typical management includes clinical examination, scrotal ultrasound if uncertain, and referral to a pediatric urologist if symptomatic or concerning findings appear. Please consult a medical professional for confirmation.

Question 398

What should I do in case of phimosis in children?

Phimosis is normal up to age 5. If non-retractile foreskin persists beyond this age

or is associated with ballooning during urination or recurrent balanitis, surgical referral for preputial stretch or circumcision may be indicated. :contentReference[oaicite:1]index=1

Question 399

What should I do in case of paraphimosis in children?

Attempt manual reduction using cold compresses and lubricating jelly. If unsuccessful, refer for reduction under general anesthesia. Paraphimosis is an emergency as it can lead to necrosis. :contentReference[oaicite:2]index=2

Question 400

What should I do in case of balanitis in children?

Treat with amoxicillin or erythromycin. Take a swab, check urine glucose, and send a midstream urine sample. If swelling involves the entire penis, refer for IV antibiotics. :contentReference[oaicite:3]index=3

Question 401

What should I do in case of urinary tract infection in children?

Urinary tract infections in children require prompt attention as they can lead to progressive renal failure and hypertension. Presentations vary by age—from nonspecific fever in infants to dysuria and abdominal pain in older children. Always check BP and examine for loin tenderness or abdominal masses. Obtain a clean catch urine sample for dipstick, microscopy, culture, and sensitivity. Treat pyelonephritis or toxic cases with IV antibiotics (e.g., cefotaxime) and refer for admission. Symptomatic children with abnormal urinalysis can start oral antibiotics (e.g., trimethoprim or cefalexin) for 3 days. Encourage fluids and complete voiding. Arrange pediatric follow-up for further investigations. :contentReference[oaicite:0]index=0

Question 402

What should I do in case of enuresis in children?

The specific management of enuresis is not covered in the provided materials. Please consult a pediatrician for further evaluation and treatment options.

Question 403

What should I do in case of acute kidney injury in children?

Acute kidney injury may present due to pre-renal, renal, or post-renal causes such as hypovolemia, glomerulonephritis, or urinary obstruction. Initial steps include fluid resuscitation with 20mL/kg 0.9% saline, catheterization, and assessment of fluid status via CVP or ultrasound. Focus treatment on hyperkalaemia and hypertension. If potassium ≥ 7 mmol/L with ECG changes, give calcium

gluconate, sodium bicarbonate, insulin with glucose, and consider nebulized salbutamol. Dialysis may be required. :contentReference[oaicite:1]index=1

Question 404

What should I do in case of chronic kidney disease in children?

Chronic kidney disease in children can present with various complications. Obtain previous records and liaise with specialist teams. Monitor for complications like hyperparathyroidism, osteomalacia, pathological fractures, hyperkalaemia, hypertension, infections, bleeding, pericarditis, and neurological signs. Treatment requires tailored specialist care and may include diuretics, electrolyte correction, infection control, and dialysis. :contentReference[oaicite:2]index=2

Question 405

What should I do in case of nephrotic syndrome in children?

Nephrotic syndrome presents with oedema, heavy proteinuria, hypoalbuminaemia, and possibly hypercholesterolaemia. Symptoms include frothy urine, anorexia, lethargy, ascites, and periorbital swelling. Check UE, albumin, FBC, complement, and lipids. Refer for investigation and management due to the risk of complications like peritonitis or thrombosis. :contentReference[oaicite:3]index=3

Question 406

What should I do in case of hematuria in children?

Confirm hematuria by urinalysis. Take a full history including recent illnesses, trauma, drug use, and family history. Examine for hypertension, oedema, or masses. Severe cases with clots may require IV fluids and possibly blood. Treat associated hypertension or hyperkalemia. Refer children with non-traumatic hematuria to a pediatrician. :contentReference[oaicite:0]index=0

Question 407

What should I do in case of proteinuria in children?

Proteinuria in children may indicate urinary tract infection, nephrotic syndrome, or glomerulonephritis. Start with a clean catch urine sample for dipstick and culture. If present with other symptoms (fever, oedema, haematuria), refer to pediatrics for further evaluation. :contentReference[oaicite:1]index=1

Question 408

What should I do in case of glomerulonephritis in children?

Glomerulonephritis may follow URTI and present with haematuria, oliguria, hypertension, or uraemia. Investigations include MSU, U&E, FBC, clotting screen, and immunological tests. Treat severe hypertension or hyperkalaemia and refer for specialist care. :contentReference[oaicite:2]index=2

Question 409

What should I do in case of hemolytic uremic syndrome in children?

This typically affects young children post-diarrheal illness. Presenting signs include reduced consciousness, oliguria/anuria, and features of haemolytic anaemia and thrombocytopenia. Manage life-threatening hyperkalaemia as for renal failure. Refer urgently for dialysis and transfusion. :contentReference[oaicite:3]index=3

Question 410

What should I do in case of renal trauma in children?

Renal trauma usually results from blunt abdominal injury. Look for loin pain, tenderness, haematuria, or flank swelling. Obtain urgent CT if haematuria is present and patient is stable. Provide IV fluids and analgesia. Refer severe or penetrating injuries for emergency urological surgery. :contentReference[oaicite:4]index=4

Question 411

What should I do in case of nephritic syndrome in children?

Nephritic syndrome, often post-infectious glomerulonephritis, presents with haematuria, oedema, hypertension, and sometimes oliguria or uraemia. Investigations include MSU, U&E, FBC, clotting screen, and immunological markers. Treatment focuses on managing complications such as hypertension and renal failure, and referral to a pediatric nephrologist is indicated. :contentReference[oaicite:0]index=0

Question 412

What should I do in case of polycystic kidney disease in children?

Polycystic kidney disease may present as abdominal masses or be identified during investigations for UTI. Always examine for abdominal masses in children suspected of UTI. Ultrasound imaging and specialist referral are required for diagnosis and management. :contentReference[oaicite:1]index=1

Question 413

What should I do in case of urinary obstruction in children?

Urinary obstruction presents with bladder discomfort and inability to pass urine. Examination reveals a distended bladder. Initial management includes urgent bladder decompression via urethral catheterization using aseptic technique. If this is not possible, consider suprapubic catheterization by an experienced doctor. Further investigation and urology referral are required. :contentReference[oaicite:2]index=2

Question 414

What should I do in case of vesicoureteral reflux in children?

Vesicoureteral reflux is present in approximately 35% of children with UTI and can lead to renal failure. Prompt antibiotic treatment and pediatric follow-up for further imaging and evaluation are necessary to prevent complications. :contentReference[oaicite:3]index=3

Question 415

What should I do in case of posterior urethral valves in children?

The provided materials do not include specific emergency response steps for posterior urethral valves in children. Please consult a pediatric urologist or nephrologist for further evaluation and management.

Question 416

What should I do in case of testicular trauma in children?

The material does not include detailed emergency management steps specifically for testicular trauma in children. However, any testicular injury with pain or swelling should prompt evaluation for testicular torsion. Refer urgently to a surgical team if torsion is suspected. :contentReference[oaicite:0]index=0

Question 417

What should I do in case of penile injury in children?

Penile trauma such as minor superficial tears, commonly involving the frenulum, typically responds to local pressure. If bleeding persists, consider tissue glue or refer to the surgical team. Advise a period of abstinence from physical activity (10 days) to allow healing. :contentReference[oaicite:1]index=1

Question 418

What should I do in case of scrotal swelling in children?

Scrotal swellings may include inguinal hernia, hydrocoele, or idiopathic scrotal oedema. Reducible hernias should be referred for elective surgery. Irreducible hernias require urgent referral. Hydrocoeles and undescended testes should be referred to a surgical clinic. Idiopathic scrotal oedema is managed conservatively with antihistamines. :contentReference[oaicite:2]index=2

Question 419

What should I do in case of foreskin problems in children?

Phimosis may resolve by age 5, but persistent or symptomatic cases may need surgery. Balanitis is treated with oral antibiotics and swab/culture. Paraphimosis should be reduced manually with cold compresses and jelly; if this fails, refer

for reduction under GA. Zip entrapment may be released by cutting the zip or using local anesthesia and manipulation. :contentReference[oaicite:3]index=3

Question 420

What should I do in case of genital infection in children?

Genital infections such as balanitis present with redness and pus. Take swabs, check urine glucose, and give antibiotics like amoxicillin or erythromycin. If the entire penis is red and swollen, refer for IV antibiotics. :contentReference[oaicite:4]index=4

Question 421

What should I do in case of urinary retention in children?

Urgent bladder decompression is required. If no contraindication exists, perform urethral catheterization using aseptic technique. If unsuccessful or contraindicated, consider suprapubic catheterization by an experienced doctor. After drainage, record urine volume, test for blood, and send MSU for culture. Investigate and refer to urology as needed. :contentReference[oaicite:0]index=0

Question 422

What should I do in case of hematuria with clot retention in children?

Severe haematuria with clots is uncommon but may require IV fluids and possibly blood transfusion. Manage associated hypertension or hyperkalaemia if renal failure is involved. Refer all children with non-traumatic haematuria to a pediatrician for further assessment. :contentReference[oaicite:1]index=1

Question 423

What should I do in case of urinary incontinence in children?

The emergency handbook does not provide specific acute management guidelines for urinary incontinence in children. A pediatrician should assess for underlying causes such as neurological, structural, or behavioral factors.

Question 424

What should I do in case of recurrent urinary tract infections in children?

Recurrent UTIs in children require thorough evaluation. Symptomatic children should receive antibiotics (e.g., trimethoprim or cefalexin), and MSU should be sent. Organize pediatric follow-up for imaging and further investigations such as UE, USS, and possibly cystourethrography. Recurrent UTIs with anogenital signs may indicate sexual abuse. :contentReference[oaicite:2]index=2

Question 425

What should I do in case of suspected sexual abuse in children?

If sexual abuse is suspected, do not perform a genital examination yourself. Accurately record statements made by the child using quotation marks. Involve a senior doctor early, and work with police surgeons for forensic sample collection. Protect the child, ensure treatment of injuries, and follow hospital child protection procedures. :contentReference[oaicite:3]index=3

Question 426

What should I do in case of diaper rash in children?

Nappy rash ('ammoniacal dermatitis') typically presents with erythema and sometimes ulceration in the nappy area but spares the flexures. Manage by increasing exposure to air and frequent changing of nappies. Barrier creams may be considered. If infected with *Candida albicans* (monilial infection), treat with nystatin cream and continue regular nappy changes. :contentReference[oaicite:0]index=0

Question 427

What should I do in case of skin abscess in children?

Skin abscesses require incision and drainage. Use an elliptical incision deep enough to enter the cavity. Send pus for culture and ensure all loculi are broken down. Antibiotics are usually not needed unless there is spreading infection. Refer children who are systemically unwell or have abscesses in high-risk areas. :contentReference[oaicite:1]index=1

Question 428

What should I do in case of cellulitis in children?

Treat localized infections with oral antibiotics like phenoxymethylpenicillin + flucloxacillin or co-amoxiclav. Admit systemically unwell children and start IV antibiotics such as benzylpenicillin + flucloxacillin. Refer children with facial cellulitis to ophthalmology due to risk of intracranial complications. :contentReference[oaicite:2]index=2

Question 429

What should I do in case of impetigo in children?

Impetigo typically presents as ulcerative erythematous lesions with a golden brown crust. For localized infections in well children, use topical fusidic acid. For extensive lesions, oral antibiotics like penicillin or flucloxacillin are indicated. Unwell children should be referred for IV antibiotics. Isolate the child from others until resolution. :contentReference[oaicite:3]index=3

Question 430

What should I do in case of scabies in children?

Scabies causes intense itching, especially at night, and burrows are often visible. Confirm with microscopy if needed. Treat with permethrin or malathion and treat all household members simultaneously. Use calamine lotion and oral antihistamines to relieve itching. :contentReference[oaicite:4]index=4

Question 431

What should I do in case of eczema in children?

Manage eczema primarily with emollients and, if needed, topical corticosteroids. Severe cases may require inpatient treatment. Scratched skin may become infected and require admission for IV antibiotics. :contentReference[oaicite:0]index=0

Question 432

What should I do in case of psoriasis in children?

The emergency handbook does not provide specific emergency care instructions for psoriasis in children. Management should be guided by a dermatologist.

Question 433

What should I do in case of urticaria in children?

Treat urticaria with repeated doses of antihistamines and/or adrenaline if severe. Identify and avoid the offending agent. If unknown, refer for allergy testing and consider desensitization. Severe cases should be trained on adrenaline auto-injector use and monitored in hospital after use due to risk of biphasic reactions. :contentReference[oaicite:1]index=1

Question 434

What should I do in case of insect bites in children?

Treat minor local reactions with ice packs, rest, elevation, analgesia, and antihistamines such as chlorphenamine or loratadine. Monitor for complications like cellulitis or lymphangitis, which may require antibiotics. :contentReference[oaicite:2]index=2

Question 435

What should I do in case of drug rash in children?

The handbook does not include a specific section on drug rashes in children. General principles include stopping the offending drug and symptomatic treatment with antihistamines and corticosteroids if required. Severe reactions require hospital admission.

Question 436

What should I do in case of erythema multiforme in children?

Erythema multiforme presents as target lesions with pale blistered centres, symmetrically distributed, especially over the limbs. Combined with fever, systemic illness, and mucosal ulceration, this may indicate Stevens–Johnson syndrome. Causes include infections (e.g., herpes, mycoplasma, TB) and drugs (e.g., sulphonamides, barbiturates). Refer to a pediatrician. :contentReference[oaicite:0]index=0

Question 437

What should I do in case of Stevens-Johnson syndrome in children?

Stevens–Johnson syndrome is a severe form of erythema multiforme with mucosal involvement and systemic illness. Refer immediately to a pediatrician and admit for specialist care. Causes include infections and medications. :contentReference[oaicite:1]index=1

Question 438

What should I do in case of toxic epidermal necrolysis in children?

Toxic epidermal necrolysis (also called scalded skin syndrome) presents with red peeling skin, often with blistering. It is a severe staphylococcal infection. Refer urgently for hospital admission and IV antibiotics. :contentReference[oaicite:2]index=2

Question 439

What should I do in case of measles in children?

Treat measles symptomatically unless complications arise. Monitor for otitis media, pneumonia, febrile convulsions, and encephalitis. Hospital admission is rare unless the child is very ill or has a pre-existing condition. Infectivity spans from 4 days before to 5 days after the rash. :contentReference[oaicite:3]index=3

Question 440

What should I do in case of chickenpox in children?

Treat symptomatically with calamine lotion for itching and paracetamol for fever. Use antibiotics if secondary bacterial infection occurs. Severe cases (e.g., neonates, immunocompromised) require specialist care and antiviral treatment with aciclovir and/or varicella-zoster immune globulin. :contentReference[oaicite:4]index=4

Question 441

What should I do in case of mumps in children?

Mumps presents with fever and swelling of one or both parotid glands. Asep-

tic meningitis can occur, and orchitis may affect post-pubertal males. Treat symptomatically. Consider testicular torsion if pain and swelling occur before puberty. :contentReference[oaicite:0]index=0

Question 442

What should I do in case of rubella in children?

Rubella typically causes a mild macular rash, mild fever, and occipital lymphadenopathy. Treat symptomatically. The virus is highly concerning in pregnancy due to risk of congenital disorders. :contentReference[oaicite:1]index=1

Question 443

What should I do in case of roseola in children?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 444

What should I do in case of fifth disease in children?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 445

What should I do in case of hand foot and mouth disease in children?

Hand, foot and mouth disease is caused by coxsackie A16. It presents with blistering lesions and sometimes lesions on the palms and soles. Treat supportively and monitor for complications. :contentReference[oaicite:2]index=2

Question 446

What should I do in case of scarlet fever in children?

Scarlet fever is a streptococcal infection with a diffuse blanching rash and a 'white strawberry tongue' progressing to a 'raspberry tongue'. Treat with penicillin or erythromycin for 14 days. Complete recovery is usual. :contentReference[oaicite:0]index=0

Question 447

What should I do in case of whooping cough in children?

Refer infants <6 months and any acutely unwell child. Treat others with PO erythromycin (12.5mg/kg qds) and advise to avoid contact with others for 5 days. Offer prophylaxis to unimmunized siblings. Encourage immunization. :contentReference[oaicite:1]index=1

Question 448

What should I do in case of diphtheria in children?

Diphtheria may present with sore throat, dysphagia, pharyngeal exudate, and 'bull neck'. Treat with oxygen, ECG monitoring, IV erythromycin, and IM antitoxin. Refer urgently. :contentReference[oaicite:2]index=2

Question 449

What should I do in case of tetanus in children?

Tetanus prevention depends on immunization status and wound type. Give tetanus toxoid or combined vaccine and possibly human anti-tetanus immunoglobulin (HATI) based on risk. Follow Department of Health guidelines. :contentReference[oaicite:3]index=3

Question 450

What should I do in case of meningococcal infection in children?

Give IV ceftriaxone or cefotaxime immediately for any child with petechial/purpuric rash or signs of shock/meningitis. Resuscitate, monitor vitals, and seek expert help promptly. Urgent CT if impaired consciousness. LP is contraindicated in critical illness. :contentReference[oaicite:4]index=4

Question 451

What should I do in case of tuberculosis in children?

Tuberculosis may be asymptomatic or present with symptoms such as weight loss, fever, night sweats, and cough. Pulmonary TB can cause haemoptysis and pneumonia. Miliary TB presents with breathlessness and diffuse lung opacities. TB meningitis or bone TB may also occur. Refer to a specialist for confirmation, treatment, and follow-up. :contentReference[oaicite:0]index=0

Question 452

What should I do in case of HIV in children?

Children may present with unusual infections or tumors due to immune suppression. Refer for specialist care. Early treatment with antiretroviral therapy (HAART) can delay progression. Assessment is challenging in ED; refer with low threshold. :contentReference[oaicite:1]index=1

Question 453

What should I do in case of hepatitis B in children?

Most children recover fully. A few may develop chronic hepatitis or liver failure. Refer to a specialist for follow-up. Hepatitis B is spread by infected blood or sexual contact. Ensure immunization and standard precautions. :contentReference[oaicite:2]index=2

Question 454

What should I do in case of hepatitis C in children?

There is no vaccine for hepatitis C. Prevent needlestick injuries and exposure. Refer to an infectious disease specialist for further evaluation. :contentReference[oaicite:3]index=3

Question 455

What should I do in case of malaria in children?

Refer urgently to an infectious disease specialist. Treatment includes oral or IV quinine, followed by doxycycline or alternatives. For benign malaria (*P. vivax*, *ovale*, *malariae*), chloroquine and primaquine are used. G6PD must be checked before primaquine. :contentReference[oaicite:4]index=4

Question 456

What should I do in case of typhoid in children?

Typhoid presents with headache, fever, abdominal discomfort, and possibly confusion. Look for rose spots on the trunk. Treat with ciprofloxacin or cefotaxime. Isolate the patient and admit to an Infectious Diseases unit. Notify the Communicable Disease Control consultant. :contentReference[oaicite:0]index=0

Question 457

What should I do in case of dengue in children?

Treat symptomatically in most cases. Watch for dengue shock syndrome (DSS), which requires careful fluid management and IV support. Most recover fully with expert care. :contentReference[oaicite:1]index=1

Question 458

What should I do in case of chikungunya in children?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 459

What should I do in case of leptospirosis in children?

Refer to an Infectious Diseases unit. Treat with penicillin or doxycycline. Provide supportive care and dialysis if necessary. Prophylactic doxycycline is reasonable for high-risk exposure. :contentReference[oaicite:2]index=2

Question 460

What should I do in case of rickettsial infection in children?

Rickettsial infections are rare and can cause pneumonia. Consider in the differ-

ential diagnosis for respiratory infections. Initiate early antibiotics and refer to a specialist. :contentReference[oaicite:3]index=3

Question 461

What should I do in case of COVID-19 in children?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 462

What should I do in case of MIS-C in children?

I'm sorry, but I don't have enough information in the provided material to answer that. Please consult a medical professional or call 911 for emergencies.

Question 463

What should I do in case of influenza in children?

Treat with oxygen if SpO_2 \leq 92%. Manage dehydration with IV fluids. Refer for antibiotics and consider IPPV in rare cases. Refer to ICU if SpO_2 cannot be maintained above 92% or if there are signs of respiratory distress and exhaustion. Use oral erythromycin or amoxicillin depending on age and suspected pathogens. :contentReference[oaicite:0]index=0

Question 464

What should I do in case of H1N1 in children?

Isolate the patient and treat with precautions as for SARS. Antiviral treatment with oseltamivir or zanamivir may be considered depending on guidelines. :contentReference[oaicite:1]index=1

Question 465

What should I do in case of RSV in children?

RSV is the main cause of bronchiolitis. Refer infants with respiratory distress, low SpO_2 , feeding difficulties, or apnoea. Treatment is mainly supportive: humidified oxygen, NG or IV fluids, and sometimes CPAP or IPPV. Avoid ribavirin and antibiotics unless pneumonia is suspected. Consider palivizumab for prophylaxis in high-risk infants. :contentReference[oaicite:2]index=2

Question 466

What should I do in case of pneumonia in children?

Give oxygen if SpO_2 \leq 92%. Treat dehydration with IV fluids. Refer for antibiotics and hospital admission. IPPV is rarely required. Refer to ICU if SpO_2 \leq 92% cannot be maintained with 60% O_2 , or if signs of exhaustion, apnoea,

or shock are present. Antibiotic choice depends on age and likely pathogen. :contentReference[oaicite:0]index=0

Question 467

What should I do in case of bronchiolitis in children?

Refer infants with respiratory distress, low SpO₂, feeding difficulties, or apnoea. Provide humidified oxygen, NG or IV fluids, and consider CPAP or IPPV if needed. Avoid ribavirin and routine antibiotics. Palivizumab may be used as prophylaxis in high-risk infants. :contentReference[oaicite:1]index=1

Question 468

What should I do in case of croup in children?

Leave the child in a comfortable position with parent and provide oxygen. Use the modified Westley croup score. Give oral dexamethasone or nebulized budesonide for moderate-severe croup. For severe cases, give nebulized adrenaline and refer to PICU if necessary. :contentReference[oaicite:2]index=2

Question 469

What should I do in case of epiglottitis in children?

Do not examine the throat. Let the child stay in a comfortable position, give humidified oxygen, and urgently call for anaesthetic, ICU, and ENT help. Nebulized adrenaline may help temporarily. Prepare for potential surgical airway. :contentReference[oaicite:3]index=3

Question 470

What should I do in case of asthma in children?

Give high-flow oxygen. Use inhaled β_2 -agonists with spacer or nebulizer depending on severity. Give oral prednisolone or IV hydrocortisone. Add ipratropium bromide if poor response. Consider IV salbutamol or aminophylline in life-threatening cases. Refer to PICU if needed. :contentReference[oaicite:4]index=4

Question 471

What should I do in case of stroke?

Call 911 immediately. Have the person stop all activity and sit down. If they are conscious and not allergic, give one adult aspirin (325 mg) to chew slowly. Maintain airway, breathing, and circulation. Monitor for changes and prepare for transport to a stroke center. [Source: ACLS Pocket Guide]

Question 472

What should I do in case of elderly emergencies?

Ensure safety and assess airway, breathing, and circulation. Provide reassurance

and a calm environment. Evaluate for underlying causes such as infections, falls, dehydration, or medication side effects. Early recognition and treatment are essential in elderly patients. *[Source: Oxford Handbook of Emergency Medicine]*

Question 473

What should I do in case of animal bites?

Clean the wound thoroughly with saline or clean water. Control bleeding with direct pressure. Avoid suturing puncture wounds from animal bites. Administer tetanus prophylaxis and consider rabies vaccination based on the animal and local risk. Start antibiotics such as amoxicillin-clavulanate. *[Source: Oxford Handbook of Emergency Medicine]*

Question 474

What should I do in case of snake bites?

Reassure the patient and keep the bitten limb immobilized below heart level. Avoid tourniquets, incision, or sucking venom. Transport promptly to a hospital. Administer antivenom if systemic symptoms or local progression occurs. Monitor for anaphylaxis and provide supportive care. *[Source: Oxford Handbook of Emergency Medicine]*

Question 475

What should I do in case of snake bites?

Ensure scene safety. Assess for ABCs and initiate spinal precautions if needed. Control bleeding and provide oxygen. Immobilize suspected fractures. Begin fluid resuscitation in case of shock. Rapid transport to a trauma center is critical. *[Source: Oxford Handbook of Emergency Medicine]*

Question 476

What should I do in case of stroke?

Cool the affected area with water. Remove the source of heat. Cover the burn with a clean, non-stick dressing. Do not apply ice or creams. Provide pain relief and assess burn depth and size. Refer severe or extensive burns for specialist care. *[Source: Oxford Handbook of Emergency Medicine]*

Question 477

What should I do in case of heart conditions?

Move the person to a cool, shaded area. Loosen tight clothing. Provide cool fluids orally if alert. Use tepid water on skin, fans, or cooling blankets. Avoid ice baths. If confusion, seizures, or temperature $\geq 40^{\circ}\text{C}$, treat as heat stroke. *[Source: Oxford Handbook of Emergency Medicine]*

Question 478

What should I do in case of choking?

Avoid inducing vomiting. If the person is conscious, rinse their mouth and give small sips of water or milk. Identify the substance and call poison control. If unconscious, place in recovery position and monitor airway. Seek emergency help. *[Source: Oxford Handbook of Emergency Medicine]*

Question 479

What should I do in case of burns?

Ensure the person is breathing and conscious. Offer reassurance and help them sit in a comfortable position. Encourage use of their inhaler (e.g., salbutamol). If no relief, repeat doses every few minutes and call emergency services. Give oxygen if available. *[Source: Oxford Handbook of Emergency Medicine]*

Question 480

What should I do in case of choking?

Help the person lie flat and raise their legs. Loosen tight clothing. If they lose consciousness but are breathing, place in the recovery position. If not breathing, begin CPR. Identify and treat underlying causes. *[Source: Oxford Handbook of Emergency Medicine]*

Question 481

What should I do in case of seizures?

Do not restrain them. Move objects away to prevent injury. Place them on their side after the seizure to prevent choking. If it lasts longer than 5 minutes, or if the person does not regain consciousness, call emergency services. *[Source: Oxford Handbook of Emergency Medicine]*

Question 482

What should I do in case of choking?

Encourage coughing if the person can breathe and talk. If they cannot, give 5 back blows followed by 5 abdominal thrusts. Alternate until the object is expelled or they become unconscious. Begin CPR if they stop breathing. *[Source: Oxford Handbook of Emergency Medicine]*

Question 483

What should I do in case of heat stroke?

Move the person to a cooler environment. Loosen clothing, cool the body with wet cloths or fans, and give fluids if conscious. Monitor for confusion or collapse—if present, treat as heat stroke and seek emergency care. *[Source: Oxford Handbook of Emergency Medicine]*

Question 484

What should I do in case of animal bites?

Clean the wound thoroughly with saline or clean water. Control bleeding with direct pressure. Avoid suturing deep bite wounds. Give tetanus prophylaxis. Start antibiotics such as amoxicillin-clavulanate. Assess rabies risk and give vaccine if needed. *[Source: Oxford Handbook of Emergency Medicine]*

Question 485

What should I do in case of animal bites?

As above: for all animal bites, clean thoroughly and avoid closing deep punctures. Give appropriate antibiotics. Tetanus and rabies prophylaxis may be necessary depending on local protocols and animal type. Seek medical attention promptly. *[Source: Oxford Handbook of Emergency Medicine]*

Question 486

What should I do in case of fainting?

Protect the person from further injury by clearing the area around them. Do not hold them down. Once the seizure stops, check responsiveness and place them in the recovery position. Seek medical help if the seizure lasts longer than 5 minutes or if they do not regain full consciousness. *[Source: Oxford Handbook of Emergency Medicine]*

Question 487

What should I do in case of panic attacks?

Lay the person flat and elevate their legs to improve blood flow to the brain. Loosen tight clothing. If unconscious but breathing, place them in the recovery position. Monitor breathing and pulse. If they don't regain consciousness quickly, seek medical assistance. *[Source: Oxford Handbook of Emergency Medicine]*

Question 488

What should I do in case of snake bites?

Do not restrain the person. Protect them from injury by moving harmful objects away. Place them on their side after the seizure ends. Time the seizure. If it lasts longer than 5 minutes, or if another seizure follows without recovery, call emergency services. *[Source: Oxford Handbook of Emergency Medicine]*

Question 489

What should I do in case of allergic reactions?

Check for breathing and pulse. If absent, begin CPR and use an AED if available. Call emergency services. Continue chest compressions and rescue breaths

until help arrives or the person recovers. Early defibrillation is critical for survival. *[Source: ACLS Pocket Guide]*

Question 490

What should I do in case of car accidents?

After a car accident, check for responsiveness, breathing, and bleeding. Do not move the person unless there's immediate danger. Support the head and neck in case of spinal injury. Call emergency services and provide reassurance while waiting for help. *[Source: Oxford Handbook of Emergency Medicine]*

Question 491

What should I do in case of head injuries?

Check the person's airway, breathing, and circulation. If unconscious, place in recovery position. Monitor for signs of raised intracranial pressure, such as vomiting or altered consciousness. Avoid unnecessary movement and seek emergency care. *[Source: Oxford Handbook of Emergency Medicine]*

Question 492

What should I do in case of emergency preparedness?

Have an emergency kit ready with first aid supplies, flashlight, batteries, and essential medications. Know local emergency contacts and evacuation routes. Stay informed via radio or official alerts. Follow emergency service instructions. *[Source: Oxford Handbook of Emergency Medicine]*

Question 493

What should I do in case of seizures?

Protect the person from injury, do not restrain them. After the seizure, check responsiveness, place in recovery position, and monitor breathing. Call for help if seizure lasts longer than 5 minutes or repeats. *[Source: Oxford Handbook of Emergency Medicine]*

Question 494

What should I do in case of elderly emergencies?

Provide a calm, quiet environment. Check for infection, dehydration, or medication issues. Evaluate vital signs and cognition. Support mobility to prevent falls. Seek medical review for sudden changes in condition. *[Source: Oxford Handbook of Emergency Medicine]*

Question 495

What should I do in case of stroke?

Call emergency services immediately. Help the person sit and rest. Check

airway, breathing, and consciousness. If alert and no allergy, give one aspirin (325 mg) to chew. Monitor closely until help arrives. *[Source: ACLS Pocket Guide]*

Question 496

What should I do in case of stroke?

Call emergency services immediately. Help the person sit down and stay calm. If conscious and not allergic, give one 325 mg aspirin to chew. Monitor airway, breathing, and level of consciousness. Prepare for transport to a stroke unit. *[Source: ACLS Pocket Guide]*

Question 497

What should I do in case of toxic inhalation?

Move the person to fresh air immediately. Avoid exposure yourself. Administer oxygen if available. Monitor airway and breathing. If respiratory distress or unconsciousness develops, call emergency services and begin supportive care. *[Source: Oxford Handbook of Emergency Medicine]*

Question 498

What should I do in case of toxic inhalation?

Ensure scene safety. Remove the person from the toxic environment. Administer high-flow oxygen. Monitor respiratory effort and mental status. If deteriorating, prepare for advanced airway management. *[Source: Oxford Handbook of Emergency Medicine]*

Question 499

What should I do in case of snake bites?

Keep the person calm and the affected limb immobilized below heart level. Do not apply a tourniquet or incise the bite. Transport urgently. Administer antivenom if indicated. Monitor for signs of anaphylaxis or compartment syndrome. *[Source: Oxford Handbook of Emergency Medicine]*

Question 500

What should I do in case of toxic inhalation?

Assess and maintain airway, breathing, and circulation. Provide supplemental oxygen. Remove contaminated clothing. Decontaminate skin if exposed. Monitor vitals and treat respiratory or neurological symptoms supportively. *[Source: Oxford Handbook of Emergency Medicine]*