UNIVERSITY OF NAIROBI
College of Health Sciences
DEPARTMENT OF CLINICAL MEDICINE AND THERAPEUTICS

(3)

VIVA MARKING SCHEME

Thyrotoxic storm

- **Supportive**
  - ABC's
  - Manage fever, hydration
- Consult Endocrinologist early
- **Start antithyroid treatment**
  - PTU or Carbomazole
  - Dexa – to inhibit hormone release from the thyroid and reduce the peripheral conversion of thyroxine to tri-iodothyronine
- **Treat heart failure**
- **Start beta-blockade-** If there is no pulmonary edema
- **Thromboprophylaxis**

Warfarin overdose

- If **INR is > 1.5 with major bleeding** or rapid reversal for surgery is needed
  - Stop warfarin
  - Give vitamin K 5 mg IV
  - If there is life-threateningbleeding (e.g. intracranialhemorrhage), give vitamin K10 mg IV plus prothrombin complex concentrate50 IU/kg IV
  - Recheck INR after 4 h
  - In other circumstances, givefresh frozen plasma 1 L(15 ml/kg) IV; repeat 6-hourly until INR is <1.5 and bleeding has stopped
  - Discuss management with a hematologist
- If **INR is > 8 with no bleeding or minor bleeding**
  - Stop warfarin
  - If there is minor bleeding or if INR is >15 (>12 in patientsover 70), and there is no mechanical prosthetic valve give vitamin K 0.5 mg IV plus fresh frozen plasma 1 L IV
  - If the patient is at increased risk of bleeding or if INR is 12–15 in patients under 70, give vitamin K 0.5 mg IV
  - Repeat dose of vitamin K if INR remains >5 after 24 h
  - Discuss management with a Hematologist
- If INR is 6-8 with no bleeding or minor bleeding
  - Stop warfarin; restart when INR is <5
- If INR is <6 but > 0.5 units above the target value with no bleeding
  - Reduce dose or stop warfarin;restart when INR is <5

Sickle cell painful crisis

- **Consult hematologist**
- **Relieve the pain**
- Prevent/ treat **hypoxemia**
- Prevent / treat **dehydration**
- Exclude/ **treat infection**
- Physiotherapy
- Blood transfusion

Acute blood transfusion reaction

- **Stop the transfusion**, but leave the intravenous line attached
- The bag containing the transfused blood or packed cells, along with all attached labels, should not be discarded, as repeat typing and cross-matching of this unit by the blood bank will be required
- Maintain the patient's airway, blood pressure, and heart rate
- Begin an infusion of normal saline immediately to initiate a diuresis and avoid hypotension
  - Avoid the use of Ringer's lactate solution; its content of calcium may initiate clotting of any blood remaining in the intravenous line
  - Avoid dextrose-containing solutions; the dextrose may hemolyze any of the remaining red cells in the line.
- From the other arm, obtain a sample for a direct antiglobulin test, plasma free hemoglobin, and repeat blood typing and cross-match; Obtain a urine sample for hemoglobin testing
- Alert the blood bank immediately, and a search for clerical error should be instituted
- If there is any suggestion that an acute hemolytic transfusion reaction (AHTR) has occured (eg, clerical mistake, hypotension, pink plasma or urine), then generous fluid replacement with saline (100 to 200 mL/hour) to