

1. Knee examination post dislocated patella
2. Aspirating pneumothorax, talking to pt about complications and advice at the end
3. APLS Long case- 5 yr old with cerebral palsy, presenting breathless and drowsy, needed intubation, right lower pneumonia
4. ATLS Long case- 65 yr old male presenting with burns, found ? fallen ? not, burns to front chest and left upper arm and lower leg- front only- ~ 30 % burns. Also ischaemic changes on ECG laterally and acidotic . ? cyanide/CO poisoning.
5. LMA- teaching F2 airway adjuncts in pt with angioedema who collapsed in resus- could not intubate or ventilate initially.
6. Major incident- 200 children expected from swimming pool, discuss with sister in charge policy
7. Vulnerable, deaf elderly patient, neighbour concerned- get hx from pt (shaky to write on paper, very deaf)
8. Communication with pt with diabetes and end stage renal failure who had necrotising fasciitis groin/scrotum and needed urgent op but pt refused (does have capacity).
9. SVT- pt in minors with SVT- had to transfer into resus, treat with carotid sinus massage, valsalva then corrected with 6,12,12 adenosine
10. Fundoscopy- teach med student and examine pt with rt sided injury- had papilloedema
11. Sexual history from woman who was married and had had intercourse with colleague 5/7 previously
12. Bld transfusion- teach F2 how to set up and check bld transfusion and talk through complications and management and answer their questions.
13. Rt carpal tunnel syndrome in diabetic pt- examine peripheral nervous system
14. Difficult colleague- cardiologist refusing to come down to see pt with chest pain who had lateral ischaemic changes