

READING SUB-TEST – TEXT BOOKLET: PART A

CANDIDATE NUMBER:

LAST NAME:

FIRST NAME:

OTHER NAMES:

Your details and photo will be printed here.

PROFESSION:

VENUE:

TEST DATE:

CANDIDATE SIGNATURE: _____

Passport Photo

SAMPLE



Fractures, dislocations and sprains: Texts

Text A

Fractures (buckle or break in the bone) often occur following direct or indirect injury, e.g. twisting, violence to bones. Clinically, fractures are either:

- closed, where the skin is intact, or
- compound, where there is a break in the overlying skin

Dislocation is where a bone is completely displaced from the joint. It often results from injuries away from the affected joint, e.g. elbow dislocation after falling on an outstretched hand.

Sprain is a partial disruption of a ligament or capsule of a joint.

Text B

Simple Fracture of Limbs

Immediate management:

- Halt any external haemorrhage by pressure bandage or direct pressure
- Immobilise the affected area
- Provide pain relief

Clinical assessment:

- Obtain complete patient history, including circumstances and method of injury
 - medication history – enquire about anticoagulant use, e.g. warfarin
- Perform standard clinical observations. Examine and record:
 - colour, warmth, movement, and sensation in hands and feet of injured limb(s)
- Perform physical examination
 - Examine:
 - all places where it is painful
 - any wounds or swelling
 - colour of the whole limb (especially paleness or blue colour)
 - the skin over the fracture
 - range of movement
 - joint function above and below the injury site
 - Check whether:
 - the limb is out of shape – compare one side with the other
 - the limb is warm
 - the limb (if swollen) is throbbing or getting bigger
 - peripheral pulses are palpable

Management:

- Splint the site of the fracture/dislocation using a plaster backslab to reduce pain
- Elevate the limb – a sling for arm injuries, a pillow for leg injuries
- If in doubt over an injury, treat as a fracture
- Administer analgesia to patients in severe pain. If not allergic, give morphine (preferable); if allergic to morphine, use fentanyl
- Consider compartment syndrome where pain is severe and unrelieved by splinting and elevation or two doses of analgesia
- X-ray if available



Text C

Drug Therapy Protocol:

\$XWKRULVHG ,QGLJHQRXV +HDOWK :RUNHU ,+: PXVW FRQVXOW 0HGLF
6FKHGXOHG 0HGLFLQHV 5XUDO ,VRODWHG 3UDFWLFH 5HJLVWHUHG 1X

| Drug | Form | Strength | Route of administration | Recommended dosage | Duration |
|----------------|----------|----------|-------------------------|---|---|
| ORUSKLSHP SRXO | 10 mg/mL | 10 mg/mL | IM/SC | Adult only: PJ NJ WR D PD[RI 10 mg Stat | Further doses on order 02 13 WKHQ order |
| | | | IV (administer IV) | Adult only: ,QLWLDO GRVH RI ,+: PD\ QRW PJ LQFUHPHQWV VORZO\ UHSHDWHG HYHU\ minutes if required to a PD[RI PJ | |

8VH WKH ORZHU HQG RI GRVH UDUJH LQ SDWLHQWV • \HDUV
3URYLGH &RQVXPHU 0HGLFLQH ,QIRUPDWLRQ DGylVH FDQ FDXVH QDX
5HVSLUDWRU\ GHSUHVVLQR LV UDUH ²LI LW VKRXOG RFFXU JLYH QDC

Text D

Technique for plaster backslab for arm fractures – use same principle for leg fractures

0HDVXUH D OHQJWK RI QRQ FRPSUHVVLRQ FRWRQ VWRFNLQHWWH
below the elbow. Width should be 2–3 cm more than the width of the distal forearm.

- Wrap cotton padding over top for the full length of the stockinette — 2 layers, 50% overlap.
- Measure a length of plaster of Paris 1 cm shorter than the padding/stockinette at each end. Fold the roll in about ten layers to the same length.
- Immerse the layered plaster in a bowl of room temperature water, holding on to each end. Gently squeeze out the excess water.
- (QVXUH DQ\ MHZHOHU\ LV UHPRYHG IURP WKH LQMXUH G OLPE
- Lightly mould the slab to the contours of the arm and hand in a neutral position.
- Do not apply pressure over bony prominences. Extra padding can be placed over bony prominences if applicable.

:UDS FUHS EDQGDJH ÄUPO\ DURXQG SODVWHU EDFNVODE

END OF PART A
THIS TEXT BOOKLET WILL BE COLLECTED

SAMPLE

BLANK

