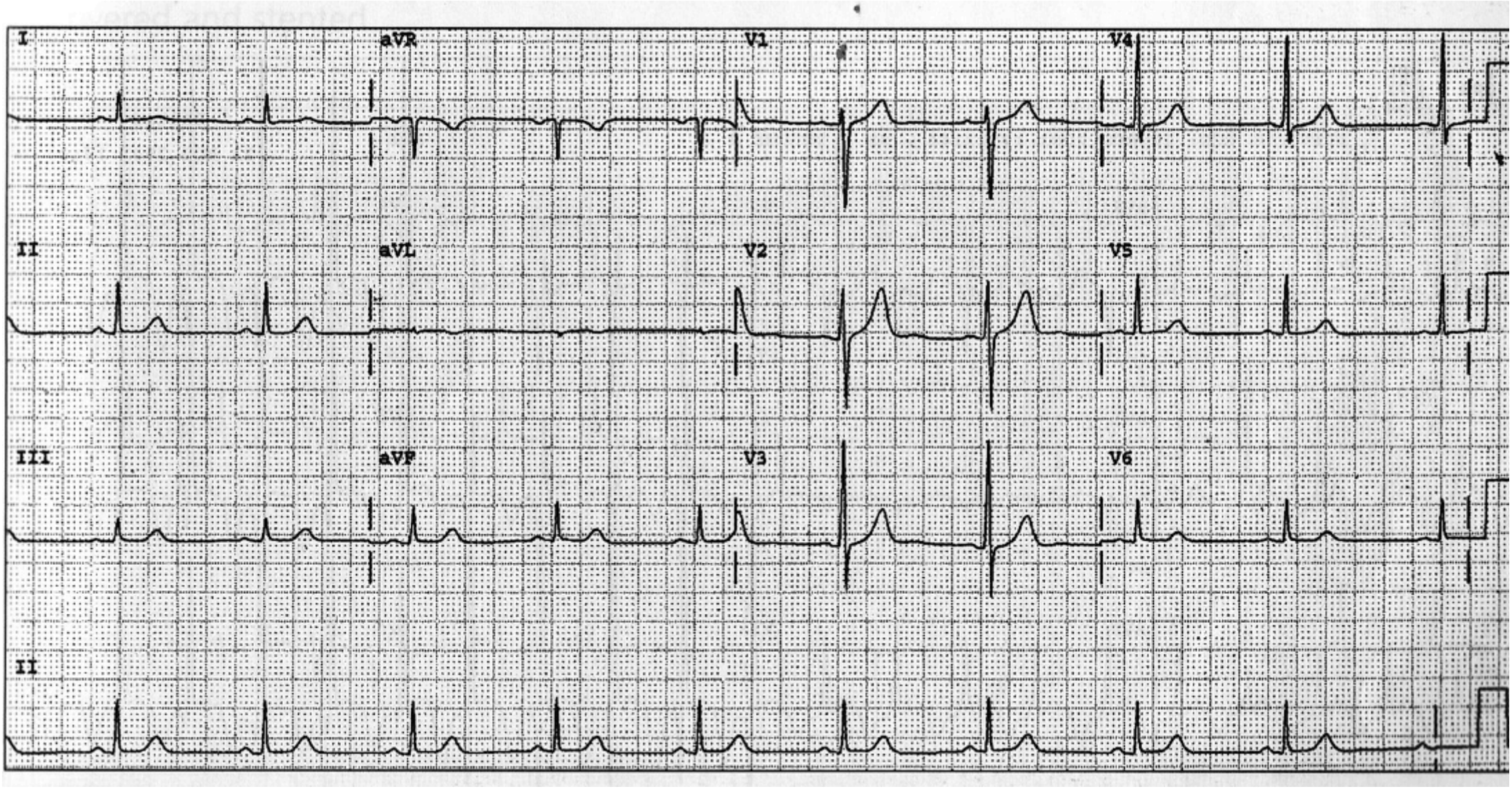
QUIZ 11th October 2017 (answers below)

1. **How do we categorize blast injuries? Complete the table.**

CATEGORY	MECHANISM of INJURY	TYPES of INJURY

2. **What does the mnemonic METHANE stand for?**

3. **Describe and interpret the following ECG.**


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II

QUIZ answers 11th Oct 2017

1. **How do we categorize blast injuries? Complete the table.**

CATEGORY	MECHANISM of INJURY	TYPES of INJURY
Primary	*Direct effect of the pressure wave* *Gas filled structures most susceptible*	*Pulmonary barotrauma* *Tympanic membrane rupture* *Abdominal perforation* *Intraocular haemorrhage* *Concussion*
Secondary	*From flying debris and bomb fragments*	*Penetrating ballistic or blunt trauma* *Eye penetration*
Tertiary	*The patient is thrown or falls from the blast force*	*Blunt trauma including head injury*
Quaternary	*All other explosion related injuries of illnesses*	*Burns* *Crush* *Respiratory illness from smoke, fumes, dust*

2. **What does the mnemonic METHANE stand for?**

M *Major Incident declared?*
E *Exact Location*
T *Type of incident*
H *Hazards present or suspected*
A *Access - routes that are safe to use*
N *Number, type, severity of casualties*
E *Emergency services present and those required*

3. **Describe and interpret the following ECG.**

Regular rhythm 60/min
P waves normal morphology and all conducted with a normal PR interval.
QRS narrow with a normal axis, normal RWP and normal morphology
ST segments isoelectric
T waves upright in V1 and large, notably larger than the T waves in V6
T wave inversion in aVL

→ *Large, upright T wave in V1*
Known as "loss of precordial T-wave balance"
High likelihood of coronary artery disease and if new, suggests ischaemia
TWI in aVL if new, can be first sign of inferior ischaemia