QUIZ 14th March 2018 (answers below)

1. **What are the landmarks for safe chest tube insertion?**

2. **What is the Jo'burg knot for tying in chest tubes?**

3. **What are the zones used to describe penetrating neck trauma?**

4. **What are clinical signs of laryngeal injury?**

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

87 years Female

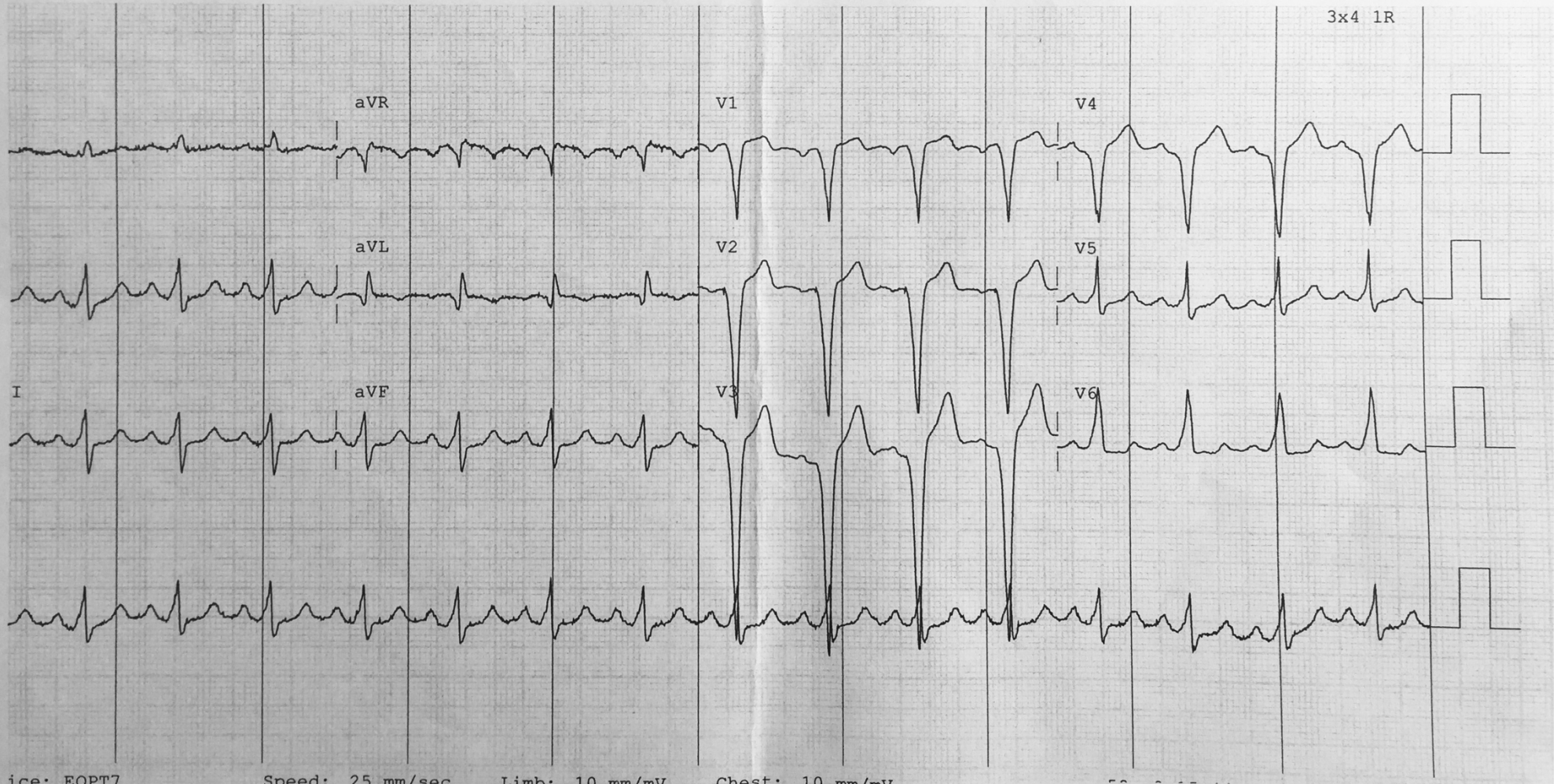
95 . Sinus rhythm. . . . . .normal P axis, V-rate 60- 99 Room: ED 9
632 . Ventricular preexcitation(WPW). . . . . .Delta waves
168
D 149
408
513

XIS--
72
52
84

- ABNORMAL ECG -

Lead ECG Report (Standard)

Unconfirmed Diagnosis

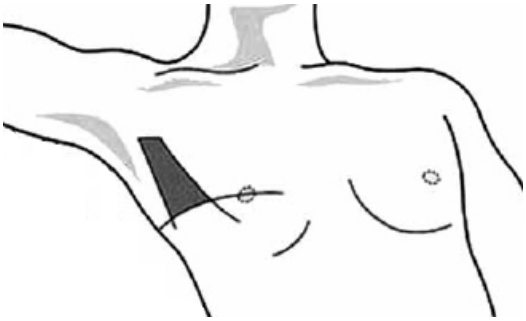


ice: EQPT7 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

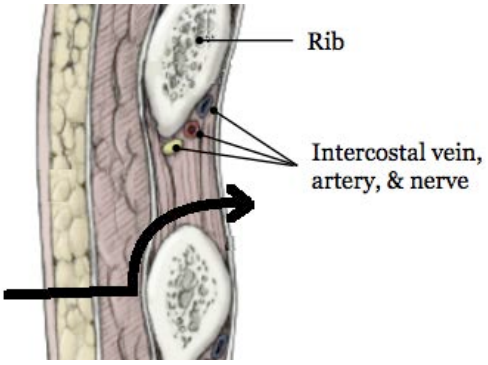
QUIZ answers 14th March 2018

1. **What are the landmarks for safe chest tube insertion?**

The Triangle of Safety



Above the nipple level
Anterior to mid axillary line
Posterior to pectoralis major

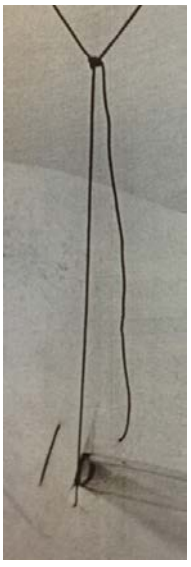


Inserting onto and then over the rib, thereby avoiding the neurovascular bundle underneath each rib

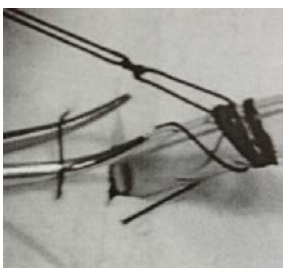
2. **What is the Jo'burg knot for tying in chest tubes?**

Everyone has their favourite way, but I think this knot is pretty cool.
From Maritz D A Novel Way to Secure a Chest Drain Ann R Coll Surg Engl 2014; 96: 75–83 *but subsequently found to be not so novel, and well known in South Africa as the Jo'burg knot.*

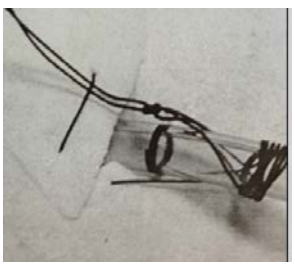
Make horizontal mattress suture
Tie a simple knot half way up the free ends



Wrap the free ends together around the tube going further than the knot



Pull the remaining length of free ends under the horizontal suture



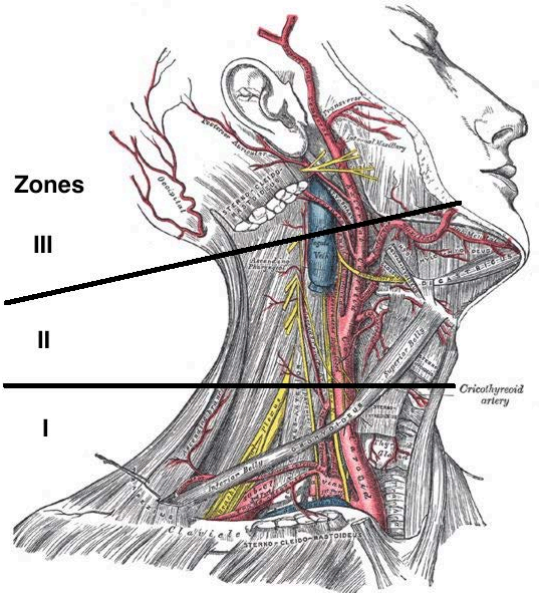
Separate the ends. Wrap them in opposite directions around the tube. Tie off with surgical knot

3. What are the zones used to describe penetrating neck trauma?

Zone III
Base of skull to angle of mandible

Zone II
Angle of mandible to level of cricoid

Zone I
Level of cricoid to thoracic inlet



4. What are clinical signs of laryngeal injury?

Distortion of the normal anatomic appearance
Pain on palpation or with coughing or swallowing
Dyspnea
Hoarseness, voice alteration
Stridor
Drooling
Subcutaneous emphysema and/or crepitus
Sucking, hissing, or air frothing or bubbling through the neck wound
Hemoptysis

5. Describe and interpret the following ECG.

Rhythm	*Regular 95/min*
P waves	*Normal morphology, all conducted*
PR	*Normal duration*
QRS	*Pacing spikes for each beat most easily seen in V2*
	Wide QRS LBBB pattern consistent with pacing from RV lead
	Normal axis
ST	*In keeping with LBBB, no Sgarbossa criteria*
T waves	*Appropriately opposite to terminal QRS in BBB*
	Except V6 – may be flipped T wave

➔ *Dual chamber pacing*
Native atrial rate 95/min is sensed and RV lead is pacing
Likely underlying AV node block