

A 32 year old Aboriginal woman presents to the ED with lethargy. She is previously well, and has not been seen by medical services for the previous 10 years.

Her VBG reveals:

pH	7.25
pCO ₂	24.4
HCO ₃	11.7
Hb	81
Na	140
K	5.1
Ca ⁺⁺	0.81
Cl	98
Gluc	9.6
Lact	0.9

1. Describe and interpret the abnormalities. What is the most likely cause for this VBG and why?
(5 points)

Table might look something like this:

pH	Compensated metabolic acidosis. Expected $pCO_2 = 8 + (1.5 \times 12) = 26$ (about right) Anion gap = 30 – profoundly raised Delta ratio = $AG - 12 / 24 - HCO_3 = 18 / 12 = 1.5 = RAGMA$ i.e widened anion gap probably from uraemia (consider ketosis)
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K	Mild hyperkalaemia ?artefactual/ ?renal failure
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GLuc	Mild hyperglycaemia from untreated DM
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Ca	Hypocalcaemia from renal failure
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Hb	Anaemia would be consistent with renal failure ? other causes/ acute blood loss etc
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Summary	Most likely cause is renal failure with uraemia, hyperkalaemia, hypocalcaemia and anaemia. In the setting of untreated diabetes.
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2. Her creatinine is 1842 mmol/L with a urea of 62.
List 4 possible causes for these findings in a 32 year old Aboriginal woman, with the most common causes first.
(3 points; at least one bold to pass)

Post strep GN
DMII nephropathy
 Other forms of GN
 Causes of ARF

3. What are the principles of management?

(3 points; all in bold required)

symptomatic – fluid status, K

definitive – prepare for dialysis –contact renal team, potentially place vascath

IDC

glucose control

4. She becomes agitated and appears to be getting ready to leave the ED.

What would be some strategies to stop her leaving?

(4 points; bold required, need at least 3)

Get ALO/ILO

Create rapport by asking where she is from, introducing oneself

Explore: try to find why she wants to leave, can we assist with that, what are her concerns, what is her understanding of what is going on

Appropriate body language

Do not force eye contact

Gender preference for doctor

5. Describe cultural competency in health practice.

(3 points, bold required with some expansion)

Cultural competence allows us to work effectively in cross-cultural situations.

Includes:

- treating the patient with their specific cultural context in mind,
- ensuring that patients feels safe,
- knowledge of different ethnicities and their health statuses
- knowledge of different cultures and their beliefs and experiences around health
- being aware of how our own culture impacts on our health practice
- approaching those of other ethnicities with a mixture of empathy, respect, self-reflection and curiosity, ensuring that the patient does not feel judged based on their cultural background
- positively integrating cultural aspects when devising management plans
- continuing to improve our skills in these areas