Acute

Medical Council of Canada Qualifying Examination (MCCQE, formerly MCCQE Part I)

8 sections · the MCC's Qualifying Examinations Blueprint

The MCC defines acute care as a brief episode of illness, from the first presentation until care is handed on. Questions show a patient who is suddenly unwell, often in an emergency department, a clinic or a rural hospital. You must find the life threats first, start treatment while you diagnose, and choose the single best next step. Many items test order: what comes first, what can wait, and what must never delay treatment. Others test safe transfer of care to another team or a larger centre.

You should be able to: After this guide, you should be able to assess an acutely ill patient in the right order, treat the life threat first, and plan a safe transfer of care.

Every section: the key point and the trap

1. Approach to the undifferentiated acutely ill patient

Start with airway, breathing, circulation, disability (neurologic status and glucose) and exposure.

Trap: Do not choose an investigation, such as CT, when the patient is unstable and needs treatment first. 'Stabilize, then investigate' answers many questions.

2. Sepsis and shock

Sepsis is organ dysfunction caused by the body's response to infection. Confusion, low blood pressure and fast breathing are warning signs.

Trap: Do not pick 'start vasopressor' as the first step before any fluid, and do not wait for culture results to start antibiotics.

3. Chest pain

Rule out the killers: acute coronary syndrome, pulmonary embolism, aortic dissection, tension pneumothorax, tamponade and esophageal rupture.

Trap: Do not send a STEMI patient on a long transfer for PCI when fibrinolysis is available and PCI cannot be done in time.

4. The acute abdomen

Do a pregnancy test on every person who could be pregnant and has abdominal pain.

Trap: Do not send an unstable patient to the CT scanner. Unstable patients go to resuscitation or the operating room.

5. Trauma

Primary survey: airway with cervical spine protection, breathing, circulation with bleeding control, disability, exposure.

Trap: Do not order a chest X-ray to confirm a tension pneumothorax in a crashing patient. Treat first.

6. Pediatric emergencies

The pediatric assessment triangle: appearance, work of breathing, and circulation to the skin. It tells you how sick a child is in seconds.

Trap: Do not choose an antihistamine as the first treatment for anaphylaxis. Epinephrine always comes first.

7. Poisoning

Start with airway, breathing and circulation, a glucose check and an ECG.

Trap: Do not let a normal examination reassure you in early acetaminophen poisoning. The danger shows up 1 to 3 days later.

8. Rural and remote care and safe transfer

Many Canadians live far from specialist care. Exam questions may place you in a small hospital or nursing station.

Trap: Do not keep a patient for more local tests when the needed treatment exists only at the receiving centre.

Key terms

ABCDE: Airway, breathing, circulation, disability, exposure: the order of the first assessment.

Septic shock: Sepsis with low blood pressure that needs vasopressors and signs that organs lack blood flow.

STEMI: ST-elevation myocardial infarction: a heart attack with a blocked coronary artery and ST elevation on ECG.

PCI: Percutaneous coronary intervention: opening a blocked coronary artery with a catheter and a stent.

Fibrinolysis: A drug that dissolves a blood clot.

FAST: Focused assessment with sonography in trauma: a quick bedside ultrasound for free fluid.

Toxidrome: A group of signs that points to a type of poison.

SBAR: Situation, background, assessment, recommendation: a structure for handing over a patient.

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