**Case 2.1**

A 58 year old Chinese gentleman presents to the A&E with confusion on a sunny Monday Morning. He is a chronic alcoholic with numerous hospital admissions and failed alcohol cessation programmes at IMH in the past. He also has a history of hepatitis C contracted from previous IVDA. His comorbidities include DM, HTN, HLN, IHD with TVD s/p CABG 3 years ago, last TTE LVEF 35%, RWMA+ve, nil significant valvular abnormalities. Patient has allergy to mefenamic acid and augmentin.

On examination he has sweet smelling breath, is jaundiced, has gross ascites and is markedly confused and agitated.
His vitals on admission are as follow T 37.9 degrees celsius, BP 100/70, HR 98 RR 24.

What point of care tests would you perform?
1. ECG
**2. Hypocount**
3. ABG
4. CT Brain
5. Urine and serum toxicology, ethanol levels


Initial blood results are as follows
Tw 16.0, Hb 9.9, Plt 120
INR 2.7
Na 132, Cr 163, K 3.8 HCO3 14.0 Cl 96 Ur 15.8
ALT 450 AST 570 ALP 156 Tbil 112 Alb 24

What is the most likely cause of this patient's confusion?
1. Acute ICH secondary to coagulopathy
2. Uraemic encephalopathy
**3. Hepatic encephalopathy**
4. Acute alcohol intoxication
5. DKA/HHNK


What is this patient's Child's score?
1. 7
2. 9
3. 11
4. 13
**5. 14**

What is the most likely precipitant in this case?
1. Alcohol binge
2. Pneumonia
**3. Spontaneous bacterial peritonitis**
4. Variceal bleeding
5. Non-compliance to medication


What interventions would be least useful in the management of this patient?
1. Empirical IV antibiotics
2. IV albumin
3. Lactulose
**4. Transfusion of FFP**
5. Cessation of beta blockers


Your team has performed a diagnostic aspiration of ascitic fluid, results as shown below
Ascitic fluid albumin 8 g/dL
Serum fluid albumin 24 g/dL
FEME WBC >250 polymorphs/mm3
Aerobic gram stain noted gram negative bacilli

What would be your choice of empirical antibiotics in this patient?
1. IV ceftriaxone and flagyl
2. IV augmentin
3. IV ciprofloxacin and flagyl
**4. IV ciprofloxacin**
5. IV piptazo and vancomycin

Your team has performed a diagnostic aspiration of ascitic fluid, results as shown below
Ascitic fluid albumin 8 g/dL
Serum fluid albumin 24 g/dL
FEME WBC >250 polymorphs/mm3
Aerobic gram stain noted gram negative bacilli
Aerobic cultures E.coli pan-sensitive

Patient subsequently recovered, completed course of antibiotics and planned for home soon.

You are the on call passive HO and are called to see this patient for melena.

Patient vitals as follows, T afebrile, BP 100/56, HR 112, RR 20, spO2 95% on RA
On digital rectal examination, you note the presence of fresh melena on examining finger.
You escalate this case to your on call MO and despatch urgent bloods.

Latest blood results
Tw 8.0 Hb 8.6 Plt 125
INR 2.2
RP and LFT pending

What is the least helpful intervention for this patient?
1. IV nexium infusion
2. IV terlipressin
3. Empirical IV antibiotics
4. Therapeutic OGD
**5. Transfusion of FFP**