

ED: Fire exposure, soot in nares — Smoke Inhalation Injury ★★★★★

Exam

You just completed a case simulating ED: Fire exposure, soot in nares — Smoke Inhalation Injury. Out of 21.25 possible points, you earned 14 points (65.88%). This reflects what you *ordered*, when you ordered it, and any **harmful actions** or **high-yield positives**

Started: 2026-02-08 12:13:21 · Ended: 2026-02-08 12:19:53 · Time used: 7m · Pass threshold: 70% · ☆ No harmful actions

65.88%

Below passing performance for this case.



14 Positive points earned

-0 Penalty points (harm / overtesting)

-4.12% Below pass threshold

0 Orders on time 0 Orders early 0 Orders late 4 High-yield orders missed 0 Harmful / negative actions

CONCEPT REVIEW

📖 High-Yield Learning Points

Use these to update your mental model, not just your checklist.

High-flow 100% oxygen is first-line to treat suspected carbon monoxide poisoning and hypoxia; early administration improves outcomes.

Anchored to: Apply 100% oxygen by non-rebreather for suspected CO exposure

CO-oximetry confirms carbon monoxide poisoning severity and helps determine need for hyperbaric evaluation and monitoring response.

Anchored to: Order carboxyhemoglobin level (CO-oximetry)

CXR assesses pulmonary injury, edema, aspiration, or other causes of respiratory distress and provides a baseline.

Anchored to: Order portable chest X-ray to evaluate inhalation injury/complications

ABG helps identify hypercapnia, acidosis, and guides ventilatory support; pulse oximetry may be unreliable in CO exposure.

Anchored to: Obtain arterial blood gas to assess ventilation and acid-base status

Marked lactic acidosis after closed-space fire suggests cyanide toxicity or shock; guides antidote consideration and resuscitation.

Anchored to: Check serum lactate for possible cyanide toxicity and shock

Early specialist involvement supports timely airway decisions and ICU-level management.

Anchored to: Consult critical care/pulmonology early for evolving inhalation injury

These notes are linked to specific orders and rubric items so you can understand the **physiology and test-taking logic** behind each action.

STRENGTHS

 **High-Yield Actions You Got Right**

These behaviors are worth repeating on exam day.

Apply 100% oxygen by non-rebreather for suspected CO exposure 4 pts

High-flow 100% oxygen is first-line to treat suspected carbon monoxide poisoning and hypoxia; early administration improves outcomes.

Order carboxyhemoglobin level (CO-oximetry) 3 pts

CO-oximetry confirms carbon monoxide poisoning severity and helps determine need for hyperbaric evaluation and monitoring response.

Obtain arterial blood gas to assess ventilation and acid-base status 2 pts

ABG helps identify hypercapnia, acidosis, and guides ventilatory support; pulse oximetry may be unreliable in CO exposure.

Check serum lactate for possible cyanide toxicity and shock 2 pts

Marked lactic acidosis after closed-space fire suggests cyanide toxicity or shock; guides antidote consideration and resuscitation.

Order portable chest X-ray to evaluate inhalation injury/complications 1 pts

CXR assesses pulmonary injury, edema, aspiration, or other causes of respiratory distress and provides a baseline.

TARGETS FOR IMPROVEMENT

 **High-Yield Fixes for Next Time**

Largest penalties and missed windows.

You missed time-sensitive actions. On USMLE-style cases, **timing windows matter** almost as much as which order you choose.

ORDER-LEVEL REVIEW

 **Order-by-Order After Action Review**

For each rubric item, see whether you did it, when you did it, how many points it was worth, and why it mattered for this case and for exam-style cases.

Search orders...

All timings

Harmful only

 CSV

 Print

13 items

Order / Action	Your performance	Time window (case minutes)	Max pts	Pts you earned	Explanation (what this order tests)
Apply 100% oxygen by non-rebreather for suspected CO exposure	<p>CORRECT</p> <p>You ordered this and received credit.</p> <p>Required</p>	Target window: 0–5 min	4	4	High-flow 100% oxygen is first-line to treat suspected carbon monoxide poisoning and hypoxia; early administration improves outcomes.
Obtain arterial blood gas to assess ventilation and acid-base status	<p>CORRECT</p> <p>You ordered this and received credit.</p> <p>Required</p>	Target window: 0–15 min	2	2	ABG helps identify hypercapnia, acidosis, and guides ventilatory support; pulse oximetry may be unreliable in CO exposure.
Order carboxyhemoglobin level (CO-oximetry)	<p>CORRECT</p> <p>You ordered this and received credit.</p> <p>Required</p>	Target window: 0–15 min	3	3	CO-oximetry confirms carbon monoxide poisoning severity and helps determine need for hyperbaric evaluation and monitoring response.
Check serum lactate for possible cyanide toxicity and shock	<p>CORRECT</p> <p>You ordered this and received credit.</p> <p>Required</p>	Target window: 0–30 min	2	2	Marked lactic acidosis after closed-space fire suggests cyanide toxicity or shock; guides antidote consideration and resuscitation.
Order portable chest X-ray to evaluate inhalation injury/complications	<p>CORRECT</p> <p>You ordered this and received credit.</p> <p>Helpful</p>	Target window: 0–30 min	1	1	CXR assesses pulmonary injury, edema, aspiration, or other causes of respiratory distress and provides a baseline.
Consult critical care/pulmonology early for evolving inhalation injury	<p>MISSED HIGH-YIELD ORDER</p> <p>This action was expected for full credit but was not ordered.</p> <p>Helpful</p>	<p>No order recorded for this item.</p> <p>Target window: 0–30 min</p> <p>Missed</p>	1	0	Early specialist involvement supports timely airway decisions and ICU-level management.

Order / Action	Your performance	Time window (case minutes)	Max pts	Pts you earned	Explanation (what this order tests)
Perform early endotracheal intubation when hoarseness/stridor suggests airway edema	<p>MISSED HIGH-YIELD ORDER</p> <p>This action was expected for full credit but was not ordered.</p> <p>Required</p>	<p>No order recorded for this item.</p> <p>Target window: 10–40 min</p> <p>Missed</p>	5	0	Progressive airway edema can rapidly obstruct the airway; early intubation before swelling worsens is life-saving.
Administer hydroxocobalamin for suspected cyanide toxicity with severe lactic acidosis/hypotension	<p>MISSED HIGH-YIELD ORDER</p> <p>This action was expected for full credit but was not ordered.</p> <p>Helpful</p>	<p>No order recorded for this item.</p> <p>Target window: 20–60 min</p> <p>Missed</p>	3	0	In closed-space fires, cyanide can cause refractory shock and lactic acidosis; hydroxocobalamin is an effective antidote when clinically indicated.
Keep patient NPO in anticipation of airway procedures	<p>MISSED HIGH-YIELD ORDER</p> <p>This action was expected for full credit but was not ordered.</p> <p>Harmless</p>	<p>No order recorded for this item.</p> <p>Target window: 0–30 min</p> <p>Missed</p>	0.25	0	NPO is reasonable to reduce aspiration risk if intubation/procedures are likely; minor impact on acute physiology.
Using only nasal cannula oxygen initially in suspected CO poisoning	<p>HARMFUL ORDER AVOIDED</p> <p>This order would have counted against you, but you did not place it.</p> <p>Harmful</p>	<p>You did not place this potentially harmful order.</p> <p>Target window: 0–10 min</p> <p>Avoided</p>	-2	0	Low-flow oxygen can delay CO clearance and may be inadequate for hypoxia; NRB or definitive airway with 100% oxygen is preferred.
Delay in securing airway despite progressive hoarseness/stridor	<p>HARMFUL ORDER AVOIDED</p> <p>This order would have counted against you, but you did not place it.</p> <p>Harmful</p>	<p>You did not place this potentially harmful order.</p> <p>Target window: 41–0 min</p> <p>Avoided</p>	-4	0	Delaying intubation in evolving airway edema increases risk of sudden obstruction and failed airway.
Give morphine in early inhalation injury with respiratory compromise	<p>HARMFUL ORDER AVOIDED</p> <p>This order would have counted against you, but you did not place it.</p> <p>Harmful</p>	<p>You did not place this potentially harmful order.</p> <p>Target window: 0–30 min</p> <p>Avoided</p>	-2	0	Opioids may worsen hypoventilation and hypotension in patients with toxin exposure and increased work of breathing.

Order / Action	Your performance	Time window (case minutes)	Max pts	Pts you earned	Explanation (what this order tests)
Give IV beta-blocker in toxin-mediated shock	<p>HARMFUL ORDER AVOIDED</p> <p>This order would have counted against you, but you did not place it.</p> <p>Harmful</p>	<p>You did not place this potentially harmful order.</p> <p>Target window: 0–60 min</p> <p>Avoided</p>	-2	0	Beta-blockade can worsen hypotension and reduce compensatory tachycardia in shock states.