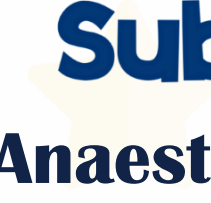




# Test Bank



**Subject:**

**Anaesthesia 018**

**miniOSCEs-1<sup>st</sup> Semester**



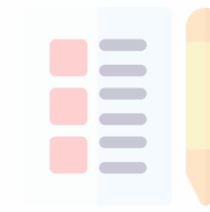
**Collected by:**

**Raghad Alshami**

**Dana Alnasra**

**Aseel Emad**

**Samia Simrin**





1-What is the black one?

Air

2-What is the pressure?

4 Bar

3-What is the safety system?

Diameter index safety system (DISS)

---

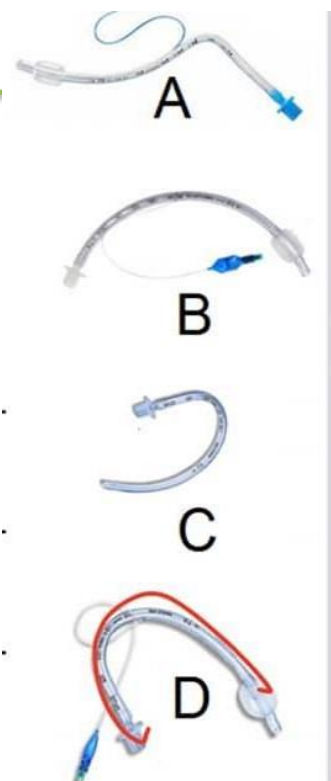
Match each of the shown endotracheal tubes with the type of surgery they are best used in:

1-Gastric Sleeve Surgery:.....B.....

2-Adult Nasal Septal Surgery:.....D.....

3-Lower Jaw Wisdom Teeth Extraction:.....A.....

4-Tonsillectomy in a 3 year old:.....C.....



Question about capnography, What is the vital sign?

End tidal CO<sub>2</sub> (EtCO<sub>2</sub>)

---

Patient with septic shock, What is the treatment and why?

Infection source control with broad spectrum antibiotics, fluid replacement with crystalloids, and vasopressors administration.

---

Question: describe Mallampati type 3, And thyromental distance less than 6 cm

Mallampati class 3: hard palate, soft palate, and uvula

Thyromental distance: distance between the mentum and thyroid notch is less than 6cm

Both these measures can indicate difficulty for intubation

---

Concentration of contents in ringer lactate

Na<sup>+</sup>: 131 mmol/L

K<sup>+</sup>: 5 mmol/L

Ca<sup>++</sup>: 2 mmol/L

Cl<sup>-</sup>: 111 mmol/L

Lactate: 29 mmol/L

---

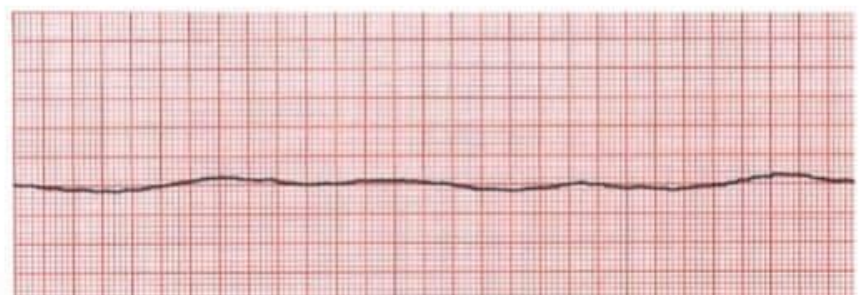
1-Type of cardiac arrest?

asystole

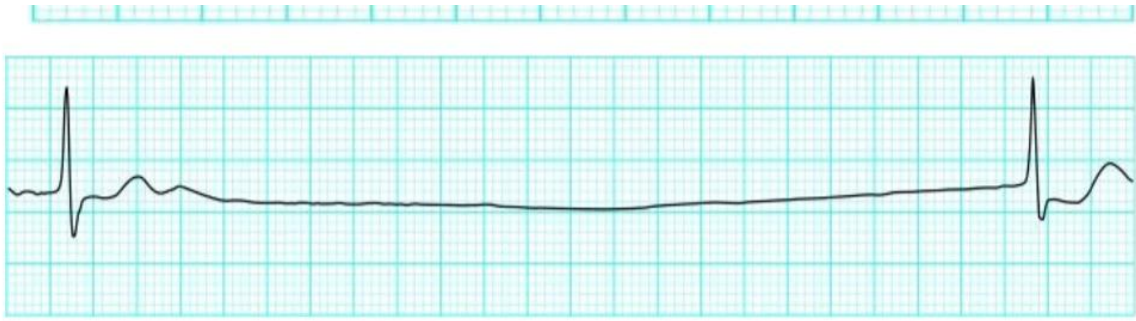
2-What will you do in the next 2 minute after the epinephrine shot?

Continue CPR; chest compression:breaths 30:2

n ECG



## 2<sup>nd</sup> Month



1-What does this ECG indicate?

bradycardia

2-Does this bradycardia need treatment? (The clinical scenario indicates unstable bradycardia)

3-What is the drug that is used and what is the maximum dose?

Atropine 500mcg with a maximum of 3mg

4-If it didn't work what drug to use?

isoprenaline



1-What type of rhythm is this?

torsades des pointe (polymorphic Vtach)

2-2 evidence based interventions you can do to this patient ?

chest compressions and defibrillation

Which drug for which reversent ?

- A. Succinylcholine (suxemethonium)
- B. Rocronium
- C. Midazolam
- D. Morphin

- 1. Naloxone
- 2. Fluzenil
- 3. Neostigmine
- 4. None

A → 4

B → 3

C → 2

D → 1

---

Pediatric patient under GA, bupivacaine injected of the site of the surgery

1-What is this procedure called?

local infiltration

2-Why it is performed?

Reduce stress associated with surgery and reduce post-op pain. (not sure of answer)

---

A question about ABGs and you need to know if it's

Metabolic acidosis

Metabolic alkalosis

Respiratory acidosis

Respiratory alkalosis

Mixed meta and resp acidosis

Mixed meta and resp alkalosis

Normal



What of these parameters is found in this machine?

Maximum dose

Drug name

Lock

Syringe

Flow rate

Drug concentration

A question about Aldrete score + the guideline for discharging patients from PACU

1-Pain maximum of ? 4

2-Aldrete minimum of? 8

Activity

2	Able to move spontaneously or on command four extremities
1	Able to move voluntarily or on command two extremities
0	Unable to move any extremities

Respiration

2	Able to deep breath and cough freely
1	Dyspnea, shallow or limited breathing
0	Apneic

Circulation

2	BP + 20 mm Hg of pre-sedation level
1	BP + 20 - 50 mm Hg of pre-sedation level
0	BP + 50 mm Hg of pre-sedation level

Consciousness

2	Fully awake
1	Arousable on calling
0	Not responding

Skin color

2	Normal
1	Pale, dusky, blotchy, jaundiced, other
0	Cyanotic

1	Prone, Drowsy, Stupor, Jaundiced, Other	0	Cyanotic
0		0	
0		2	
0		4	
0		6	
0		8	
0		10	

**Guidelines for discharging Patients from PACU**

**\*\* The Following are required for Discharging patients from PACU, unless indicated otherwise by discharging physician:**

1- Vital signs should be stable and within acceptable limits	7- Outpatients Should be discharged in the presence of a reasonable adult to escort them home and report any complications.
2- Patient should have a minimum Total Recovery Score (Aldrete) of 8.	
3- Patient with pre-operative mental state abnormality should return to baseline state before discharge.	8- Outpatients should be provided with written instructions regarding post-procedure diet, medications, & activities as well as a phone number to use in case of emergency.
4- Patients should have a maximum Pain Score of 4.	9- Outpatients should be tested for ability to stand unaided to exclude Postural Hypotension or gait instability before discharge.
5- Patients should be adequately hydrated.	
6- Sufficient time (up to 2 hours) should elapse after use of reversal agents (cholinesterase inhibitors, Naloxone, Flumazenil) to ensure no recurrence of original agonist action	

**Discharge Order**



1-What type of anesthesia that will be used with this patient?

GA with RSI

2-What laboratory tests that are mandatory for the patient before the surgery?

CBC, ABGs, blood typing and crossmatching, electrolytes, BUN, creatinine, PT, PTT (not sure either)

---

Cuffed Endotracheal tube for a 6 year old male patient

1. Size of the tube: 5

2. Depth of insertion: 15

---

1. What is the inhalational agent in this photo?

isoflurane

2. What is the function of this machine (mention

a. to give the specific required concentrations of the inhalational drug.

b. to vaporize specific liquid drugs to be used as inhalational anesthetics.

3. Dose Vaporizers works in different mechanism? explain your answer





1-What is inserted in this pic? Specify your answer  
central venous line in the left internal jugular vein

2-Mention other 2 complications of it

- 1 Infection
- 2 Bleeding
- 3 pneumothorax
- 4 arrhythmias



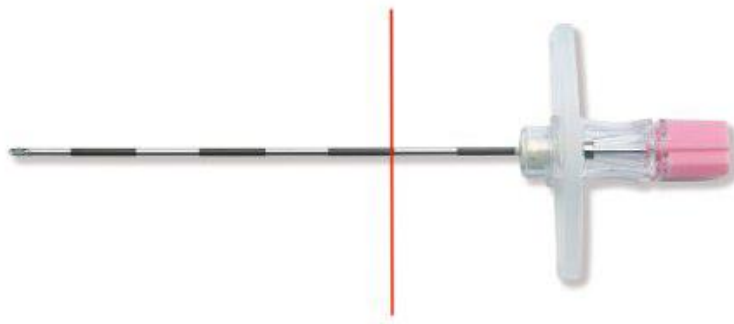
1-What are the abnormal findings in this monitor? (Specify your answer)

- a. tachycardia, HR>100
- b. shock, SBP<90
- c. hypoxemia, SpO<sub>2</sub><90

2-The What is missing parameter?

The EtCO<sub>2</sub>





1-If the needle reached the red line when inserted in the skin , what does this mean? It's 6 cm inside

2-What is the gauge that is usually used in adults? 16-18G

3-What is the technique used in the insertion of this needle ?  
loss or resistance

---



(Pink cannula not blue)

1-What is the gauge of the shown cannula ? 20G

2-What is the fluid being injected in the photo to check the correct insertion of the cannula ? normal saline

3-What signs can indicate wrong cannula insertion using this flush? Swelling and resistance



bpm



1-Which is used the longest time?

tracheostomy tube

2-Which is used in can't ventilate can't intubate in a patient under GA?

Cricothyrotomy needle

3-Female of healthy weight undergoing hysterectomy ?

endotracheal tube

4-4 year old patient, laporatory underGA?

The non-cuffed

### 3<sup>rd</sup> Month

Q1) A picture with a male patient, being prepared for a fissurectomy surgery



a. What type of airway management is being used?

jaw thrust (not sure of answer)

b. Identify the part indicated by the arrow

CO<sub>2</sub> sampling line

c. What's the type of circuit is used?

d. What will be the position the patient during surgery?

Lithotomy position

---

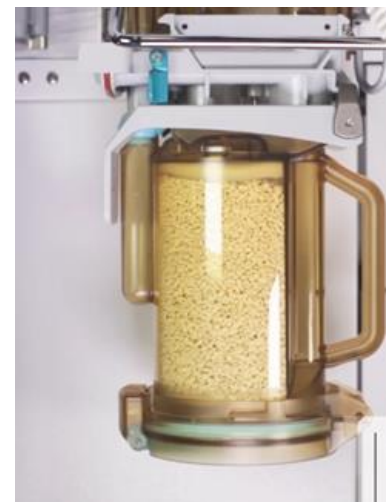
Q2)

a. What molecule does this device absorb from the expired gas?

CO<sub>2</sub>

b. How many liters is absorbed by a 100g of the absorbent material?

26L

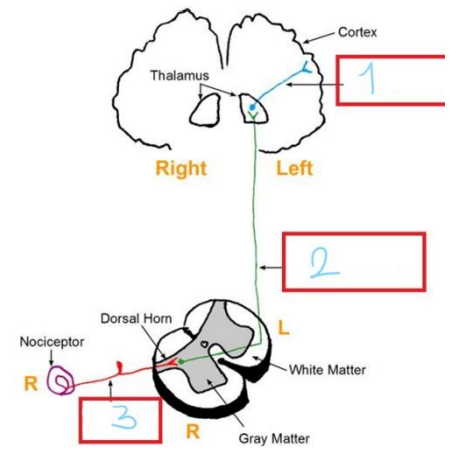


Q3) identify the labelled parts:

1-3rd order neuron

2-2nd order neuron

3-1st order neuron



Q4) a picture with ABG results:

pH: 7.53

paCO<sub>2</sub>: 32.3

HCO<sub>3</sub><sup>-</sup>: 25.9

a. What's the acid-base status of this patient?

Respiratory alkalosis

b. Is it acute or chronic?

Acute (no signs of compensation by pH or bicarb levels)

Q5)

a. What is the name of this procedure?

Arterial line insertion

b. Which vessel is being used?

Radial artery

c. Mention another common vessel that can be used for the same procedure.

Brachial artery



Q6)

a. What is the concentration that induces anesthesia in 50% of patients for each of these agents?

1: 1.2

2: 2

b. Mention two factors that increase this concentration

- Hyperthermia
- Hypernatremia
- Drug induced elevation of CNS catecholamine stores
- Increase in ambient pressure (experimental)
- Cyclosporine
- Excess pheomelanin production (red hair)



---

Q7) A picture of surgery schedule, there was a 5-year old girl scheduled for surgery by Dr. Raed. She's 22kg and has been fasting for 10 hours.

a. What type of endotracheal tube would you use and what size?

Uncuffed tube with a size of 5.5 (you can use a cuffed tube with a size of 5)

b. Calculate the patient's fluid deficit

620 ml

---

Q8) Match each procedure with the best tube to be used



3



1



4



2

1. Tongue mass removal
2. Cleft palate surgery
3. Adult maxillary sinus surgery
4. Hernia surgery

Q9) What is the fasting time for each of these food categories according to the 2021 guidelines?

1. Water → 1 hour
2. Breast milk → 3 hours
3. Formula milk → 4 hours
4. Solid food → 6 hours

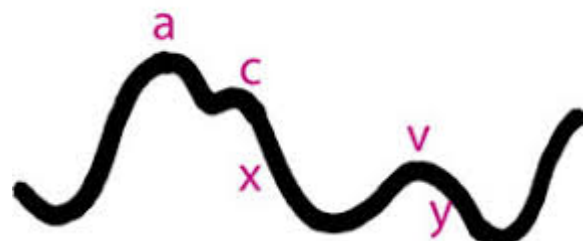
Q10)

- a. What is the ASA risk class for this patient? 3
- b. What is the mortality rate?

A- History		
Previous Anesthesia: No	Cardiovascular: Ischemic heart disease 5 yrs with limitation from heavy exercise. No palpitations. - No chest pain	Weight 80 kg Height: 170 cm Other: - X-smoker 7 yrs ago - Diabetic on oral Rx FBS 90mg/dl
Complications? —	Respiratory: - No dyspnea - No URTI - morning sputum.	
Airway Difficulty? —		
Allergies: Nil		
Medications: Atenolol 40mg x1, glibenclamide 5mg x2		
B- Physical Examination		
Vital Signs:	Cardiovascular: Regular S <sub>1</sub> S <sub>2</sub> No murmur	Other: - good venous access sites
B/P 125/85		
Pulse 60/min	Respiratory: mild hyperinflation	
Temp 36.5°C		
R/R 12/min	Airway: Mouth Opening: 4cm Tracheal Shift? No H&N movement: >55°	
Pain —	Mallampati class: I Thyromental Distance: 7cm Teeth: OK. Other:	

Q11) Write down the mechanical events each of the letters correspond to:

- A: atrial contraction
- C: ventricular contraction
- X: atrial relaxation
- V: atrial filling
- Y: ventricular filling



Q12)



a. What's the name of this graph?

Chain of survival

b. What does ring 1 and 3 stand for and what's their aim?

(obviously the graph was not labelled)

Q13) clinical scenario of a patient, post-op in the ICU, having a septic shock (and yes, the ECG picture was this bad)



a. Calculate the heart rate

150

b. What will be your first management?

Synchronized DC shock, up to three attempts

c. Why did you choose this answer in b?

because she has tachycardia and she's in shock

Q14) RTA patient undergoing emergent surgery, with 1700 ml of blood loss, and no recorded blood pressure

a. What type of shock is this, and which class?

Hypovolemic shock, class 3

b. What will be your management?

Control source of bleeding and aggressive blood and volume replacement. (not sure of the answer)



---

Q15) One of these agents is used for a day-case procedure of an arm lipoma excision in a 100 kg patient.



a. What is the maximum dose in milliliters that can be used?

40

b. Mention two side effects for this agent.

Cardiac toxicity (arrhythmias, arrest).



## 4<sup>th</sup> Month

Q1) a. concentration of contents?

Na 154 mmol/l

Cl 154 mmol/l



b. The Osmolality = 308 mosm/L

c. 9mg/kg

---

Q2) Choose the correct answer

What's the pharyngeal view in the first picture (Mallampati score); 2



What's the laryngeal view in the second picture; 2

ords



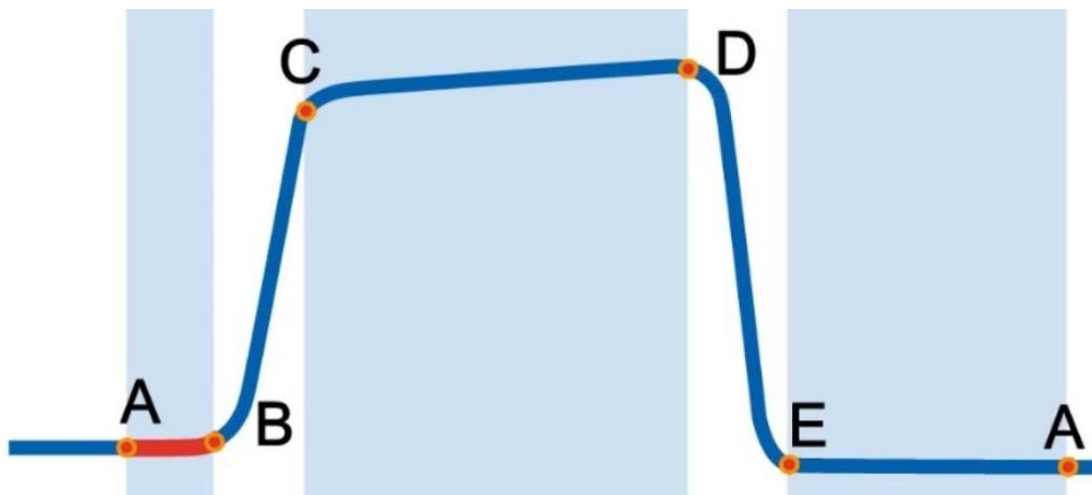
GRADE II

\*Not the same picture

---

Q3) About capnograph : from which point the inspiration starts? D

Expiration? B



At point D what is the value of EtCO<sub>2</sub>? 35-45 mmHg

Q4) About a patient with signs of cardiac arrest after colectomy surgery, he is unresponsive to nurse, write BLS steps:

Ask for help

Open or check the airway (head tilt, chin lift and jaw thrust)

Check circulation and normal breathing sign

If not breathing start CPR 30:2

Q5) About a monitor readings of a patient during the surgery:



What's the wrong?

Hypotension

## Bradycardia

What are the causes suspected (give 2) ?

Shock (not sure)

\*\*not the same picture

---

Q6) Match each of the shown tubes with the type of surgery they are best used in:

(1)



(2)



(3)



(4)



1. laparoscopic surgery

2. can't intubation can't ventilation

3. maxillary sinus surgery

4. mandible surgery

---

Q7) A question about baby drinking water...

When you can do the surgery?

After 4 hours of milk fasting



Why doctors recommend the mothers to give their babies water before the surgery?

Less dehydration

Decrease gastric secretion volume and PH

Less agitation and crying

Q8) Choose which is synthetic and which is natural opioid.



Codeine phosphate and morphine → natural

Fentanyl and remifentanyl → synthetic

Q9) Match each drug with the correct answer:



Which one is used for induction? Propofol

Which one causes malignant hyperthermia? Halothane

Which one causes dissociative analgesia? Ketamine

---

Q10) Patient with bradycardia and failed to be treated with the maximum dose of atropine, What action will you take?

1. Use isoprenaline, adrenaline or alternative drugs
  2. Transcutaneous pacing
  3. Seek expert help to use transvenous pacing
- 

Q11) According to this picture:



The name of the procedure: Central line insertion

Which vein is used: Internal jugular vein

Advantage of using US:

Prevent puncture and malposition (not the only answer)

Mention other veins we can use ?

EJV

Femoral V

Subclavian V

---

Q12) Match

1 → O<sub>2</sub>

2 → Nitrous oxide

3 → oxygen

4→ Air



---

Q13) According to this picture:



In which procedure is used? Epidural

Number of cm in the picture? 9 cm

Mention the ligaments which the needle will enter through?

Supraspinous ligament, interspinous ligament and ligamentum flavum

---

Q14) Pictures of 4 types of ventilatory masks and a nasal canula .. (4 questions but I remember 2)



Which one gives 80-90% fio<sub>2</sub>? Non rebreather mask

Which one gives 100% fio<sub>2</sub> ? Non rebreather mask (not sure answer)

Which one don't interfere with concurrent eating? Nasal cannula

---

Q15) ABGs q

Ph

Co<sub>2</sub>

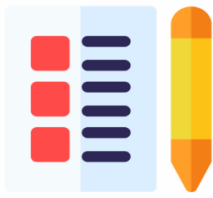
Hco<sub>3</sub>

(I can't remember the values)

What is the type of disease? Respiratory alkalosis

What to do for the pt to correct the state? Mention 2 things

اذكرونا بدعوة. ✨



# Test Bank



**Subject:**

**Anaesthesia 018**

**miniOSCEs-2<sup>nd</sup> Semester**



**Collected by:**

**Ibrahim Alhaj**

**Lina Abdulhadi**

**Reham Badayneh**

**Dena Kofahi**





Question (1)

a. What is the mechanism of action for each of the anesthetic agents shown beside

- Propofol: Increases binding affinity of GABA with GABA<sub>A</sub> receptor.
- Ketamine: NMDA receptor antagonist

b. Mention 2 side effects for each of these agents

- Propofol: hypotension, respiratory depression, pain at injection site
- Ketamine: dissociative amnesia, unpleasant emergence reactions with hallucination and fear.



Question (2) A picture of a trauma patient who weighs 78kgs that has lost 2.5 liters of blood

a. Based on the case mentioned above, to which hypovolemic shock class does this patient belong to?

- Class IV

b. Mention 3 things you'd do to save this patient?

- Identify the **source of bleeding** (stop, or at least control, blood loss)
- **Fluid resuscitation** after establishing a large bore IV access
- Maximize **O<sub>2</sub>** delivery

c. What do we expect the patient's heart/pulse rate to be?

- >140

d. How much do we expect the patient's Urine output to be?

- Negligible; patient is oliguric

Question (3) A CXR showing the insertion of a device/tube

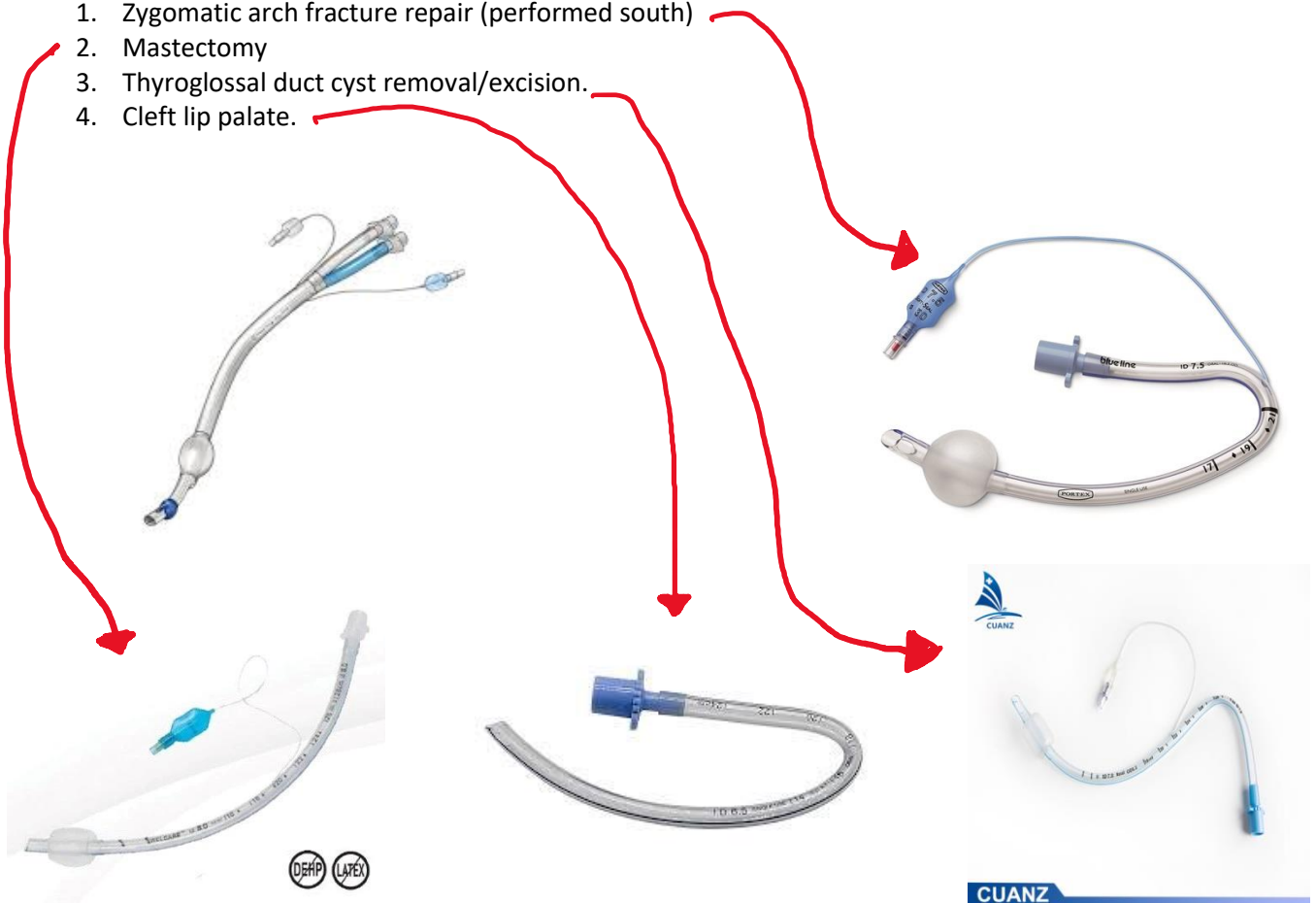
- a. Based on the CXR besides, what is the catheter indicated?
  - Central Venous Catheter
- b. What is the site of insertion (which vein was used to place the catheter)?
  - Right **internal jugular** vein
- c. Mention 2 serious Complications that may result from this procedure
  - Pneumothorax
  - Arrhythmias



Question (4) Which Endotracheal tube is used in each of the following cases:

Mention the number of airway device that best matches airway management in each of the following Scenarios

1. Zygomatic arch fracture repair (performed south)
2. Mastectomy
3. Thyroglossal duct cyst removal/excision.
4. Cleft lip palate.

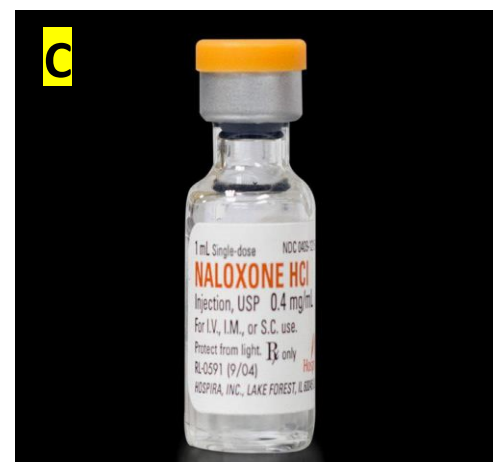


Question(5) Inspect the drugs shown below and match them with the following statements

1. Which of the following has a duration of action of 30 mins? C. Naloxone
2. Which of the following cause Tachycardia? C+D (naloxone + meperidine), which unfortunately wasn't a choice
3. Which of the following cause Bradycardia? A+B+E (wasn't a choice)
4. Which of the following is associated with histamine release?

The answers looked something like what is shown below (there was no C+D & no A+B+E)

- A
- B
- C
- E
- A+B
- B+C
- A+B+C
- D+E



Question (6)

**Describe the process occurring in this picture?**

-Induction of anesthesia (inhalational route)

**Name the class of anesthetic agents to which the drug used belongs to?**

-(inhalational anesthetics)

**Which drugs can be used for the purpose shown below?**

-Halothane + Sevoflurane

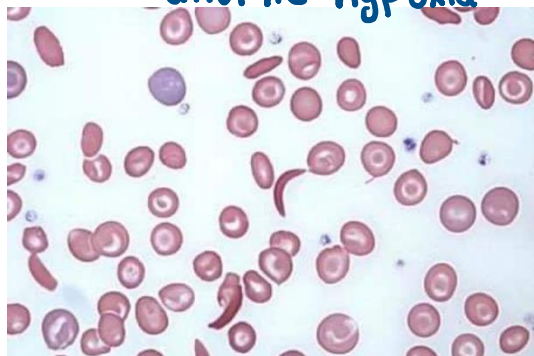


Question (7)

**Match each of the following with the type of corresponding hypoxia (4 options for each pictures)**

**Anemic hypoxia, hypoxia hypoxia, diffusion hypoxia, ischemic hypoxia.**

anemic hypoxia



Hypoxic hypoxia



Ischemic Hypoxia



Hypoxic Hypoxia



Question (8) early warning score (memorize it)

A. Calculate score

## B. Intervention/action

### Recognition of the deteriorating patient - Early Warning Scoring Systems

Score	3	2	1	0	1	2	3
Pulse (min <sup>-1</sup> )		≤ 40	41-50	51-90	91-110	111-130	≥ 131
Respiratory rate (min <sup>-1</sup> )	≤ 8		9-11	12-20		21-24	≥ 25
Temperature (°C)	≤ 35.0		35.1 - 36.0	36.1 - 38.0	38.1-39.0	≥ 39.1	
Systolic BP (mmHg)	≤ 90	91-100	101-110	111-249	≥ 250		
Oxygen saturation (%)	≤ 91	92-93	94-95	≥ 96			
Inspired oxygen				Air			Any oxygen therapy
AVPU				Alert (A)			Voice (V) Pain (P) Unresponsive (U)

#### Example of early warning scoring (EWS) system

From Prytherch et al. VIEWS—Towards a national early warning score for detecting adult in-patient deterioration. Resuscitation. 2010;81(8):932-7

### Recognition of the deteriorating patient - Early Warning Scoring Systems

EWS	Minimal observation frequency	Escalation	
		Recorder's action	Doctor's action
3-5	4 hourly	Inform nurse in charge	
6	4 hourly	Inform doctor	Doctor to see within 1 h
7-8	1 hourly	Inform doctor Consider continuous monitoring	Doctor to see within 30 min and discuss with senior doctor and/or outreach team
≥ 9	30 min	Inform doctor Start continuous monitoring	Doctor to see within 15 min and discuss with senior doctor and ICU team

#### Example escalation protocol based on early warning score (EWS)



Question (9)

**What does the picture beside show?** Oxygen store/ liquid oxygen storage tank

**In what form is the oxygen inside it stored?** Liquid form

**What is the purpose of using it/ why is it used?** Stores large quantities/amounts of oxygen in a small volume/capacity. Reduces cost



## 2<sup>nd</sup> Month

### Question (1):

Choose the correct answer regarding the performance of each (fixed, variable, or mixed):

1-Fixed



2-variable



3-Fixed



4-variable



**Q(2):**

**1-What is the function of the equipment indicated by the arrows:**

- Delivery of a specific concentration of inhalational anesthetic agents
- Conversion of these agents from a liquid to a gas state

**2-The MAC for each agent?**

Sevoflurane:2

Isoflurane1.2

**3-If we turn on both machines at the same time what will the MAC be? Why?**

3.2 as it is additive between different agents



**Q(3) :**

**1-What is the name of this surgical position:**

Trendelenburg



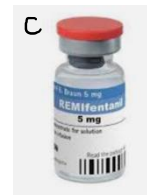
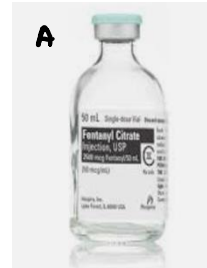
**2-Indications?**

lower abdominal surgeries including colorectal, gynecological, and genitourinary procedures

**Q(4):**

**Which of the following cause:**

- 1-bradycardia A +B
- 2-hypotension A+B
- 3- CNS excitation (D)
- 4- metabolized by plasma cholinesterases (C)



**Q(5):ABGs**

A patient is mechanically ventilated in the ICU with oxygen given with an FiO2 of 50%

The patient has respiratory alkalosis:

Normal paO2

HCO3- ≈19 (decreased)

CO2 decreased (30)

What should we do for: (options were increase/decrease/keep the same)

RR: decrease

FiO2: decrease

HCO3: increase

**Q(6) 1-Identify the part with the black arrow:**

CO2 line

**2- What is the name and function of the equipment indicated by the yellow arrow?**

Bair hugger. Prevents hypothermia during surgery

**3-What are two other ways to do the same function of this equipment?**

Fluid warmer

Cloths wrapped around the patient

Mattress placed under the patient with heated water



**Q(7)**

**1- What does this picture indicate? (The actual picture was a patient on the surgical table holding the mask to their face)**

The patient is conscious

The patient is able to move his hands  
(Emergence from general anesthesia)

**2-Mention two surgeries that require rapid emergence?**

Minor surgeries

**Q8:**

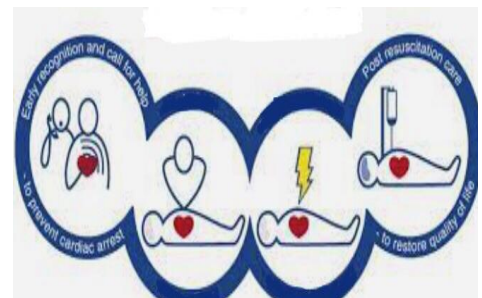
**1- What do we call this chain? Define it.**

The chain of survival: a sequence of interventions taken by any medical professional to rescue the patient from his critical condition.

**2- Write the titles and descriptions of the second and third circles.**

Second circle: Early CPR - To buy time

Third circle: Early defibrillation - To restart the heart





**Q9:**

**1- What do we call this type of anesthesia?**

Epidural anesthesia

**2- What is the function of the syringe?**

It is a low resistance syringe

**3- Where do we insert this type of anesthesia?**

At any level

**4-mention 2 serious complications:**

CNS infection and spinal hematoma



**Q10: An elderly male patient has a pulseless cardiac arrest and his ECG is shown.**

**1-What is the type of cardiac arrest?** Shockable rhythm, torsade de pointes (polymorphic VT)

**2-give two evidence-based interventions:**

1-CPR

2-DC shock



**Q11:**

**1- The maximum dose of the following drug? (the image in the exam showed the vial also had epinephrine)**

7mg/kg with epinephrine

**2- Mention two site contraindications of this drug.**

1-ear lobes

2-nose

3-fingers/toes

4-penis



**Q12:**

**1- Mention four clinical parameters this device provides:**

1-SaO2

2-HR

3-rhythm

4-presence of cardiac arrest

**2- False readings and artifacts can occur due to: (mention 2)**

1-nail polish

2-cautery



**Q13: Provide the ASA score for the following cases**

1-70-year-old man with intestinal ischemia and respiratory problems: 5e

2-MI one month ago: 4

3-Unstable angina: 4e

4-Uncontrolled DM: 3

**Q14:**

A patient was placed under general anesthesia, given vancomycin, and then his vitals became as shown

**1. What occurred?**

- 1- Redmann syndrome

**2. How would you manage this patient**

- 1- Discontinue Vancomycin
- 2- Management: IV fluids, antihistamines, vasopressors



**Q15: Which of the following can be used for:**

- 1-long term: tracheostomy
- 2-the least invasive definitive option: endotracheal
- 3-from the first attempt: combitube
- 4-spontaneous ventilation: tracheostomy +LMA+combitube



### 3<sup>rd</sup> Month

**Q1:**

What is the maximum pressure that can be set on the red-arrowed part?

70cmH<sub>2</sub>O

What is the best pressure set on the blue-arrowed part when applying a face mask to the patient?

What is the function of the green-arrowed part?

The bellows physically separate the driving-gas circuit from the patient gas circuit. (From slides, but you can explain it in your own way)



**Q2:**

Which of the following undergoes ester hydrolysis?

C

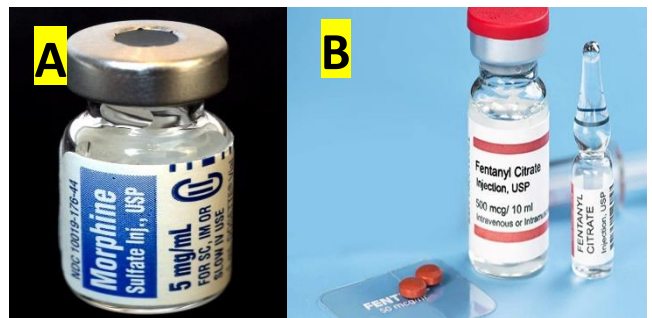
Which of the following has a 20-30 minutes duration of action?

B (not sure)

Which of the following causes mydriasis?

D

Options: A – B – C – D – All - None



**C**



**D**



**Q3: Examine the O/R list below. Saleh weighs 40 kg and has been fasting for 8 hours**

Order	File	Patient	F. Address No	Age	Diagnosis	Operation	op. Room	Unit
8		صلاح	6	853	6	constipation	rectal biopsy	9

**Calculate his fluid deficit**

640ml

**What is the size of his cuffed endotracheal tube?**

5mm

**Q4: Match**



**Anemic Hypoxia:**

**Histotoxic hypoxia:**

**Circulatory hypoxia:**

**Hypoxic hypoxia:**

**Options: A – B – C – D – C&D – B&C – B&D – A&C**

**Q5**

**Which of the following lasts the longest?**

A

**Which of the following cannot be used in children?**

C

**Which of the following is the least invasive?**

D

**Which of the following is the best at sealing airways?**

B&C

**Options: A – C – D – A&D – B&C – All**

**Q6:**



**What is the name of the machine in the 1<sup>st</sup> picture?**

Cell saver

**What is it used for?**

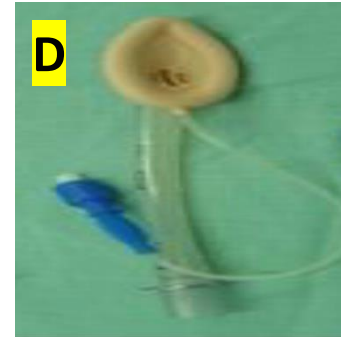
Autologous blood transfusion-Taking lost blood, cleaning and reinfusing it

**What is the equipment in the second picture?**

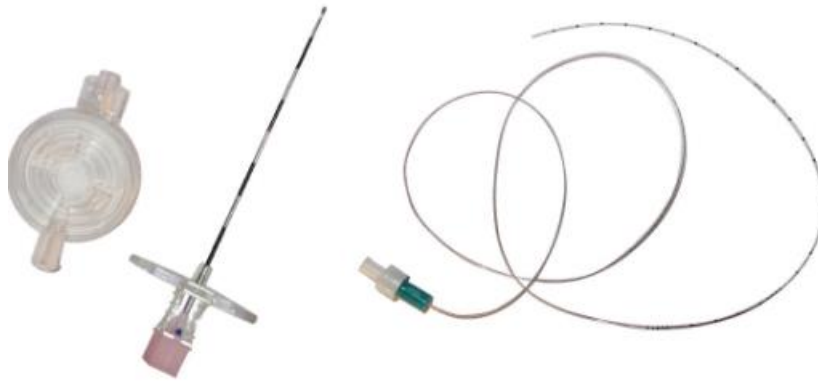
Spinal needle

**What is its size?**

22G



**Q7:**



**What is the name of the part on the left?**

Filter

**What is it used for?**

Anti-microbial

**What is the size of the needle in the middle?**

8cm

**What is the part on the right?**

Epidural catheter

**Q8: a 73-year-old patient presented with perforated small bowel after prolonged intestinal obstruction and was planned for laparotomy.**

**What is the surgery classification regarding the need to use antibiotics?**

Dirty

**Mention 4 things you need to check before you start antibiotic preparation.**

- 1- Most likely pathogens and their sensitivity
- 2- What allergies the patient has
- 3- Renal and liver function
- 4- Other comorbidities, cardiopulmonary status, common resistance in the region, etc



**Q9: A patient in having tachycardia with low blood pressure (82/56). When monitors were connected this was his ECG**



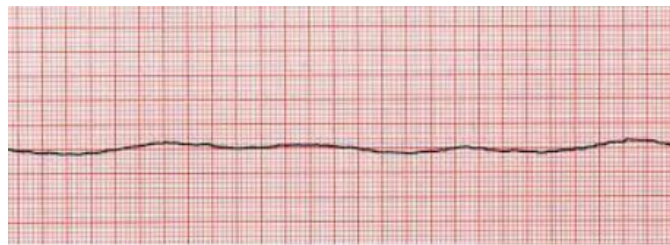
**What is the best initial management?**

Synchronized DC shock

**What the second line treatment of the 1<sup>st</sup> failed?**

Amiodarone

**Q10: A patient in the ward has collapsed and the nurses have already started basic life support. Upon your arrival, this was his ECG.**



**What type of arrhythmia is this?**

Non-shockable (asystole)

**Mention 2 reversible pulmonary causes.**

Tension pneumothorax – Thromboembolism

**What are the next 2 steps to do?**

Giving epinephrine 1mg

Continue chest compressions

**Q11: match**

**Oxygen: 1**

**Air: 3**

**Vacuum: 4**

**Nitrous oxide: 2**



**Q12: A central venous line was inserted, and an X-ray was obtained to confirm its position**

**It is positioned correctly?**

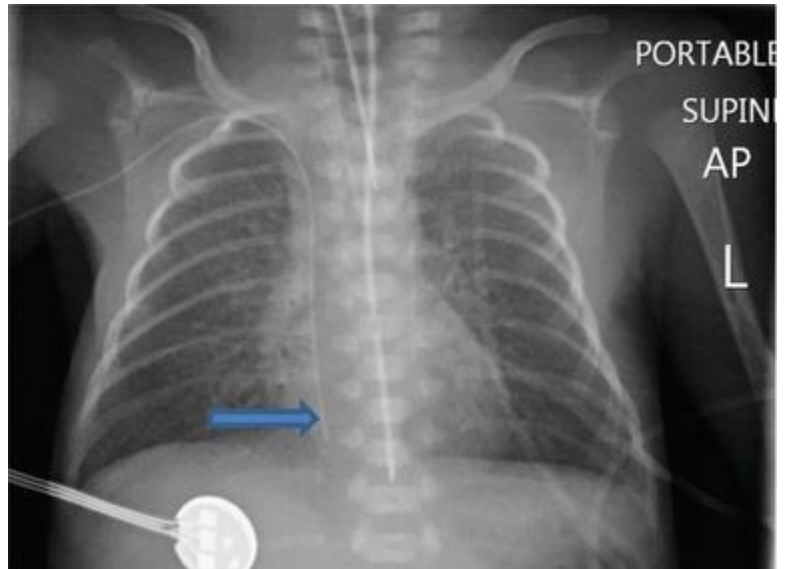
No

**Why?**

It is over inserted as its tip should be almost at the level of the carina

**What should you do?**

Pull it up to the level of the carina  
+/- 2cm



**Q13: A patient on ventilation (FiO<sub>2</sub>= 50%) has his lab results as follows pH=7.29. CO<sub>2</sub> = 41mmHG. HCO<sub>3</sub>= 19mEq/L. SpO<sub>2</sub>=99.3%**

**Acid-base status:** Metabolic acidosis

**What would you do to the respiratory rate?** Increase

**What would you do to the FiO<sub>2</sub>?** Keep it the same

**Q14: A patient got desaturated perioperatively with SpO<sub>2</sub>=59% and blood pressure 75/49. A procedure was done (not sure about answers)**

**What is this procedure?**

Pericardiocentesis

**Where is it located?**

At 2<sup>nd</sup> (or 3<sup>rd</sup>) intercostal space mid-clavicular line

**What did the patient develop?**

Cardiac tamponade





**Q15: Match**

Which of the following is the most potent?

C

Which of the following can be used in cases of malignant hyperthermia?

D

When using which of the following 50% of patients will still respond to stimuli if it is given in 2% concentration?

A



## 4<sup>th</sup> Month

**Q1:**

**What is the content of this solution (Ringer's lactate)?**

**What metabolic disorder it can cause?**



**Q2: A case with intestinal obstruction**

**What is the type of anesthesia should be used?**

**What are the steps of this type of anesthesia?**

**Q3:**

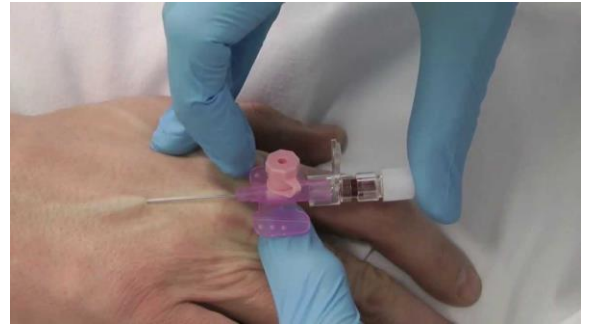
**Mention the name of each needle shown**

**Mention two differences between these two needles**



**Q4:**

**Mention the maneuvers to make the vein more visible**



**Q5: There was a picture of Sevoflurane, Isoflurane, Nitrous oxide, Halothane**

**The strongest inhalational anesthetic agent :**

**The agent that doesn't cause malignant hyperthermia :**

**Q6: A picture of an esophageal manometry**

**Q7: Question about chain of survival**



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