

021 Anastethia miniOSCE

2nd semester

the first month

By

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Q1:-

1-What is the type of this Anesthesia?

regional anesthesia (Epidural)

2-if it was given in the infrascapular region, What is the level?

T7

3-What are the structures that the needle passes through to reach the injection site?

1- Skin

2- Subcutaneous tissue

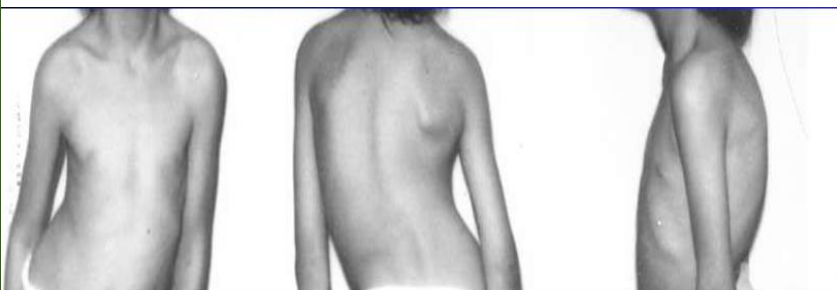
3- Supraspinous ligament

4- Interspinous ligament

5- Ligamentum flavum



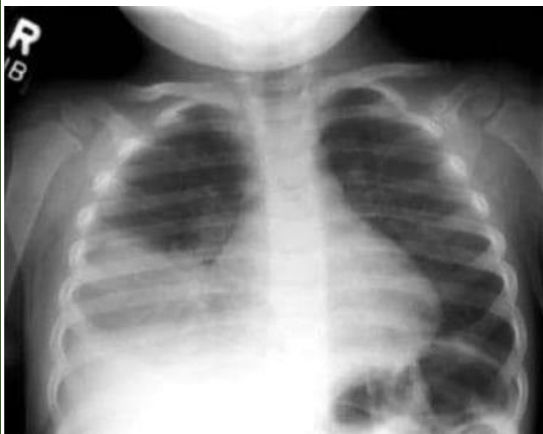
Q2:-What is the type of Respiratory failure in the following Pictures:-



Kyphoscoliosis → Type 2 (Hypercapnic)
Respiratory Failure



asthma or COPD exacerbation Type 2 RF



Pneumonia:-Type 1 (Hypoxemic) Respiratory Failure



ARDS (Acute Respiratory Distress Syndrome) → Type 1 (Hypoxemic) Respiratory Failure

Q3:- A 4-year-old child requires an anesthesia plan for a tonsillar abscess drainage, but IV access could not be established, he had been fasting for 6 hours and he weighs 20kgs, Answer the following:-

1-What type of anesthesia should be used?

-inhalational induction with sevoflurane

2-What are the possible complications?

- Airway obstruction
- Aspiration risk
- Difficult intubation
- Laryngospasm
- Bleeding

(From chatgpt)

3-How do you calculate the fluid deficit?

Maintenance fluid requirement (using the 4-2-1 rule):

- First 10 kg → $10 \times 4 = 40$ mL/hr
- Next 10 kg → $10 \times 2 = 20$ mL/hr
- Total maintenance rate = 60 mL/hr

Fluid deficit = Maintenance rate × fasting hours

$$\underline{60 \text{ mL/hr} \times 6 \text{ hours} = 360 \text{ mL}}$$

4-What type of endotracheal tube should be used, and what is its appropriate size?

Non-Cuffed ETT, 5 mm

Q4:- A 54-year-old male patient with controlled hypertension requires an assessment based on the provided larynx and pharyngeal images. Answer the following:

1-What is the ASA classification of this patient? 3?

2-Laryngeal view? 2??

3-Pharyngeal view? 3?



4-What is the appropriate endotracheal tube (ETT) size for this patient?

8?

Q5:- Regarding the inhaled anesthetic agents, answer the following:



A



B



C

1. Which agent is the least potent?

C

2. Which agent requires electricity for administration

C

3. Which agent has the lowest MAC?

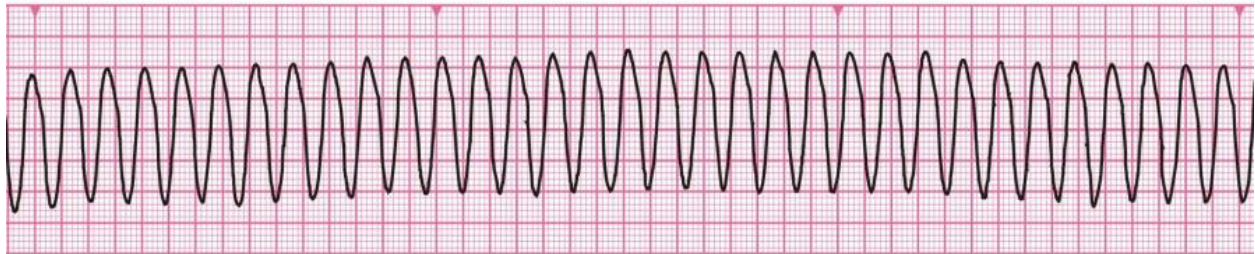
A

4. Which device contains Sevoflurane?

B

Q6:-

A collapsed patient, and the cpr leading started Chest compressions



1-Whats the diagnosis?

Ventricular Tachycardia

2-Calculate the HR:- depends on the specific image from the question

3- What should the CPR leader do?

Continue the CPR for 2 minutes, then assess the rhythm, if it persists as VT, shockable rhythm, a shock should be given, then restart CPR for 2 minutes if no signs of life were returned.

Q7:- A patient who had a myocardial infarction (MI) 2 months ago and received a stent presents now with chest pain, confusion, and a blood pressure of 77/58 mmHg. Answer the following:

1-What is the treatment for this patient?

Q8:-

A woman presents to the ER with hypotension and itching after taking an antibiotic for pneumonia. Answer the following:

1. What is the diagnosis?
 - anaphylaxis
2. What other symptoms might present?
 - Skin reactions: Urticaria (hives), angioedema (swelling of lips, face, or throat).
 - Respiratory symptoms: Dyspnea, wheezing, stridor, or laryngeal edema.
 - Gastrointestinal symptoms: Nausea, vomiting, abdominal pain, or diarrhea.
 - CNS symptoms: Confusion, dizziness, or loss of consciousness in severe cases

3. What are the treatment options?

Treatment: ABC's

Stop the exposure to the trigger while assessing the patient's airway and hemodynamic stability is equal to therapy .

1. Airway: Lip and tongue swelling, called angioedema, as well as pharyngeal and glottic swelling may compromise the airway.
 - a. For signs of impending airway compromise, securing an endotracheal tube early is a priority.
 - b. Supplemental O₂ and continuous monitoring are necessary.
- 2- IV access should be emergently obtained and normal saline administered to raise BP.

3- Epinephrine injection(0.01-0.5 mg IV or IM) depending on the severity, with repeat dosing every 5-15 minutes as needed. A drip(IV Infusion) can be prepared for refractory response.

Epinephrine is the primary vasopressor of choice; however, others may be added to maintain MAP >65 mm Hg.

4. Albuterol is a bronchodilator for bronchospasm and can be given as a nebulizer.

5*. Both H1 and H2 antihistamines.

6*. Consider steroid for airway edema and severe reactions: hydrocortisone, dexamethazone.

Q9:- Regarding the following pictures,answer the following questions:-



1-Which one is naturally occurring?

Codeine

2-Which one is 100 times stronger than morphine?

Fentanyl

3-Which one has a nicotinic anticholinergic effect?

Mepiridine

Q10:- The question presents the following NMBA (Neuromuscular Blocking Agents): Rocuronium, Neostigmine, Suxamethonium, and Cisatracurium. Answer the following: (The question had images of the drugs)

1. Which one should be given in emergency to a patient with pseudocholinesterase (pAChE) deficiency?

Rocuronium and Cisatracurium

2. Which one is augmented by atropine?

Neostigmine

3. Which one does not work competitively on its receptor

Suxamethonium (Succinylcholine)

Q11:- Drug X is a new local anesthetic(and you are given the drug image) and a concentration of 2%. Answer the following:

1. What is the concentration of the drug in mg/ml?

20 mg/mL

2. If the patient weighs 60 kg, and the maximum dose is 4 mg/kg, how much should you administer in mL?

12 mL

3. What can be used to enhance the effectiveness of the drug

Epinephrine

Q12: Regarding the following image, answer the questions:



1-Why do we use it?

For patients on Long term oxygen therapy

2-what type of device is it?

Variable-Flow Oxygen Delivery Device

3-Why do we consider it this way?

because the oxygen concentration delivered to the patient depends on the flow rate and the patient's respiratory pattern???

Q13:-:- Regarding these pictures answer the following



1-Which one is contraindicated in egg allergy?

Propofol

2-Which one acts as a bronchodilator?

Ketamine

Q14:- Regarding this picture:-

1-What is the pressure of 1 ?

15-22 mmhg

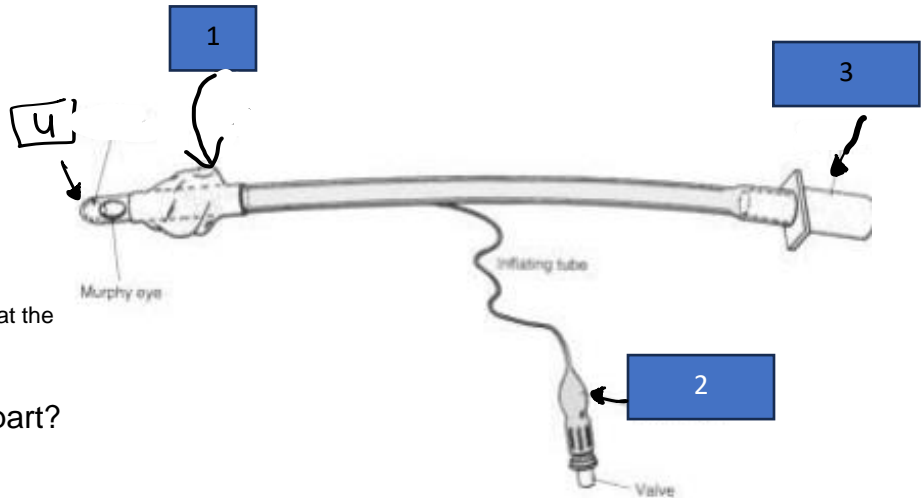
2-What is the function of part 2 ?

this is the pilot balloon, being inflated assures that the cuff is also inflated with no defects in it

3-What is the function of the blue part?
radioopaque on x ray

4-What is the external diameter of part 3 ?

15 mm



Q15:- Regarding this picture, answer the following questions:-

1- What is the best site for cannulation?

4

2-Which one continues as the axillary vein?

1

3- What is the worst site for cannulation?

3

4-Which one is the basilic vein?

2

