

021 Anastethia miniOSCE

2nd semester

the second month



By

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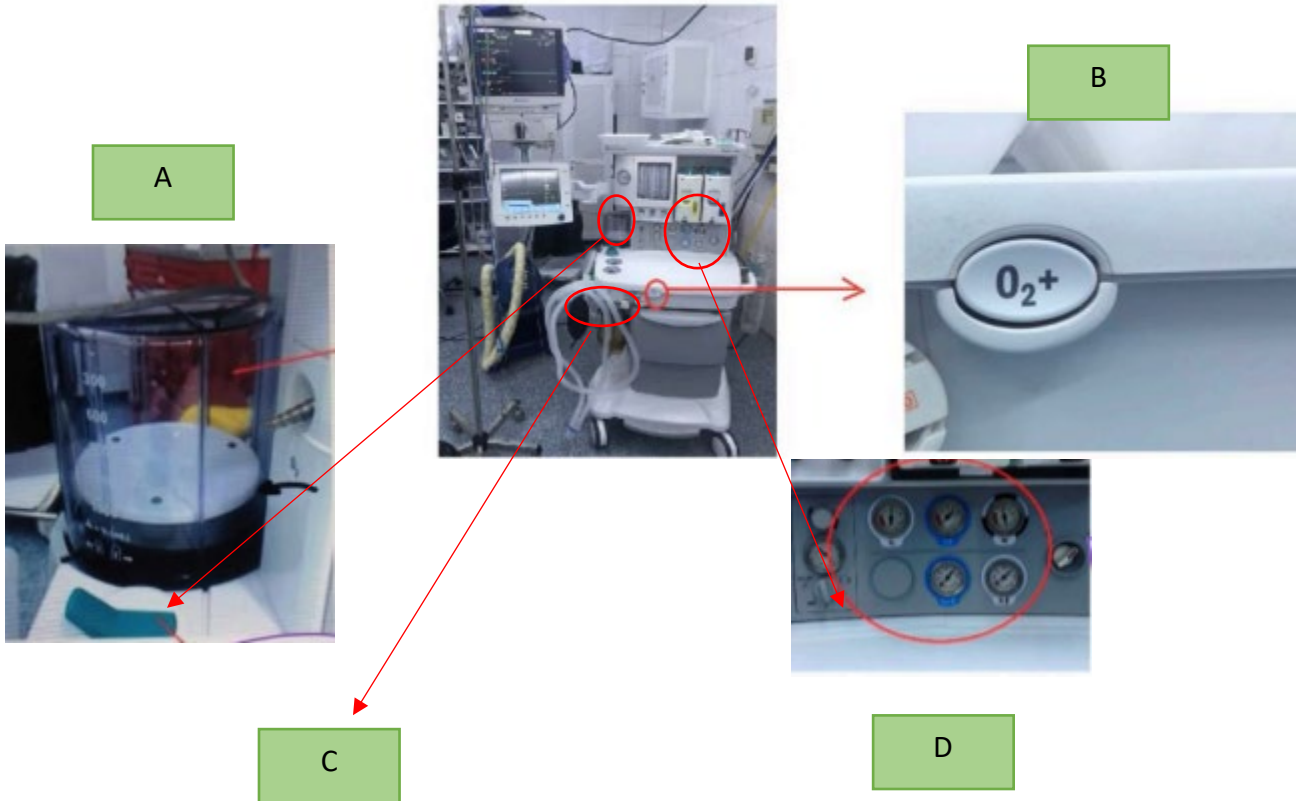
Laith shammout

Malek albosta

Mohamad alsaed

Q1:-

Name the following parts of this machine:-



A:- Switch between ventilator and manual/spontaneous closed circuit circulation

B: o₂ flush

C: fresh gas outlet (sorry for the bad image)

D: Gas supply pressure monitor

Q2:-



1-Which of these drugs is a non-competitive agonist?

Succinylcholine

2-Which one is degraded in the blood by the body's Ph and Temp.?

Cisatracurium

3-which one is used for rapid induction for someone with pseudocholinesterase deficiency?

Rocuronium

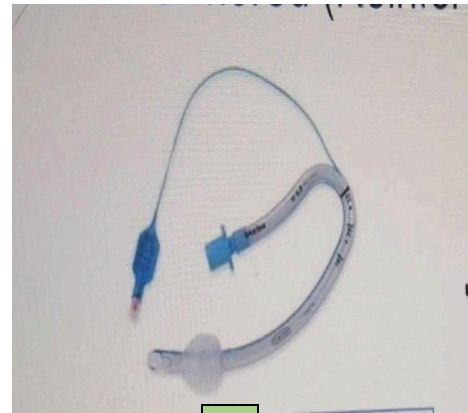
4-Which one is augmented by concomitant atropine?

Neostigmine???

Q3:-Match the following pictures with each type of surgery:-



A



B



C



D

A: LMA B: Cuffed ETT C: double lumen ETT D: non cuffed ETT (not sure)

1-left lung resection

C

2- Dilatation and curettage procedure:

A

3-Diagnostic Laparotomy

B

4-Emergency for hematuria after lower abdominal trauma

B

Q4:- Patient brought to the ER with visible bleeding, he lost around 3L of blood, answer the following questions:-

1-What is the class of hypovolemia here?

Class IV

2-What is his HR?

>140

3-What is his urine output?

Negligible

4-What is the treatment?

Blood transfusion



Q5:- (Picture of a baby with a central line) it had nothing relevant to it

4 year old child with IV access, 16 kg, surgery for hypospadias repair, answer the following questions:-

1-what is the best drug for induction?

Propofol (since iv is established, not sure)

2-What is the tube size and depth for this patient when put on intubation?

Cuffed ETT

Size is 5 mm

Depth is 14 cm

3- What is the best mode of perioperative pain control?

Caudal block

Q6:-



1-Which one has anti emetic properties?

Propofol

2-Which one is an NMDA agonist?

NONE

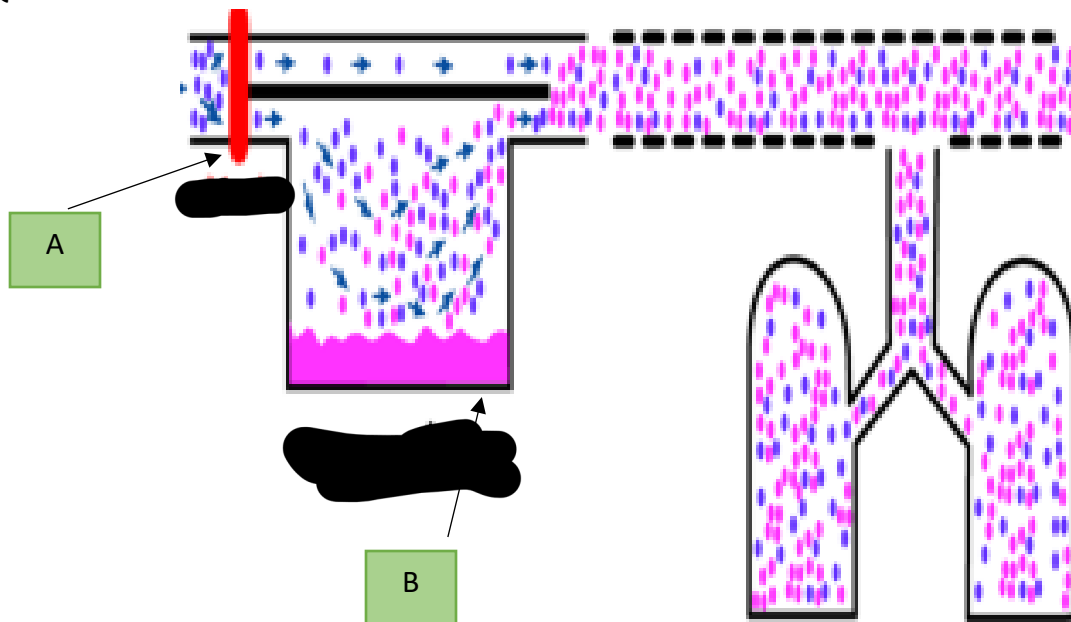
3-Which one causes anterograde amnesia?

Midazolam

4-Which one causes Nausea and vomiting ?

Thiopental

Q7:-



1-What is the name of part A?

Splitting Valve

2-What is the function of part B?

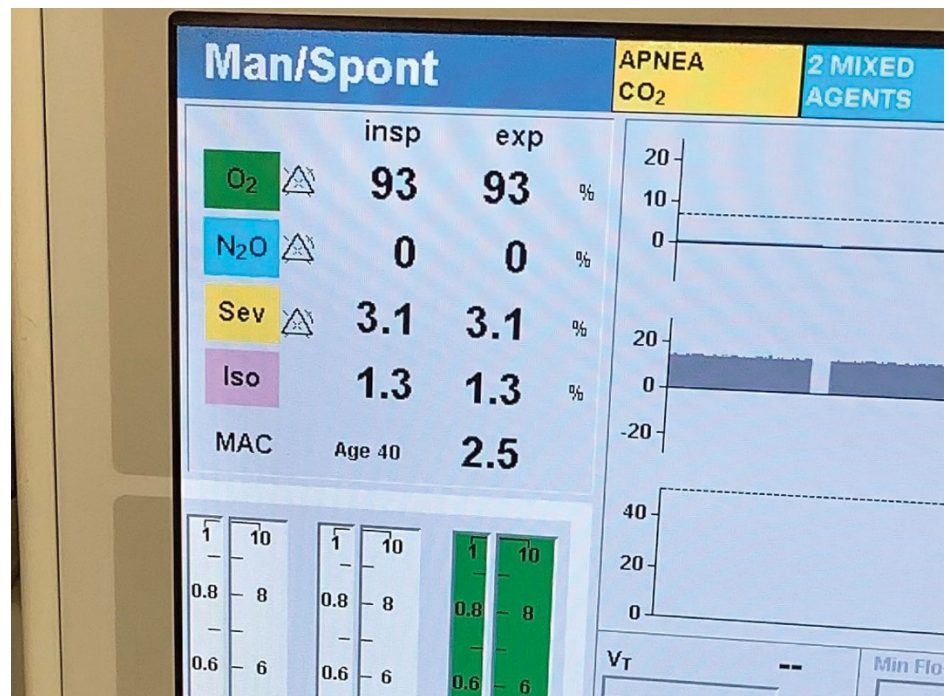
Vaporizer: contains anesthetic agents in a liquid form.

3-What is the MAC of sevo?

$$3.1/2 = 1.5$$

4-Why is the MAC 2.5?

Additive MAC of 2 mixed agents?



Q8:-

Patient had Epidural Anesthesia :-

1-What does this patient have?

PDPH (Post dural puncture headache)

2-What are the risk factors?

- **young**
- **tall**
- **female**
- **sharp needles**
- **large diameter low gauge needles**
- **less experienced anesthetists**

3-What is the pathophysiology?

Puncture of the dura during epidural anesthesia, loss of CSF , and thus intracranial hypotension



Q9:- (It was a picture of Anesthesia monitor showing capnography readings suddenly dropping to zero)

1-Give differentials to why this happened?

- **ETT disconnection/Extubation**
- **Airway obstruction or kinking**
- **Cardiopulmonary arrest**
- **equipment malfunction or disconnection**

2-What is your immediate next step?

This patient could be in cardiac arrest, before starting CPR we need to make sure that his airway and circulation are good, and also check the ETT connection, and all other tubes connection.

If there is no circulation and breathing you start CPR (According to guidelines)

Q10:-

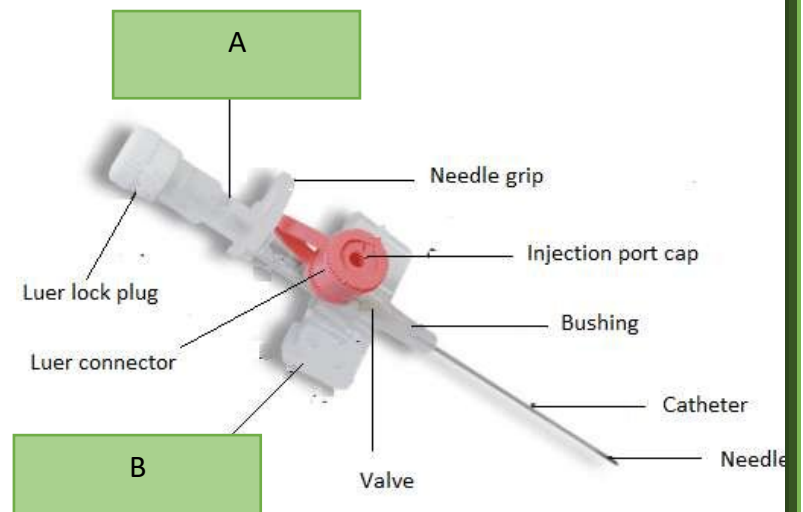
1-Whats the gauge of this cannula?

20G

2-What is the names of part A and B?

A:- Flashback chamber

B:Cather wings

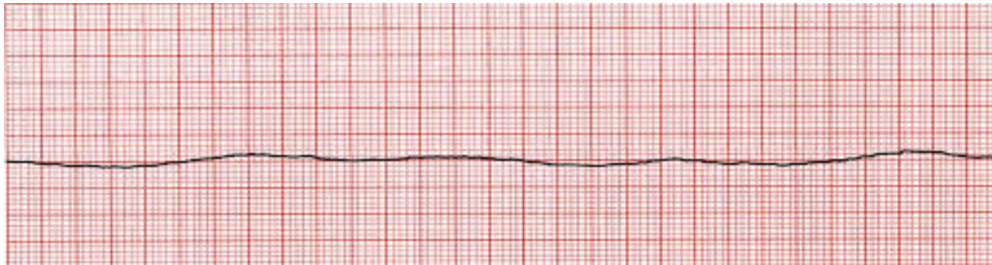


3-What is the function of the 2nd pic?

This is a roller clamp , to control the the IV flow



Q11:-Regarding the following ECG, answer the questions below:-



1-What is the diagnosis?

Asystole

2-Can you shock this patient?why?

No, this is a non-shockable cardiac arrest, DC shocks are usually to stop a heart that's beating too much or (fibrillating) to the point where it cant pump blood

3-What are your immediate steps after first dose adrenaline injection until restart chest compression?

Reassess rhythm and circulation, check for return of spontaneous circulation, maintain good airway and IV access

Q12:-46 year old male presented to the ER with blood pressure of 75/40, he had a UTI 1 week ago, this is his ECG:-



1-What is his ECG findings?

Sinus tachycardia

2-What to do next?

-the students had 2 answers:-

- Treat this as an unstable tachycardia, so DC shock up to 3 times if unsuccessful Amiodarone 300 mg iv over 10-20 min(ALS guidelines)
- Treat this as septic shock, so you give iv fluids, iv antibiotics, and vasopressins

3-Why did you do those steps:-

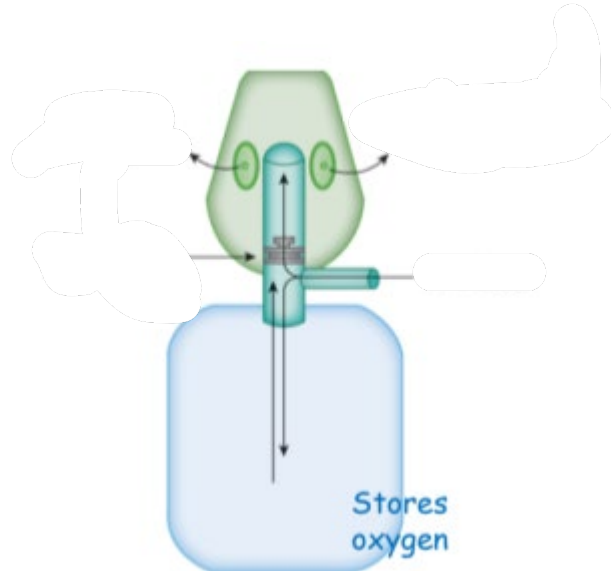
-if first answer:- because this is an unstable tachycardia, (tachycardia with shock)

-if 2nd answer:- patient has a septic shock (hx of UTI 1 week ago, low bp , and his tachycardia is sinus tachycardia)

Q13:-



A



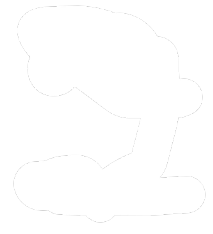
B



C



D



1-Which of the following operates based on the Bernoulli principle?

D

2-Which device can achieve 80–90% FiO₂?

C

3-Which device delivers 25–40% FiO₂ at 5 L/min?

A

4-Which device has a maximum FiO₂ of 60%?

In slides A and D have a maximum of 60% Fio2

Q14:-

Jordan University Hospital Department of Anesthesia Anesthesia Management Record		Patient: 63 YO Sex: MALE	
I- Pre-Operative Assessment Note Patient seen in Pre-operative Anesthesia Clinic? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A- History			
Previous Anesthesia: Complications? Airways Difficulties? Allergies: Medications:	Cardiovascular: Hypertension (Controlled), smoker Respiratory:	Weight: 70KGS kg Height: _____ cm Age: _____ Past Med. Hx.: Fasting Status: Other:	
B- Physical Examination			
Vital Signs: B/P: Pulse: Temp: R/R: Pain:	Cardiovascular: Respiratory: Airways: Mouth Opening: Mallampatti class: Teeth:	Other: Other: Other:	
C- Investigations:			
Full Blood Count: Electrolytes: Arterial Blood Gases:	Chest X Ray: ECG:	Other:	
D- Assessment Outcome:			
ASA:	Essible Modalities of Anesthesia:	Anesthesia & Pain management Plan discussed with Patient/ Family?	Consent taken yes?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
E- PLAN:			
Anesthetist's Name:	Signature :	Date/ Time:	



1-What is his ASA score?

2

2-What is his Mallampati score?

4

3-What is his laryngeal view score?

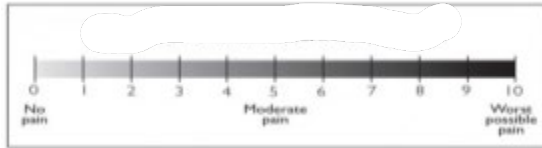
3

4- what is his ETT size?

8 mm (there were choices from 1-8)

Q15:-

Name the following pain scores:-



Numerical rating scale



Visual analog scale



Verbal rating scale



Wong baker FACES rating scale

بالتوفيق جميعا