

021 Anastethia miniOSCE

1st semester

the third month

By

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Q1:-

Match the following endotracheal tubes with each of the following cases:-

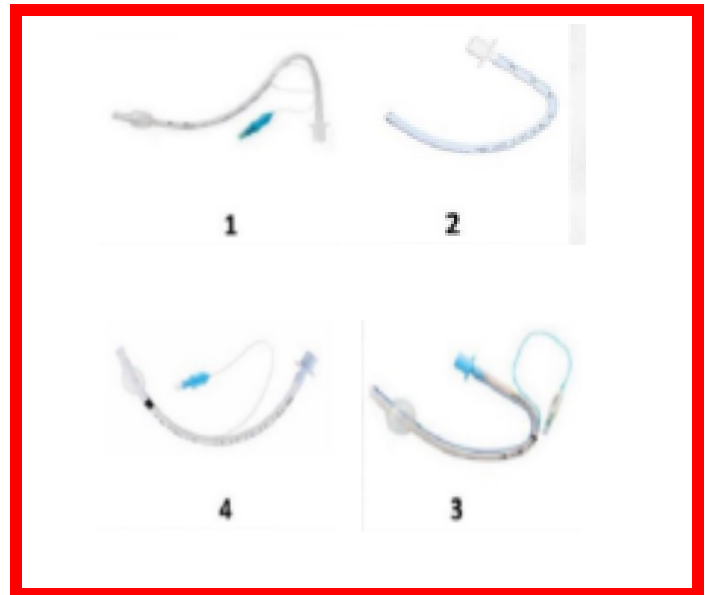
1-Hernia surgery: **pic 4**

2-Nose job: **pic 3**

3-Hysterectomy: **pic 3**

4-Submandibular abscess:
pic 2

ANSWERS



Q2:-

Regarding this picture, answer the following questions:-

- 1- What is the Mallampati score? **3**
- 2- What is the ASA score? **2**
- 3- What 2 modalities of anesthesia can be used?
Spinal & Epidural

Hospital note:-

Note: Patient refused G.A

-Old ischemic heart

-Ex smoker

-Controlled diabetes



Q3:-

Select the appropriate drug in each of the following

1- Competitive Non depolarizing agent:- **Rocuronium**

2-Antidote:- **Neostigmine, Sugammadex**

3-Competitive depolarizing agonist:- **Succinylcholine**

4-Direct depolarizing muscarinic antagonist:- **none**

Q4:-

Select the appropriate answer depending on these pictures:-



A

B

C

D

1- Acts on GABA receptor:- **A,B, and D**

2- Most potent cardiac depressor:- **B**

3- Most potent bronchodilator:-**C**

4- Considered an anti emetic drug:- **B**

Q5:-

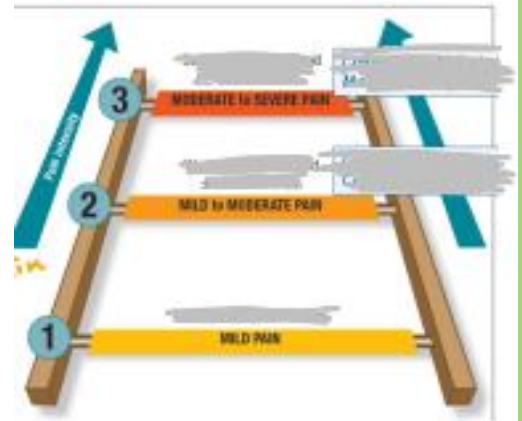
Select the appropriate severity of pain in which each of these drugs can be used:

1-Voltarine: **mild to moderate**

2-Morphine: **Severe**

3-Paracetamol: **All**

4-Tramadol: **Moderate**



Q6:-

Regarding Central line steps , Number these pictures in the right order:

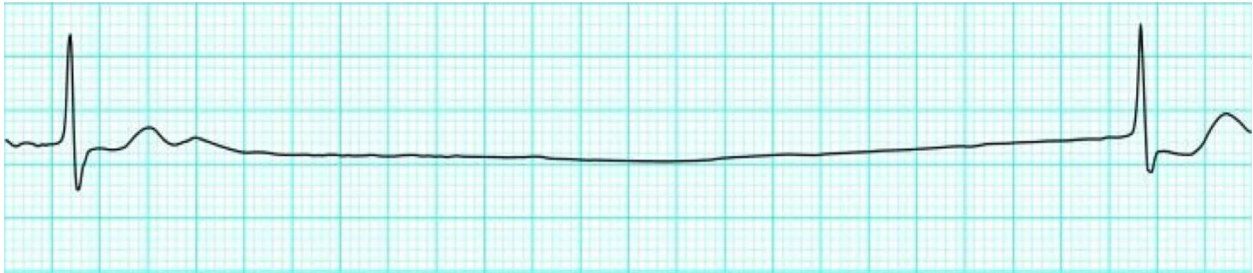


(was 4 pictures)

https://youtu.be/O75D99DxWmM?si=OvAf-iCJ1_AZ8j4R (from this video maybe)

Q7:-

Regarding this ECG with long case scenario , answer the following:-



1-What is the abnormal finding?

Bradycardia(Ventricular pause >3 sec)

2-Does it need treatment or no? and why?

Yes, because it can lead to cardiac arrest(signs of shock in past papers)

3-If atropine doesn't work, what alternative you give?

Isoprenaline

4-What is the non invasive alternative? **Transcutaneous Pacing**

Q8:-

A 6 Yr old patient (weighs 20kg) did a tonsillectomy, after 2 days the patient came back with bleeding, answer the following questions:-

1-What is the type of ETT used?

Preformed nasal tube (Non-cuffed)

2-What is the fluid requirement for this patient?

60 (not sure) + blood loss

3-Whats the appropriate type drugs used for induction of Anesthesia? **Succinylcholine + Rocuronium (Emergency)**

3-What is the most important complication that could happen related to emergence from anesthesia?

Aspiration

Q9:-

Answer the questions regarding the following picture:

1-Where is it inserted?

Left subclavian vein

2-How to know that it is correctly inserted?

the tip of the central line is at the same level of the to Carina (+- 2 cm (not sure))



3-What is the complication and treatment for this complication?

Pneumothorax, Needle chest decompression

Q10:-

1-What's the name of this device?

Vaporizer

2-Which one used for induction?

Sevoflurane



3- Which one has the lowest Saturated Vapour Pressure?

Isoflurane

4-Which one needs to be attached to electricity? **Desflurane**

Q11:-

Choose the correct class of hypovolemic shock in each of the following:-

1-10%: **class 1**

2-Lethargia: **class 4**

3-25 ml/h urine output: **class 2**

4-130 HR : **class 3**

Q12:-

Answer the questions regarding the following picture:-



1- What is the right position? **Sniffing position**

2- What you can do if can't see ?

1) **Change blade size or type**

2) **jaw thrust maneuver**

3) **check adequacy of laryngoscope light**

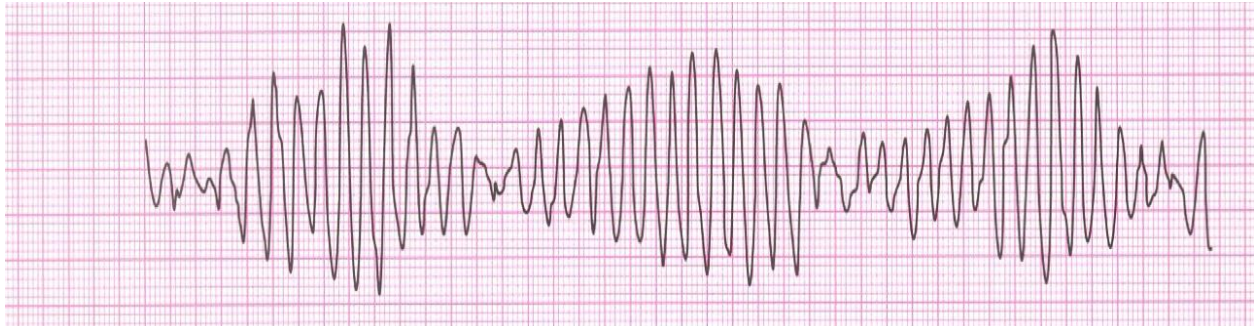
4) **maybe use a fibro-optic bronchoscopy**

3- What is the ETT depth in adults?

21-24 cm

Q13:-

1) what is this rhythm? **Polymorphic VT(Torsades de pointe)**



2) What are the 4 orders that the leader should give for the teamwork?(Patient's ECG after ROSC)

1-Start chest compressions 2-Charge 3- Clear 4- Deliver(with max energy) (I think also giving adrenaline and amiodarone)

Q14:-

What is the presentation of each of the following pictueres:-

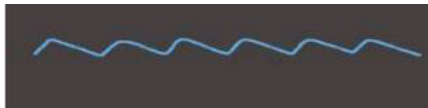
1)HR = 98



, SpO2 = 97%

Normal o2 sat and HR

2)HR=52



, SpO2= 97%

Bradycardia

3)HR= 120 (not sure but was high) , SpO2 = 91%

Low o2 sat? with tachycardia

Q15:-

4 ABGs pictures with questions such as (normal , acidosis, alkalosis, compenstated / decompenstated ...etc)

1st picture :PH was 7.2, and a bicarbonate level that showed metabolic acidosis and CO_2 was normal

2nd picture :PH, CO_2 ,and HCO_3^- were all normal

3rd picture: it was compensated respiratory acidosis (CO_2 around 50 , not sure if compensated or not)

4th picture:Respiratory acidosis

بالتوفيق في امتحاناتكم جميعا