Drugs used in thyrotoxic crisis:
Propylthiouracil
Hydrocortisone
Sodium Nitroprusside
Propranol
Digoxin

Low SvO2 seen in
Anaesmia
Low temp
low CO
Sepsis
low SjvO2

Resuscitation with hypertonic saline causes:
increased intravascular volume
raised ICP
hemolysis
cross matching difficult
worsen outcome in trauma patient

Appropriate management of an insulin-dependent diabetic suffering from a perianal abscess who is febrile, ketotic and whose blood glucose concentration is 30 mmol l-1 includes
A. delaying surgery until the blood glucose level had been lowered to 15 mmol l-1
B. giving 2-3L saline to fluid resuscitate
C. administering 20 mmol potassium chloride intravenously
D. giving 10 units of insulin and monitoring blood glucose
E. immediate drainage of the abscess

Appropriate immediate treatment of a patient suffering an anaphylactic reaction includes intravenous administration of
A. ephinephrine
B. ephedrine
C. intravenous fluid
D. hydrocortisone
E. chlorpheniramine

Appropriate treatment for inadequate analgesia on the radial side of the forearm following axillary brachial plexus block includes
A. changing to general anaesthesia
B. performing interscalene block.
C. repeating the axillary block in full dose
D. injecting 5ml 1% lidocaine lateral to the biceps tendon just above the proximal antecubital fossa crease  
E. sedating the patient with fentanyl and midazolam

An increase in jugular bulb oxygen saturation during general anaesthesia with induced hypotension for intracranial surgery would result from

A. hypothermia  
B. increased alveolar concentration of isoflurane  
C. hypercarbia  
D. sodium nitroprusside intoxication  
E.  
F.

The following are true of anticholinergics

A. atropine and scopolamine have a quarternary ammonium structure and thus cross lipid barriers easily  
B. glycopyrollate is more potent and more short acting as an anti sialagog that atropine  
C. anticholinergic drugs must be avoided in premedication of patients with glaucoma  
D.  
E. the most likely initial response to intramuscular atropine is bradycardia

A patient who is paraplegic as a result of an injury at the level of T5 is to undergo transurethral resection of a bladder tumour. This patient could be effectively and safely managed with

A. no anaesthesia, sedation or analgesia  
B. sedation with diazepam  
C. topical anaesthesia to the urethra  
D. total intravenous anaesthesia with propofol  
E. spinal anaesthesia

Discomfort due to mesenteric traction during appendicectomy under spinal anaesthesia to T8 is due to

A. direct visceral pain  
B. referred pain  
C. inadequate spinal anaesthetic height  
D. proprioceptive responses  
E. stimulation of a vagal reflex

2. Post-gastrectomy atelectasis occurring in a patient with previously normal pulmonary function would be associated with
1. A. decreased PaO2  
   B. increased diffuse shadowing on CXR  
   C. rapid, shallow breathing  
   D. reduced FRC  
   E. increased PaCO2  
   F.  

3. Hypotension associated with the use of monomethylmethacrylate cement in total hip replacement is  
   A. common during the insertion of the acetabular component  
   B. associated with entry of the monomer into the blood stream  
   C. unrelated to the type of anaesthesia  
   D. aggravated by a high femoral intramedullary pressure  
   E. caused by pulmonary embolism  

4. The descending pain inhibitory system includes  
   A. the periaqueductal grey  
   B. the gamma efferent system  
   C. gamma efferent  
   D. the nucleus tractus solitarius  
   E. the nucleus raphe magnus  

5. Resuscitation from haemorrhagic shock with hypertonic saline  
   A. expands intravascular volume  
   B. causes haemolysis  
   C. worsens outcome in trauma patients  
   D. raises intracranial pressure  
   E. causes difficulty in cross matching blood for transfusion  

6. The lumbar sympathetic chain  
   A. typically has three ganglia  
   B. lies within the psoas compartment  
   C. can be irreversibly blocked with 1% phenol in alcohol  
   D. when permanently blocked produces vasopasm  
   E.  

7. A fit 20 year old has suffered 80% burns of the body and face. This injury  
   A. is incompatible with life  
   B. needs intubating with an uncut ETT  
   C. indicates the need for invasive monitoring before transfer to a burns unit  
   D. is likely to become hypothermic during transfer to a burn unit  
   E. has a good prognosis if plasma interleukin-6 concentrations show a sustained increase
8. **An eutectic mixture of local anaesthetics**
   A. increases likelihood of local anaesthetic toxicity
   B. contains 5% lidocaine and 5% prilocaine when formulated as EMLA cream
   C. ?
   D. can be formed from the carbonated salts of local anaesthetics
   E. is easily melted

9. **Electroconvulsive therapy (ECT) is**
   A. a recognised treatment of endogenous depression
   B. is contraindicated in patients over 60
   C. contraindicated in patients who have a cardiac pacemaker
   D. is contraindicated in patients who have well controlled grand mal epilepsy
   E. contraindicated in patients with a cerebral tumour

10. **Complications of general anaesthesia for elective abdominal surgery in a short, morbidly obese patient include**
    A. increase risk of difficult intubation
    B. falsely elevated blood pressure reading measured with a standard sized adult cuff
    C. reduced chest compliance
    D. altered thermoregulation
    E. ?

11. **The Pierre Robin syndrome is characterised by**
    A. cleft palate
    B. chonal atresia
    C. micrognathia
    D. hypoplastic lung
    E. pulmonary stenosis

12. **Recognised complications of coeliac plexus block include**
    B. constipation
    C. urinary retention
    D. pneumothorax
    E. ?
    A. haematuria

13. **Venous air embolism is hazardous because**
    A. a patent foramen ovale is present in 15% of adults
    B. ?
    C. it may obstruct the pulmonary outflow tract
    D. it may precipitate right heart failure
E. its size will increase by nitrogen equilibration

14. Intravenous administration of 0.6mg atropine to a 70 kg mother at term will increase fetal
   A. heart rate
   B. blood pressure
   C. gastrointestinal activity
   D. breathing movements
   E. PaO2

15. The following interventions have been shown to decrease the incidence of post-operative pulmonary infections
   A. epidural
   B. post-operative incentive spirometry
   C. ?
   D. patient controlled analgesia
   E. total intravenous anaesthesia

16. Blood flow to the mid thoracic spinal cord is
   A. derived in part from the intercostal arteries
   B. is affected by PaCO2
   C. derived in part from the vertebral arteries
   D. derived in part from radicular branches of local arteries
   E. controlled by local autoregulation

17. Trigeminal neuralgia
   A. typically affects men
   B. occurs most often in the maxillary division
   C. is associated with loss of corneal reflex
   D. may be treated by sodium valproate
   E. is treated initially with chlorpromazine

18. Chronic regional pain syndrome type 1
   A. is characterised by burning pain
   B. is improved by sympathetic block
   C. leads to osteosclerosis in the affected limb
   D. is treated with anticonvulsants
   E. is improved by exercise of the limb
   F.

19. Complications of a stellate ganglion block include
   A. mydriasis
   B. pneumothorax
   C. bradycardia
20. Phantom limb pain
   A. is more common when the limb has been painful prior to amputation
   B. can be precipitated by spinal anaesthesia
   C. is treated with anticonvulsants
   D. often diminishes as the phantom limb diminishes
   E. can only be successfully treated by cordotomy

21. Wind-up
   A. ?
   B. is the augmented response to repetitive C-fibre stimulation
   C. ?
   D. is mediated by a glutamate receptor of the NMDA subtype

22. Desflurane
   A. has a boiling point of 23.5°C at 760 mm Hg
   B. has a blood:gas partition coefficient of 4.2
   C. undergoes biodegradation to the extent of approximately 0.02% of the amount taken up by the body
   D. causes less reduction in SVR than isoflurane
   E. produces a dose-dependent decrease in tidal volume

23. Potency of an inhalation anaesthetic agent is related to
   A. the volume of FRC
   B. extremes of ambient pressure
   C. ?
   D. hydrate crystal dissociation pressure
   E. its blood/gas partition coefficient

24. The trachea in the adult
   A. commences at the level of the 4th cervical vertebra
   B. divides at the level of the 5th or 6th thoracic vertebra
   C. receives its entire blood supply from the bronchial arteries
   D. ?
   E. is approximately 1.5 to 2 cm in diameter

25. The carotid sheath at the level of C6 contains the
   A. common carotid
   B. vagus nerve
   C. ansa hypoglossi nerve
   D. sympathetic trunk
E. phrenic nerve

26. In a patient whose PaCO2 is 3 kPa
   A. intraocular pressure is reduced
   B. myocardial blood supply is reduced
   C. the oxygen dissociation curve for haemoglobin is shifted to the left
   D. the peripheral chemoreceptor response to hypoxia is enhanced
   E. the central chemoreceptor response to hypoxia is enhanced

27. An increase in left ventricular end-diastolic pressure
   A. may reflect increased ventricular compliance
   B. causes a decrease in myocardial wall tension
   C. will increase stroke work
   D. predisposes to a reduction in myocardial blood flow
   E. is likely in mitral stenosis

28. A low arterial PO2 with a high arterial PCO2 is likely to be associated with
   A. pulmonary oedema
   B. airway obstruction
   C. pneumonia
   D. ?
   E. exercise at high altitude

29. A chronic increase in functional residual capacity (FRC) leads to
   A. reduced lung compliance
   B. an increase in PaCO2
   C. ?
   D. increased inspiratory capacity
   E. increased venous admixture

30. The foramen ovale
   A. connects the right and left ventricles
   B. is patent in 15% of adults
   C. closes completely at birth
   D. is a flaplike structure
   E. closes in response to prostaglandin activity

31. The vagus nerve
   A. exists through the skull posterior to the aorta
   B. runs posterior to the laryngeal nerve branches at the level of the cricoid
   C. gives off recurrent laryngeal nerve branches at the level of the sterno-
   D. lies anterior to the phrenic nerve in the thoracic cavity
32. Following near-drowning episodes
   A. resuscitation should be abandoned when the core temperature is 30°C
   B. the patient should be tipped head down to empty the lungs
   C. defibrillation may be unsuccessful unless the patient is actively rewarmed
   D. ?
   E. hyperkalaemia is associated with fresh water drowning

33. Idiopathic respiratory distress syndrome of the newborn
   A. is commoner in babies delivered by C-section
   B. is associated with deficiency of surfactant
   C. responds the steroid therapy
   D. is uncommon after thirty-six weeks gestation
   E. ?

34. Sarcoidosis
   A. is associated with hypocalcaemia
   B. is associated with lacrymal gland swelling
   C. of the lungs has a better prognosis when it is associated with erythema nodosum
   D. causes more lacrymal gland swelling than berylliosis
   E. is associated with interstitial pulmonary fibrosis

35. Cardioplegia solution
   A. should never be mixed with blood
   B. has a high Ca++ content
   C. stops the heart in systole
   D. contains magnesium ions
   E. contains a local anaesthetic

36. The following are features of left recurrent laryngeal nerve palsy
   A. the left vocal cord is mid line
   B. the left arytenoids is tilted
   C. the right vocal cord is immobile
   D. ?
   E. the right vocal cord moves to the mid-line

37. Cystic fibrosis is associated with
   A. recurrent respiratory infections
   B. obstructive lung disease
   C. meconium ileus at birth
   D. cirrhosis of the liver
   E. ?

38. An acutely developing blood coagulation defect associated with massive transfusion may be due to
A. thrombocytopenia  
B. acidosis  
C. deficiency of clotting Factors V and VIII  
D. disseminated intravascular coagulation  
E. fibrinolysis

39. Trans-oesophageal echocardiography  
   A. can be used to measure intraventricular pressure changes  
   B. is useful for observing tricuspid regurgitation  
   C. can give an index of stroke volume  
   D. is helpful in assessing myocardial ischaemia  
   E. is helpful in assessing myocardial contractility

40. A blood glucose level of 15-18 mmol l-1 results in  
   A. glycosuria  
   B. ketosis  
   C. intracellular dehydration  
   D. osmotic diuresis  
   E. hypokalaemia  
   F. 

41. Causes of DIC include  
   A. massive transfusion  
   B. liver failure  
   C. ?  
   D. head injury  
   E. glomerulonephritis

42. The use of large quantities of isotonic non-electrolyte solution for irrigation during prolonged transurethral resection of the prostate may result in  
   A. hyponatraemia  
   B. ?  
   C. haemodilution  
   D. haemolysis  
   E. hypercalcaemia

43. In a patient with head injury the following conditions necessitate surgery  
   A. persistent CSF rhinorrhoea  
   B. extradural haematoma  
   C. depressed fracture of the skull  
   D. seizure  
   E. linear fracture of the skull

44. Clinical indications of hypocalcaemia following thyroidectomy are
A. tingling around nose and mouthL
B. a positive Chvostek's sign
C. positive Hess test
D. a positive Trousseau's sign
E. bradycardia

45. Heating cold bank blood to 37°C during rapid massive blood transfusion will
   A. reduce the risk of citrate intoxication
   B. increase tension of carbon dioxide
   C. reduce the risk of cardiac arrhythmias
   D. increase serum potassium
   E. increase the amount of carbon dioxide stored in the plasma

46. **Obstructive biliary disease is characterised by an increase in the level of serum**
   A. alkaline phosphatase
   B. glutamic oxaloacetic transaminase (SGOT)
   C. AST
   D. lactic dehydrogenase
   E. creatinine kinase

47. During major surgery, the causes of reduced urine formation include increased
   A. sympathetic renal vasoconstriction
   B. reduced renangiotensin activity
   C. vasopressin activity
   D. atrial naturtic peptide
   E. sodium intake

48. Likely symptoms of acute appendicitis in a five year old child include
   A. rectal temperature of 40°C
   B. bronchial breathing at the right lung base
   C. diarrhoea the previous evening
   D. pain in the right iliac fossa when pressing on the left of the abdomen
   E. WCC in the urine

49. **Complications of diverticular disease which require surgical intervention include**
   A. haemorrhage
   B. pain
   C. stricture formation
   D. bowel obstruction
   E. anaemia

50. Hypothermia during surgery is associated with
A. ?
B. extensive exposure of abdominal contents
C. tramadol stops post-operative shivering
D. use of neuromuscular blocking agents
E. ?

51. The following are likely after a large pulmonary embolus
   A. high pulmonary venous pressure
   B. high right atrial pressure and high central venous pressure
   C. high left atrial pressure with functional mitral valve incompetence
   D. ?
   E. low right atrial pressure with low venous pressure

52. Mixed venous oxygen saturation is
   A. is lower than central venous saturations
   B. increased in hypothermia
   C. decreased when cardiac output is low
   D. decreased in severe systemic sepsis
   E. decreased in anaemia

53. Appropriate therapy for the emergency treatment of a thyrotoxic crisis includes
   A. sodium nitroprusside
   B. propylthiouracil
   C. propranolol
   D. hydrocortisone
   E. digoxin

54. Laboratory evidence that incompatible whole blood has been transfused includes
   A. low haematocrit
   B. increased concentration of fibrin degradation products
   C. ?
   D. eosinophilia
   E. thrombocytopenia

55. Tetanus
   A. incubation may be up to 20 days
   B. may be attenuated by the immediate administration of tetanus antiserum
   C. is more likely in infected wounds on the face than the arm
   D. should be treated with human tetanus antitoxin
   E. causes autonomic dysfunction
56. Likely results of the application of 10cm H2O PEEP to the airway of a ventilated patient with unilateral lobar pneumonia include
   A. a reduction in PaCO2
   B. increase in PaO2
   C. an increase in expired minute volume
   D. ?
   E. an increase in physiological dead space

57. In carbon monoxide poisoning
   A. oxygen saturation is normal
   B. arterial PO2 is normal
   C. the oxyhaemaglobin curve shifts to the right
   D. mixed venous PO2 is normal
   E. hyperbaric therapy is the most effective treatment

58. Subarachnoid haemorrhage grade I or II (World Congress of Neurosurgeons) due to an intracranial aneurysm should be managed with
   A. surgery within 3 days
   B. maintenance of systolic BP of less than 100 mm Hg before operation
   C. ?
   D. haemodilution
   E. nimodipine

59. Inhaled nitric oxide
   A. has a half life of greater than 8 minutes in the intravascular space
   B. is only effective in ARDS in concentrations > 15 ppm
   C. causes systemic hypotension
   D. ?
   E. causes vasodilation via stimulation of the guanylate cyclase system

60. In the first 48 hours after a major chest injury there is likely to be
   A. increased release of vasopressin
   B. decreased renal excretion of sodium
   C. decreased renal excretion of potassium
   D. inhibition of the renin-angiotensin pathway
   E. ?

61. In the APACHE II scoring system the following parameters are given a score
   A. temperature
   B. ionised calcium
   C. arterial pH
   D. systolic blood pressure
   E. blood glucose
62. In an arterial blood gas sample
   A. excess heparin will raise the pH
   B. the (A-a) DO2 breathing 100% oxygen (FIO2 1.0) is normally less than 15 kPa
   C. ?
   D. the pH is the same as mixed venous pH
   E. ?

63. Acute severe asthma in children
   A. is associated with a peak expiratory flow rate of less than 50% of predicted
   B. a PaO2 of 6.8 may necessitate intubation and ventilation
   C. may be associated with a normal PaCO2
   D. ?
   E. is usually made worse by volatile anaesthetic agents

64. Indications for the application of continuous positive airway pressure (CPAP) in a spontaneously breathing patient include
   A. hypoxaemia secondary to pulmonary fibrosis
   B. PaCO2 9.5kPa
   C. hypoxaemia secondary to a right-to-left intracardiac shunt
   D. hypoxaemia secondary to right ventricular failure
   E. a neonate with hyaline membrane disease

65. In acute pancreatitis the following observations are associated with increased mortality
   A. age less than 25 years
   B. PaO2 < 8kPa
   C. white blood cell count of > 15 x 10⁹ / L
   D. systolic BP < 90 mmHg
   E. temperature < 35oC

Causes of coma in a patient with hepatic failure include
   A. ammonia encephalopathy
   B. sedative administration
   C. hepatic release of transaminases into the blood
   D. ?
   E. ?

A left ventricular end-diastolic pressure of 15 mm Hg may be associated with
A. a ventriculo-septal defect
B. pulmonary hypertension
C. mitral stenosis
D. ?
E. elevated central venous pressure

In mechanically ventilated patients in the ITU, bacterial pneumonia

B. is best diagnosed by tracheal aspiration
C. can be prevented with prophylactic antibiotics
D. is common after prolonged ventilation
E. is commoner with longer duration of ventilation
A. is reduced by the use of gastric acid suppressant medications.

Causes of metabolic alkalosis include

A. methyl alcohol poisoning
B. persistent nasogastric suctioning
C. cyanide poisoning
D. ?
E. Conns syndrome

Magnetic resonance imaging

A. the magnetic field causes alignment of tissue atoms
B. uses radiofrequency pulses that cause the atoms to absorb energy
C. is built using de-sensitised ferrous metals
D. involves a superconducting magnet of liquid helium and nitrogen
E. aligns atoms with equal numbers of protons and neutrons

The following are true of clinical trials

A. they are said to be single-blind when only the subject is unaware of the treatment being used
B. they are said to be double-blinded when both subject and observer collecting the data are blinded
C. single-blind trials do not require the use of placebos
D. ?
E. observer bias may still occur in a double-blind trial
The Severinghaus carbon dioxide electrode

A. directly measures blood pCO2  
B. is not affected by nitrous oxide in the sample  
C. contains CO2 permeable glass  
D. is more accurate for blood than for gas samples  
E. is not affected by changes in atmospheric pressure

Indicator-dilution curves are usually used in determining

A. urinary output  
B. lean body mass  
C. cardiac output  
D. ?  
E. extracellular volumes

The following are true of piped gases

A. nitrous oxide is piped at 4.1 bar  
B. the changeover valve incorporated in a cylinder bank works on a pneumatic shuttle mechanism  
C. ?  
D. the Schraeder outlet contains an internal non-return valve  
E. when maintenance work has been carried out on the oxygen piping, analysis of the gas with an oxygen analyser is sufficient to reinstate their safe usage

In cardiac output measurement by thermodilution

A. the thermistor is accurate to 1°C  
B. measurements under read after 48 hours in place  
C. the thermistor measures true "core" temperature  
D. cardiac output is underestimated if measured at end inspiration  
E. the thermistor bead is proximal to the balloon

Humidity in the circle absorber system is influenced by

A. position of the CO2 absorber in a closed circuit  
B. changes in minute ventilation  
C. change in fresh gas flow rate  
D. the position of the anaesthetic vaporiser in the circuit  
E. presence of a HMEF in the circuit
The strain gauge pressure transducer is based upon the principle that

A. current flows in a conductor in a changing magnetic field  
B. ?  
C. there is a charge distribution at an electrode-electrolyte interface  
D. ?  
E. silicone exposed to radiant energy has a decrease in resistance

The following are used in the direct determination of the P(A-a)O2

A. oxygen delivery  
B. oxygen consumption  
C. alveolar gas equation  
D. respiratory quotient  
E. ?

44. Cardioplegia solution  
a) cannot be diluted in blood  
b) contains a high concentration of calcium ions  
c) stops the heart in systole  
d) contains magnesium ions  
e) usually contains a local anaesthetic

Insulin dependent diabetic with perineal abscess, with ketosis, sugars of 30 mmol and dehydrated. treatment should include  
1) Delay surgery until BM<15mmol  
2) Immediate surgery  
3) 1-3 Litres normal saline  
4) 10 units insulin iv and monitor blood sugar  
5) 20 mmol KCL iv

To calculate P(A-a)O2 the following are needed  
1) C(vo2-ao2)  
2) respiratory quotient  
3) Fio2  
4) haematocrit  
5) c.o

Q51: Administration of large volumes of a non-balanced electrolyte solution in transurethral resection of the prostate may result in:

A  hypernatraemia  
B  haemodilution  
C  haemolysis
D  hyperkalaemia
E  hypercalcaemia

1) The immediate management of anaphylaxis is
   a. Epinephrine
   b. Ephedrine
   c. Chlorpheniramine
   d. Hydrocotisone
   e. I.V.Crystalloids

2) Complications of deep cervical block include
   a. Bells palsy
   b. Hoarseness
   c. dyspnoea
   d. ipsilateral mydriasis
   e. bradycardia

Q. Regarding the blood supply of the thoracic spinal cord:
   a. Receives blood supply from branches of intercostal arteries
   b. Receives blood supply from vertebral arteries.
   c. blood supply is regulated by local mechanisms.
   d. Is not affected by hypercarbia.
   e.

Q2. Lumbar sympathetic chain:
   a. Consists of 3 ganglia connected by other nerves
   b. lies in the psoas compartmen.
   c. Lies posterior to aorta and inferior vena cava.
   d. when permanently blocked leads to vasospasm

42. Idiopathic Respiratory distress syndrome of newborn
   a- usually develops within 12 hours of birth
   b- is associated with deficiency of surfactant
   c- is often associated with delivery by caesarean section
   d- is uncommon after 36 weeks gestation
   e- responds to steroid therapy of infant

Cystic fibrosis is associated with
   meconium ileus
   obstructive lung disease
   cirrhosis
   malnutrition
   recurrent pulmonary infection
Regarding sarcoidosis:
It is associated with hypocalcaemia
It is associated with pulmonary fibrosis
Lachrymal glands are hypertrophied
Salivary and lachrymal gland (hypertrophy/ lumpiness) is greater than
that associated with Berylliosis

Which of the following complications of diverticular disease will warrant surgical intervention?
 a) Bleeding
 b) Stricture
 c) Intestinal obstruction
 d) Vesico-vaginal fistula
 e) Anemia

The following occur in hypocalcaemia
 a) tingling and numbness of the hands and feet
 b) Chvostek's sign
 c) Trousseau's sign
 d) Hess' sign
 e) bradycardia

Q. The following may cause metabolic alkalosis
 a. NG tube suction
 b. diuretics
 c. prolonged vomiting
 d. Conns syndrome
 e. Cushings syndrome

24) The following reduce risk of post op chest infection:
 a) chest physio
 b) incentive spirometry
 c) epidural
 d) pca
 e) stopping smoking for 1 week

14 Regarding the lumbar sympathetic chain
 a. lies within the psoas compartment
 b. lies posterior to the aorta and inferior vena cava
 c. is completely blocked by 1% phenol in alcohol
d. blockade causes vasospasm
e. lies at the level of L2

13. resuscitation of haemorrhagic shock with hypertonic saline
   a. cause increase intracranial pressure
   b. cause increased intra vascular volume
   c. causes haemolysis
   d. make crossmatching of blood difficult
   e. reduce survival of trauma victims

78. causes of coma in a patient with hepatic failure
   a. infusion of opioids
   b. administration of sedatives
   c. increase ammonia level in blood
   d. increased sgot and sgpt levels released by damaged hepatic cells
   e. hyperbilirubinaemia

**IN PARTIAL DROWNING**

1. STOP CPR IF THE TEMPERATURE REACHES 30deg C
2. PATIENT MUST BE REWARMED RAPIDLY FOR SHOCK TO WORK
3. TIPPING TO HEAD DOWN WILL HELP
4. ABANDON CPR AFTER 20 MINUTES IN SALT WATER DROWNING
5. HYPERKALEMIA OCCURS IN FRESH WATER DROWNING

**myotonia congenita...**

a. heat will worsen

upper respiratory tract obstruction-
   a. hemophilus
   b. intercostal recession
   c. pulsus paradoxus

**PCWP is consistent with LVEDP in the following situations...........**

can’t remember the stems

1. **Atropine**
   
a. atropine and scopolamine can cross the placenta because they both are quaternary compounds
b. causes an increased heart rate in foetus
c. causes an increased blood pressure in foetus
d. causes gastrointestinal movements in the foetus
2. following can be the causes of shock in a person who met with a car accident and sustained anterior dislocation of hip
   a. rupture bladder
   b. rupture urethra
   c. haemorrhage
   d. neurogenic shock

3. cystic fibrosis
   a. may present with muconium ilieus in infants
   b. can be associated with obstructive lung disease
   c. can present with recurrent chest infection
   d. is associated with cirrhosis of liver

4. Sarcoidosis
   a. causes hypercalcemia
   b. can cause salivary gland calcinosis

5. known diabetic presented with a glucose of 30 mmol, ketones in urine and a perianal abscess
   a. giving 2-3 lit of NaCl 0.9% is appropriate
   b. 20 mmol K intravenously
   c. 10 U of insulin and measuring glucose regularly is appropriate
   d. Immediate I & D of the abscess

6. RLN palsy
   a. right cord is in the midline
   b. left cord is paralysed
   c. right arytenoid is adducted
   d. causes hoarseness
7. common injuries in long term intubation
   a. injury to post commisurose
   b. injury to anterior comissure
   c. injury to epiglottis

8. the trachea
   a. is 1.5 to 2.0 cm wide
   b. bifurcates into left and right at T5 & T6
   c. receives its entire blood supply from bronchial arteries

9. Chronic increase in FRC leads to
   a. increased physiological dead space
   b. decreased chest wall compliance
   c. prolongs gas induction

10. decrease in post operative chest complications is seen after
    a. use of epidural analgesia
    b. use of PCA
    c. post op deep breathing exercise
    d. post op chest physio
    e. stopping smoking for 1 week

11. in near drowning
    a. tip the table head down to clear the airway of water from the lungs
    b. abandon CPR when temperature is 30 degrees
    c. defib id ineffective if temp is less than 30 degrees
    d. continue CPR until temp is more than 35 degrees
    e. hemolysis occurs in salt water drowning

12. in diverticular disease surgical intervention is needed for
    a. haemorrhage
    b. stricture
    c. obstruction
    d. vesico-vaginal fistula