

MCQ 2020A

1 In FONA which vessel is most likely to lie above sternal notch and anterior to trachea

- A brachiocephalic artery
- B R brachiocephalic vein
- C L brachiocephalic vein
- D superior thyroid artery
- E inferior thyroid artery

2 Lady with no prev procedure has classic headache 1 month relieved by lying. MRI enhancement and sagging and neurologist suspects intracranial hypotension. No spinal imaging has been performed. Neurologist requests epidural blood patch

- A do blood patch at lumbar level with no further investigation
- B do LP to measure pressure if low do lumbar patch
- C do spine imaging if CSF leak present do blood patch at level
- D do spine imaging if CSF leak present do lumbar blood patch
- E refuse to do blood patch

3 Which does not have an elevated Baseline mast cell tryptase level.

- A Chronic eosinophilic Leukemia
- B Chronic myeloid leukaemia
- C Mastocytosis
- D Liver failure
- E Chronic renal failure

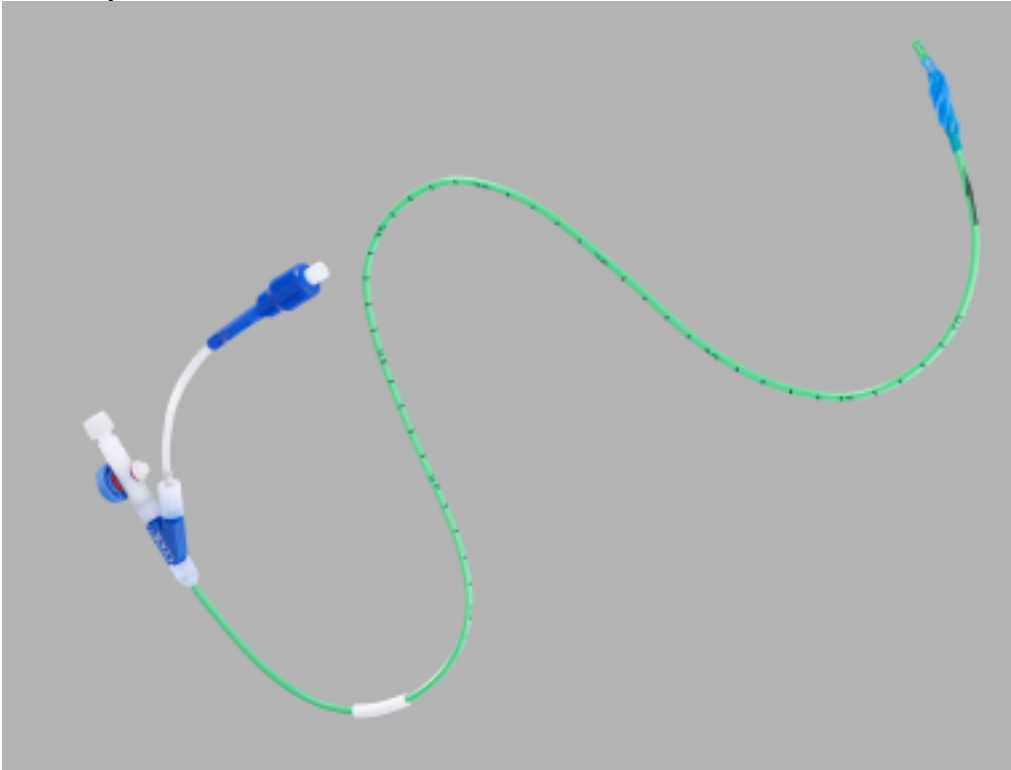
4. Surface remodelling what is it as it relates to anaesthesia.

- A 2 drugs with varying effect compared to baseline
- B Efficacy of specific end point with regards to varying doses of 2 agents
- C Some other crap

5 Infrarenal aortic cross clamp will cause a(an):

- A decrease renal blood flow 20%
- B decrease renal blood flow 40%
- C increase renal blood flow 20%
- D increase renal blood flow 40%
- E increase renal blood flow 60%

6 Identify this:



- A Parker Flex-Tip tube
- B Arndt bronchial blocker
- C Cohen bronchial blocker
- D Hunsaker Mon-Jet tube
- E Microlaryngoscopy tube

7 Methylene blue treatment for all except

- G6P deficiency
- Priapism
- Methaemoglobinaemia
- Portopulmonary hypertension
- Protamine allergy

8. Pt had stellate ganglion block and nurse comes to tell you they have unilateral ptosis. What would expect to see on same side.

- Pupillary constriction and reaction to light
- Pupillary constriction and no response to light
- Pupillary dilation and response to light
- Pupillary dilation and no response to light
- No 5th option

9. What is the level below which we need to replace fibrinogen in a pregnant patient with a PPH

- A. <1 g/L
- B. <1.5 g/L
- C. <2 g/L
- D. <2.5 g/L
- E. <3 g/L

10. What is the cardiac lesion in pregnancy that has the highest risk of mortality:

- A. Mechanical valve
- B. Bicuspid aortic valve with a significantly dilated aortic root
- C. Fontans circulation
- D. Patent ductus arteriosus

11 Patient has COPD (on puffers), AF and normally on digoxin 125mcg/day. Post induction he develops a wheeze. He was then treated with salbutamol and subsequently goes into rapid AF (poor chap). BP 90/60. HR 120. Wtf do you do.

- A) give amiodarone 150 mg over 10 mins and cont with infusion 0.5-1mg/min
- B) DC shock at 50J (weak!! Should cardiovert with at least 100J biphasic!?)
- C) esmolol 0.5mg per kg followed by an infusion 0.1mg/kg/min
- D) 2.5-5mg metoprolol q3-5 mins max attempts x 3.
- E) Digoxin 500mcg

12 3 Days post TKR (otherwise well gentleman) then develops chest pain in pacu for 30 mins (classic angina symptoms). NO ECG changes. Had a troponin 6 hours later and it was above the 99th percentile upper reference limit.

What's the diagnosis?

- A. STEMI
- B. NSTEMI (*Post op trop leak, has characteristic angina symptoms (doesn't need ecg changes per se: just needs ecg changes OR characteristic symptoms.. thus fits criteria for NSTEMI!!?)*)
- C. Myocardial injury for non cardiac surgery (MINS)

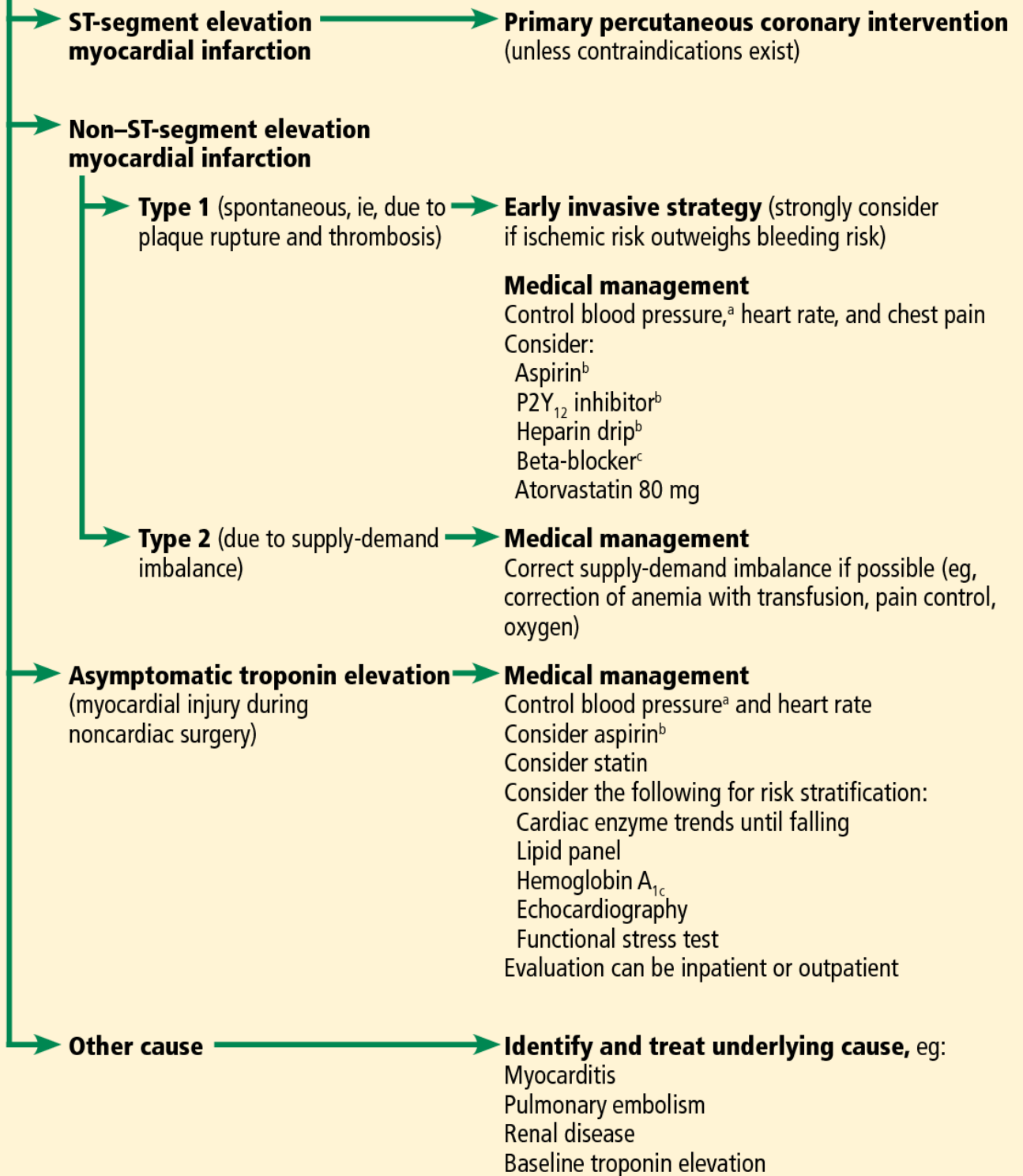
(Seems like the answer but this patient HAS SYMPTOMS, thus can't be MINS..!? or this may be the answer depending on what definition you use..?)

From up to date "Myocardial injury is defined in the Fourth Universal Definition when there is evidence of elevated cardiac troponin values (cTn) with at least one value above the 99th percentile upper reference limit. The myocardial injury is considered acute if there is a rise and/or fall of cTn values. Clinical manifestations do not have to be present.

*MINS is defined as myocardial cell injury during the first 30 days after noncardiac surgery due to an ischemic etiology (ie, no evidence of a nonischemic etiology like sepsis, rapid atrial fibrillation, pulmonary embolism, cardioversion, chronically elevated troponin, etc) and is independently associated with mortality. **MINS includes MI (both symptomatic and non-symptomatic) and patients with postoperative elevations in troponin but who do not have symptoms, electrocardiographic abnormalities, or other criteria that meet the universal definition described above, and have no evidence of a nonischemic etiology for their troponin elevation)***

- D. No diagnosis
- E. Unstable angina

Postoperative troponin elevation



^aGoal blood pressure should be 110–140/70–90 mm Hg.

^bConsider only if ischemic risk outweighs bleeding risk; decision should be made jointly with surgeon.

^cGoal heart rate 50–70 beats per minute, if blood pressure is tolerated, and there is no concern for depressed left ventricular ejection fraction or cardiogenic shock.

FIGURE 2. Proposed treatment algorithm for patients with postoperative troponin elevation after noncardiac surgery.

13. Complications of dural puncture with intracranial hypotension do not cause

- A) Cortical vein thrombosis
- B) Seizure
- C) Subdural haematoma
- D) encephalitis
- E) Stroke

14. Robot prostate, mandatory VCV. Pressures

Pplateau 32 cmH₂O

Ppeak 38 cmH₂O

PEEP 8 cmH₂O

AutoPEEP 4 cmH₂O

TV 600 ml

Static compliance is

- A) 20 ml/cmH₂O
- B) 23 ml/cmH₂O
- C) 25 ml/cmH₂O
- D) 30 ml/cmH₂O
- E) 38 ml/cmH₂O

15

45 m, low saturation in recovery. Cause?

Cxr shadow left lower, behind heart.

LLL collapse

RML collapse

Pneumothorax

Pneumonia

Other option

16

Man for hypophysectomy.

Glucose tolerance test

GH normal <10 (can't remember units)

Time.	BSL.	GH.	IGF-1
0.	5.5	30.	790 (>5 SD above baseline)
30.	7.6.	24.	
60.	7.2.	28	
90.	6.5.	26	
120.	5.8.	29	

Prolactinoma

Acromegaly

Cushing s

Men 2

Normal?

17. 5 year old anaphylaxis IM dose

- A. 20mcg
- B. 50mcg
- C. 100mcg
- D. 150mcg
- E. 300mcg

18 LEAST appropriate management of severe ARDS

- a. Negative fluid balance
- b. High PEEP
- c. Neuromuscular blockade
- d. Recruitment manoeuvres
- e. Prone

19. Which muscle is most resistant to effects of NMBDS?

- A) diaphragm
- B) abdominal muscles
- C) obicularis oculi
- D) adductor pollicis
- E) pharyngeal

20 what is this?



- A) laryngectomy tube
- B) south facing rae
- C) laser tube
- D) mini tracheostomy tube
- E) fenestrated tracheostomy tube

21. (Repeat 2017B) While doing an ultrasound-guided internal jugular central line, on colour doppler in short axis the colour of blood in the carotid artery will be

- A. Red because blood is going away from the probe
- B. Blue because blood is going away from the probe
- C. Blue when the blood is coming to the probe, red when the blood is going away from the probe
- D. Red when the blood is coming toward the probe, blue when the blood is going away from the probe
- E. The colour depends on the angle you hold the probe at

22. (Repeat 2019B) A Group A Rh negative patient requires cryoprecipitate, if you run out of Group A Rh negative cryoprecipitate, the next best option is to come from

- A. Group AB Rh+ rhesus
- B. Group B Rh+
- C. Group B Rh-
- D. Group O Rh+
- E. Group O Rh-

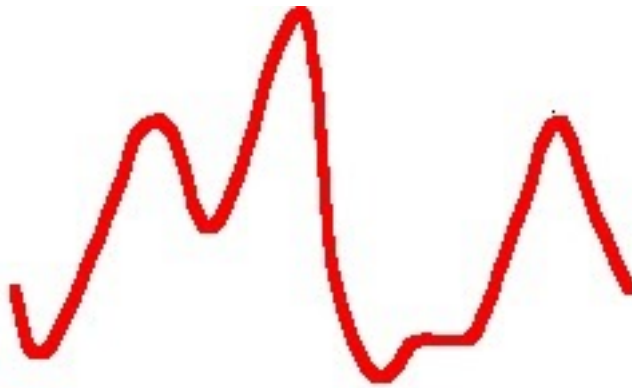
23. A new drug 'X' has been developed to prevent postoperative nausea and vomiting (PONV). The trial results are as per follows:

- Risk of PONV with Drug 'X' - 20%
- Risk of PONV with Placebo - 25%

What is the number needed to treat?

- A. 1
- B. 5
- C. 20
- D. 40
- E. 100

24. The trace below shows an arterial waveform of a patient with intra-aortic balloon pump insitu. The pump setting has been set to 1:2, with 1 augmented beat and 1 un-augmented beat shown below. Comment on the timing of the balloon pump.



- A. Early inflation
- B. Delayed inflation
- C. Optimal timing
- D. Early deflation
- E. Delayed deflation

25. 40 yo male otherwise healthy undergoes uneventful sinus surgery. Post op in PACU is agitated, confused, headache, photophobia. Anaesthetist had provided intraop induced hypotension with MAP 40% below baseline. It is suspected the patient has had a period of intraop cerebral ischaemia. The patient makes full recovery after 24hrs.

This is an example of an episode of:

- a. Misconduct
- b. Near miss
- c. Sentinel event
- d. Malfeasance
- e. Adverse event

26 Patient undergoing foam sclerotherapy for varicose veins. Post op stands up, suddenly loses consciousness, later found to have unilateral leg weakness. Most like cause:

- a. Arrhythmia
- b. Anaphylaxis
- c. Paradoxical gas embolism
- d. Thromboembolism
- e. Intracranial haemorrhage

27 Which one of these drugs can be cleared from plasma by haemodialysis:

- A. Rivaroxiban
- B. Warfarin
- C. Dabigatran
- D. Apixaban
- E. Clexane

28 Which tooth is most commonly damaged in anaesthesia practise

- A. Right middle maxillary incisor
- B. Left middle maxillary incisor
- C. Left middle mandibular incisor
- D. Right middle mandibular incisor
- E. Right 2nd mandibular molar

29 In a patient with confirmed IgE mediated anaphylaxis to penicillin, what percentage will have anaphylaxis to cephazolin?

- A. 0.1%
- B. 1%
- C. 5%
- D. 10%
- E. 15%

30 A 25year old male has suffered 30% TBSA Burn. What change would you expect to see in the first 24hours

- A. Decreased systemic vascular resistance
- B. Increased cardiac index
- C. Increased pulmonary vascular resistance
- D. Decreased haematocrit
- E. Increased stroke volume

31

32

33

34 The filter in the epidural kit is designed to prevent passage of particles greater than what diameter?

- A. 20 nanometers
- B. 200 nanometers
- C. 2 micrometers
- D. 20 micrometers
- E. 200micrometers

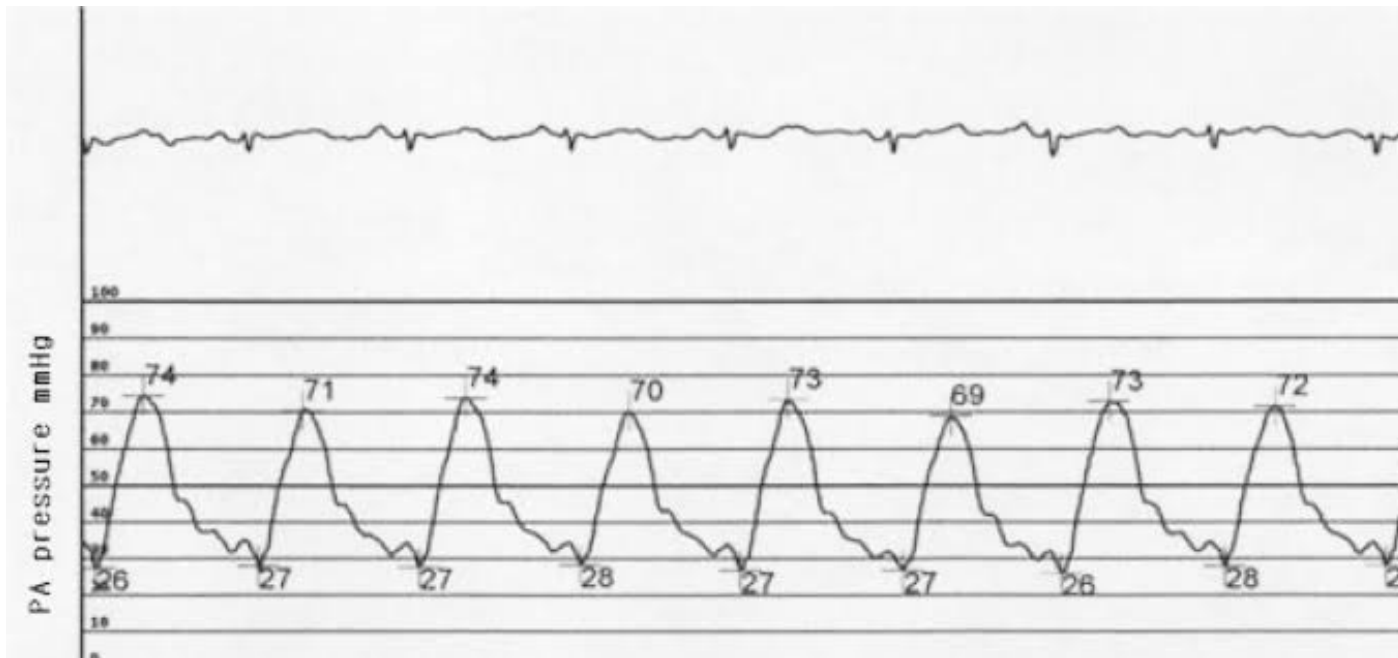
36 What is the Immediate management of diabetic ketoacidosis (DKA)?

- a. Insulin infusion
- b. Fluid bolus
- c. Correct electrolyte disturbances
- d. Correct underlying cause

37 Which lobe of the lung has a medial and lateral segment?

- a. Left upper lobe
- b. Lingula
- c. Right upper lobe
- d. Right middle lobe
- e. Right lower lobe

38 A 75 year old man undergoes right heart catheterisation for investigation of dyspnoea. His pulmonary capillary wedge pressure is 24mmHg. (Exact picture)



The most likely cause of this presentation is:

- A. Pulmonary Arterial Hypertension (severe >55!)
- B. Portopulmonary Syndrome
- C. Left Heart Failure
- D. Pulmonary Embolism
- E. Pulmonary Fibrosis

39 You are called to see a patient in recovery who is complaining of breathlessness. They are using supplemental oxygen with a FiO₂ of 0.4.

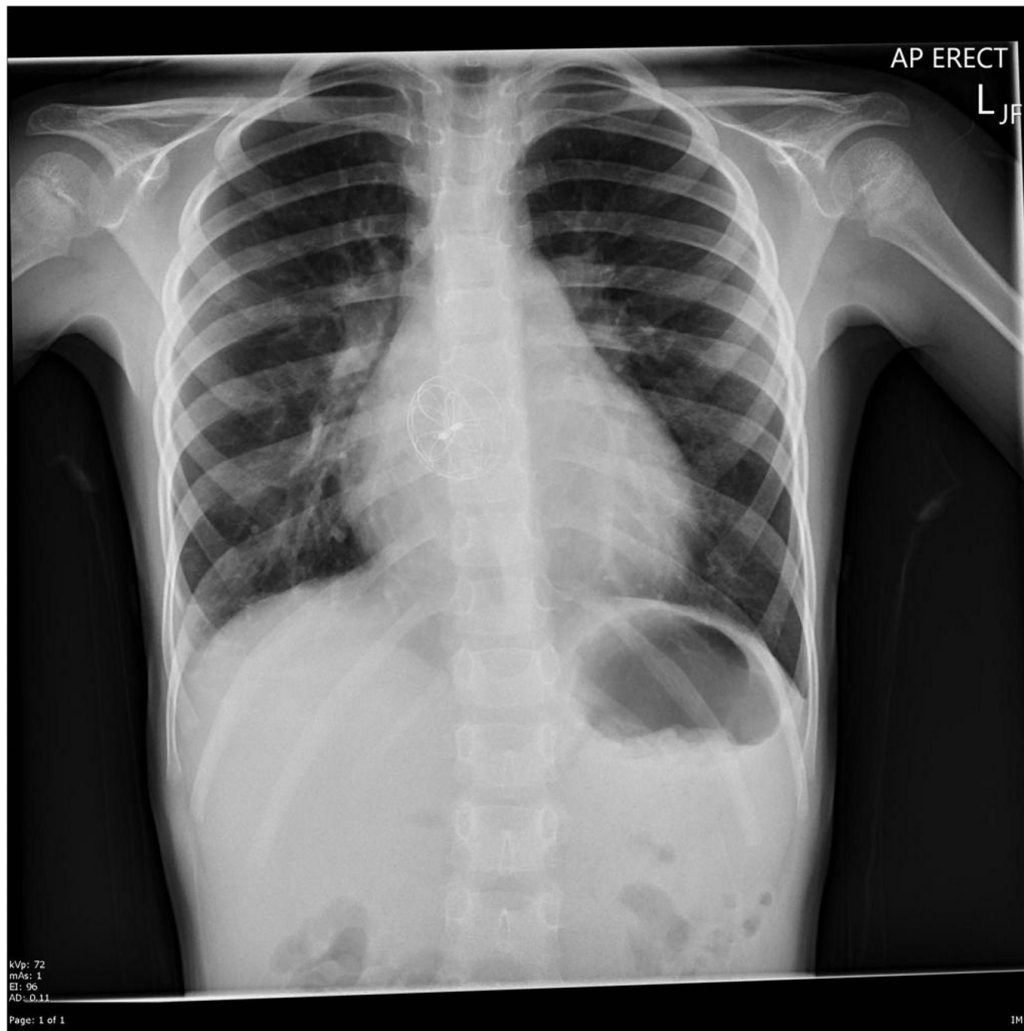
Blood gas shows:

PaO ₂	135
PaCO ₂	48
SpO ₂	100%

The A-a gradient is:

- A. 5
- B. 30
- C. 60
- D. 90
- E. 110

40 CXR of 10yo boy with a history of congenital heart disease repair. What is the device shown on this chest x-ray?



- A. AV repair
- B. PV repair
- C. ASD closure device
- D. Parachute device
- E. Right atrial appendage closure device

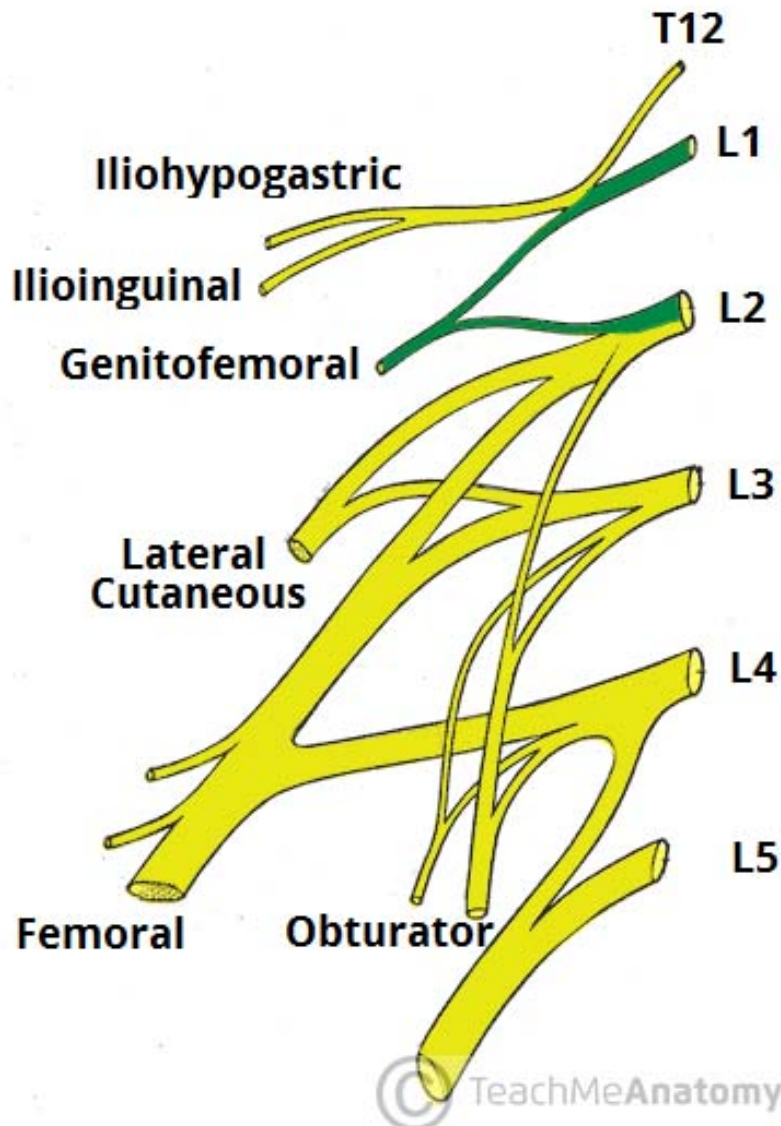
41 You are called to review a patient in PACU who had a CVL inserted during a Laparotomy. He is dyspnoeic at rest and a lung ultrasound is performed. The result shows:



(no arrows on exam image)

- A. Pneumonia
- B. Effusion
- C. Normal lung
- D. Pneumothorax
- E. Pleural odema

42 Lumbar Plexus from previous exams with arrow pointing to obturator nerve



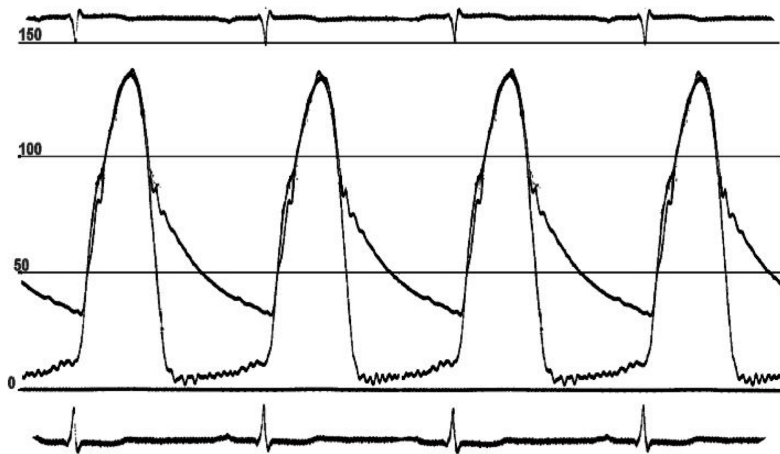
43 6 year old with severe OSA- has polysomnography; following AHI number meets criteria

- A >5
- B >10
- C >15
- D >20
- E >30

44 During routine examination of a patient's heart, you hear increased splitting of the second heart sound on inspiration. This is characteristic of:

- A. Aortic Regurgitation
- B. HOCM
- C. Left bundle branch block
- D. Mitral Stenosis
- E. Pulmonary Stenosis

45 (Repeat) 72 year old male having left heart catheterisation. Aortic and LV pressure waves are shown.



This is indicative of:

- A. Aortic regurgitation
- B. Aortic Stenosis
- C. HOCM
- D. Mitral regurg
- E. Normal

(Can't 100% remember if those were the options, but seemed similar to previous. I think A. Aortic regurg is the answer)

48 Patient with sux allergy. Highest cross-reaction with

- a. Rocuronium
- b. Cisatracurium
- c. Atracurium
- d. Mivacurium
- e. Cephazolin

(Queensland 49)

Most significant risk of venous air embolism with which type of surgery?

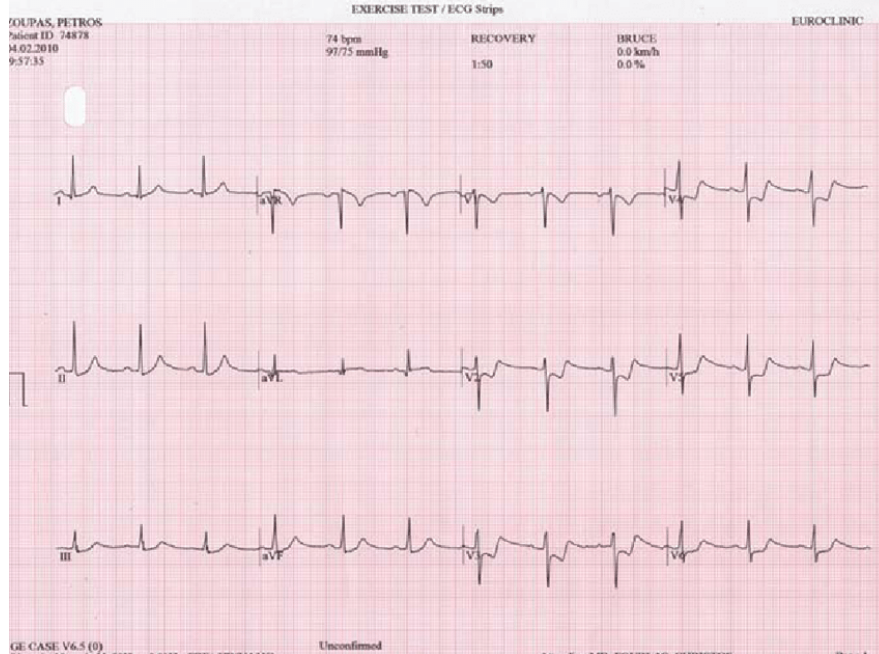
- a. Coronary surgery
- b. Prostatectomy
- c. Caesarean section
- d. Spinal surgery
- e. Gastric endoscopy

(New south wales 49)

Macroshock is;

- 10 μ A
- 100 μ A
- 10 mA
- 100 mA
- 1A
- 10 A

50 Where is this lesion on ECG
(ECG showed STd in V2-4 w/ TwI) (some remembered as looking like posterior infarct)



- LAD
- LCx
- OM
- Dx
- RCA

51 When do spinal reflexes return after a cord transection

- <1 day
- 1-3 days
- 7 days
- 1-4 weeks
- >1 month

52) what is the dose of 8.4% bicarbonate in a 60kg man having a cardiac arrest?

- 18ml
- 30ml
- 50ml
- 60ml
- 84ml

53

4 chamber ICC drainage system. Purpose of 4th bottle?

- Suction fails
- Excessive suction
- Kinked catheter

54. Intracholestasis. Why patient coagulopathic?

- Deficiency all hepatic synthesised enzymes
- Deficiency II, V, VII, IX

56 Pt has intra-operative mild hypothermia at 35 C. What will they have

- a. Increased blood loss, no effect on INR or APTT
- b. Increased blood loss increased INR
- c. Increased blood loss increased APTT
- d. No change in blood loss, increased INR
- e. No change in blood loss, increased APTT

57 You want to position a internal jugular CVL with a CXR at the caval-atrial junction. Where is this?

- a. 2 vertebral levels above the carina
- b. 1 vertebral level above the carina
- c. At the carina
- d. 1 vertebral level below the carina
- e. 2 vertebral levels below the carina

59) An otherwise well woman undergoes a spinal anaesthetic for LSCS. Post op, she is noted to have weak hip flexion, weak knee extension and loss of sensation over the anterior thigh. Where is the most likely location of the lesion?

- a) Femoral nerve
- b) Lateral femoral cutaneous nerve
- c) Lumbosacral plexus
- d) Obturator nerve
- e) Sciatic nerve (??)

60) A patient with type 1 von Willebrand's disease (??) presented with mild persistent epistaxis. Best medical treatment? (DDAVP definitely was not an option)

- a) Factor VII
- b) Factor VIII
- c) Recombinant von Willebrand factor
- d) TXA
- e) FFP

61 What dose of propofol to run to prevent propofol infusion syndrome

- A. 2.5mg/kg/hr
- B. 5mg/kg/hr
- C. 7.5mg/kg/hr
- D. 10mg/kg/hr
- E. 12.5mg/kg/hr

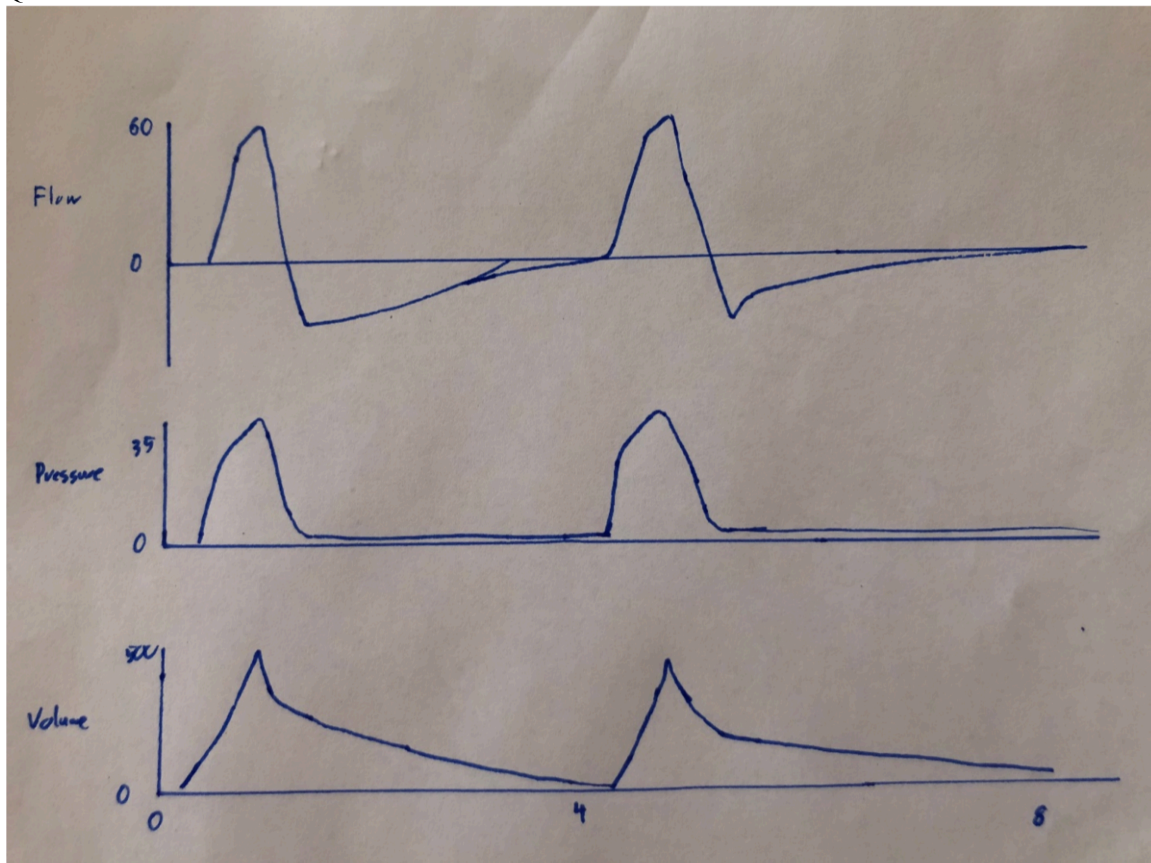
63

Question 63

What are the fasting guidelines for a 4 month old infant undergoing an elective procedure?

- a) Breast milk 2 hours before, clear fluids 1 hour before 3mls/kg
- b) Breast milk 2 hours before, clear fluids 1 hour before 5mls/kg
- c) Breast milk 3 hours before, clear fluids 1 hour before 3mls/kg**
- d) Breast milk 3 hours before, clear fluids 1 hour before 5mls/kg
- e) Breast milk 4 hours before, clear fluids 1 hour before 3mls/kg

Question 64



These ventilator loops are most consistent with which process

- a) ARDS
- b) Gas trapping
- c) Circuit leak
- d) Obstructive disease
- e) Patient triggered breathing (some thought this as there was a small negative flow/pressure inflection before the second breath, others thought overall indicated obstructive)

65 commonest primary cause of anaesthetic related death as per nap 4 DAS

airway trauma

Aspiration

Trache tube dislodgement

Unidentified failed intubation

Oesophageal intubation

66. Patient with bipolar, on long term lithium therapy what analgesic should be avoided

Diclofenac

Gabapentin

Morphine

Methadone

Tramadol

67 - pretty sure repeat

68 - benztropine used in reversal of which agents

-musc

-nic

-d2

-ser

-nadr

69 – repeat from previous years.

70

CYP2D6 is not involved in the metabolism of

- oxycodone

- tramadol

- hydromorphone

- codeine

- amitriptyline

71

13kg girl with intractable laryngospasm

what dose of intralingual hexamethonium?

-10

-15

-25

-40

-60

72

repeat 47 yo female post myomectomy and endometrial ablation.

Drowsy, disorientated, HYPONATREMIC, NA 118.

Management? See pauls part 2 notes, volume 1, page 122...

73. Which is not a contraindications to blind nasogastric tube insertion?

- A) Basal skull fracture
- B) Midface fracture
- C) Recent nasal surgery
- D) Oesophageal varices
- E) High C-spine fracture

74. Management of prolonged block post mivacurium:

- A) Sugammadex 4mg/kg
- B) Neostigmine 100microg/kg
- C) FFP 20ml/kg
- D) Pralidoxime
- E) Wait for it to wear off

75.

Total Body Weight Dosing Should be used for which drug?

- A Suxamethonium
- B Propofol
- C Thiopentone
- D Rocuronium

76.

30kg boy is to have a distal forearm fracture fixed under a Biers Block with 0.5% Lignocaine. What is the maximum safe dose that can be used. (not sure if Mg or mls)
(another remembered question had the boy weighing 13kg)

- a. 6
- b. 12
- c. 18
- d. 30
- e. 40

77.

Pt having TKR. Adductor canal block is better than femoral nerve block because:

- a) less motor block to quads
- b) better analgesia
- c) lower dose of LA needed for same analgesia
- d) better block of infrapatellar nerve

78.

Cardiovascular effects of hyperthyroidism include:

- a) decreased diastolic relaxation
- b) decreased SVR
- c) decreased PVR
- d) increased diastolic BP

79. CI for Dental Injury for 100 cases, when no cases of injury recorded

- a. 1/100
- b. 2/100
- c 3/100
- d 10/100
- e 20/1000

80. 64yo for elective surgery on 100mcg thyroxine

T4 normal

T3 normal

TSH < 0.05 (low)

A Sick euthyroid

B Previous hypophysectomy

C Sub clinical hyperthyroidism

D Too much thyroxine

81

NOAC, what increases action

- a. Atorvastatin
- b. Clindamycin
- c. Digoxin
- d. Diltiazem
- e. Fluconazole

82

You are leaving a room of an infective patient, what order will you REMOVE your PPE

- a. Gown and gloves, perform hand hygiene, then eye protection and then mask

83. Early Haemodynamic Changes in Burns Include.

- a. Increased PVR
- b. Low SVR
- C. Increased Cardiac Output
- d. Increased Stroke Volume

84. SBP in TBI as per BTF

- a. 90
- b. 100
- c. 110
- d. 120
- e. 130

85. What is recommended during endovascular treatment of acute ischaemic stroke?

- A. General anaesthesia
- B. Hypervolaemia
- C. Maintain temp \leq 35
- D. Maintain BGL 8-12
- E. Maintain sBP 140-180

86. What is the warm ischaemic time for the Kidneys.

- A. 30
- B. 60
- C. 90
- D. 120
- E. 180

Question 87

According to the recommended cleaning guidelines for a laryngoscope (or laryngoscope handle) that has been used but not soiled, what is the management?

- A. Alcohol wipes only
- B. Sterilisation in an autoclav
- C. Wipe with detergent and water
- D. No cleaning required
- E. Chlrohexidine and alcohol

Question 88

The neurosurgical registrar rings you about a spinal cord tumour on your list tomorrow. The patient has Brown Sequard Syndrome (hemicord lesion). On examination, below the level of lesion, you will find all of the following EXCEPT ipsilateral

- A. Hyperreflexia
- B. Loss of tactile stimulation
- C. Paralysis
- D. Loss of pain/temperature
- E. Loss of vibration/proprioception**

89. The Blalock-Taussig shunt delivers blood to the pulmonary artery from the:

Aorta

SVC

Left atrium

IVC

Subclavian artery

90. 70 year old patient for revision THR, in clinic 10 days prior

Hb 110

Ferritin 51

CRP 10

What should you do?

Transfuse 2u pRBC

Give oral iron therapy and continue with surgery

Give oral iron therapy and defer surgery for 6 weeks

Give IV iron

Do nothing

91

10mm on y axis of ecg refers to

0.2 sec

0.4sec

1sec

0.1mV

1mV

92

the most common rhythm in obstetric cardiac arrest

vt

vf

asystole

pea

svt

93

repeat question

RAST morphine question, anaphylaxis post rocuronium

Ans: roc anaphylaxis

94

8mm coiling, repeat question, surg informs u of complication, what should u NOT do?

- don't go direct to OT

95. Image of needle;



What needle is this?

- Sprotte
- Whittacre
- Quincke
- Atrocan
- touhy

96. REPEAT : In patients with sepsis, the application of early renal-replacement therapy results in...

- A) No change in overall mortality
- B) ?

97. Patients with OSA have been shown to have an increased risk of:

- A) AMI
- B) Acute renal failure
- C) AF
- D) Perioperative mortality
- E) Unplanned admission after ambulatory surgery

98. Independent risk factors for bone cement implantation syndrome include all of these EXCEPT:

- A) diuretics
- B) general anaesthesia
- C) increasing age
- D) male gender
- E) severe cardiopulmonary disease

99. NAP 5 incidence of awareness with GA LSCS:

- A) 1:700
- B) 1:4,000
- C) 1:8,000
- D) 1:16,000
- E) 1:32,000

100. The primary source of pipeline oxygen supply in a major hospital is via:

- A) Onsite oxygen concentrator
- B) Onsite oxygen cylinder bank
- C) Onsite oxygen liquid evaporator
- D) Offsite pipeline supply

101. REPEAT: Oxygen cylinder with 2L water capacity; at 150bar filled with O₂, how long will oxygen supply from cylinder last for if flows running at 10L/min?

- A) 30min

102. How many weeks of supervision for return to work per year off (per ANZCA document PS50)

- A) 2 weeks per year off
- B) 3 weeks per year off
- C) 4 weeks per year off
- D) 6 weeks per year off
- E) 8 weeks per year off

103. Which of the following are associated with increased issues with perioperative increased temperature?

- A) Duchenne Muscular dystrophy
- B) Myasthenia gravis
- C) Multiple sclerosis
- D) Myotonia dystrophica
- E) Eaton Lambert syndrome

104. REPEAT : Aspirin for primary prevention in the elderly with a history of diabetes mellitus is associated with:

- A) Increased risk of bleeding
- B) Reduced overall mortality
- C) Reduced CVS mortality
- D) Reduced cancer mortality
- E) ?

105. Patient with known COPD—post-bronchodilator spirometry values—which FEV1 value corresponds to GOLD class 3?

- A) 43%
- B) 57%
- C) 68%
- D) 90%
- E) ?

106. REPEAT: question about max FiO2 able to be delivered by Venturi mask

- A) 0.60

Question 107

which gas absorbs the most infrared light from the atmosphere

- a) CO2
- b) desflurane
- c) sevoflurane
- d) nitrous
- e) isoflurane

question 108

patient has a cardiac arrest 10 days post cardiac surgery. What NOT to give?

- a) adrenaline
- b) amiodarone
- c) atropine 3mg
- d) 3 shocks
- e) 1L IVF

109

22 year old male, well, paraganglionoma secreting metanephrine – most appropriate management to commence in pre admission?

- prazosin
- phentolamine
- phenoxybenzamine
- magnesium
- verapamil

110

DSA question, answer likely to be posterior cerebral artery. Similar to prev year middle cerebral artery.

Q 111, repeated 2019 B A young lady with cystic fibrosis waiting for lung transplant. Had TTE: TR jet VTI (approx 3) picture. CVP 5 mmHg. What is the estimate RVSP?

- a) 39
- b) 41
- c) 45
- d) 50
- e) 61

Q 112, Normal saline (0.9% NaCl) physical properties?
Na 154, Cl 154. Osmolality 308

113

According to ANZCOR guideline - which is correct recommendation for management of choking/acute airway obstruction in adult?

- a) one thump to back
- b) two thumps to back
- c) one slap to back, one to front
- d) single chest thump
- e) sweep mouth

114

60M, with hypoxaemia and confusion. CXR shown with left lung whiteout. Mild R tracheal deviation. Some left hilar air bronchograms visible. Dx?

- a) effusion
- b) pneumonia
- c) pneumonectomy
- d) pulmonary oedema
- e) pneumothorax

115)

Difficult intubation - consultant managed to insert airway exchange catheter - its tip is at the level of carina - the portion outside, from mouth is:

- a.31 cm
- b.40 cm
- c.45 cm
- d.58 cm
- e.75 cm

116) A stroke patient going to OT for clot retrieval has a right hemisensory loss and right homonymous hemianopia.

Most likely lesion is in right:

- a. anterior cerebral artery
- b. anterior inferior cerebellar artery
- c. posterior cerebral artery
- d. posterior inferior cerebellar artery
- e. superior cerebral artery

117) If a patient has anaphylaxis to the MMR vaccine which is contraindicated?

- a) Penicillin
- b) Gelofusion
- c) Sulphonamides
- d) Hydrolase

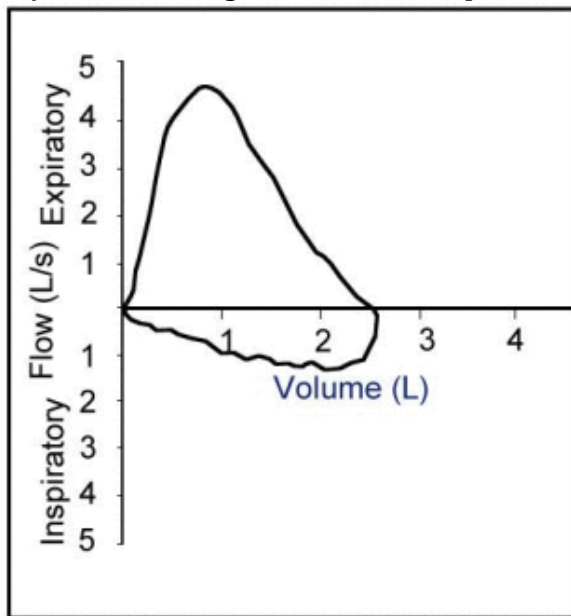
118) Repeat- patient with signs of retrobulbar haemotoma. How does a lateral canthotomy work?

- A) Drain blood from behind eyeball
- B) Allow proptosis
- C) Allow globe to continue to swell

119) The antiemetic of aprepitant is due to the receptor of

- a) serotonin
- b) dopamine
- c) NMDA
- d) Neurokinin A
- e) Substance P

120) The following flow volume loop demonstrates:



- a) Variable intrathoracic
- b) Variable Extrathoracic
- c) Fixed large airway
- d) Restrictive lung pattern
- e) Mixed pattern

121) 80 year old lady on 4l O₂ unwell/

Ph 7.2

P02 91

PcO₂ 84

BE 16

HCO₃ 43

NA 145

- a) Metabolic alkalosis, acute resp acidosis + normal AG
- b) Metabolic alkalosis resp acidaemia + abnormal AG
- c) Mixed acidemia

122) Least effect on SSEPS

- A) propofol
- b) fentanyl
- c) desflurane
- D) Midazolam
- E) sevoflurane

123) Pt had TKR with tourniquet 2 days ago done under spinal anaesthetic plus adductor canal block. Now complains of leg weakness on operative side. What nerve is least likely to have caused this:

- a) Common peroneal
- b) Deep peroneal
- c) Sciatic
- d) Femoral
- e) Saphenous

124) What is the most likely cause of airway compromise following anterior spinal surgery:

- A) Haematoma
- B) Oedema
- C) Vocal cord Injury
- D) Abscess

125) Patient 3 days post sleeve gastrectomy with persistent nausea and vomiting

Ph 7.5

PcO₂ 45

Lactate 0.6

Glucose 3.9

Potassium 3

What is the best management option for this patient?

- a) Acetazolamide
- b) HCl infusion
- c) 0.9% NaCl
- d) 4% albumin
- e) Laparotomy

126) All of the following are used to improve the speed of onset and spread of peribulbar block except:

- f) a) hyalase
- g) b) digital pressure
- h) c) ocular massage
- i) d) Honan's balloon
- j) e) no option

127) Lowest capillary ketones to support diagnosis of euglycaemic keto acidosis in patient taking sglt2i

- a) 0.1
- b) 0.3
- c) 0.5
- d) 0.7
- e) 1.1

128) Best transducer for best resolution of median nerve, when blocking at the wrist.

- a) 2MHz
- a) 2-5
- b) 5-8
- c) 5-10
- d) 6-13 MHz

129. How long should Apixaban be withheld prior to neuraxial in a patient with normal renal function

- A) 1 day
- B) 2 days
- C) 3 days
- D) 7days
- E) 14 days

130. Which lifestyle modification is ineffective in controlling hypertension

- A) low k diet
- B) Etoh reduction
- C) Exercise
- D) Low na diet
- E) Smoking cessation

131. Post Lma anaesthetic the patients looks like this (picture of tongue sticking out but deviating towards the right). Which nerve is damaged?

- a) Right recurrent laryngeal
- b) Left recurrent laryngeal
- c) Left hypoglossal
- d) Right hypoglossal
- e) Right glossopharyngeal

132. A patient is taking 12mg oral hydromorphone in the community. What is the equivalent IV dose?

- a) 5mg
- b) 10mg
- c) 15mg
- d) 20mg
- e) 25mg

133) A 22 year old with a Fontan Circulation for an appendicetomy. Vomiting and peritonitic. Room air sats pre-op 95%.
Post induction drop to 75% and BP drops to 80/45. Which of the following will help?

Decrease FiO₂

Increase PEEP

Decrease volatile

Increase tidal volume

Reverse Trendelenburg

(most people feel these answer options all remembered correctly)

134) With the use of bupivacaine with adrenaline for a brachial plexus block, which of the following is the cause of the slower onset compared with other local anaesthetics

High pKa

High pH

High lipid solubility

High protein binding

Addition of adrenaline

135) Most common cause of postoperative visual loss post-spinal surgery

a) Central retinal artery occlusion

b) Central retinal vein occlusion

c) Ischaemic optic neuropathy

d) Haemorrhage

136) Differential hypoxia is a specific complication of?

a) VV ECMO

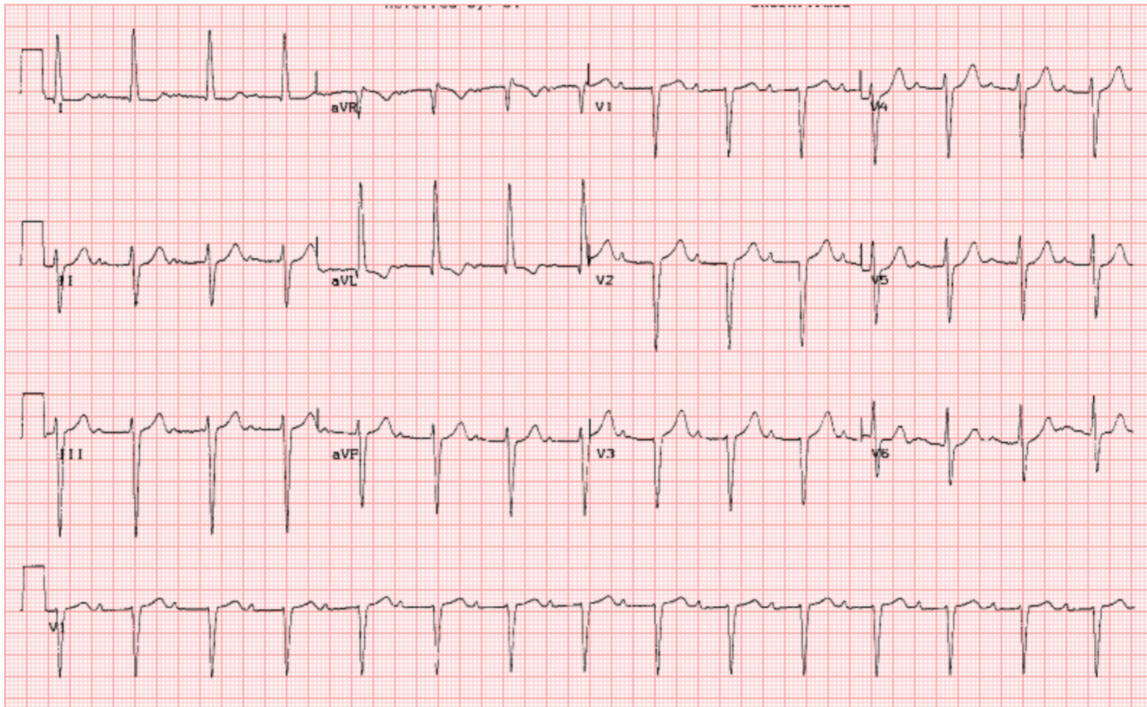
b) VA ECMO

c) AV ECMO

d) LVAD

e) RVAD

137



- a) left anterior hemiblock
- b) Left posterior hemlock
- c) LBBB
- d) RBBB

138

Female with rheumatoid arthritis, on 5mg Prednisone (duration 1 yr.), for a TKR. What are the guidelines for peri-op steroid use?

- a) Dexamethasone 4mg
- b) Hydrocortisone 100mg
- c) Hydrocortisone 50mg
- d) Prednisone 5mg
- e) Prednisone 10mg

139. Respiratory changes in pregnancy - what DECREASES

- A) FEV1
- B) FRC
- C) Tidal Volume
- D) Minute Volume
- E) ?

140. (REPEAT)

After insertion of PAC - Blood coming up ETT

- A) Remove PAC and insert DLT
- B) Wedge and insert DLT
- C) Wedge and insert bronchial blocker
- D) Withdraw 2cm and insert DLT
- E) Withdraw and insert bronchial blocker

Question 149

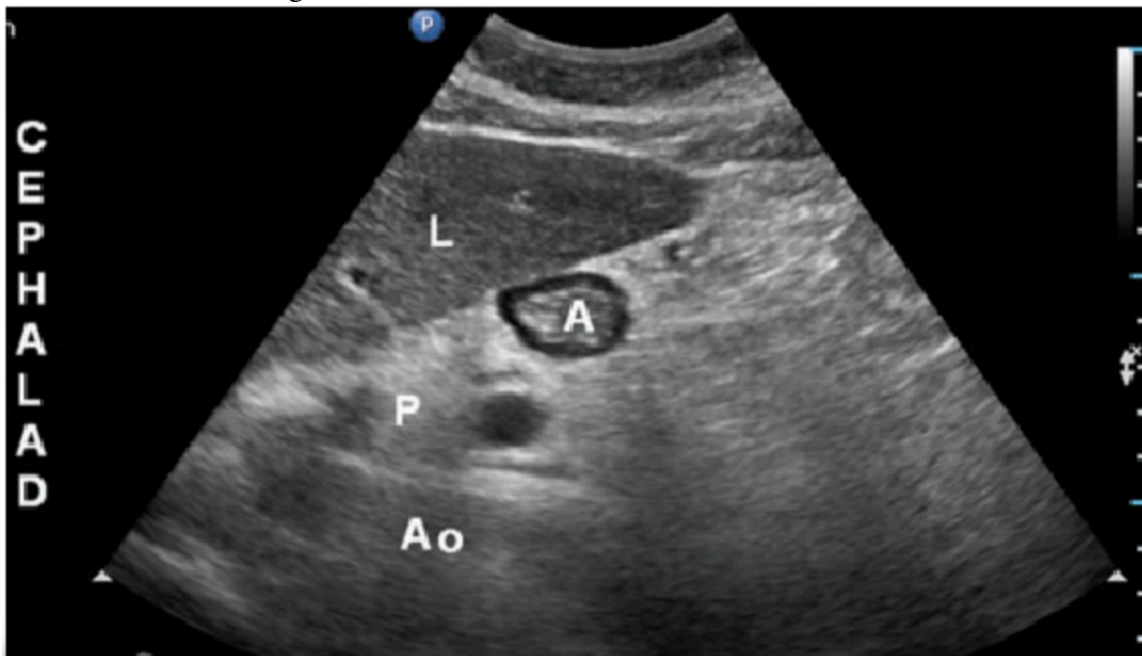
which of the following least likely to prevent emergence agitation post ECT

What is least likely to prevent post-op agitation after ECT?

- a. Induction with remifentanyl
- b. Propofol
- c. Dexmedetomidine
- d. Midazolam

150

Gastric ultrasound. Figure A shows?



- empty stomach
- air bubbles
- stomach full of solids
- stomach with clear fluids

151. 32 year old exam candidate in the midst of a global pandemic is suffering from runny nose after paying \$6000 and studying for a year. On the day of the exam the best course of action is

- A) Self isolate, apologise to family for loss of money and life and start studying for the next sitting
- B) Buy an extra large box of tissues on the way to the exam, spend the whole time sniffing/crying
- C) Take 10mg loratadine, wondering if ephedrine is better than pseudoephedrine
- D) Consider crystal meth as it is easier to access than pseudoephedrine, does it have an effect on nasal mucosa, or just teeth
- E) Pull apart the bathroom cupboard throwing aside all the unused night time cold and flu tablets until finally finding a dose of pseudoephedrine

Random unordered remembered questions. Some repeats from above.

Indications for hyperbaric oxygen in treatment of acute CO toxicity include all except:

- a. Concomitant drug overdose causing difficulty in assessment
- b. CoHb level of 10%
- c. Impaired LOC
- d. Myocardial ischaemia
- e. Pregnancy

Woman 35/40 pregnant, presents with nausea and vomiting. Blood test abnormalities

include ALT 400 (normal <34) and INR 2.3. Most consistent with:

- a. Acute fatty liver of pregnancy
- b. Choledocholithiasis
- c. HELLP syndrome
- d. Hyperemesis gravidarum
- e. Cholestasis of pregnancy

55 year old male with the following pulmonary function tests:

FEV1 - test result - predicted - % predicted 68%

FVC - test result - predicted - % predicted 68%

DLCO 98%

This is most consistent with:

- a. Asthma
- b. Myasthenia Gravis
- c. Emphysema
- d. Sarcoidosis
- e. COPD

The Brain Trauma Organisation states that you should treat ICP at:

- a. 12 cmH₂O
- b. 15 cmH₂O
- c. 22 cmH₂O

You need to block which nerve for amputation of the 4th toe:

- a. Posterior tibial (definitely said posterior tibial)
- b. saphenous
- c. sural
- d. deep peroneal
- e. superficial peroneal

During stroke intravascular therapy, the National Stroke Organisation (?) recommends keep the systolic blood pressure:

- a. Between 140-180mmHg
- b. Under 140 mmHg
- c. Under 120mmHg

A person is choking. The Australian resuscitation Council recommends treatment:

- a. One abdomen thrust
- b. One back blow
- c. One chest thrust
- d. One back blow + chest thrust
- e. Oral finger sweep

Person presents with persistent headache that is relieved by lying flat. No hx of spinal/epidural instrumentation such as surgery or an epidural. MRI has been performed, and there is widespread meningeal enhancement. Nil further imaging has been performed to elicit site of leak. Neurologist wants you to do a blood patch. Do you:

- a. Do a lumbar blood patch
- b. Do a CT or MRI myelogram and do a blood patch at the site of leak
- c. Do a CT or MRI myelogram and do a blood patch at lumbar level
- d. Refuse to do a blood patch

Renal blood flow during infra-renal cross clamp:

- a. Decrease by 40%
- b. Increase by 40%
- c. Decrease by
- d. Increase by

Cryo for patient with Blood group A has run out. What blood type should you use?

- a. AB+

Warm ischaemia time for lungs?

- a. 30
- b. 60
- c. 90
- d. 120

Dental damage in your department. You have been asked to review dental damage in your department. After a survey of 100 people, there is zero dental damage. What is the 95% confidence interval?

- a.0/100
- b.1/100
- c.2/100
- d.3/100
- e.5/100

You are doing an inhalation induction on a paediatric patient. Your patient experiences laryngospasm. What is the sublingual dose?

- a.1mg/kg
- b.2mg/kg
- c.3mg/kg
- d.4mg/kg

Biers block using lignocaine 0.5%, for a 13kg boy. How many mls of lignocaine 0.5%?

Patient exposed to pesticides spray on farm. Symptoms of organophosphate poisoning. Which drug is NOT indicated in their treatment?

- a) Glycopyrrolate
- b) Rocuronium
- c) Suxamethonium
- d) Pralidoxime
- e) Diazepam

Primigravida 37/40 gestation with uncontrolled pre-eclampsia and BP 160/110. Her haemodynamics will be

- a) High cardiac output, high SVR
- b) High cardiac output, low SVR
- c) Normal cardiac output, high SVR
- d) Normal cardiac output, increased diastolic pressure
- e) Low cardiac output, high SVR