

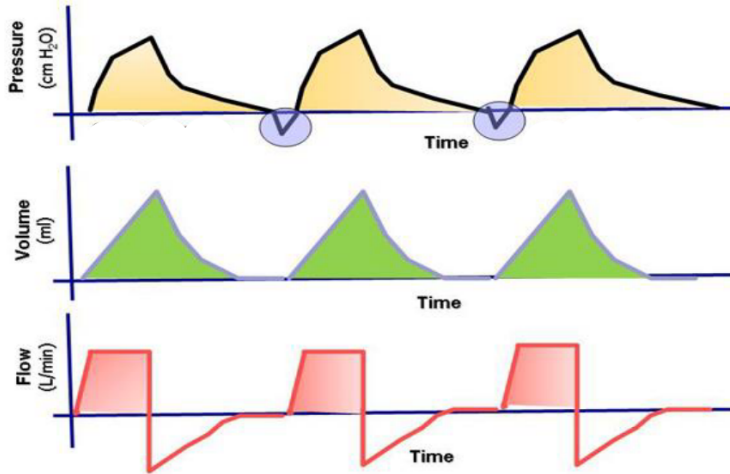
2020.2 MCQ recall

1. What is the appropriate prophylaxis for surgical termination of pregnancy?
 - a. Clindamycin 600 mg
 - b. Cephalexin 500 mg
 - c. Doxycycline 400
 - d. Cephazolin 2g
 - e. Cephazolin 2g and metronidazole
2. Young man, intractable nausea and vomiting post sleeve gastrectomy. Blood gas given: shows hypokalaemia, hypochloraemia, alkalosis, normal lactate
 - a. Laparoscopy
 - b. IV fluids and KCL
 - c. 4% albumin
 - d. HCl infusion
 - e. Acetazolamide
3. Which of these due to medical usage depletes the ozone layer most? Over the course of the 21st century, which of these gases for medical usage has resulted in the most depletion of the ozone layer?
 - a. Desflurane
 - b. Nitrous oxide
 - c. CO₂
 - d. Isoflurane
 - e. CFCs
4. Choosing wisely involves all the above except
5. A 3 year old presents for tonsillectomy; past history of asthma no admissions, just a round of steroids previously. Parents smoke 20/day. What is the greatest risk factor for airway events?
 - a. Passive smoke exposure
 - b. Asthma
 - c. Intubation
 - d. Inhalational induction
 - e. Experience of Anaesthetist
6. What ICP would you intervene at?
 - a. 10
 - b. 15
 - c. 20
 - d. 22
 - e. 27

7. What is recommended during endovascular treatment of ischemic stroke?
- GA
 - BSL 8-12
 - Hypervolemia
 - Hypothermia
 - SBP 140-180
8. Which fluid is the worst to give in **isolated** traumatic brain injury
- Hypertonic saline (7.5%)
 - 4% albumex
 - Normal saline
 - Plasmalyte**
 - Saline 3%**
9. Plasmalyte makeup
- Na 140 Mg 1.0 K 5.0 acetate 27 lactate 0
 - Na 140 Mg 1.5 K 5.0 acetate 0 lactate 27
 - Na 140 Mg 1.0 K 4.0 acetate 24 lactate 0
 - Na 140 Mg 1.0 K 4.0 acetate 0 lactate 24
 - Na 140 Mg 1.5 K 5.0 acetate 27 lactate 0
10. Anaesthesia for amputation 5th toe
- Posterior tibial + sural
 - Posterior tibial, superficial peroneal
 - Sural + superficial peroneal
 - Deep and superficial peroneal
 - Sural, deep peroneal, and posterior tibial
11. Which is not a risk factor for cement embolism syndrome?
- Male
 - GA
 - Previous history of same
 - Diuretic use
 - Age

12. Ventilator trace

- a. ARDS
- b. Obstructive lung disease
- c. Circuit leak
- d. Patient triggering breaths



13. 3 yo with muscular calves; volatile sevo anaesthetic for an hour. Sweating, Peaked T waves and rising capno

- a. Temp probe, and go from there
- b. Cool + dantrolene
- c. Stop volatile, cool + dantrolene
- d. Stop volatile, calcium
- e. Stop volatile

14. Ivor Lewis esophagectomy: what is the surgical approach

- a. Laparotomy left thoracotomy
- b. Laparotomy, left neck incision
- c. Left thoracotomy, left neck incision
- d. Left thoracotomy

15. Following cardiac surgery, external cardiac massage, systolic pressure to aim for

- a. 60
- b. 80
- c. 110
- d. 120

16. Effect of indocyanine green on NIRS and peripheral sats

- a. Increases NIRS, decreases peripheral
- b. Decreases NIRS, decreases peripheral
- c. No change NIRS, decreases peripheral
- d. Increases NIRS and peripheral
- e. Decreases NIRS, increases peripheral

17. Remifentanyl metabolism
- Plasma esterases
 - RBC esterases
 - Hoffman degradation
 - Hepatic Metabolism**
18. Elderly patient with COPD and known AF, who develops an intraoperative wheeze. Is treated with salbutamol then develops RAF at a rate of 120, BP 90/60, etCO₂ 40.
- Amiodarone 300 mg
 - Esmolol 50 mcg/kg and infusion
 - Direct cardioversion with 50 J
 - Digoxin 500 mcg
 - Metoprolol 2.5mg IV up to 3 doses**
19. 60% TBSA hydrofluoric acid burns and expected electrolyte derangement
- Hypocalcemia
 - Hyponatremia
 - Hypophosphatemia
 - Hypomagnesemia
20. ECT on moclobemide
- Sevoflurane, morphine, phenylephrine
 - Sevoflurane, pethidine, phenylephrine
 - Midazolam, fentanyl, ephedrine
 - Midazolam, fentanyl, metaraminol
21. Least effect on emergence agitation following ECG
- Low dose of propofol following the seizure
 - Low dose of midazolam following the seizure
 - Premedication with olanzepine
 - Premedication with dexmedetomidine
 - Induction with remifentanyl
22. You put a magnet on a **Ventricular** pacemaker. What does it go to?
- DOO
 - VII
 - DDD
 - AOO
 - VVI
 - VOO**
23. MEPS least effect
- Ketamine
 - Precedex
 - Propofol
 - Volatiles
 - Remifentanyl
- Of these, I know for sure that precedex, ketamine, and remifentanyl were there.

24. Peribulbar with arterial haemorrhage **What is NOT consistent with arterial haemorrhage following retrobulbar block?**
- Chemosis
 - Proptosis
 - Decreased visual acuity
 - Increased IOP
25. Main cause of visual loss post op:
- Central retinal artery occlusion
 - Central retinal vein occlusion
 - Ischemic optic neuropathy
 - Haemorrhage
26. Which is not associated with the development of chronic pain
- Smoking
 - Pre-existing pain
 - High level of anxiety
 - Young age
 - High level of education
27. Maximum classic LMA pressure
- 15 cm H₂O
 - 30 cm H₂O
 - 40 cm H₂O
 - 60cm H₂O**
28. Prothrombinex indications
- Von Willebrand disease
 - Haemophilia a
 - Haemophilia b
 - Haemophilia c
 - Congenital fibrin deficiency
29. What is a forest plot?
- Shows study results and metaanalysis results
 - Shows study structure and results
30. Fastest rate with a level 1- MAC/RIC/ multilumen PAC/sheath 6.5-8.5 Fr
- 6.5 Fr sheath
 - 8.5 Fr MAC ~~sheath~~ **Multilumen line**
 - ~~8.5 Fr MAC~~ **8.5 Fr Swan Ganz Sheath**
 - ~~Multilumen something~~ **14G cannula (50mm?)**
 - Peripheral RICC line, 8.5 Fr

IO in humerus, fastest rate

- f. 60 ml/min
- g. 90ml/min
- h. 120 ml/min
- i. 600 ml/min
- j. 1200 ml/min

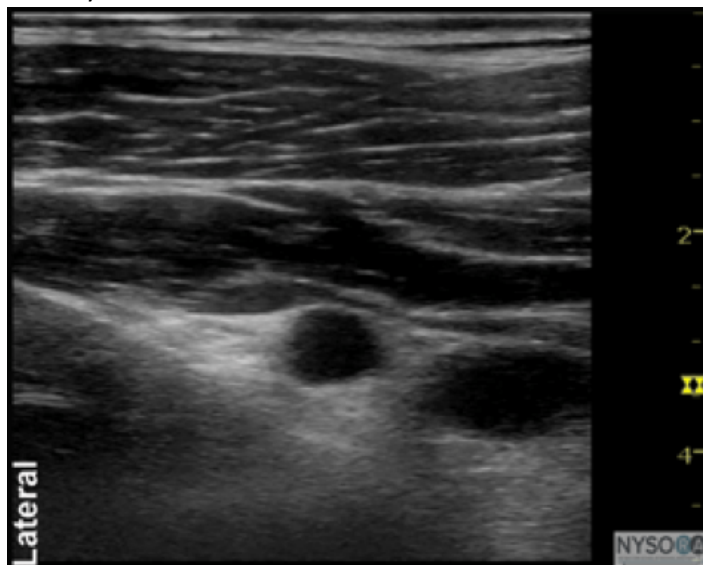
31. O2 supply

- a. VIE
- b. Cylinders
- c. Pipeline off site
- d. Oxygen concentrator on site

32. O2 transport cylinder; 150 bar, 2 L water capacity. Running at 10 L/min.

- a. 30 minutes
- b. Look, I can't remember the other times.

33. Identify the structure on the left



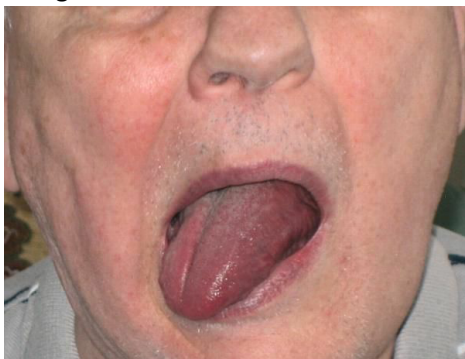
- a. Lateral cord
- b. Medial cord
- c. Posterior cord
- d. Inferior trunk

34. 45 year old man. What is the most likely cause of the following findings? Obstructive LFTs, mild transaminitis ; ALP 100, transaminases about 300-400, bilirubin of 56, albumin of 30

- a. Cholecystitis
- b. Metastatic liver disease
- c. Hepatitis C
- d. Chronic liver disease
- e. Paracetamol toxicity

35. In cholestasis of pregnancy, what causes the coagulopathy?
- a. 2/7/9/10
 - b. All clotting factors made by the liver
 - c. Thrombocytopenia
 - d. Platelet dysfunction
 - e. Fibrinolysis?
36. Patient post op for transsphenoidal surgery with 1L of urine output in one hour ; Na 145 , u/osm approx. 200, serum approx. 320
- a. DDAVP
 - b. Hypertonic saline
 - c. Normal Saline 1 L bolus
 - d. 100 ml/hr of saline
 - e. Fluid restrict
37. What is the main contributor to the anion gap?
- a. Albumin
 - b. Chloride
 - c. Phosphate
 - d. HCO_3
 - e. Urate??
38. What would you NOT expect in SIADH
- a. Urine osmolarity <100
 - b. Euvolemia
 - c. Increased cortisol
 - d. urinary sodium >40

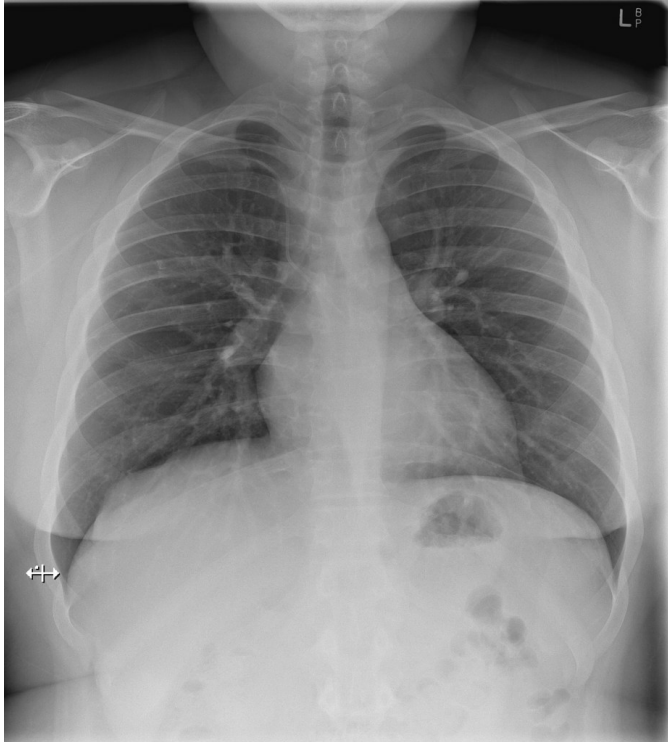
39. Tongue deviation:



- a. R hypoglossal nerve injury
 - b. L hypoglossal
 - c. R glossopharyngeal
 - d. L glossopharyngeal
40. What nerve does not have to be blocked for an awake nasal fiberoptic?
- a. Lingual

41. Aldrete score?
- a. Predicts difficulty of bag mask ventilation
 - b. Safety of day surgery
 - c. Discharge from recovery
 - d. Modification of recovery criteria
 - e. Discharge from hospital

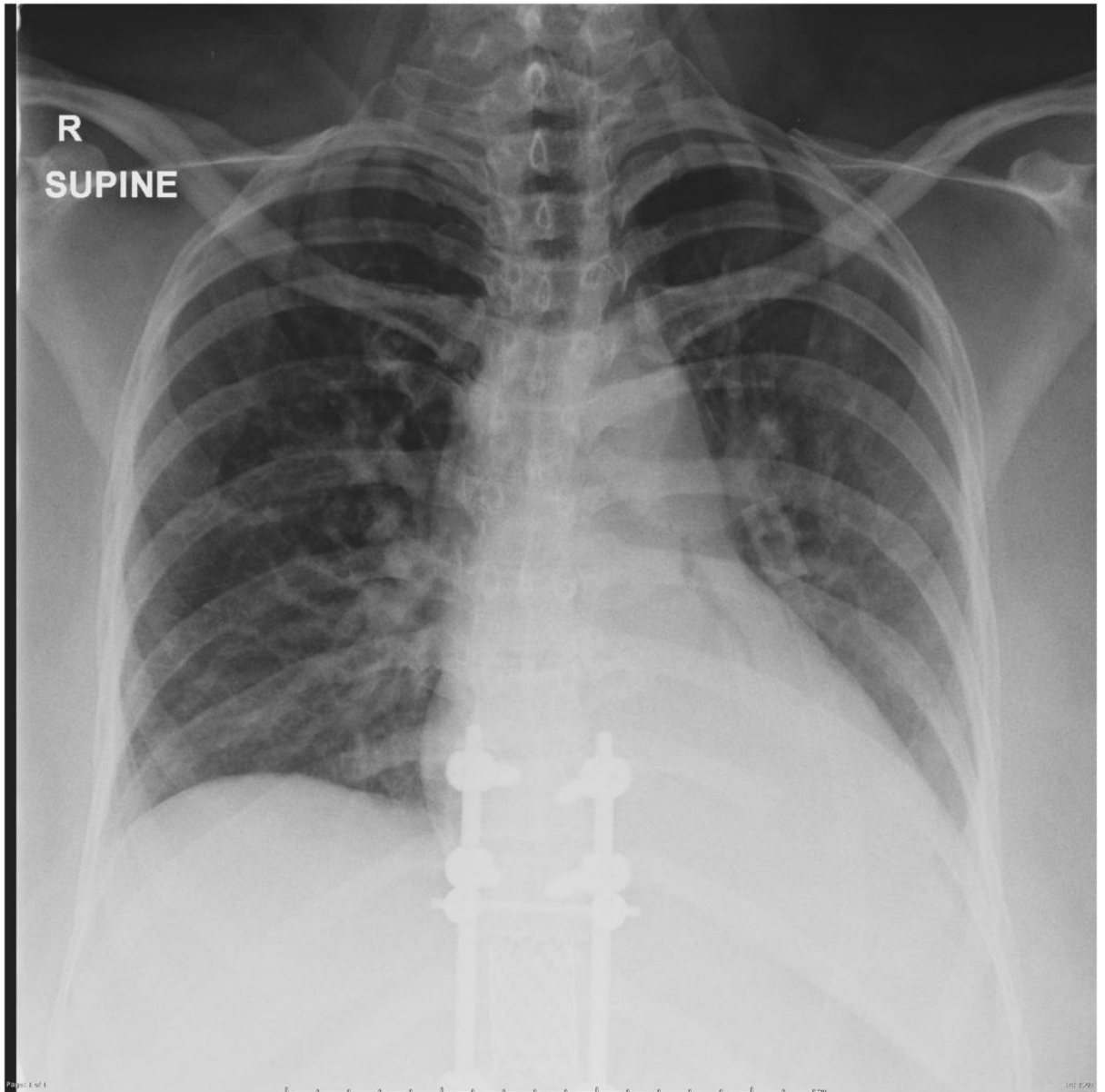
42. Where is the tip of the PICC



- a. Azygos
 - b. Coronary sinus
 - c. SVC
 - d. R atrium
 - e. L atrium
43. Normal response to glucose load for GH
- a. Down then normal
 - b. Up then normal
 - c. Down
 - d. Up
44. Contraindication to cell saver
- a. LUSCS
 - b. Infected hip revision
 - c. Heparin allergy
 - d. Severe coagulopathy
 - e. Pheochromocytoma

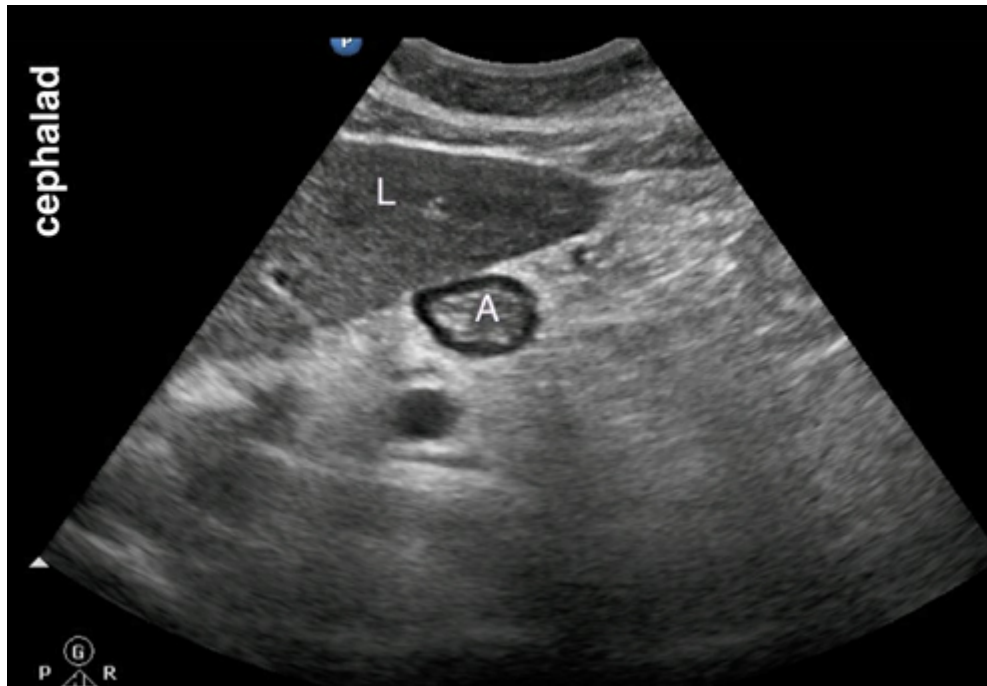
45. Shoulder surgery, impaired infraspinatus and supraspinatus, shoulder won't turn
- Supraclavicular
 - Axillary
 - Long thoracic?
 - Suprascapular nerve
 - Subscapular?
46. What is narrowest internal diameter lumen that will fit over an Aintree catheter?
- 6
 - 6.5
 - 7
 - 7.5
47. ECG: AV block vs dissociation
- AV second degree block
 - AV dissociation
 - Sinus arrhythmia
48. ECG: WPW vs new LBBB - Elderly man collapses and fractures his femur. Best pre-op treatment is?
- Flecainide
 - Aspirin
 - CCB
 - Magnesium
 - Verapamil
49. ECG : STEMI; identify territory. V3-5 changes, I think? Posterior STEMI on ECG
- LAD
 - RCA
 - OM
 - Lcx
50. Echo: mid pap view, acute dyspnea and hypoxemia
- Pulmonary embolus
 - Anterior myocardial infarct
 - Tamponade
 - Pneumothorax
51. Idarucizumab can be used to reverse:
- Dabigatran
 - Clopidogrel?
52. What according to NAP had the highest rate per use of anaphylaxis?
- Teicoplanin
 - Amoxicillin
 - Cephazolin
 - Clindamycin

53. CXR – recovery – diagnosis



- a. LLL collapse
- b. Pneumothorax
- c. L pleural effusion

54. Stomach ultrasound: what is this



- a. Empty stomach
- b. Full stomach

55. Blalock taussig

- a. Aorta
- b. Subclavian artery
- c. IVC
- d. SVC
- e. LA

56. What drug is not metabolised by CYP 2D6

- a. oxycodone
- b. tramadol
- c. hydromorphone
- d. codeine
- e. amitriptyline

57. Mast cell tryptase not baseline elevated in

- a. Chronic renal failure
- b. Alcoholic liver disease
- c. Chronic eosinophilic leukemia
- d. Mastocytosis
- e. AML

58. What is decontamination?

- a. Cleaning and disinfection
- b. Cleaning and sterilisation
- c. Sterilisation
- d. Cleaning only

59. Complications of dural puncture
- Subdural haemorrhage
 - Encephalitis
 - Seizures
 - Cranial nerve palsy
 - Epidural vein thrombosis
60. Most likely cause of respiratory compromise following anterior cervical disc fusion
- Hematoma
 - Edema
 - Vocal cord palsy
 - Recurrent laryngeal nerve palsy
61. Aprepitant is an antiemetic that works on the receptor for:
- 5HT₃
 - NK₁
 - Substance P
 - Dopamine?
 - Unsure re last option
62. Third world anaesthetic: you have sevoflurane, but an isoflurane vaporiser. What's the maximum concentration of sevo you can deliver if the iso vaporiser maximum is 5%, the SVP of sevo is 160, and the SVP of iso is 240?
- 2
 - 3
 - 5
 - 7
 - 9
63. Methylene blue not used in the treatment of :
- G6PD deficiency
 - Priapism
 - Hepatopulmonary syndrome
 - Methemoglobinemia
 - Unsure
64. Hepcidin upregulated, except in:
- Anemia
 - Inflammation
 - Acute leukemia
 - Infection
 - Excess iron stores
65. Ferritin level for a diagnosis of iron deficiency anaemia"
- 20
 - 30
 - 40
 - 50

66. Nitrous use, chronic complications from recreational use:
- Anaemia due to decreased EPO
 - Anaemia from glutathione deficiency
 - Neurological damage due to methionine deficit
 - Pulmonary hypertension
67. Hereditary angioedema
- Danazol
 - FFP
 - Acatibant
 - Hydrocort
68. 4 bottle chest drain : what does the fourth bottle protect against?
- Suction failure
 - Excess positive pressure
 - Drain kinking
 - Excess negative pressure
69. Least effective for increasing speed in peribulbar
- Honan balloon
 - Digital pressure
 - Ocular massage
 - Hyalase
70. Persistent pattern of negative behaviour towards an individual or group, affecting staff safety
- Bullying
 - Harassment
 - Percipience?
 - Discrimination
71. 30% burns, parkland formula ; 100 kg man ; what rate should you run it at for the next 6 hours?
- 500 ml/hr
 - 750 ml/hr
 - 1000 ml/hr
 - 1200 ml/hr
72. What affects thrombin time least?
- Bivalirudin
 - Heparin
 - LMWH
 - Warfarin
 - Dabigatran

73. Obesity and propofol induction dose
- a. Lean body weight
 - b. Total body weight
 - c. Ideal body weight
 - d. Ideal body weight + 70%
74. 30% burns, acute hemodynamic changes
- a. Decreased PVR
 - b. Increased SVR
 - c. Decreased SVR
 - d. Reduced PA pressure
 - e. Increased hepatic blood flow?
75. Which lobe of the lung has a superior and inferior segment?
- a. RUL
 - b. RLL
 - c. RML
 - d. LUL
 - e. LLL
76. ARDS: what is the least effective strategy
- a. Muscle relaxation
 - b. Lung recruitment
 - c. High PEEP
 - d. Prone
 - e. Negative fluid balance
77. Muscle most sensitive to NMB
- a. Abdominal muscles
 - b. Adductor pollicis
 - c. Pharyngeal muscles
 - d. Diaphragm
78. What lesion: R hemisensory loss, motor loss?
- a. Posterior circulation
79. Stellate ganglion block, ocular changes
- a. Respond to light, pupillary constriction
 - b. Pupillary dilation, no response to light
 - c. Pupillary constriction with no response to light

80. When do spinal reflexes return?

- a. 1-3 days
- b. 4-10 days
- c. 10-30 days
- d. 100-150 days
- e. A year

I remember:

<1 day

1 – 3 Days

4 – 28 days

100 – 150 days

1 year

81. Bicarbonate dose in arrest for a 60 kg man who has arrested?

- a. 30ml
- b. 40 ml
- c. 50 ml
- d. 60 ml
- e. 70ml

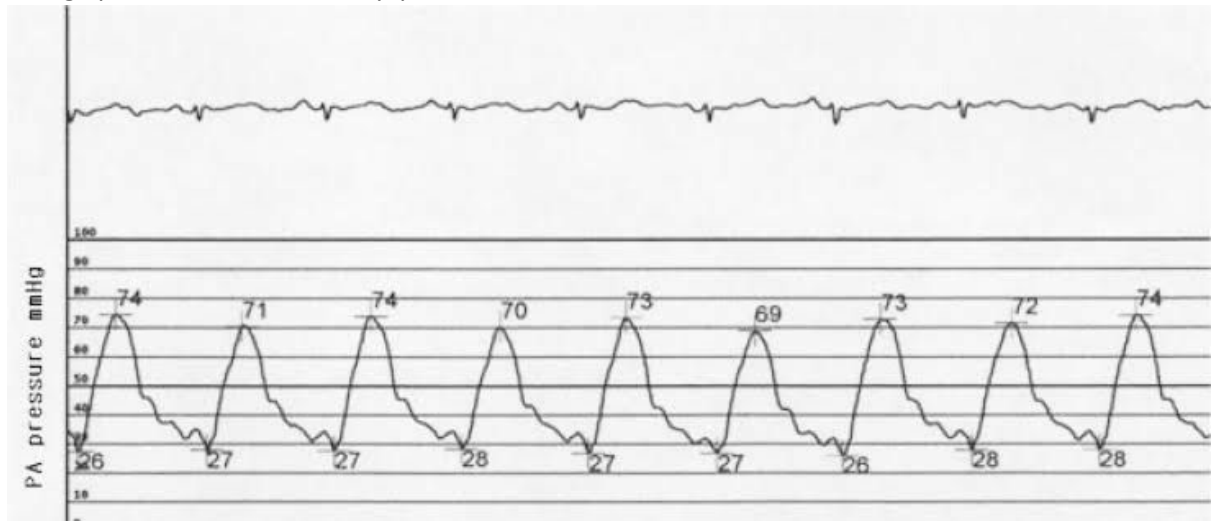
82. What do you do about mirena and sugammadex?

- a. Barrier protection for a week
- b. Barrier protection until the next period.
- c. The mirena is sufficient
- d. OCP for a week
- e. OCP until next period

83. Fleet enema given, which adverse effect is directly related to hyperphosphataemia? Bowel prep with phosphate, what effects

- a. Renal impairment
- b. Cardiac failure
- c. Arrhythmias
- d. Tetany

84. Wedge pressure : 76 F, acute dyspnea . R heart cath:



- a. Mitral stenosis
- b. Mitral regurg
- c. Emphysema
- d. Pulmonary embolus
- e. Aortic stenosis

85. SGLT 2 inhibitors, side effects **DON'T** include:

- a. Hypocalcemia
- b. Hypotension
- c. Euglycemic dka
- d. Hyperglycemic DKA
- e. Urinary Tract Infections

86. Hyperbaric O₂, which is not an effect

- a. Myopia
- b. Central retinal occlusion
- c. Seizures
- d. Hypoglycaemia
- e. Bradycardia

87. Ear surgery what to cover for the earlobe

- a. Greater auricular
- b. Auriculotemporal
- c. Vagal auricular branch
- d. Mix of all of the above

88. A JW refuses blood for a high risk procedure. You go ahead anyway.

- a. Autonomy
- b. Non maleficence
- c. Paternalism ?
- d. Beneficence.

89. Patient who has anaphylaxis after cephazolin, morphine, and rocuronium, and is subsequently tested. Elevated tryptases (100 → 40), and a normal Ig E level, and an elevated morphine RAST.
- Ig E mediated morphine allergy
 - IgE mediated rocuronium allergy
 - Morphine induced histamine release
 - IgE mediated cephazolin allergy
 - Mastocytosis
90. POISE study, beta blockers **on day of surgery**
- Increase mortality
 - Decrease hypotension
 - Increase heart rate?
 - Increased rate of myocardial infarction?
91. 30 kg child for biers block ; maximum dose of .5 % lignocaine you would give?
- 12 ml
 - 18ml
 - 30 ml
 - 42 ml
92. CF, calculate RVSP; repeat question. CVP 5, peak velocity 3.
- 41 mmHg
93. How is PAP calculated
- Bernoulli equation using tricuspid regurg peak + RAP
 - Bernoulli equation using tricuspid regurg peak + LAP
 - Poiseuille equation, tricuspid regurg peak + RAP
 - Poiseuille equation using mitral peak + LAP
 - Poiseuille equation using mitral peak + CVP
94. Diagnostic criteria for severe OSA in an adult, based on AHI
- 10
 - 20
 - 30
 - 40
 - 50
95. Calculation of STOPBANG. A woman in her sixties, with a history of snoring but no witnessed apneas. Obesity, hypertension and diabetes, with a neck circ of 38 cm?
- 3
 - 4
 - 5
 - 6
 - 7

96. Calculation of A – a gradient; FiO₂ of 0.4, paO₂ of 135, pCO₂ of 48
- 90
 - 110
 - 50
 - 30
97. CHADs₂VASC: when should you definitely anticoagulate. **Female with AF**
- 1
 - 2
 - 3
 - 4
 - 5
98. A farmer presents with accidental exposure crop spraying. He has bronchospasm, bradycardia, and I think the rest of the features of SLUDGE BBB; what should not be part of his initial treatment?
- Pralidoxime
 - Glycopyrrolate
 - Benzodiazepine
 - Suxamethonium
 - Rocuronium
99. A patient with BPAD is on lithium long term- what drug to avoid?
- Diclofenac
 - Tramadol
 - Oxycodone
 - Methadone
100. RBF during infrarenal cross clamp :
- Increase by 20%
 - Decrease by 20%
 - Increase by 40%
 - Decrease by 40%
101. You have a patient with MMR anaphylaxis, what shouldn't you give?
- Protamine
 - Gelofusine
 - Sulphonamides
 - Penicilins
102. What dose of propofol to prevent PRIS over a 24 hour period ?
- 2.5 mg/kg/hr
 - 5 mg/kg/hr
 - 7.5 mg/kg /hr
 - 10 mg/kg/hr
 - 12.5 mg/kg/hr

103. A young man presents with hypertension from a non adrenal paraganglionoma, secreting metanephrine. What's the first line of treatment / which is most likely to be started?
- Prazosin
 - Phentolamine
 - Phenoxybenzamine
 - Hydralazine
104. Perioperative hypothermia to 35 degrees, effect on bleeding
- More bleeding with normal INR and APTT
 - more bleeding with normal INR and raised APTT
 - More bleeding with raised INR and normal APTT
 - Unchanged bleeding and normal INR and APTT
 - Unchanged bleeding and elevated INR and APTT
105. A patient with restless legs is agitated in recovery. What should you choose?
- Midazolam
 - Olanzapine
 - Haloperidol
 - Clozapine
 - Droperidol
106. Which is not a contraindication to blind nasogastric insertion?
- Basal skull fracture
 - Midface fracture
 - Recent nasal surgery
 - High c spine fracture
 - Esophageal varices
107. RFTs: preserved FEV1, FVC; both 95-98 %, DLCO about 40%
- Pulmonary fibrosis
 - Obstructive disease
108. Calculation of static compliance; shown a series of traces. TV 600, plateau pressure 32, peak pressure 38, peep 8 autopeep 4
- 20 ml/cmH2O
 - 25 ml/cmH2O
 - 30 ml/cm H2O
109. CVP trace: shown a reference trace, then a trace with a high a wave
- Tricuspid regurg
 - Mitral stenosis
 - Mitral regurg
 - Pericarditis
 - Tamponade

110. Confidence interval for dental injury with no cases among a 100 patients:
- a. 0/100
 - b. 1/100
 - c. 3/100
 - d. 5/100
 - e. 9/100
111. What is the warm ischemic time for the lungs in minutes
- a. 30
 - b. 60
 - c. 90
 - d. 120
112. Awareness risk in cardiac surgery
- a. 1:700
 - b. 1:400? **1:1000**
 - c. 1:4000
 - d. 1:8000
 - e. 1:17000
113. Elderly person, post hip surgery. Develops chest pain similar in character to angina, resolves in 30 minutes. There is no troponin elevation and no ECG changes.
- a. No diagnosis made
 - b. Unstable angina
 - c. STEMI
 - d. NSTEMI
 - e. MINS
114. Edmonton frailty score does not include
- a. Cognition
 - b. Mental illness
 - c. Weight
 - d. Age
 - e. **Functional assessment**
115. Cardiovascular effects of hyperthyroidism
- a. Decreased SVR
 - b. Increased SVR
 - c. Decreased diastolic relaxation
 - d. Decreased PVR
 - e. Increased diastolic blood pressure
116. Apert syndrome is associated with:
- a. Atlanto-occipital instability
 - b. Hypotonia
 - c. Increased ICP
 - d. ... hypercalcemia, maybe?

117. Essential hypertension and lifestyle modification ; which is the least effective?
- Stopping caffeine
 - Low sodium diet
 - Low potassium diet
 - Exercise
118. What voltage would you need to induce macroshock?
- 100 ma
 - 10 ma
 - 1A
 - 10 mcA
 - 100 mcA
119. Preeclampsia with BP of 150/100. Most appropriate treatment to fix blood pressure?
- Labetalol
 - Nifedipine
 - Magnesium
120. Fasting guidelines for a 4 month old , elective procedure
- Breast milk 2 hours before, clear fluids 1 hour before 3mls/kg
 - Breast milk 2 hours before, clear fluids 1 hour before 5mls/kg
 - Breast milk 3 hours before, clear fluids 1 hour before 3mls/kg
 - Breast milk 3 hours before, clear fluids 1 hour before 5mls/kg
 - Breast milk 4 hours before, clear fluids 1 hour before 3mls/kg
121. A 46 year old man with exertional syncope
- Hocm
 - Long qt
 - Ccf
 - Myocardial ischemia
122. Most common ECG in obstetric arrest?
- PEA
 - VT
 - VF
 - Asystole
 - SVT
123. Cryoprecipitate grouping; A -ve female patient. You don't have type specific cryo. The next best option is?
- AB +
 - A+
 - A-
 - O+
 - O-

124. What nerve doesn't supply the breast?
- Long thoracic
 - ~~Thoracodorsal~~
 - Anterior intercostals
 - Posterior intercostals
 - Supraclavicular
125. Flow/volume trace: Given a reference flow/volume trace, preserved inspiratory side, flattened expiratory side
- Fixed outlet obstruction
 - Variable intrathoracic
 - Variable extrathoracic
 - Fixed extrathoracic
 - Fixed intrathoracic
126. Prep for a spinal; what should be used?
- 10% Povidine iodine
 - .5% Chlorhexidine/ETOH
 - 5% Chlorhexidine
 - 3% chlorhexidine
127. What is this muscle?

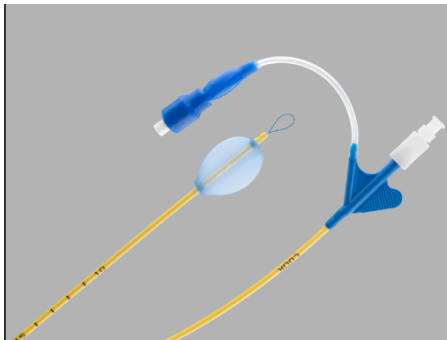


128. You're delivering a sevoflurane anaesthetic with muscle relaxant; which of these monitors is not essential?
- Et CO₂
 - Et volatile
 - Pulse oximeter
 - ECG
 - O₂ analyser

129. is an electrical fire on your machine from the powerboard; which extinguisher should you use?
- a. CO2
 - b. Foam
 - c. Wet chemical

130. C6 quadriplegic who gets SBP 160/88 during bladder stone removal?
- a. Clonidine
 - b. Hydralazine?
 - c. Decompress the bladder
 - d. Fentanyl
 - e. Deepen your anaesthetic

131. Identify this:



- a. Arndt
 - b. Cohen
 - c. Hunsaker monjet
132. Which has the lowest NNT in neuropathic pain ?
- a. Amitriptyline
 - b. Gabapentin
 - c. Tramadol
 - d. Pregabalin
133. A young woman with a history of egg anaphylaxis, carries an epipen. Coming for scope: failed midaz/fent sedation by proceduralist before. What is your choice of sedation?
- a. Ketamine
 - b. Propofol
 - c. Remifentanyl
 - d. Sevoflurane
134. Congenital diaphragmatic hernia ; best intervention
- a. Lung protective ventilation
 - b. HFOV
 - c. Early surgical intervention – within 6 hours
 - d. Nitric oxide
 - e. ... thoracoscopic vs open approach?

135. TIVA and regional in a curative resection of breast cancer in a woman vs volatile and opioid.
- Decreased cancer recurrence
 - Decreased pain and recurrence
 - Decreased incision pain at 6 months
 - Decreased neuropathic pain at 6 months
 - Decreased neuropathic pain at 12 months
136. A pure metabolic acidosis, lactate 3.8 bicarb of 14. What would be the expected CO₂?
- 24
 - 29
 - 35
 - 40
137. Anatomy of erector spinae blocks; phrased differently to previous question
- Between the fascial plane of erector spinae and rhomboids
 - Posterior to both erector spinae and spinous process
 - Posterior to erector spinae and to transverse process 5th rib
138. Which of these is category a in pregnancy?
- Codeine
 - Methadone
 - Tramadol
 - Oxycodone
 - Morphine
139. Lung ultrasound—poor image, kinda looked like this?



- Pleural effusion
 - Pulmonary edema
 - Consolidation
 - Normal lung
 - Pneumothorax
140. Cardiac surgery outcomes with TIVA vs volatile (sevo)
- No mortality benefit
 - Various other combinations of morbidity /mortality benefits

141. Most perioperative strokes are:

- a) Embolic
- b) Thrombotic
- c) Bleeds
- d) Hypoperfusion

142. Noradrenaline vs phenyl for elective LUSCS is preferable because

- A. Better APGAR
- B. Better foetal acid/base
- C. Less nausea/vomiting
- D. Less maternal bradycardia

143. How do you distinguish a C8/T1 nerve root injury from ulnar nerve injury

- a) Thumb adduction
- b) Thumb abduction
- c) Fingers adduction
- d) Fingers Abduction
- e) Little finger flexion

144. Grade 2 (moderate) anaphylaxis in adult. What dose adrenaline?

- a) 10mcg
- b) 20mcg
- c) 100mcg
- d) 500mcg
- e) 1000mcg

145. Young patient having regional block, shortly after has seizure. First line drug is:

- a) Midazolam
- b) Intralipid
- c) Propofol
- d) Levetiracetam
- e) Phenytoin

146. Anaesthetist has done a brachial plexus block, now patient is unable to externally rotate shoulder and has wasting of supraspinatus and infraspinatus muscles. What nerve affected?

- a) Axillary
- b) Subscapular
- c) Suprascapular
- d) Spinal accessory
- e) Supraclavicular