

MCQ 2016A (ANZCA finals – reformatted from Black banks):

Q1) Post partum woman has sensory loss on anterior lateral part of her thigh. There is no motor deficit. She had an epidural and vaginal delivery with forceps. Where is the most likely location of the lesion?

- a. Femoral nerve
- b. Lateral femoral cutaneous nerve
- c. Obturator nerve
- d. Sciatic nerve
- e. Lumbosacral plexus

Answer: B – Lateral femoral cutaneous nerve.

<https://academic.oup.com/bjaed/article/13/2/63/283709>

Q2) Neonatal resuscitation. What is the most reliable way of determining a neonates heart rate?

- A) auscultate the praecordium – inaccurate
- B) palpate umbilical stump – inaccurate
- C) palpate carotid pulse – inaccurate
- D) palpate femoral pulse – inaccurate
- E) pulse oximetry – more accurate, but affected by poor tissue perfusion.

Answer: E – pulse ox. (ECG = gold standard, but detects PEA)

<https://www.karger.com/Article/FullText/441940>

Q3) new: What size cannula comes with the EZ-IO gun?

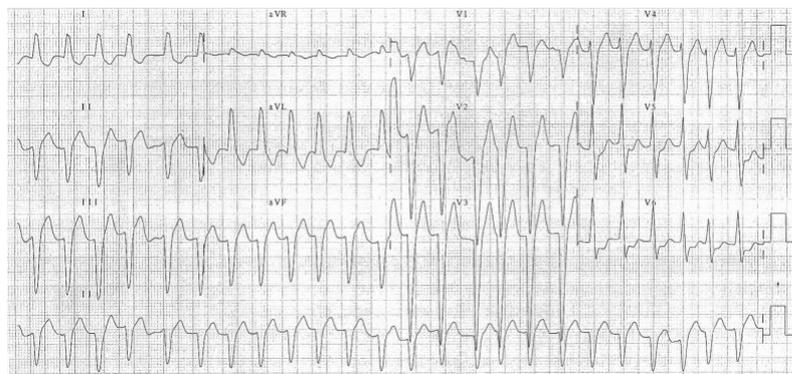
- a. 14G
- b. 15G
- c. 16G
- d. 17G
- e. 18G

Answer: B – 15G.

https://www.teleflex.com/en/usa/ezioeducation/documents/8082_Rev_02_-_FDA_Intraosseous_Infusion_System_IFU_ATH_v2_-_PRESS.pdf

Q4) (rpt) ECG with irregular rhythm and broad complexes followed by t waves. No visible p waves. Looked like a LBBB pattern in V1. Dx?

- a. AF with BBB
- b. Sinus tachy with BBB
- c. VF
- d. VT
- e. Torsades de Pointes



AF w LBBB from LITFL: <https://lifeinthefastlane.com/ecg-library/basics/left-bundle-branch-block/>

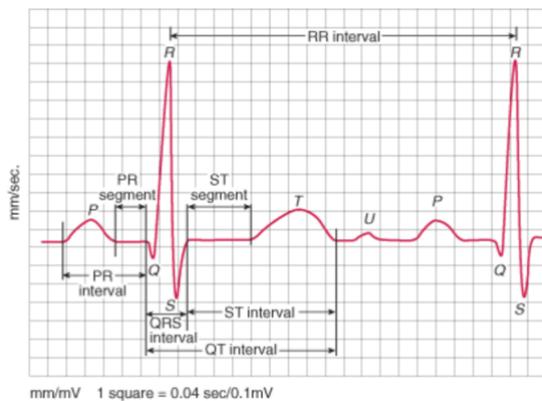
Q5) rpt: Terrible quality lateral CXR. Could see the left diaphragm + gas bubble but not the right diaphragm. Maybe something just above it. The top half was all black with a clear demarkation line and nothing visible at all.

- Right lower lobe consolidation
- Right middle lobe consolidation
- Left lower lobe consolidation
- Artifact from pts arm
- Pleural effusion

Q6) new: The QT interval is measured from where to where? (had a picture of an ECG with markings on start of QRS, start of R wave, start of p wave, end of T wave. Had to choose the answer that corresponded)

<https://lifeinthefastlane.com/ecg-library/basics/qt-interval/>

- QT interval: time from start of Q wave to end of t wave.
- Represents time taken for ventricular depolarisation and repolarisation
- Effectively: period of ventricular systole from isovolumetric contraction to isovolumetric relaxation.



Q7) new: What is the sensitivity of the following test? (Gave you a 2x2 table with values in each one. Was very easy to work out)

<https://www.youtube.com/watch?v=09yzDkXcZNM>

Sensitivity = proportion of people who have disease who are correctly identified as positive by the test.

200 patient are enrolled in a study to evaluate the accuracy of a new ELISA-based test for influenza.
 100 of the patients were diagnosed with influenza by the reference standard culture of respiratory secretions.
 80 of the patients with influenza had a positive ELISA-based test as did 5 of the patients without influenza.
 What is the sensitivity of the ELISA-based test?

		Influenza	No influenza
ELISA Test	Pos	80	5
	Neg	20	95
		100	100

Sensitivity
Prop of people
with disease who have
a (+) test

$$\text{Sensitivity} = \frac{80}{100} = 80\%$$

Q8) rpt: Laserflex tube. How should you inflate the cuffs?

- Proximal only. Distal left deflated in case proximal ruptured
- Distal only. Proximal left deflated in case distal ruptured
- Any order
- Proximal then distal
- Distal then proximal

Answer: I think it's either C or E. Can't find anything specific on manufacturers site, Benumoff's airway managment cites a case report where were inflated distal then proximal). Definitely need both filled w saline so distal isolates lungs in case prox burst by laser (can fill prox w dye eg methylene blue so can see if burst).

Benumoff's, 2nd ed, p924.

https://books.google.com.au/books?id=aMEVmdRpU0IC&pg=PA924&lpg=PA924&dq=laserflex+ETT+cuff+inflation+order&source=bl&ots=egFr6Aji0l&sig=dIm_agQXZdkHJ2SWDohBmSJSYMw&hl=en&sa=X&ved=0ahUKewjz-snLh7HYAhVGa7wKHe2BAKcQ6AEITDAH-v=onepage&q=laserflex ET

Q9. 65 yr old male , with HT, Renal failure and Atrial Fibrillation, what is his CHADS2 Score?

- a) 0
- b) 1
- c) 2
- d) 3
- e) 4

Answer: B – 1. CHF, HTN, Age > 75, DM, Stroke or TIA = 2 points.

Q10. 20 yr old male 80 kg in a house fire sustained 25% burns. What is his fluid resuscitation using Parkland formula for the first 8 hours?

- a. 3 litres of 0.9% Saline
- b. 3 litres of colloid
- c. 3 litres of Hartmann's solution
- d. 4 litres of 0.9% Saline
- e. 4 litres of Hartmann's solution

Answer: E.

Parkland formula – CSL or Ringer's Lactate:

Fluid requirements first 24/24 = 4ml/kg/BSA% (Modified Parkland is 3-4mlkg/BSA % in first 24/24).

Half in first 8/24.

Half in next 16/24.

Here:

4mL x 80kg x 25% = 8000mL in first 24/24. So, 4L in first 8/24

Q11. (repeated 2016B q107) 3yr old child with # forearm, best way to valid pain assessment

- a) the reported severity from the child
- b) the reported severity from the parents
- c) the reported severity from the nursing staff
- d) using the FLACC scale
- e) the Wong-Baker Faces scale

Answer: A.

Per RCH guidelines. If able to tell you -> self report = gold standard).

https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Pain_Assessment_and_Measurement/

Q12. (Cant remember the whole stem...) But it was about the Lateral aspect of forearm being missed after an axillary nerve block

- a) Inferior trunk
- b) Radial
- c) Ulnar
- d) Musculocutaneous n of forearm
- e) Median n

Q13. rpt: Question on man getting punched in the throat. Sore throat, quiet voice, some dyspnoea. Able to lie flat. What is your next management?

- a. **Soft tissue xray of neck to exclude thyroid cartilage and hyoid fractures**
- b. Nasendoscopy by ENT
- c. CT scan
- d. Direct laryngoscopy and intubation after gas induction
- e. Awake trache

Answer: A then CXR to rule out PTX, then B (only cos STABLE airway -> if was UNSTABLE eg unable to lie flat, then needs urgent airway securement: options are – Awake trache, GA/ETT, GA/rigid bronch – depends on personnel available. NB – avoid: cricoid, IPPV. Caution w: AFOI – recommended but railroading ETT can cause complete airway separation.

http://www.anzca.edu.au/documents/05_peady.pdf

Q14. new: 20 year old previously well lady in a motor vehicle accident arrives to trauma ED. What is the **most appropriate** test to diagnose ruptured thoracic aorta?

- a. Chest xray
- b. **CT angiogram**
- c. Angiogram of aorta
- d. MRI
- e. TOE

Answer: B. CXR useful screening with good negative predictive value. Any suspicions at all -> further imaging: Angio of aorta long held to be 'gold standard' – however: slow, limited availability, invasive + CTA pretty much as good diagnostically, as well as being cheap, fast, available. TOE good, but requires sedation and is invasive -> in reality often done once anaesthetised in OT...

Trauma.org: <http://www.trauma.org/archive/thoracic/CHESTaorta.html>

Thoracic Aorta Blunt Trauma – Diagnostic Imaging Pathways:

<https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=8&ved=0ahUKEwjWqrek97LYAhUHTbwKHU1cBKUQFghXMAc&url=http%3A%2F%2Fwww.imagingpathways.health.wa.gov.au%2Findex.php%2Fimaging-pathways%2Fmusculoskeletal-trauma%2Ftrauma%2Fblunt-traumatic-injury-of-thoracic-aorta%3Ftmpl%3Dcomponent%26format%3Dpdf&usg=AOvVaw1JVZmJ1XlrPRSzY6T5zniD>

Q15. (New) Glenn shunt inserts from where to where? (can't recall the options)

Answer: SVC and Right Pulmonary Artery (vs BT shunt which comes off subclavian artery to ipsilateral PA -> gets done for tetralogy to get some blood oxygenated and then into systemic circ)

Used as palliative procedure in congenital heart disease: eg hypoplastic left heart (gets done prior to Fontan's).
<https://radiopaedia.org/articles/glenn-shunt>

Q16 (rpt 2017A). New: what is the nerve that is injured the most following primary total knee replacement?

- a. **Common peroneal**
- b. Sciatic
- c. Infrapatellar branch of saphenous
- d. Lateral cutaneous nerve of thigh
- e. ? (something else wrong)

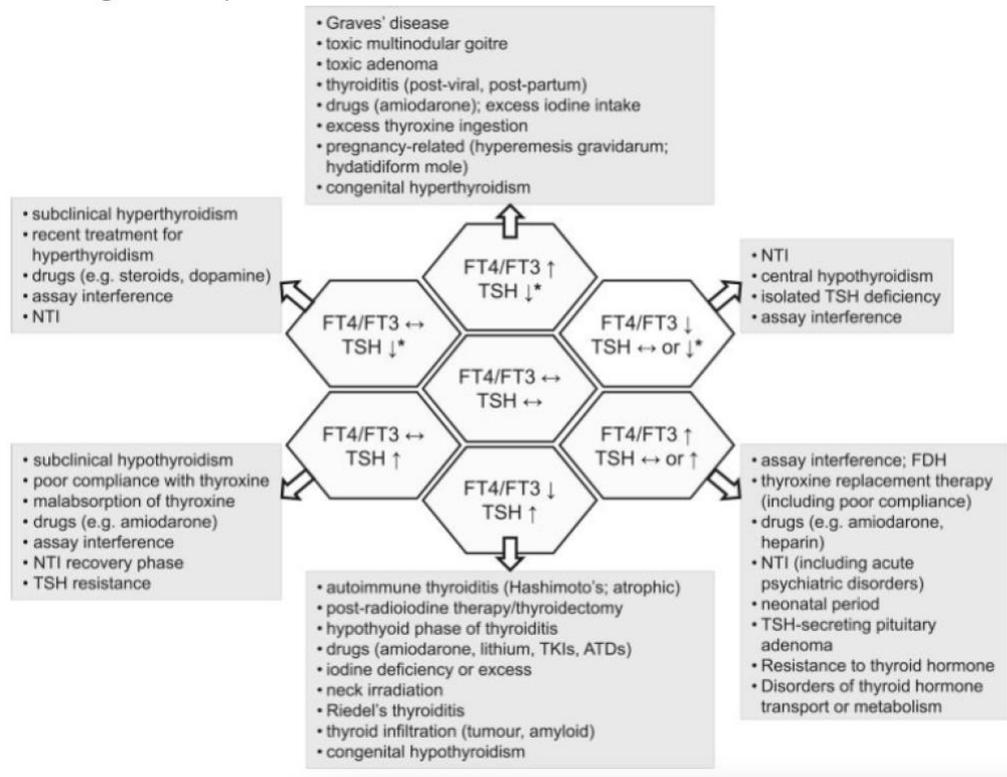
Answer: A – common peroneal.

[http://www.arthroplastyjournal.org/article/S0883-5403\(13\)00196-4/fulltext](http://www.arthroplastyjournal.org/article/S0883-5403(13)00196-4/fulltext)

Q17 (similar Q rpt 2016B – but with high TSH). 64 year old male in preop clinic. HR 60. Free T4 is normal. TSH <0.05. This is consistent with:-

- clinical hypothyroidism
- autoimmune thyroiditis
- sick euthyroid
- previous hypophysectomy
- subclinical hyperthyroidism

Answer: E. Subclinical hyperthyroidism.



Q18. 12kg child for orchidopexy. How much of 0.2% ropivacaine would you use to do a caudal.

- 3ml
- 6ml
- 12ml
- 18ml
- 24ml

Answer: C.

<https://academic.oup.com/bjaed/article/6/2/63/305090>

Q19. which would give you paradoxical increase in BIS number

- ketamine
- nitrous oxide
- propofol
- thio
- remi

Q20. obese patient for lap sleeve gastrectomy? you used 100mg rocuronium for induction. his ideal body weight is 60kg, actual body weight is 110kg. At end of case, post-tetanic count of 2. You want to use sugammadex to reverse him. According to the manufacturer's product information guidelines, how much would you use to reverse?

- a. 120mg
- b. 220mg
- c. 240mg
- d. 360mg
- e. 440mg

Q21. Hyperkalaemic patient with QRS beginning to widen. What is the best initial therapy?

- a. calcium gluconate
- b. frusemide
- c. salbutamol
- d. insulin
- e. resonium

Q22. Female singer underwent GA with LMA. Next day complains of voice/singing impairment. What nerve is affected?

- a. lingual
- b. hypoglossal
- c. glossopharyngeal
- d. recurrent laryngeal
- e. superior laryngeal

Q23. Patient with SAH. Opens eyes spontaneously, obeys commands but is confused. Cannot move left limbs. What WFNS grade is she?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

Q24. Endocarditis prophylaxis for dental extraction needed for what history?

- a. bileaflet aortic valve
- b. mitral valve prolapse
- c. mitral annuloplasty
- d. aortic valvuloplasty
- e. patch of VSD in childhood

Q25. New: What gives the highest risk of TRALI post transfusion of FFP?

- a. Male donors
- b. Female donors of child bearing age
- c. ?
- d. ?
- e. ?

Q26. Rpt but with new options: What is not present with propofol infusion syndrome?

- a. metabolic alkalosis
- b. hyperlipidaemia

- c. Enlarged liver
- d. rhabdomyolysis
- e. hyperkalaemia

Q27. New: 80 year old man with accidental overdose of metoprolol. Gave you a whole lot of other information on the stem that was irrelevant then showed an ECG with a HR of 30bpm and narrow complexes. P waves were VERY hard to see (poor quality + smallish ECG) but I'm pretty sure where there with a 1st degree HB. What is the next best treatment?

- a. Atropine 600mcg
- b. Transvenous pacing
- c. Transcutaneous pacing
- d. Isoprenaline
- e. Adrenaline 10mcg bolus

Q28. Rpt: Picture of axillary nerve block. Musculocutaneous labelled 1, Radial labelled 2, Ulnar labelled 3, Median labelled 4. What combination is needed for operation on lacerated index finger?

- a. 1 and 2
- b. 1 and 3
- c. 2 and 3
- d. 3 and 4
- e. 1 and 4

Q29. Gillick case legally refers to what in the context of consent?

- A. Minors having enough understanding and competency to provide consent
- B. Capacity to consent in dementia patients
- C.?

Q30. Tracheal narrowing % before UAO picture manifests on spirometry?

- A. 20%
- B. 35%
- C. 50%
- D. 60%
- E. 80%

Q31. Use of powerboards and extension cords renders which theatre safety feature ineffective?

- a. Equipotential earthing
- b. RCDs
- c. Isolated line supply
- d. Line isolation monitors
- e. Circuit breaker

Q32. Machine check passed so far, now performing bulb test on CGO, bulb fails to stay collapsed the required 10s. What is most likely cause?

- a. Oxygen cylinder connection leak
- b. Broken flow meter
- c. Vaporiser not correctly seated on backbar

- d. Inspiratory valve broken
- e. Something about the breathing circuit

Q33. 80yo female, for a repair of NOF #, systolic murmur. ECHO shows calcified aortic valve with peak flow velocity 4m/s. Using Bernoulli equation, what is the peak pressure?

- a. 16 mmHg
- b. 32 mmHg
- c. 48 mmHg
- d. 64 mmHg
- e. 80 mmHg

Q34. Patient is being treated for malignant hyperthermia. Active cooling should cease at what temperature?

- a. 34
- b. 35
- c. 36
- d. 37
- e. 38

Q35. Dual chamber PPM. What mode would you expect with magnet application ?

- a. AOO
- b. VOO
- c. DOO
- d. VVI
- e. AAI

Q36. A patient has anaphylaxis and has positive skin prick test to Rocuronium. She has a negative skin prick test to Atracurium, Vecuronium and Suxamethonium. Which agent is she least likely to react to on subsequent anaesthetics?

- a. Mivacurium
- b. Atracurium
- c. Suxamethonium
- d. Vecuronium
- e. Pancuronium

Q37. Which compound in cough medicine is most likely to cause anaphylaxis to subsequent aminosteroidal neuromuscular blockers?

- A) Pholcodine

Q38. New: 80 year old man with accidental overdose of metoprolol. Gave you a whole lot of other information on the stem that was irrelevant then showed an ECG with a HR of 30bpm and narrow complexes. P waves were VERY hard to see (poor quality + smallish ECG) but I'm pretty sure where there with a 1st degree HB. What is the next best treatment?

- a. Atropine 600mcg
- b. Transvenous pacing

- c. Transcutaneous pacing
- d. Isoprenaline
- e. Adrenaline 10mcg bolus

Q39. Patient receives packed red blood cells. 1 hour later becomes hypoxic, febrile, higher airway pressure and copious frothy sputum.

- a. ABO incompatibility
- b. Sepsis
- c. Transfusion related overload
- d. Transfusion related acute lung injury
- e. Transfusion related ?sepsis

Q40) 22 y.o male 4 weeks post complete spinal cord injury at T1. Least consistent with acute hyperreflexia?

- a. Profound hypotension
- b. AF
- c. APO
- d. Piloerection below T1

Q41) 17 y.o girl with fontan for appendicectomy. Good LV function last week on echo. Takes aspirin and lisinopril. Post induction goes into AF at 150 and BP 60/30. Immediate management?

- a. Adrenaline
- b. Amiodarone
- c. Adenosine
- d. Phenylephrine
- e. Cardioversion

Q42. (rpt) 32 year old male with recent respiratory tract illness presents with weakness in his legs and arms. Diagnosis?

- a. Guillian barre
- b. MS
- c. Myasthenia gravis

Q43. (new) A set of blood results. Hb 86, MCV 72, Fe levels were very low, transferrin was very low, ferritin was normal (190). What is the most likely diagnosis?

- a. Fe Deficiency
- b. Latent Fe Deficiency
- c. Acute phase response
- d. Thalassemia
- e. ?

Q44. What protective mask to wear in laparoscopy for patient with disseminated TB

- a. N95
- b. P99
- c. R95
- d. None
- e. Surgical mask

Q46) Cannot recall full question. PFTs in a long term smoker who I think had a diagnosis of COPD but had restrictive/fibrotic tests (FEV1/FVC was 88%, FEV1 90% with reduced TLC and DLCO).

I think the answer was fibrosis

Q47) (repeat) How long does the PaCO₂ take to reach a plateau following initiation of pneumoperitoneum?:

- a. <15mins
- b. 15-30
- c. 30-60
- d. 60-90
- e. >90

Q48) Best anaesthetic for patient with pulmonary hypertension is use of an ETT with PPV and

- a. High dose opioids and O₂ and N₂O
- b. Isoflurane and O₂
- c. Isoflurane and N₂O
- d. Propofol and O₂
- e. Ketamine and O₂

Q49. Statistics question - NNT for a drug ('Nonimoto') for treatment of PONV? Rate of PONV with placebo is 36% and rate of PONV with drug is 12%.

- a. 4
- b. 8
- c. 12
- d. 25
- e. 36

Q50) (repeat) Cannot recall full stem but Patient post THR who has had a PE. On maximal medical therapy (aside from anti-coagulation) with escalating O₂ requirements and poor sats. Next treatment

- a. Radiological pulmonary embolectomy
- b. Thrombolysis
- c. Anti-coagulation

Q51. Repeat question about trauma with suspected aorta rupture, it was clear the patient was stable, and what investigation to do, options were:

- a. CT chest
- b. TOE
- c. aortogram

Q52. I think was new, ECG in a man who has taken a B-blocker overdose, looked like ?complete heart block rate around 30, patient was conscious and talking but felt dizzy?.

- a. Atropine
- b. Adrenaline
- c. glucagon 5mg IV
- d. isoprenaline
- e. transcutaneous pacing.

Q53. Antiphospholipid syndrome and pregnancy, which condition isn't associated with APS?

- a. Hyperthyroidism
- b. Recurrent early miscarriage
- c. Valvular heart disease
- d. Pregnancy induced hypertension
- e. Venous thromboembolism

Q54. Lateral XR with white opacity in lower lobe, clearly delineated by oblique fissure, what is it?

- a. Loculated effusion
- b. artefact from patients arm
- c. Right middle lobe consolidation
- d. Right lower lobe consolidation
- e. Left lower lobe consolidation

Q55. How long do you have to sort Ticagrelor prior to neuraxial anaesthesia

- a. 1-2days
- b. 2-4 days
- c. 5-7 days

Q56. Pregnant patient arrested. According to American heart association guidelines, what is the longest time that resuscitation should proceed for until you should perform a perimortem caesarean delivery?

- a. 4mins
- b. 5mins
- c. 6 mins
- d. 7 mins

Q57. You perform an interscalene block for an adult patient. After injecting 2ml of 0.75% ropivacaine, the patient has a seizure. The most likely cause of this is inadvertent injection of local anaesthetic into the:

- A. dural cuff
- B. external jugular vein
- C. internal carotid artery
- D. internal jugular vein
- E. vertebral artery

Q58. A new blood test has been developed to test for anaesthetic anaphylaxis. 100 volunteers are tested, and also have skin prick tests done, which are assumed to be the gold standard. The results are below.

Skin prick positive

Skin prick negative	Blood test positive	35	5
Blood test negative	15	45	

What is the sensitivity of the blood test?

- A. 66%

- B. 70%
- C. 75%
- D. 87.5%
- E. 90%

Q59. To prevent transmission of CJD? Airway-contaminated equipment should be:

- A. autoclaved
- B. protected plastic covers
- C. sterilise in ethylene oxide
- D. 134degreesC for 3 min
- E. thrown away

60. You have just conducted a LUCS under spinal anaesthesia and the baby is out. You accidentally administer IV suxamethonium instead of syntocinon. This can BEST best be described as a:

- a. Misjudgement
- b. Lapse
- c. Mistake
- d. Slip
- e. Violation
- f. Diversion
- g. Deviation
- h. Transgression

Q61. Repeat (verbatim) Co-phenylcaine spray accidentally gets in patient's eye. What will happen?

Answer - mydriasis

Q63. A morbidly obese pt (BMI 50) is undergoing a NOF. You place a fascia iliaca block with 15mls of 0.75% ropivacaine, induce him, relaxant GA, ETT. When the patient is turned on his side, he desaturates, becomes bradycardic, hypotensive (~BP 80/50?) ETCO2 40s. What is the most likely diagnosis? (The above stem has been repeated many times, but this year they added the modifier of the patient being morbidly obese.)

- A. LA toxicity
- B. Myocardial ischaemia (definitely said ischaemia and NOT infarction)
- C. Anaphylaxis
- D. Tension pneumothorax
- E. Fat embolism

Q64. The nerve most commonly injured during a total knee joint replacement is:

- A. Common peroneal
- B. Tibial
- C. Sciatic
- D. Patellar branch of the saphenous
- E. Lat cutaneous nerve of the thigh

Q65. A patient is post op in PACU and complains of visual loss in the left temporal and the right nasal visual fields. Where is the lesion?

- A. Optic chiasm
- B. Rt optic tract
- C. Rt optic nerve
- D. Lt optic tract
- E. Lt optic nerve

Q66. You are about to anaesthetise a patient with known MH susceptibility. The machine has been prepared according to the guidelines, however you don't have any charcoal filters. You proceed with the case and the minimum flows for the case should be:

- A. 0.5 l/min
- B. 2 l/min
- C. 3 l/min
- D. 5 l/min
- E. 10 l/min

Q67. Why shouldn't you give a COX inhibitor in a 30/40 pregnant patient

- a. ARF
- b. AP
- c. Closure of foetal ductus arteriosus
- d. pre-eclampsia
- e. pre-term

Q68. Picture of a CTG with late decelerations (not labeled as such but had to interpret). Cause:

- a. head compression
- b. cord compression
- c. uteroplacental insufficiency

Q69. For a shockable rhythm what is the recommended joules for a 10kg child?

- A. 10J
- B. 20J
- C. 40J
- D. 60J
- E. 80J

Q70. You give suxamethonium when you were meaning to give syntocinon after delivery of baby a c section. What kind of error is this?

- A violation
- B lapse
- C mistake
- D slip
- E diversion

Q71. A patient has come in with TCA overdose. Wide QRS on ecg. How do you treat them?

- A calcium gluconate
- B bicarbonate
- C lignocaine
- Can't remember the other options

Q72. With a blood transfusion which is the highest risk

- a. A hep a
- b. hep b
- c. hep c
- d. hiv 1
- e. hiv 2

Q73. Baby delivery after c section. Blue and HR dropped from 140 to 90. No sats given. What do you do?

- a) Intubate
- b) B positive pressure mask ventilate
- c) C nothing
- d) dry and stimulate

Q74. You see a patient in the pre-op clinic. He is on propranolol for treatment of long QT syndrome. Which of the following will give the best reassurance that his treatment is effective?

- a. normal QT interval on resting ECG
- b. no change in QT interval with valsalva
- c. HR less than 60
- d. no arrhythmias on 24h holter monitor

Q75: Which ocular muscle is most often not paralysed with a peribulbar block

- a: Superior orbital
- b: medial rectus
- c: lateral rectus
- d: Inferior rectus
- e: superior rectus

Q76: Very long stem on this one.... this is what I can remember: A 25 yo male presents to ED following a MVA with a fractured femur. He is haemodynamically stable on arrival and saturating well. He is given a total of 40mg of IV morphine for analgesia. On subsequent review his oxygen saturations are now 90%, he is very drowsy and confused, and BP is 120/80. His initial CXR on arrival was normal. What is most likely to be the cause of his desaturation

- f. Opioid overdose
- g. Pulmonary contusion
- h. Fat embolism syndrome
- i. Pneumonia
- j. Pneumothorax

Q77. What is the osmolality of Glycine 1.5% used for a TURP

- a. 150
- b. 200
- c. 250
- d. 300
- e. 350

Q78. What is the oxygen consumption equivalent to 4METS in a 40yo?

- a. 4-8ml/kg/min
- b. 8-12
- c. 12-16
- d. 16-20
- e. 20-24

Q79. Acute intermittent porphyria, signs except:

- a. abdominal pain
- b. hypotension
- c. confusion
- d. tachycardia
- e. peripheral neuropathy

Q80. What symptoms are consistent with post op cognitive decline:

- a. decreased short term memory
- b. decreased Executive function
- c. delirium
- d. high sedation scores

Q81. Gillick case legally refers to what in the context of consent?

- a. Minors having adequate understanding of the nature and consequences of a treatment enabling them capacity to give consent
- b. You cannot give pre-medications prior to signing a consent
- c. Anaesthetist should be the person obtaining an anaesthetic consent
- d. Elderly patient must not be delirious when giving consent
- e. Appropriate consent for a labour epidural

Q82. Tracheal narrowing % before UAO picture manifests on spirometry?

- A. 20%
- B. 35%
- C. 50%
- D. 60%
- E. 80%

Q83. Use of powerboards and extension cords renders what safety feature ineffective?

- A. Equipotential earthing
- B. RCDs
- C. Isolated line supply
- D. Line isolation monitors
- E. Something else clearly wrong

Q84. Characteristics of flow meters is such that gas flow:

- a. cannot be stopped by closing the knob if glass top chamber is broken
- b. is measured accurately even when the flowmeter is tilted
- c. Overestimates flow rate if connected to a high resistance device such as a nebuliser
- d. The ball is lifted within the parallel sided tube in the flowmeter
- e. Rate should be measured at the bottom of the ball

Q85. (Rpt) Staff suffers needlestick injury from a patient with known chronic hepatitis B. Positive antibody titres. What should they receive?

- a. Aciclovir
- b. Hepatitis B vaccine boosters
- c. Immunoglobulins
- d. No treatment
- e. Pegylated interferon

Q86. Machine check passed so far, now performing bulb test on CGO, bulb fails to stay collapsed the required 10s. What is most likely cause?

- A. Oxygen cylinder connection leak
- B. Broken flow meter
- C. Vaporiser not correctly seated on backbar
- D. Inspiratory valve broken
- E. Something about the breathing circuit

Q87. Dual chamber PPM. What mode would you expect with magnet application ?

- A. AOO
- B. VOO
- C. DOO
- D. VVI
- E. AAI

Q88. NAP5 found that the risk factors of awareness included all except:

- a. Age
- b. Emergency surgery
- c. ASA score
- d. use of muscle relaxants
- e. Obesity

Q89. A patient requires index finger surgery. Which of the labelled structures (1-4) is required to be blocked for anaesthesia? Shown below is an US of the axillary with labels for triceps and crocbrachialis and bicep shown. The structures 1-4 correspond to the the nerve branches:

musculocutaneous - 1

ulnar - 4

median -2

radial - 3.

options were a combination of two nerves

Q90. A patient comes to ED with amitriptyline poisoning. The ECG shows QRS widening. What is the best drug to treat this?

- a. Atropine
- b. adrenaline
- c. amiodarone
- d. Ca Gluconate
- e. Sodium bicarbonate

Q91. A child is being treated with chemotherapy for leukaemia. Comes for surgery and required PONV prophylaxis. What is the best agent?

- a. Dexamethasone
- b. Ondansetron
- c. Droperidol
- d. Metoclopramide

Q92. What happens to the BIS in the first 5 minutes when suxamethonium is given to an AWAKE person?

- a. Decrease

- b. increase
- c. decrease then increase
- d. increase then decrease
- e. nothing

Others:

Q93. (Repeat) Patient has numbness over anterolateral aspect of thigh after delivery with neuraxial block. No motor involvement. What is most likely injured?

- A) Femoral
- B) Lateral cutaneous nerve of thigh

Q94. 2 year old with leukaemia for intrathecal chemotherapy. Previous history of post procedure nausea and vomiting. Which prophylaxis to use?

- A. Haloperidol
- B. Dexamethasone
- C. Ondansetron
- D. Promethazine
- E. Metaclopramide

Q95. What are the clinical features associated with Horner's Syndrome

- a. proptosis, miosis, anhidrosis
- b. proptosis, mydriasis, anhidrosis
- c. ptosis, miosis, anhidrosis
- d. ptosis, mydriasis, anhidrosis
- e. ptosis, miosis, hyperhidrosis

Q96. Severe traumatic brain injury in infant in ICU. Minimum CPP aim should be:

- a) 30
- b) 40
- c) 50
- d) 60
- e) 70

Q97. (NEW) Urosurgery. Surgeon wants to give methylene blue. This is contraindicated if patient is taking:

- A Fluoxetine
- B Droperidol
- C Risperidone
- D Oxybutinin
- E Prazosin

Q98. NEW 6 year old normal size child. Current Hb 70. What volume packed red cells do you need to give to increase Hb to 80mL

- B 120mL
- C 160mL
- D 200 mL
- E 240mL

Q99. Most common organism in septic arthritis is:

- A Strep progenies
- B Staph aureus
- C Neisseria
- D

E

Q100. Obese patient. Given 100mg rocuronium at start of case. Now post titanic count= 2. Lean body weight 60, total body weight 110kg. What is the correct dose of sugammadex?

- A 120mg
- B 220mg
- C 240mg
- D 360mg
- E 440mg

Q101. Peribulbar block, get numbness of ipsilateral upper lip. Which nerve responsible

- A. Infraorbital
- B Trochlear
- C Facial
- D
- E

Q102. Methylene Blue reacts with:

- a. Oxybutynin
- b. Fluoxetine
- c. Prazosin
- d. Droperidol
- e. Risperidone

Q103. What is the single most effective way to reduce risk of bacterial infection with Peripheral IV insertion?

- A. alcohol swipe the skin
- B. chlorhex hand wash
- C. sterile gloves
- D. change cannula every 3 days
- E.

Q104 - Patient 27/40 gestation, new hypertension 169/, best medication to start

- A. Atenolol
- B. Hydrochlorothiazide
- C. Labetolol
- D. Prazocin
- E. E was def not Methyopa or Nifedipine

Q105: Propofol infusion syndrome includes all of the following EXCEPT

- a. Hyperkalaemia
- b. Hypertriglyceridaemia
- c. Metabolic Alkalosis
- d. Rhabdomyolysis
- e. Arrhythmias

Q106: In patients with refractory elevated ICP, bilateral decompressive craniotomy is associated with reduction in ICP and also results in:

- a. Shortened hospital stay
- b. Shortened period of mechanical ventilation
- c. No change in neurological outcome
- d. Improvement in neurological outcomes
- e. Improved overall mortality

Q108: In preadmission clinic with a patient with a tracheostomy. To enable patient to talk you would

- a. Deflate tracheostomy cuff, insert one way valve, insert fenestrated piece
- b. Deflate tracheostomy cuff, remove one way valve, insert fenestrated piece
- c. Inflate tracheostomy cuff, remove one way valve, insert fenestrated piece
- d. Inflate tracheostomy cuff, insert one way valve, insert fenestrated piece

Q109. 65 yo, VATS for lower lobectomy. Needs one lung ventilation. Major risk factor for hypoxaemia:
large central vs smaller peripheral lesion

- a. Right sided surgery
- b. Left sided surgery
- c. small alveolar-arterial oxygen gradient on two lung ventilation
- d. Lateral vs supine positioning

Q110. Complications of oral bowel preparation (all except):

- a. Acute kidney injury
- b. hepatic failure
- c. hyponatraemia
- d. myocardial ischemia
- e. seizures

Q111. Shelf life of platelets:

- a. 5 days at 20-24 deg C
- b. 14 days at 20-24 deg C
- c. 35 days at 2-6 deg C
- d. 42 days at 2-6 deg C
- e. 12 months at...?

Q115 along the lines of you are setting up a endoscopy suite the minimum number required for propofol sedation for endoscopy is

- a. 3 personnel With medical practitioner / dentist giving sedation
- b. 3 personnel With proceduralist giving sedation
- c. 2 personnel with anaesthetist giving sedation
- d. 3 personnel With Anaesthetist giving sedation
- e. 4 personnel With Anaesthetist giving sedation

Q116 Something like: What volatile agent has the longest time to environmental degradation

- A Desflurane
- B Sevoflurane
- C Isoflurane
- D Enflurane
- E Halothane

117. (new) What size cannula comes with the EZ-IO gun?

- a. 14g
- b. 15g
- c. 16g
- d. 17g

e. 18g

118. (rpt) ECG with irregular rhythm and broad complexes followed by t waves. No visible p waves. Looked like a LBBB pattern in V1. Dx?

- a. AF with BBB
- b. Sinus tachy with BBB
- c. VF
- d. VT
- e. Torsades de Pointes

119. (rpt) Terrible quality lateral CXR. Could see the left diaphragm + gas bubble but not the right diaphragm. Maybe something just above it. The top half was all black with a clear demarkation line and nothing visible at all.

- a. Right lower lobe consolidation
- b. Right middle lobe consolidation
- c. Left lower lobe consolidation
- d. Artefact from pts arm
- e. Pleural effusion

120. (new) The QT interval is measured from where to where? (had a picture of an ECG with markings on start of QRS, start of R wave, start of p wave, end of T wave. Had to choose the answer that corresponded)

121. (new) What is the sensitivity of the following test? (Gave you a 2x2 table with values in each one. Was very easy to work out)

122. (rpt) Laserflex tube. How should you inflate the cuffs?

- a. Proximal only. Distal left deflated in case proximal ruptured
- b. Distal only. Proximal left deflated in case distal ruptured
- c. Any order
- d. Proximal then distal
- e. Distal then proximal

123. (rpt) Question on man getting punched in the throat. Sore throat, quiet voice, some dyspnoea. Able to lie flat. What is your next management?

- a. Soft tissue xray of neck to exclude thyroid cartilage and hyoid fractures
- b. Nasendoscopy by ENT
- c. CT scan
- d. Direct laryngoscopy and intubation after gas induction
- e. Awake trache

Q124 repeat NMS vs serotonin syndrome schizophrenic pt post op. Which supports serotonin syndrome..

- A) confusion
- B) elevated CK
- C) elevated WCC
- D) hypertonia
- E) myoclonus

125. (New) what is the nerve that is injured the most following primary total knee replacement?

- a. Common peroneal
- b. Sciatic
- c. Infrapatellar branch of saphenous

- d. Lateral cutaneous nerve of thigh
- e. ? (something else wrong)

126. (New) What gives the highest risk of TRALI post transfusion of FFP?

- a. Male donors
- b. Female donors of child bearing age
- c. ?
- d. ?
- e. ?

Q125 repeat Laser tube

- A) both in any order
- B) both distal then proximal
- C) both proximal then distal
- D) proximal only and leave distal for backup
- E) distal only and leave proximal for backup

Q126 repeat NAP4 showed in ICU biggest cause of airway problem

- A) barotrauma
- B) ETT blocked
- C) tracheostomy dislodged
- D) bleeding post-trache insertion
- E) aspiration

Q127- (new) New expensive drug. Hospital restricts use to particular clinical situations due to the expense. The hospital states that free use of this drug would mean that other drugs will not be able to be used. This is an example of:

- a. Autonomy
- b. Beneficence
- c. Fidelity
- d. Non-maleficence
- e. Utility

128. (New) Glenn shunt inserts from where to where? (can't recall the options)

Q129. rpt: What is best position to place patient with VAE?

Q142. Normal cuff pressure in an ETT to avoid damage:

- a. 20 cm H₂O
- b. 30 cm H₂O
- c. 40 cm H₂O
- d. 50 cm H₂O
- e. 50cmH₂O

144. New: Anaphylaxis to rocuronium, confirmed on skin testing. Negative skin test to atracurium, six and veg. Which to use?

- A. Atracurium
- B. Vecuronium
- C. Pancuronium
- D. Sux
- E. ?

Q148. In Paediatric in-hospital arrest, defib energy for a 10 kg child is

- a. 10 J
- b. 20 J
- c. 40 J
- d. 100 J
- e. 200 J

Q149. According to current Australia Red cross screening procedures, which virus has the the highest rate of being present within Packed red blood cells?

- A) Hep A
- B)Hep B
- C) Hep C
- D) HIV1
- E) HIV2

Q150. Low pressure leak test. Cant remember question- something about bulb syringe to common gas outlet and where fault is:

- a. Check valve incorrectly seated
- b. Oxygen cylinder
- c. Pipeline gas supply
- d. Vaporiser incorrectly seated

“Leaks in the machine low-pressure system can occur as a result of cracked rotameter flow tubes, incorrectly mounted vaporizers, vaporizer leak around agent filling device, or fracture in the gas piping. Leaks in the high-pressure and intermediate pressure systems usually result from defective valves, connectors, and hanger yokes.”

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“Some anesthesia machines (e.g., GE Excel) have a one-way outlet check valve just upstream of the common gas outlet. Other models have no outlet check valve. The presence of an outlet check valve precludes the application of a positive pressure leak check. If such a valve is present, a negative pressure leak test can be used to check the low-pressure system. In this test, a suction bulb (negative pressure leak-check device) is connected to the common gas outlet. With all gas flows turned off and vaporizers off, the bulb is squeezed empty (to create a negative pressure of -65 mm Hg) and then connected to the common gas outlet of the workstation. Reexpansion of the bulb should not occur in less than 30 seconds. The test is repeated with each vaporizer turned on in turn to check for leaks in the vaporizers.”

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