

Compiled 2017A MCQs - ANZCA Final Exam - Melbourne group

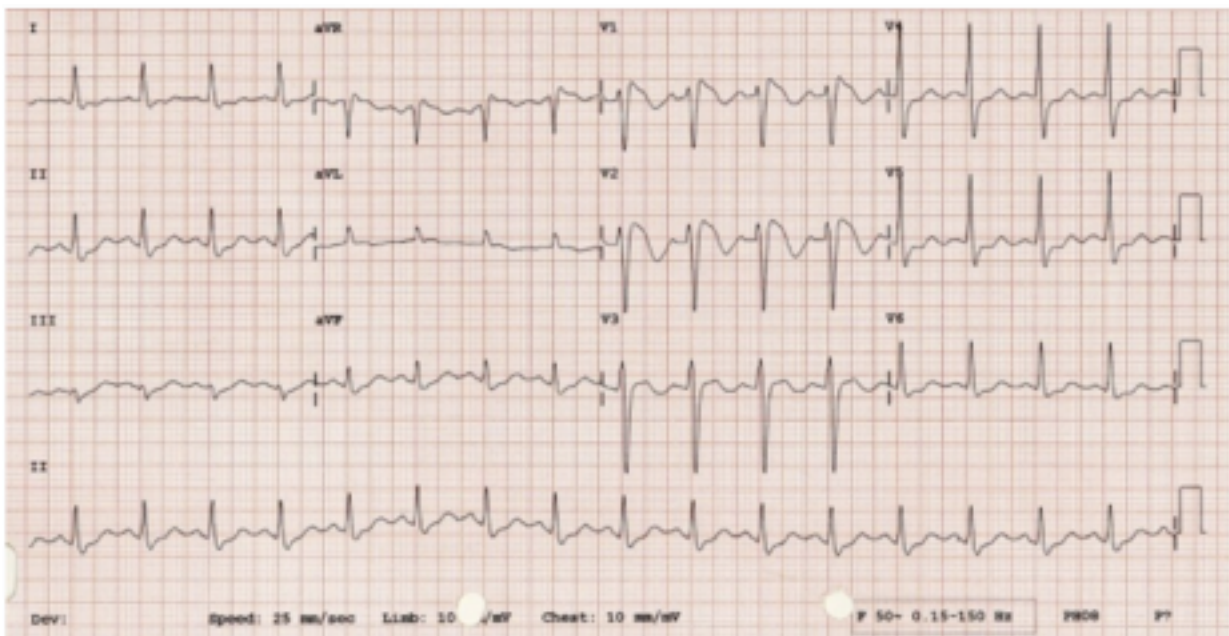
1) Sugammadex reduces the activity of

- a. Ceftriaxone
- b. Cephazolin
- c. Neostigmine
- d. Oral contraceptive pill

2) Risk factors for propofol infusion syndrome include all of the following except

- a. High vasopressor requirement
- b. High CHO load
- c. Corticosteroids
- d. Young age

3) 30yo male presents post syncopal episode, his ECG is as follows. Appropriate treatment would be



Brugada type 1

- a. Beta blocker
- b. Calcium channel blocker
- c. Aspirin
- d. ICD insertion
- e. PPM insertion
- f. Heparinisation
- g. Fleccainide

4) Risk of thromboembolic events is lowest with

- a. Paracoxib
- b. Diclofenac
- c. Ibuprofen
- d. Naproxen
- e. Celecoxib

5) Something else to do with NSAIDs in ischaemic heart disease (?which is safest)

- a. Naproxen
- b. Ibuprofen
- c. Celecoxib
- d. Meloxicam
- e. Diclofenac

6) Patient is booked for removal of abdominal mass, systemic effects include bronchospasm and diarrhoea. Appropriate medication for preoperative optimisation would include

- a. Octreotide
- b. Phenoxybenzamine
- c. Labetalol

7) Calculate an ISS (injury severity score) based on the following clinical scenario AND correlate to mortality risk " _____ "

[Alternate version]

Trauma in young man. Cerebral contusion, flail chest and fractured femur. His ISS 34. What is his risk of traumatic coagulopathy?

- a. ?
- b. ?
- c. 51%
- d. 68%
- e. 85%

8) Calculate a SOFA (Sequential Organ Failure Assessment Score or sepsis related organ failure) score based on the following clinical scenario " _____ "

[Alternate version]

Patient with suspected sepsis. RR is 20, SBP is 90mmHg and GCS is 13. What is their quick sequential organ failure assessment score?

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

9) Patient Presents with a likely ruptured AAA

- a. FAST scan/bedside ultrasound
- b. CT angio
- c. 2 x large bore IV and cross match

10) Jehovah's Witness for AAA refusing blood products despite long discussion. You refuse to do the case. This is an example of

- a. Beneficence
- b. Non-maleficence
- c. Autonomy
- d. Justice
- e. Paternalism

11) Risk of stroke in a 73yo lady with AF, hypertension, diabetes controlled with oral medication and recent weakness in ipsilateral arm and face is approximately

- a. 4%
- b. 6%
- c. 9%
- d. 12%
- e. 18%

12) Lower limb injury post TKR with tourniquet, spinal anaesthesia and femoral nerve block. Try to work out the likely culprit. Initially had full movement post spinal resolution 12hrs later unable to flex knee

- a. Muscular injury related to the tourniquet (ischaemia?)
- b. Common peroneal nerve injury
- c. L5 nerve root injury
- d. Sciatic injury

13) Old man with chronic pain, not strictly neuropathic quality. Also with weakness: I think there was a foot drop and an absence of ankle jerk. He wanted better analgesia, what would you offer him?

- a. Facet joint steroid injection
- b. Lumbar plexus block
- c. Epidural steroid

14) First line therapy for trigeminal neuralgia

- a. Carbamazepine
- b. Topiramate
- c. Amitryptiline
- d. Fluoxetine
- e. Tramadol
- f. Lamotrigine

15) Surgical decompression for trigeminal neuralgia results in an average symptom free period of

- a. 6 mnths
- b. 1 yr
- c. 2 yrs
- d. 3 yrs
- e. 5 yrs
- f. 6yrs
- g. 10 yrs

16) Metformin is withheld perioperatively due to risk of lactic acidosis. The mechanism for this pathway is

- a. Reduced gluconeogenesis
- b. Reduced glycolysis
- c. Reduced lactate clearance
- d. Reduced renal function
- e. Liver failure?

17) The blue urticaria

- a. Methylene blue
- b. Patent blue V

18) Post a difficult thyroidectomy, the right vocal cord is observed to be in the midline. Likely damage to which nerve?

- a. Superior laryngeal
- b. Inferior laryngeal
- c. Recurrent laryngeal

19) What is the first line treatment for a young man in ED recently diagnosed with pheochromocytoma who has presented with severe hypertension and tachycardia? He is not on any current treatment.

- a. Esmolol
- b. Phentolamine
- c. Phenoxybenzamine
- d. GTN

20) The Nerve Integrity Monitor (NIM) endotracheal tube works by monitoring

- a. Electromyography of internal laryngeal muscles
- b. Recurrent laryngeal nerve action potential
- c. Movement of the vocal cords on the endotracheal tube
- d. Pressure of the vocal cords on the endotracheal tube

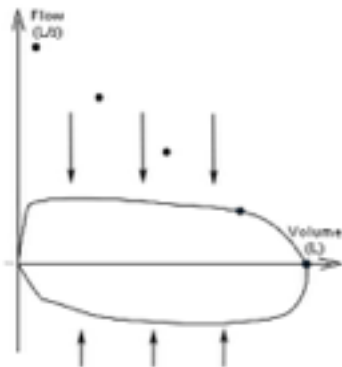
21) What is the positive endotracheal tube cuff leak test?

- a. >110ml leak with cuff deflated
- b. >110ml leak with cuff inflated
- c. Audible leak with cuff deflated
- d. No audible leak with cuff deflated
- e. No audible leak with cuff pressure <30cm H₂O

22) A neonate is born floppy and apnoeic. They do not start breathing following stimulation. What FiO₂ should you initially perform bag mask ventilation with?

- a. 0.21
- b. 0.3
- c. 0.5
- d. 0.7
- e. 1

23) Spirometry wave form with a fixed intrathoracic obstruction
[Alternate version]



Flow volume loop looked like this (sans arrows). What is the diagnosis?

- a) Vocal cord palsy
- b) Tracheal stenosis
- c) COPD
- d) Restrictive lung disease

24) Recognise lateral hemi spinal cord syndrome

25) Recognise anterior spinal artery syndrome

26) 4mo term neonate, noted to have intermittent stridor a few days after birth, then parents also notice stridor during feeding and falling asleep. Otherwise normal and healthy. Most likely condition is

- a. Cri-du-chat syndrome
- b. Laryngomalacia
- c. Tracheomalacia
- d. Laryngocele
- e. ? Something to do with cord paralysis

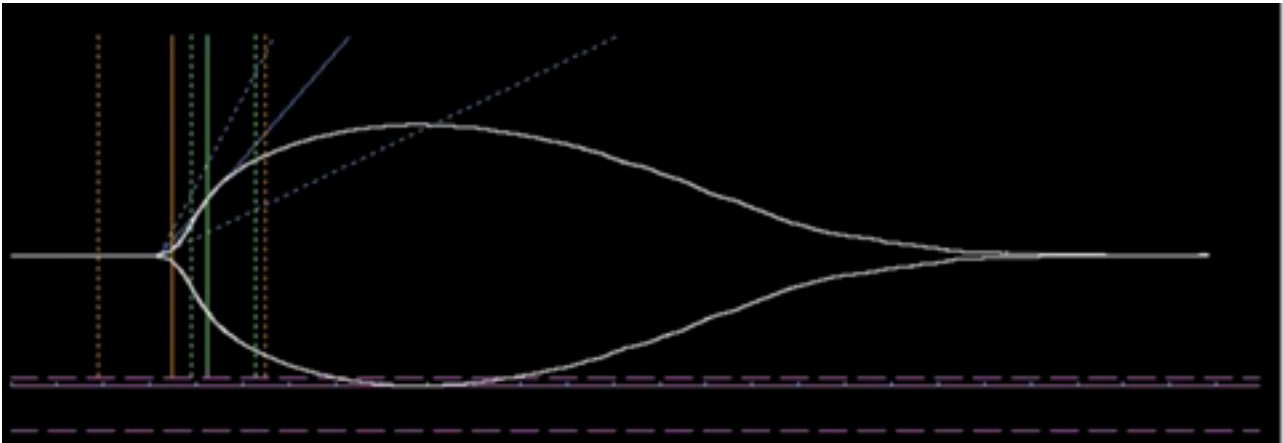
27) You are trialing a new drug for hypertension in one group of patients and comparing it to placebo (given to another group). In three months you will measure the blood pressure and want to compare the two groups. Knowing that the sample is non parametric, which test would be most appropriate?

- a. Chi squared
- b. Fishers exact test
- c. Students T test
- d. Mann-Whitney U test
- e. Bland-Altman test

28) Statistical test most appropriate for non parametric data comparing two new interventions and a placebo

- a. ANOVA
- b. Fisher exact test
- c. Chi-squared test

29) ROTEM picture asking what would you give? (Values for each parameter including normal ranges were included thank goodness)



- a. TXA
- b. FFP
- c. Cryo
- d. Plts

[Alternate version]

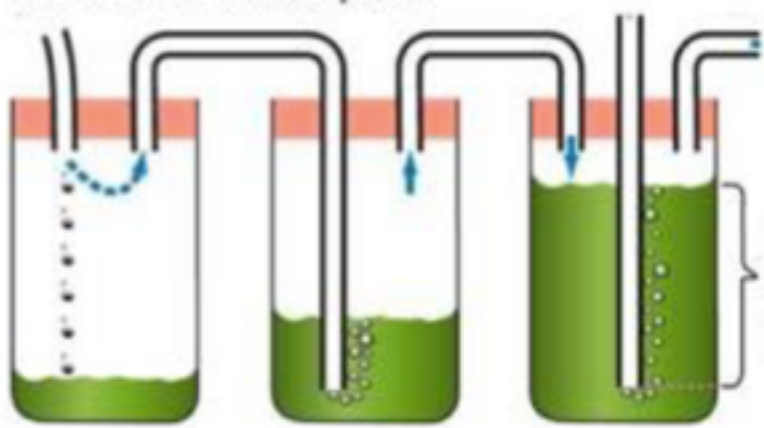
Orthopaedic surgeon complains the patient is oozy and asks if he is on aspirin. You perform a TEG and the trace looks like this {FIBRINOLYSIS PICTURE} what is the problem?

- a. Hyperfibrinolysis
- b. Low platlets
- c. Low fibrinogen
- d. Low factors

e. Heparin effect

30) Diagram of intercostal catheter drainage system, asks you what happens when there is no water column with suction attached

a. Inability to apply negative pressure to the plural space



[Alternate version]

Distance indicated on 3rd bottle determines

- a. Maximal suction applied to the system
- b. Minimum suction applied to patient
- c. Sterility isolation
- d. Underwater seal

31) The pH on a venous blood gas is

- a. The same as arterial
- b. Lower than arterial
- c. Higher than arterial
- d. Ect

32) What is the dose of bicarbonate?

- a. 100ml

33) What is the FiO₂ of 3L/min via Hudson mask?

- a. 0.23
- b. 0.28
- c. 0.32
- d. 0.4
- e. 0.6

34) Targeted Temperature Management, what is the aim with degrees?

- a. Select and maintain at a constant between 32 and 36

35) What is the IM dose of adrenaline for anaphylaxis in a 12yo?

- a. 100
- b. 150
- c. 200
- d. 300
- e. 500

[Alternate version]

14 year old with grade 3 anaphylaxis. IM dose of adrenaline according to ANZCA endorsed guidelines

- a. 100mcg
- b. 200mcg
- c. 300mcg
- d. 400mcg
- e. 500mcg

36) Manujet injector maximum pressure:

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

[Alternate version]

What is the nominal maximum pressure a Manujet can deliver?

- a. 1 atm
- b. 2.5 atm
- c. 3 atm
- d. 3.5 atm
- e. 5 atm

37) Which medication is relatively contraindicated with SSRIs?

- a. Metoprolol
- b. Clonidine

[Alternate version]

A lady is having elective orthopaedic procedure on a limb. She takes escitalopram for depression but is otherwise healthy. Which drug is NOT relatively contraindicated?

- a. Clonidine
- b. Omeprazole
- c. Metoprolol
- d. Pethidine
- e. Tramadol

38) Side effects of SSRIs include

- a. VT
- b. Bleeding needing blood transfusion

39) What is the most common nerve injury following LMA use?

40) A trial has a p value of 0.05, if you repeat the trial what is the chance you will get a p value of 0.5 or less?

- a. 0.5
- b. .5

[Alternate version]

In a trial that was conducted the P value was calculated as 0.05 exactly. What are the chances that if the trial was completed in exactly the same way, that the P value will be greater than 0.05?

- a. 1%
- b. 10%
- c. 50%
- d. 95%
- e. 99%

41) Picture of ECG leads on a chest (dots obviously unlabelled, don't think it had all of the chest leads though) Where does V4 go?

42) CVC Trace, where is the catheter?

- a. RV
- b. RA
- c. PA

43) You insert a double lumen tube, you can ventilate down the bronchial but not really down the tracheal, there are high pressures. You deflate the bronchial cuff and can ventilate both lungs. What should you do?

- a. Pull the DLT back, reinflate bronchial
- b. Push the DLT deeper, reinflate bronchial (? Correct answer if cuff herniating and blocking tracheal ventilation)

[Alternate version]

You insert a DLT. You inflate both cuffs and find you can ventilate the left lung through the bronchial lumen but when you try to ventilate the tracheal cuff you get high airway pressures. When you deflate the bronchial cuff you can ventilate both lungs. You should

- a. Deflate both cuffs and advance 2cm
- b. Deflate both cuffs and withdraw 2cm
- c. Remove the DLT and reintubate

[Alternate version]

Young man for right thoracic surgery requiring OLV. You decide to use a Robert-Shaw type left 39Fr DLT. You insert and inflate both cuffs and ventilate the bronchial lumen. Auscultation sounds like isolation of the left lung. You then attempt to ventilate via the tracheal lumen and get high pressures and no breath sounds, but on deflating the bronchial cuff you are able to ventilate both lungs. Appropriate management is to

- a. Change to 41Fr
- b. Insert further 1cm
- c. Change to 37 Fr
- d. Withdraw further 1cm
- e. Remove DLT and start again

44) Young guy in MVA 12 hours ago, low sats and RR 25

- a. Fat embolus

45) What nerves need to be blocked for a scalp block?

- a. Trigeminal, greater occipital, lesser occipital

46) What drug reverses dabigatran?

- a. Idarucizumab

[Alternate version]

Immediate management of life threatening bleeding on dabigatran

- a. FFP
- b. Abciximab
- c. Idarucizumab
- d. TXA

47) What drug has the highest success for quitting smoking?

- a. Varenicline (Champix)

[Alternate version]

Most effective drug for smoking cessation, in combination with counselling is

- a. Zyban
- b. Varenicline

- c. Nicotine patch
- d. Nicotine inhaler

48) Which nerve is not blocked in a PECs block? (They called the PECs block something different - like anterior thoracic block)

- a. Supraclavicular

[Alternate version]

Patient for breast surgery. You undertake a thoracic wall block. The nerve which is unlikely to be blocked is

- a. Medial pectoral
- b. Dorsal thoracic
- c. Supraclavicular
- d. Lateral pectoral
- e. Thoracodorsal

49) What is a contraindication to TOE?

50) Contraindication to sitting surgery?

- a. Something about an AV shunt that shunts cerebrally

51) Going onto bypass and the blood in the arterial cannula is blue, you haven't given cardioplegia yet, what should you do?

- a. Go back on lungs

[Alternate version]

Routine CABG. You have just gone onto bypass prior to administration of cardioplegia and notice that the arterial cannula is exactly the same colour as the venous cannula and immediately the low venous saturation alarm goes off. Immediate management should be

- a. Connect alternative oxygen line to oxygenator immediately
- b. Apply cross clamp and ventilate lungs
- c. Ventililate lungs and go off bypass prior without administering cardioplegia
- d. Ventililate lungs and continue bypass

52) What gas is used to inflate and intra arterial balloon pump?

- a. Helium

53) On an ultrasound of the lungs you see A-lines, what does this mean?

- a. Normal Lung
- b. Fluid overload
- c.
- d.
- e.

[Alternate version]

Ultrasound of lung. A lines and sliding lung are seen. This is consistent with

- a. Pneumonia
- b. Pleural effusion
- c. Pulmonary oedema
- d. Pneumothorax
- e. Normal lung

54) Bier's block with 3% prilocaine. Minimum time until cuff deflation

- a. 15 min
- b. 30 min
- c. 45 min

- d. 60 min
- e. 75 min

55) Hb 103, MCV 70, Ferritin 20

- a. Fe deficiency
- b. Thalassemia
- c. Folate
- d. EtOH
- e. Renal failure

56) Picture of a CXR with AICD and biventricular pacing

57) What is not a treatment for refractory anaphylaxis as per ANZCA anaphylaxis guidelines?

- a. Glucagon
- b. Metaraminol
- c. Vasopressin
- d. Promethazine
- e. Noradrenaline

58) In a patient with cardiomyopathy and 35% LVEF, who is pregnant. What is the advantage of a regional block to facilitate LSCS?

- a. ↑ cardiac output
- b. ↓ cardiac output
- c. ↑ venous return
- d. ↓ HR
- e. ↓ systemic vascular resistance

59) Strong ion difference if albumin is normal will be closest to:

- a. -40
- b. -20
- c. 0
- d. +20
- e. +40

60) Which electrical safety feature of operating theatres is impaired by extension cord and power boards

- a. RCD
- b. LIOM
- c. Equipotential earthing
- d. Floating circuit

61) What is absolutely contraindicated with a deep brain stimulator?

- a. Electrical stimulation of facial nerve
- b. Elective cardioversion of supraventricular arrhythmia
- c. Emergent cardioversion
- d. ECT
- e. MRI

62) Peribulbar block is contraindicated in

- a. Staphylococci

- b. Axial length less than 24mm
- c. Scleral band
- d. INR of 2.4

Alternate version

Relative contraindications to peribulbar block

- a. Axial length 24mm
- b. INR 2.5 in a patient with a mechanical heart valve
- c. Staphyloma
- d. Scleral buckle
- e. Previous pterygium surgery

63) Patient reports they have an allergy to 'sulphur drugs'. You discover they previously had an adverse reaction to trimethoprim sulfamethoxazole combination antibiotic. You would not give

- a. Morphine sulphate
- b. Parecoxib
- c. Celecoxib
- d. Trimethoprim
- e. Acetazolamide

64) What is the incidence of awareness under GA with muscle relaxation

- a. 1:670
- b. 1:6000
- c. 1:7000
- d. 1:8000
- e. 1:9000

65) You are being asked to develop a guideline for sedation for a new endoscopy suite, where it is envisaged propofol will be used. The minimum requirements are

- a. Proceduralist, medical officer experience in sedation and an assistant to both.
- b. Proceduralist, specialist anaesthetist and assistant to both.

66) What is the expected preductal SpO₂ expected at 5 minutes in a neonate.

- A. 60-65%
- B. 65-75%
- C. 75-80%
- D. 80-85%
- E. 85-95%

Alternate version

Target saturations for newborn resuscitation at 5 minutes

- a. 60-70%
- b. 70-80%
- c. 80-90%
- d. 92-96%
- e. 100%

67) With regard to antibiotic prophylaxis, when should this be given pre-operatively?

- a. Infusion during the case
- b. 30 minutes prior to skin incision
- c. 60 minutes prior to skin incision
- d. After release of the tourniquet

Alternate version

TKR planning use of tourniquet. The best time to administer antibiotics is

- a. At induction
- b. 30min prior to tourniquet inflation

68) What is the bioavailability of ketamine?

- a. 20%
- b. 40%
- c. 60%
- d. 80%
- e. 100%

69) How much blood is required in order to raise a child's haemoglobin from 70 to 80 g/L

- a. 10 ml/kg
- b. 4 ml/kg
- c. 3 ml/kg
- d. 2 ml/kg

70) Unilateral lumbar sympathetic block. Most likely side effect?

- a. Genitofemoral neuralgia
- b. Haematuria
- c. Postural hypotension
- d. Lumbar radiculopathy
- e. Psoas haematoma

71) 70 year old male in the emergency department with a small bowel obstruction. On candesartan, an NSAID and a diuretic. His serum potassium is 7.0mmol/L. What is the first step for lowering his potassium?

- a. Slow IV injection of 10ml calcium gluconate 10%
- b. Salbutamol 5mg nebuliser
- c. 15IU insulin in 50ml of 50% dextrose
- d. Sodium bicarbonate 50ml
- e. Calcium resonium

72) The afferent limb of the oculocardiac reflex is mediated by:

- a. Long and short ciliary nerves
- b. Facial nerve
- c. Vagus nerve
- d. Optic nerve
- e. Ophthalmic nerve

73) SAH, delayed ischaemia most common

- a. 24-28 hours
- b. 4-10 days
- c. 10-14 days
- d. 14-21 days

74) During CPR, What percentage of pre-arrest cardiac output is achieved by effective external cardiac compression?

- a. <20
- b. 20-30
- c. 40-50
- d. 60-70
- e. >70

Alternate version

Cardiac output achieved with effective CPR

- a. Less than 10%
- b. 10-20%

- c. 20-30%
- d. 30-40%
- e. 40-50%

75) 87yo for selective neck dissection for laryngeal cancer with musculocutaneous flap repair. He is awake and sitting up. BP 120/70. Flap capillary refill time >3sec. What is best management?

- a. IV fluid bolus
- b. intra-arterial streptokinase
- c. IV dextran 40
- d. IV heparin
- e. Re-explore flap surgically

76) Dental extraction of right lower 3rd molar (48). Patient complains of paraesthesia to the chin. This is most likely neuropraxia to

- a. glossopharyngeal n
- b. inferior alveolar n
- c. lingual n
- d. long buccal nerve
- e. mental nerve

77) Sub-Tenon block. Which muscle is most likely to be missed

- a. internal oblique
- b. lateral rectus
- c. medial rectus
- d. superior oblique
- e. superior rectus

78) A patient undergoing elective coiling of cerebral aneurysm has an abrupt rise in MAP. This is most likely due to

- a. acute hydrocephalus
- b. contrast reaction
- c. embolic complication
- d. vascular rupture
- e. vessel thrombosis

79) Blalock-Taussig shunt inserts into the right pulmonary artery, originating from the:

- a. Right subclavian artery
- b. IVC
- c. SVC
- d. Aorta
- e. Axillary artery

80) Pregnant patient with BP 140/90. What is indication for MgSO₄?

- a. seizure prophylaxis
- b. anti-hypertensive
- c. foetal neuroprotection

81) In a patient taking dabigatran prior to surgery:

- a. Stop 7 days in advance
- b. Stop 3 days in advance
- c. Stop 3 days in advance and bridge with clexane
- d. Continue until day of surgery
- e. Check INR on day of surgery

82) Healthy mother undergoing surgery 4 months post-partum. What are current recommendations regarding when to resume breast feeding post-surgery?

- a. 12 hours after procedure
- b. 24 hours after procedure
- c. Discard first feed post procedure
- d. Discard first two feeds post procedure
- e. No need to discard

83) Intra-arterial propofol 10mL. Extreme pain. Most appropriate immediate management is:

- a. 30mL normal saline intra-arterial
- b. Heparin 500IU
- c. Lignocaine 50mg
- d. Papaverine 50mg
- e. Observe

84) Best indicator of difficult intubation in obese patient

- a. Inter-incisor gap
- b. Mallampati score
- c. Pre-tracheal soft tissue thickness
- d. Thyromental distance
- e. ROM cervical spine

85) Aspirin efficacy is known to be reduced with the use of

- a. Paracoxib
- b. Diclofenac
- c. Ibuprofen
- d. Naproxen
- e. Celecoxib

86) Use of Schnider rather than Marsh PK protocol in a patient of normal weight for longer than 15 minutes will result in

- a. Smaller loading dose and smaller overall dose
- b. Smaller loading dose but larger overall dose
- c. Larger loading dose and larger overall dose
- d. Larger loading dose but smaller overall dose
- e. A smaller/larger loading dose and overall dose dependent on duration of infusion

87) Patient with peritonitis for emergency laparotomy. You insert a 7.5Fr central line into the carotid artery. Most appropriate management

- a. Immediately remove and apply pressure for 20 minutes
- b. Deliver 500IU heparin
- c. Leave in situ for 24 hours then remove and apply pressure for 20 minutes
- d. Leave in situ for 24 hours then remove and consult vascular surgical team
- e. Consult vascular surgical team at completion of case

88) Elderly patient from ICU with necrotic bowel for laparotomy. Borderline oxygenation and ongoing renal replacement therapy. Current INR 2.1, platelets 105, fibrinogen 1.5g/L, and Hb 90 g/L. Appropriate management would be

- a. 2 units FFP and 1 platelet
- b. 2 units FFP and 1 PRBC to correct anaemia
- c. Cryoprecipitate to achieve fibrinogen >2g/L
- d. Fibrinogen concentrate to achieve fibrinogen >2g/L

e. Proceed to surgery if no clinical signs of bleeding

89) Patient with multiple sclerosis is at greatest risk of deterioration with intraoperative

- a. Hyponatraemia
- b. Spinal anaesthesia
- c. Hyperthermia
- d. Epidural anaesthesia

90) Most sensitive test for dabigatran effect

- a. INR
- b. APTT
- c. ACT
- d. TCT
- e. TEG

91) Complications from SSRIs include all EXCEPT

- a. Bleeding requiring transfusion
- b. Ventricular arrhythmia
- c. Atrial fibrillation
- d. Serotonin syndrome
- e. Delirium

92) Urgent transfusion required. You'd decide to administer ABO group and rhesus factor compatible blood prior to crossmatch. The risk of not having an incompatibility-type transfusion reaction is

- a. 99.8%
- b. 97.6%

93) The peripheral nerve most commonly injured in surgical procedures is

- a. Common peroneal
- b. Sciatic
- c. Ulnar
- d. Radial
- e. Lateral femoral cutaneous

94) The peripheral nerve most commonly injured in TKR is

- a. Lateral femoral cutaneous
- b. Infrapatellar branch of saphenous
- c. Sciatic
- d. Common peroneal

95) For emergency surgery, the minimum effective prothrombinex dose to reduce an INR from 2.0 down to 1.5 is

- a. 5 IU/kg
- b. 15 IU/kg
- c. 25 IU/kg
- d. 35 IU/kg
- e. 50 IU/kg

96) Kessel blade angulation is

- a. 90
- b. 100

- c. 110
- d. 120
- e. 130

97) Hepatic resection and you suspect large VAE with associated haemodynamic instability. Appropriate management includes positioning patient

- a. Head down left tilt
- b. Head down right tilt
- c. Head up no tilt
- d. Head up left tilt
- e. Head up right tilt

98) Long labour with motor and sensory deficit suggesting obturator injury

99) Anaesthetic machine required for trigger-free anaesthetic. Has been flushed but no carbon filters available. For the entire case flows should run at a minimum of

- a. 2 L/min
- b. 4 L/min
- c. 6 L/min
- d. 8 L/min
- e. 10 L/min

100) Brachial plexus block with sparing on lateral forearm. There has been sparing of

- a. Musculocutaneous nerve
- b. Ulnar
- c. Radial nerve

101) Upper limb surgery with tourniquet. Maximum recommended time for inflation prior to deflation is

- a. 30 min
- b. 60 min
- c. 90 min
- d. 120 min
- e. 150 min

102) Neurosurgical case. Volatile which at 1 MAC has the least effect on ICP

- a. Desflurane
- b. Isoflurane
- c. Halothane
- d. Enflurane
- e. Sevoflurane

103) Orbital surgery. Postoperative numbness unilaterally on upper lip. Most likely cause is injury to:

- a. Nasolacrimal nerve
- b. Infraorbital nerve
- c. Infratrochlear nerve
- d. Supraorbital nerve
- e. Oculomotor nerve

104) Undertaking interscalene brachial plexus block with nerve stimulator. Abdominal contractions occur. You should aim your needle more:

- a. Anterior
- b. Posterior
- c. Superior
- d. Inferior
- e. Medial

105) The most cephalad level at which an intrathecal injection can safely be undertaken in a neonate is:

- a. L2/3
- b. L3/4
- c. L4/5
- d. L5/S1
- e. S1/2

106) Scalp blocks for awake craniotomy requires blockade of the following nerves:

- a. Greater and lesser occipital and greater auricular nerves
- b. Trigeminal, greater and lesser occipital nerves
- c. Trigeminal, greater occipital and greater auricular nerves
- d. Facial, trigeminal and greater occipital nerves
- e. Facial, greater and lesser occipital nerves

107) Urgent caesarean section with rapid sequence induction. You have had two unsuccessful attempts at direct laryngoscopy and are now having difficulty ventilating the patient with bag and mask. The most appropriate next step is:

- a. Call for senior assistance to intubate the patient
- b. Insert supraglottic airway
- c. Infraglottic airway
- d. Repeat attempt at intubation using a bougie
- e. Wake the patient up

108) Application of a magnet to an AICD will most likely:

- a. Maintain defibrillator activity and activate asynchronous pacing
- b. Maintain antitachycardia pacing and deactivate asynchronous pacing
- c. Deactivate antitachycardia pacing and activate asynchronous pacing
- d. Deactivate defibrillator and activate asynchronous pacing
- e. Deactivate defibrillator and with no change to pacing

109) Relative contraindications to management of traumatic brain injury include:

- a. Albumin
- b. Mannitol
- c. Normal saline
- d. ..
- e. ..

110) 3 yo IV paracetamol loading dose?

111) TURP with sudden drop in level of consciousness. BP 120/70. Heart rate 80. Sodium 119. Most appropriate management is:

- a. 20% saline as a bolus
- b. 3% saline at 100 ml/hr
- c. Normal saline at maintenance rate

- d. Frusemide 40 mg IV
- e. ..

112) A 5 month old child is for surgery in the morning. What is the fasting time advice:

- a. 6 hours for breast milk and 2 hours for clear fluids
- b. Fast from midnight
- c. 3 hours for breast milk and 2 hours for clear fluids
- d. 4 hours for breast milk and 2 hours for clear fluids
- e. 3 hours for breast milk and clear fluids up to time of surgery

113) 25 year old MBA. Femur fracture. Femoral nerve block and 25 mg morphine. In ED for 12/24. Normal CXR on admission. Now with RR 25, BP 120/80, HR 90, crackles on chest, sats 90%. What is the cause?

- a. Lung contusion
- b. Aspiration
- c. Fat embolism
- d. Opioid overdose

114) Child brought in, Purpuric rash, lethargy and reduced respiratory rate. What would be the ABG?

a.

a	pH 7.25	pO ₂ 85	pCO ₂ 80	BE -6	HCO ₃ 18
b	pH 7.24	24	75	-8	14
c	7.2	60	90	1	26
d	7.45				
e	7.45				

- b.
- c.
- d.
- e.

115) What product is not in Cryoprecipitate?

- a. Fibrinogen
- b. Factor 8
- c. Factor 13
- d. Factor 9
- e. Von willebrand factor

116) Patient with signs of DVT. Was on heparin infusion last week. Platelets now 40. What is the most appropriate treatment?

- a. Clexane
- b. Fondaparinux
- c. Therapeutic heparin
- d. Lepirudin
- e. Warfarin

117) Which drug will reduce the analgesic effect of tramadol?

- a. Ondansetron

118) How long does it take for buprenorphine patch to reach full effect?

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

119) Lung function FVC 4.3, FEV1 3.4

- a. Can proceed for pneumonectomy or lobectomy

120) Gabapentin steady state

- a. 1 day
- b. 2 days
- c. 3 days

Melbourne remembered topics

ECG calibration

Apnoea detection

What chemical to clean TOE

Post op, febrile etc, serotonin syndrome (all fit except no clonus/hyperreflexia) vs cholinergic crisis

CPEX contraindication (unstable angina?)

What causes increased mast cell degranulation ? AFE

Prem threatened ROM – MgSO₄ for neuroprotection

Trauma, clinically stable. Ok for CT angio

In Paeds, what is ineffective with Emergence delirium ? i/n dexmedetomidine

What happens magnet on defib

Pre op FEV₁>2 ok for pneumo/lobectomy

Fontan – ventilation parameters

HOCM – why regional bad vs GA

Chlorhex vs povidone iodine pros and cons

0.5% chlorhex why used

Opioid tolerance vs opioid induced hyperalgesia (?mechanisms or how do you differentiate)

GCS score

How to treat HOCM – beta blockers

Reduced DLCO ?emphysema

Lap at 15cm pressure, what happens to physiology ? increase CVP, SVR

Hobart remembered topics

Cath lab hypotension - from tamponade

MG which drug not to use/bad - metoprolol

Aspirin reduced effect by NSAID - ibuprofen

NSAID least VTE - naproxen

Surgical decompression of TN outcome - 10 years

Can't Tube two times in obstetric GA Caesar but can only just BMV with difficulty ?what to do ?

Ima ?another tube attempt?

MILA mechanism - decreased hepatic gluconeogenesis

Chronic pain procedure ?facet etc

Peribulbar CI ?staphylococci ?INR2.5

Marsh vs Schneider - schneider lower bolus, lower overall volume

Best for fluid balance ?toe ?pulse pressure

who can't do CPET - unstable angina

Stats 3 drugs 3 points - ANOVA
Stats p0.05 - 50%
Manujet pressure limit - 4 bars I think
TOE probe - what to do to process after use - ?phthalate
Sick man having laparotomy FFP blood etc - 2FFP and 1PRBC
ISS coagulopathy chance - 51%
Lung US A line and sliding lungs - COPD
Pyloric stenosis in kid - resuscitation target
qSOFA score - 2
Magnesium in preterm labour - tocolytic
Critical illness - sugar
Protocol infusion - high carb
PTX dose 15
Fontan doesn't cause hypotension - low afterload
Supraclavicular nerve for thoracic wall
IM 500 adrenaline
Sulphur allergy - avoid trimethoprim
Mast cell degranulation condition - AFE
opioid hyperalgesia vs tolerance - less precise
Flap thrombosis what to do - surgical exploration
Citalopram what drug - clonidine
Vascular to repair after CVC block
Sick young man, on morphine, hypoxic, tachycardic, confused - fat embolism
Sick baby's ABG - combined respiratory and metabolic acidosis
Strong ion gap - 40
VBG to ABG conversion - 7.29 to 7.35
Most sensitive test for dabigatran - thrombin time
Stats t vs Mann Whitney - likely t as big number
Oculocardiac afferent - Ciliary nerves
Visual loss prone most common cause - ?ION
Sedation with prop minimum number
Bypass crap oxygenation what to do - off bypass,