

1. Coiling of an intracerebral aneurysm. Radiologist notifies you of a rupture. What drug don't you give
 - a. Protamine
 - b. Metaraminol
 - c. Thiopentone
 - d. Heparin
 - e. Mannitol

2. Maternal arrest – which supports the diagnosis of an amniotic fluid embolism (repeat)
 - a. Decreased complement levels (C3/C4)
 - b. Significantly increased tryptase
 - c. Thrombocytosis
 - d. Hyperfibrinoginaemia
 - e. Raised CRP

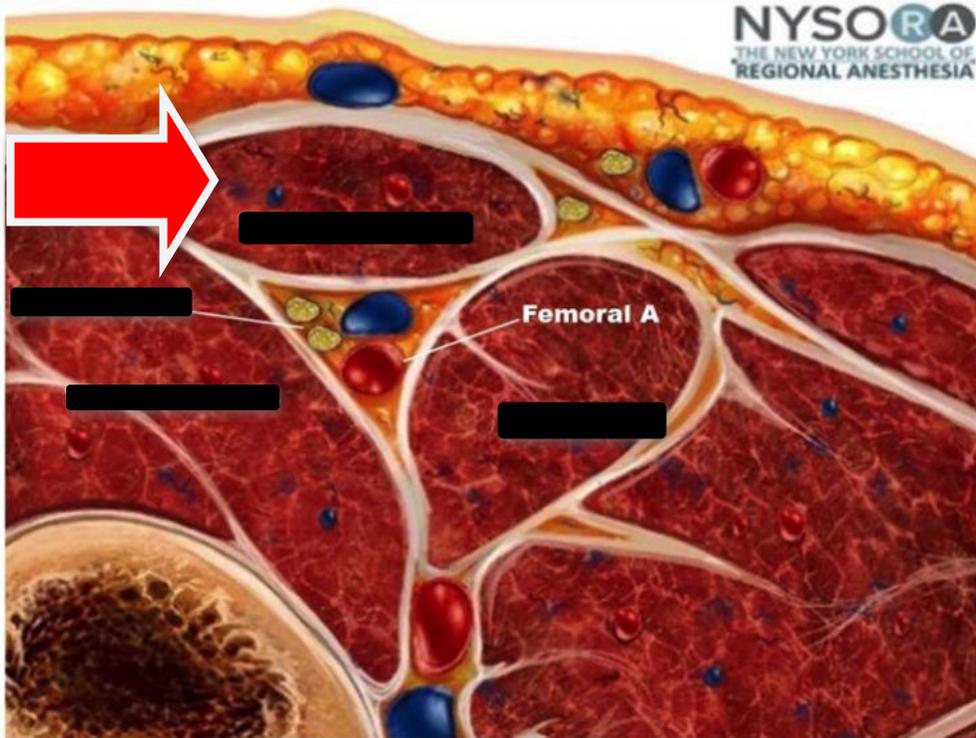
3. Determine the APGAR score of a neonate who is gasping, limp, pale, grimacing to stimulation, pulse 90
 - a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5

4. Insertion of IO. Which measure from an IO blood draw may be inaccurate?
 - a. Potassium
 - b. Sodium
 - c. Creatinine
 - d. Chloride
 - e. Albumin

5. During a propofol infusion in intensive care – how often must the propofol line be changed?
- 12 hours
 - 24 hours
 - 48 hours
 - 72 hours
 - 6 hours
6. Woman in her 30's – spontaneous unpleasant sensations in her arm. This is:
- Dysaesthesia
 - Allodynia
 - Hyperalgesia
 - Hyperaesthesia
 - Paraesthesia
7. Remifentanyl induced hyperalgesia is not decreased by
- Propofol
 - Clonidine
 - Ketamine
 - Gabapentin
 - Magnesium
8. Female post first GA for lymphoma. Vomiting in recovery, has already had ondansetron. What antiemetic to give next?
- Dexamethasone
 - Ondansetron
 - Droperidol
 - Metoclopramide
 - Cyclazine

9. 75 female for re-do TKR. First operation was 6 months ago. Hb is currently 105 and the operation is in 2 weeks. How will you manage her anaemia?
- a. Do nothing and re-check day of surgery
 - b. IV Iron
 - c. PO Iron
 - d. PRBC transfusion
 - e. Monitor Hb levels perioperatively
10. Massive blood loss in pregnant woman – what is the trigger for Fibrinogen administration?
- a. 2.0
 - b. 2.5
 - c. 1.5
 - d. 1.0
 - e. 0.5

11. What is this structure?



- a. Sartorius

- b. Saphenous nerve
- c. Adductor longus
- d. Vastus medialis
- e. Gracilis

12. Spirometry can measure

- a. Vital capacity
- b. Total lung capacity
- c. Functional residual capacity
- d. Total lung volume
- e. Residual volume

13. GCS post MVA: Eyes opening to pain, Verbal incomprehensible (like in a viva), Motor Flexion with pain

- a. 5
- b. 6
- c. 7
- d. 8
- e. 9

14. Infraclavicular block: stimulation of the posterior cord causes which response

- a. Biceps twitch
- b. Triceps twitch
- c. Pectoralis twitch
- d. No twitch
- e. Wrist twitch

15. Lateral CXR – what does it show?

- a. R) effusion
- b. R) lower lobe consolidation

- c. Pneumothorax
 - d. L) lower lobe pneumonia
 - e. L) upper lobe pneumonia
16. Risk of developing hepatitis C in a healthcare worker following a needlestick injury
- a. 0.2%
 - b. 2%
 - c. 20%
 - d. 40%
 - e. 50%
17. What are the causes of macrocytic anaemia?
- a. Chronic liver disease
 - b. Chronic renal disease
 - c. Thalassaemias
 - d. Vit E deficiency
 - e. Iron deficiency
18. Most reliable test to confirm iron deficiency anaemia?
- a. MCV
 - b. Mean corpuscle haemoglobin
 - c. Transferrin 40%
 - d. Ferritin <30ng/ml
 - e. Hb level
19. Patient on dabigatran in an MVA and bleeding– what to give?
- a. Idarucizumab
 - b. Platelets
 - c. PRBC

- d. PCC
- e. Fibrinogen

20. Which NSAID associated with the lowest risk of developing VTE?

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

21. What is the warm ischaemic time for the liver and pancreas after cardiac death?

- a. 30 minutes
- b. 60 minutes
- c. 90 minutes
- d. 70 minutes
- e. 50 minutes

22. DECRA outcomes included reduction in ICP and:

- a. Decreased mortality
- b. Decreased LOS in hospital
- c. No change to number of ventilator dependent days
- d. Improved neurological outcomes
- e. Decreased number of ventilator dependent days

23. Which of the following is least likely to occur during one lung ventilation in the lateral position?

- a. Intrapulmonary shunt
- b. V/Q mismatch
- c. Hypercarbia
- d. Hypoxia

- e. Hypoxic pulmonary vasoconstriction
24. Chronic C6 spinal cord injury – for TURBT. Hypertensive and bradycardic in recovery. What is the most likely cause?
- a. Kinked IDC
 - b. Ruptured bladder
 - c. Bleeding
 - d. Dissection
 - e. SIRS
25. Myasthenia gravis risk factors for developing post-operative ventilator issues
- a. Daily pyridostigmine dose >800mg
 - b. Duration of disease 3 years
 - c. Vital capacity > 4L
 - d. Eye disease only
 - e. Slowly disease progression
26. Calculate the RVSP: RAP 5mmHg; TR jet velocity 3m/s
- a. 36mmHg
 - b. 31mmHg
 - c. 41mmHg
 - d. 55mmHg
 - e. 22mmHg
27. Calculate the CHADS2 score: 73 female with history of CVA, HTN, DM on metformin
- a. 4
 - b. 6
 - c. 3
 - d. 5
 - e. 2

28. Surgical diathermy safe because

- a. High frequency
- b. Low frequency
- c. High voltage
- d. Low voltage
- e. Low temperature

29. 40 male undergoing dental extractions – significant bleeding. Coagulation profile shows increased APTT. Most likely diagnosis?

- a. Haemophilia A
- b. Haemophilia B
- c. Warfarin use
- d. Von Willebrands
- e. Factor V Leiden mutation

30. Which of the following does not disrupt the endothelial glycocalyx?

- a. Hypovolaemia
- b. Hypervolaemia
- c. Reperfusion injury
- d. Hypoglycaemia
- e. Hypoxia

31. Calculate the qSOFA score: 40 male, RR 18, spO2 100%, SBP 90mmHg, GCS 15

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

32. Child presents on day of surgery – cold 2 weeks ago, history of asthma, both parents are smokers. How can the risk of perioperative respiratory complications be reduced?
- Use LMA
 - Use ETT
 - Extubate awake
 - Use muscle relaxant
 - Cancel case
33. What is the expected rise of PaCO₂ after 10 minutes in an apnoeic, paralysed patient using THRIVE
- 10mmHg
 - 20mmHg
 - 30mmHg
 - 40mmHg
 - 50mmHg
34. What is the most likely pathology when a split P2 is heard during inspiration on auscultation?
- Mitral stenosis
 - Aortic regurgitation
 - Pulmonary hypertension
 - Aortic stenosis
 - Tricuspid regurgitation
35. What does the Pringle manoeuvre involve?
- Hepatic artery and hepatic vein
 - Hepatic artery and portal vein
 - Portal vein and IVC
 - Infra and suprahepatic components of the IVC
 - Portal vein and hepatic vein

36. What is the shelf life of pooled platelets?

- a. 2 days
- b. 5 days
- c. 6 days
- d. 12 days
- e. 24 days

37. Which product has the highest risk of bacterial contamination?

- a. FFP
- b. Platelets
- c. PRBC
- d. Extended life plasma
- e. Albumin

38. Woman 28/40 pregnant intubated and ventilated in ICU following MVA. What is an indication to urgently intervene?

- a. PV bleeding
- b. FHR variability greater than 30
- c. Positive Kleihauer test
- d. Maternal hypotension
- e. Braxton Hicks contractions

39. Pregnant woman undergoing neurocoiling. From which point in the pregnancy does the FHR require monitoring?

- a. 24 weeks
- b. 28 weeks
- c. 32 weeks
- d. 36 weeks
- e. 20 weeks

40. Infective endocarditis prophylaxis for dental extractions is required in the following clinical situation

- a. Mitral valve prolapse
- b. Prosthetic cardiac valve
- c. VSD completely repaired 2 years ago
- d. Aortic stenosis
- e. Cardiac transplant

41. Normal axial length

- a. 22mm
- b. 26mm
- c. 24mm
- d. 27mm
- e. 28mm

42. Highest bacterial kill rate at 30 seconds

- a. Chlorhexadine 4%
- b. Isopropyl alcohol 70%
- c. Ethanol 70% liquid
- d. Povodine iodine
- e. Ethanol gel 70%

43. Most effective skin preparation when performing a spinal?

- a. Chlorhexidine 4%
- b. Isopropyl alcohol 70%
- c. Povodine iodine
- d. Ethanol gel 70%
- e. Chlorhexidine 0.5% with isopropyl alcohol 70%

44. Which syndrome is not associated with difficult intubation?

- a. Aperts
 - b. Down syndrome
 - c. Treacher Collins
 - d. Hurlers syndrome
 - e. Pierre Robin
45. Patients core temperature drops 1 degree within first 20minutes of a bowel operation –what is the mechanism?
- a. Radiation
 - b. Evaporation
 - c. Convection
 - d. Redistribution from core to peripheries
 - e. Conduction
46. How much potassium is required to increase serum K from 2.8mmol/L to 3.8 mmol/L?
- a. 10mmol
 - b. 20mmol
 - c. 30mmol
 - d. 100mmol
 - e. 200mmol
47. Correction of chronic hyponatraemia should aim to increase Na by how much over 24 hours
- a. 2mmol
 - b. 16mmol
 - c. 12mmol
 - d. 5mmol
 - e. 8mmol
48. TBI in 24year old male – what is the target cerebral perfusion pressure?
- a. 50-60mmHg

- b. 60-70mmHg
 - c. 70-80mmHg
 - d. 80-90mmHg
 - e. 90-100mmHg
49. Which of the following interventions is not associated with spinal cord protection from ischaemia?
- a. Lumbar drain
 - b. Pre-operative identification of the Artery of Adamkiewicz
 - c. Intra-operative monitoring of motor evoked potentials
 - d. High dose IV methylprednisone
 - e. Maintaining MAP >80mmHg
50. Radiofrequency ablation for trigeminal neuralgia associated with a symptom free period of
- a. 10 years
 - b. 5 years
 - c. 3 months
 - d. 2 months
 - e. 1 year
51. Patient undergoes a TKR under spinal anaesthesia, adductor canal block and LA by surgeon – “weak leg” the following day. Damage of which nerve is the least likely cause?
- a. Deep peroneal nerve
 - b. Femoral nerve
 - c. Sciatic nerve
 - d. Saphenous nerve
 - e. Common peroneal nerve
52. Ulnar nerve palsy secondary to position –which would be expected?
- a. Arm held in supination

- b. Weakness of thumb abductors
- c. Weakness of finger adductors
- d. Wrist flexion
- e. Numbness of the posterior arm

53. What spirometric picture is seen in a patient with Cystic fibrosis?

- a. Mixed obstructive/restrictive
- b. Restrictive
- c. Obstructive
- d. Normal
- e. Restrictive with low DLCO

54. Carbon monoxide poisoning results in an arterial blood gas that shows

- a. Decreased calculated SpO₂
- b. Decreased PaO₂
- c. Normal PaO₂
- d. Normal HbCO
- e. Normal lactate

55. Calculate the A-a gradient

- i. FiO₂ 1.0
 - ii. PaCO₂ 40mmHg
 - iii. PaO₂ 200mmHg
 - iv. Standard atmospheric pressure at sea level
- b. 663
 - c. 463
 - d. 363
 - e. 263

- f. 163
56. Calculate the adult TBSA % - Half arm, half of front abdomen/chest, whole leg
- a. 25%
 - b. 29%
 - c. 35%
 - d. 10%
 - e. 18%
57. Hyperbaric bupivacaine used in spinal anaesthesia for LSCS more than plain bupivacaine due to
- a. Decreased risk of total spinal
 - b. Analgesic properties
 - c. Faster onset of anaesthetic
 - d. Faster onset of analgesia
 - e. Faster offset of anaesthetic
58. ATACUS trial – use of tranexamic acid associated with
- a. Increased incidence of bowel ischaemia
 - b. Increased incidence of seizures
 - c. Increased incidence of graft thrombosis
 - d. Increased incidence of CVA
 - e. Increased incidence of renal failure
59. WOMAN trial associated with
- a. Decreased all cause mortality
 - b. Decreased use of Bakri balloon
 - c. Decreased use of blood products
 - d. Increased rate of VTE
 - e. Decreased mortality due to bleeding

60. First line management of thyrotoxicosis

- a. Beta blockers
- b. Propylthiouracil
- c. Lugol's iodine
- d. Carvedilol
- e. Dantrolene

61. Difficult thyroidectomy. Patient develops stridor on extubation. What is the most likely cause?

- a. Haematoma
- b. Tracheomalacia
- c. Hypocalcaemia
- d. Recurrent laryngeal nerve injury
- e. Residual muscle relaxant

62. Healthy woman undergoing GA with relaxant. What continuous monitoring is not essential?

- a. CO₂ analysis
- b. O₂ analysis
- c. Disconnect alarm
- d. SpO₂ monitoring
- e. ECG

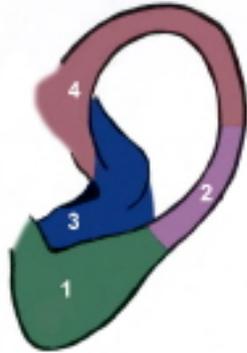
63. Which nerve has been damaged?



- a. Glossopharyngeal

- b. Recurrent laryngeal
- c. Alveolar
- d. Hypoglossal
- e. Accessory

64. Which nerve innervates this area? (Area 1)



- a. Lesser occipital nerve
- b. Auricular branch of the vagus nerve
- c. Auriculotemporal nerve
- d. Greater auricular nerve
- e. Zygomaticotemporal nerve

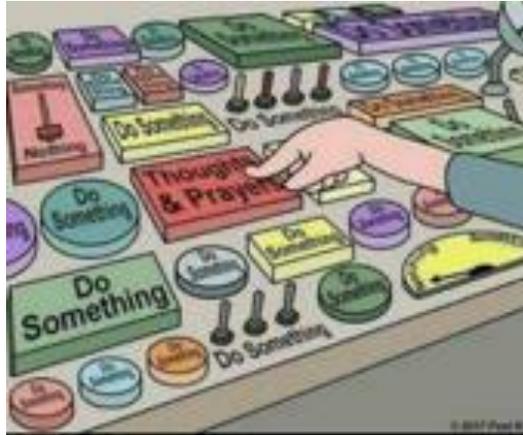
65. Using ultrasound to guide insertion of a central line. What colour will the carotid artery be when Doppler/Duplex applied in the short axis?

- a. Red in systole, blue in diastole
- b. Blue in systole, red in diastole
- c. Depends on angle of the probe
- d. Green
- e. Yellow

66. Which mode of ECMO is indicated? Cardiac index 1.5; PAP 30mmHg; Central venous saturations decreased.

- a. Peripheral VV
- b. Central VA

- c. Peripheral VA
- d. RVAD with oxygenator
- e. Thoughts and prayers



67. What is the first sign of a total spinal in a child who has undergone a caudal block?
- a. Decreased HR
 - b. Decreased SpO₂
 - c. Unconsciousness
 - d. Decreased BP
 - e. Cardiac arrest
68. You are asked to perform the anaesthetic for a patient requiring urgent ECT in a standalone facility. The patient is currently taking tranylcypromine. The most appropriate course of action is
- a. Cancel the procedure, cease tranylcypromine and perform the ECT in 2 weeks
 - b. Proceed with ECT but induce with midazolam and remifentanyl
 - c. Proceed with ECT but pretreat with esomolol
 - d. Transfer the patient to a tertiary centre for their ECT
 - e. Proceed with ECT with caution using your usual drugs
69. You are to anaesthetise a patient taking the drug donepezil for dementia. How will this effect your anaesthetic?
- a. Decreased dose of rocuronium required
 - b. Increased duration of action of rocuronium

- c. Decreased dose of neostigmine required
- d. Standard neostigmine dose ineffective
- e. Prolonged action of suxamethonium

70. The volatile with the longest time to environmental degradation is

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

71. Active cooling during MH should be ceased when core temperature reaches

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

72. You suspect a patient has MH and have changed to a charcoal filter. What other action is required?

- a. Flush the machine for 10mins with 100% O₂
- b. Run the anaesthetic at 15L/min 100% O₂
- c. BMV with an AMBU bag
- d. Change to Nitrous oxide
- e. Change the anaesthetic machine

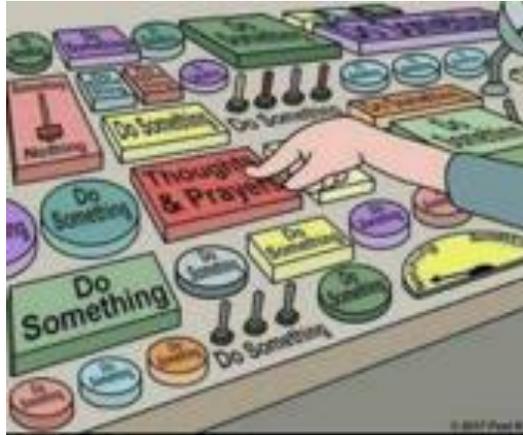
73. You are transferring a child from theatre to PACU on a T-piece using a fresh gas flow rate of 3L/min. ETCO₂ begins to rise – how do you manage this?

- a. Disconnect filter
- b. Manually ventilate the child

- c. Increase the gas flow rate
 - d. Apply PEEP
 - e. Decrease gas flow rate
74. What cleaning method inactivates non-spore organisms
- a. Decontamination
 - b. Sterilisation
 - c. Disinfection
 - d. Asepsis
 - e. Cleaning
75. In a statistically significant study, the number of events that would need to change to non-events to render the study no longer significant is known as the:
- a. Youden index
 - b. Propensity score
 - c. Fragility index
 - d. Bonferroni scale
 - e. Jaccard index
76. What test should be applied to non-parametric, continuous data from 2 groups?
- a. Fischers
 - b. Student T test
 - c. Mann Whitney U
 - d. Bland Altman
 - e. Analysis of variance
77. Urgent evacuation of SDH booked in a patient with a DDD AICD. There is no cardiac technician available – how do you proceed?
- a. Delay until cardiology reviews patient
 - b. Proceed

- c. Proceed with magnet ready
 - d. Pace externally
 - e. Proceed with magnet taped to patient
78. Which effects the action of an implantable defibrillator the LEAST/MOST (?)
- a. MRI
 - b. ECT
 - c. XRT
 - d. Lithotripsy
 - e. .
79. Which of the following attenuates the analgesic effects of salmon calcitonin?
- a. Metoclopramide
 - b. Ondansetron
 - c. Naloxone
 - d. Magnesium
 - e. Flumazenil
80. Which is the most inappropriate analgesic to prescribe if the patient is also taking Lithium?
- a. Tramadol
 - b. Paracetamol
 - c. Oxycodone
 - d. Codeine
 - e. Ibuprofen
81. Patient post op THR, heparinised for treatment of a PE. Develops hypotension, SBP < 80mmHg and tachycardia. What is the next step in management?
- a. Fluids and inotropes
 - b. Refer for embolectomy
 - c. IVC filter

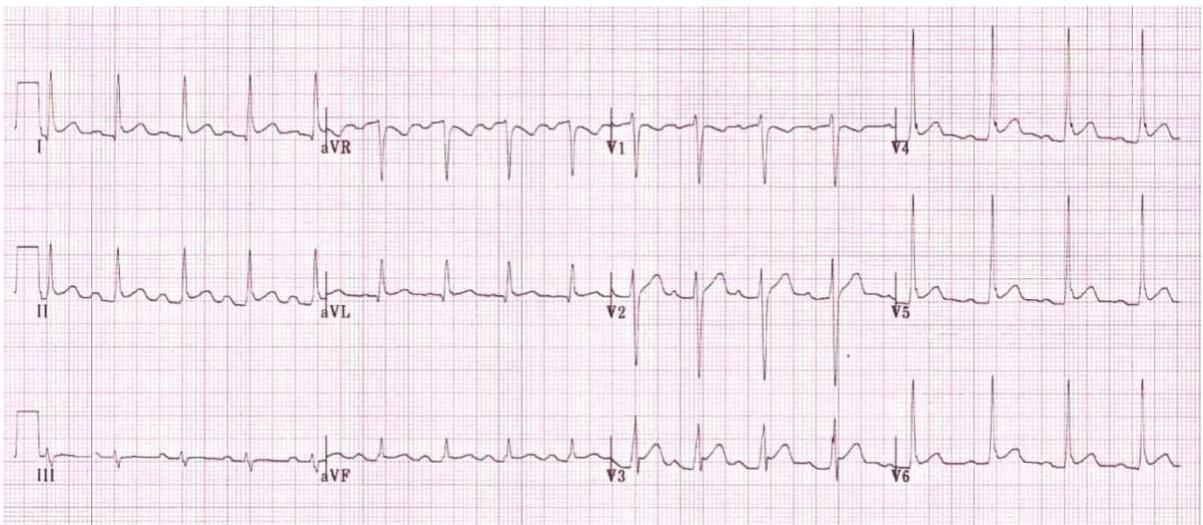
- d. Thrombolysis
- e. Warfarin
- f. Thoughts and prayers



82. CS5 ECG configuration. Lead I is best for detecting ischaemia in which territory?

- a. Lateral wall
- b. Inferior wall
- c. Posterior wall
- d. Septal wall
- e. Anterior wall

83. What does this ECG depict?



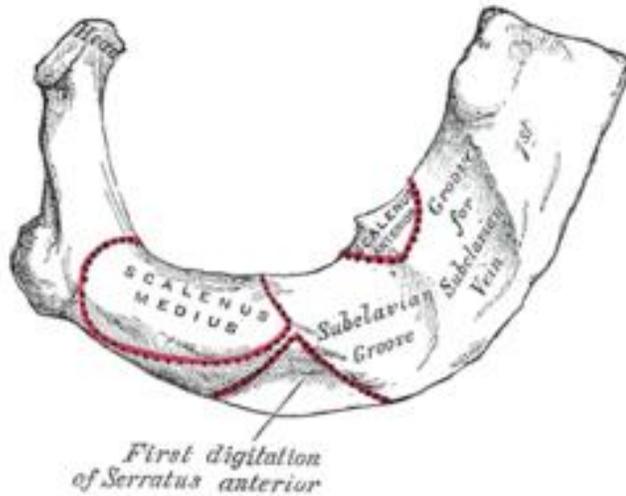
- a. Inferior MI

- b. Lateral MI
- c. Pericarditis
- d. Lead transposition
- e. Atrial fibrillation

84. What are the fasting requirements for a 6 week old infant undergoing an elective procedure?

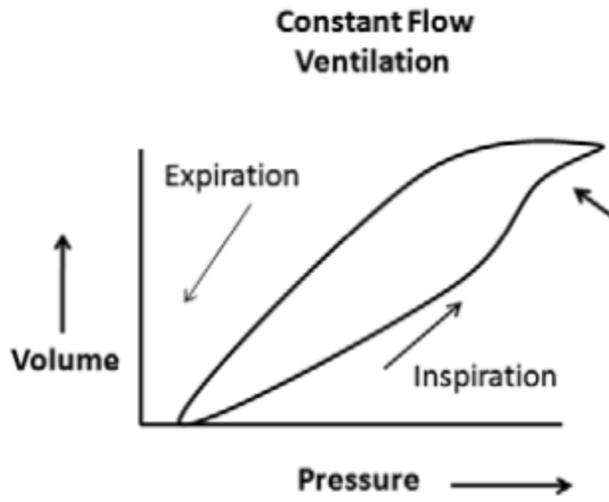
- a. 6 hours solids
- b. 4 hours breast milk
- c. 6 hours clear fluids
- d. 2 hours formula
- e. 1 hour clear fluid

85. Which muscle inserts at this point? (Sc M)



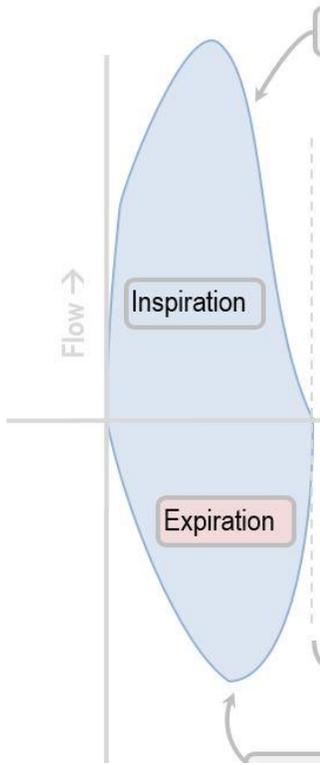
- a. Scalenus anterior
- b. Scalenus medius
- c. Sternocleidomastoid
- d. Parietal pleura
- e. Articular surface of clavicle

86. What does this Pressure-Volume loop depict?



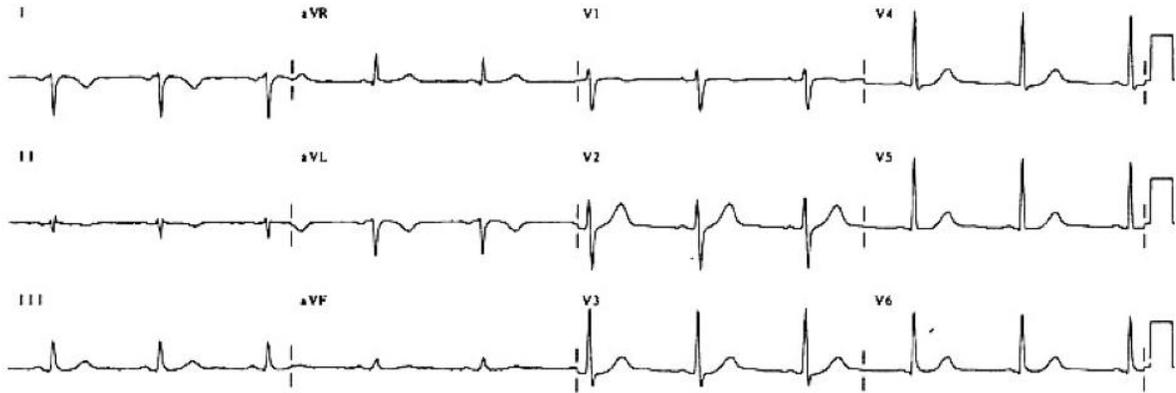
- a. Excessive PEEP
- b. Inadequate PEEP
- c. Under-expansion
- d. Normal
- e. Over-expansion

87. Flow-volume loop depicts the following



- a. Obstruction
- b. Restriction
- c. Tracheal stenosis
- d. Lung transplant
- e. Vocal cord paralysis

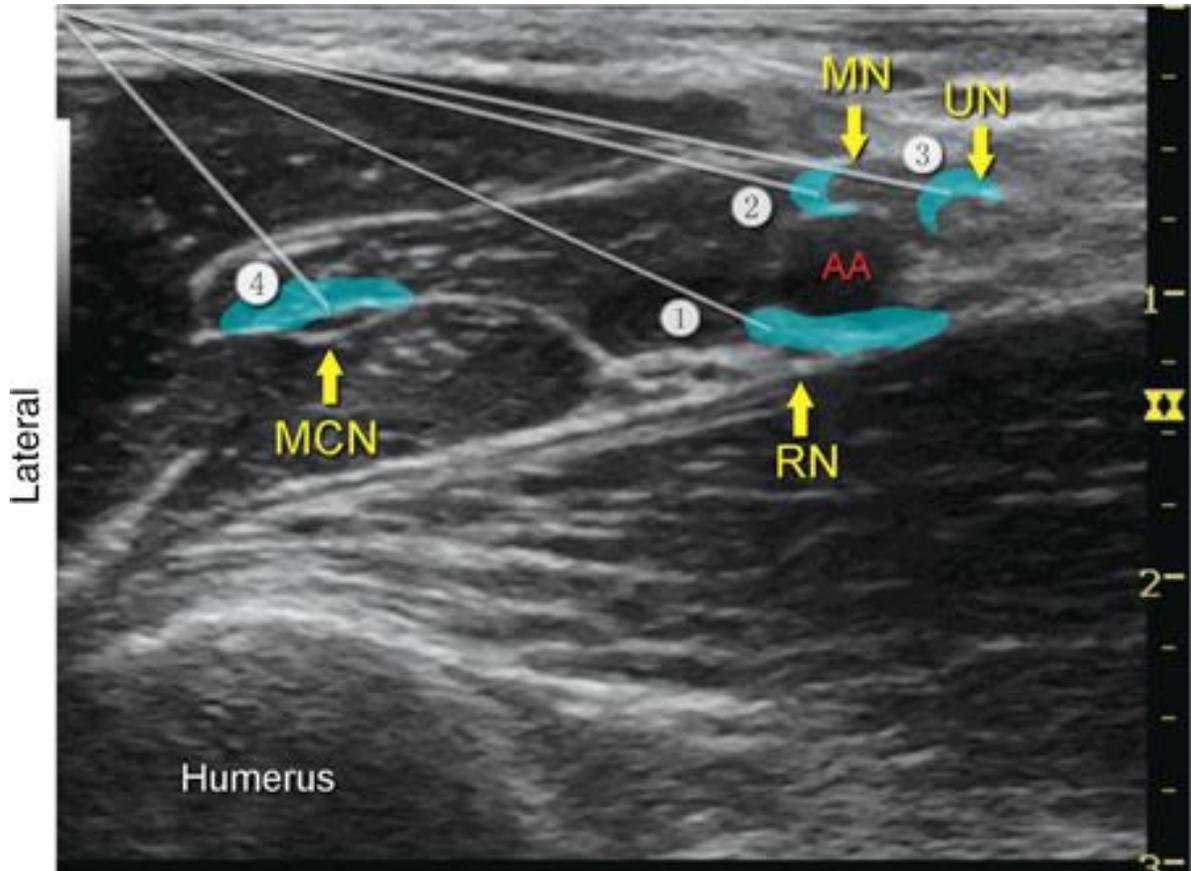
88. The following ECG depicts:



- a. Lateral ischaemia
 - b. LVH
 - c. Dextrocardia
 - d. Limb lead reversal
 - e. AF
89. Toddler undergoing dental extraction 2 weeks post URTI. Stridor in PACU. What is your management?
- a. Reintubate
 - b. Dexamethasone 0.15mg/kg IV
 - c. Nebulised adrenaline
 - d. IV Midazolam
 - e. Nebulised salbutamol
90. Patient with dilated cardiomyopathy with preserved RV function but mean PAP of 55mmHg. Your induction plan will include?
- a. Milrinone
 - b. Metaraminol
 - c. Isoprenaline
 - d. GTN

e. Adrenaline

91. Which combination of nerves will need to be blocked in order to perform surgery on the index finger solely under plexus blockade?



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

92. 65 year old male, usually well. In intensive care with severe sepsis. Central venous saturations 71%, INR 1.5, Hb 75. What do you give?

- a. 2 units PRBC
- b. Nothing

- c. 1 unit FFP
- d. Prothrombinex
- e. 1 unit PRBC and 1 unit FFP

93. What are the 3 main components in Prothrombinex?

- a. Factors 7/9/10
- b. Factors 2/5/10
- c. Factors 2/7/9
- d. Factors 2/9/10
- e. Factors 2/5/7

94. How much cryoprecipitate is required to raise fibrinogen levels by 1g/L in a 70kg patient?

- a. 5 units
- b. 2 units
- c. 7 units
- d. 10 units
- e. 1 unit

95. 2 year old child in VF arrest – how many joules required for shock delivery?

- a. 10
- b. 20
- c. 30
- d. 50
- e. 100

96. Sub Tenon contraindicated in the following scenarios

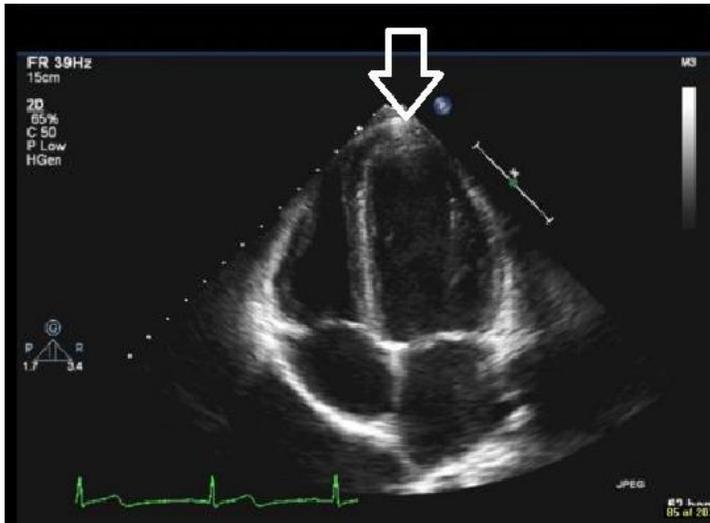
- a. Warfarin use
- b. Presence of scleral buckle
- c. Inferior nasal pterygium

- d. Glaucoma surgery
 - e. Axial length >24mm
97. Talking to a patient with a tracheostomy in-situ in the Pre-admission clinic. In order for the patient to talk to you, you must:
- a. Inflate the tracheostomy cuff, insert fenestrated piece, insert one-way valve
 - b. Inflate tracheostomy cuff, insert un-fenestrated piece, insert one-way valve
 - c. Deflate tracheostomy cuff, insert fenestrated piece, insert one-way valve
 - d. Deflate tracheostomy cuff, insert fenestrated piece, remove one-way valve
 - e. Deflate tracheostomy cuff, insert un-fenestrated piece, insert one-way valve
98. Morbidly obese patient being rolled for pressure cares in ICU. Patient becomes hypoxic and in respiratory distress - you suspect the newly placed tracheostomy has become dislodged. What is your management plan?
- a. Call ENT for advice
 - b. Use a guidewire to re-insert the tracheostomy tube
 - c. Perform a new tracheostomy
 - d. Reintubate from above
 - e. Perform a bronchoscopic guided reinsertion of the tracheostomy tube
99. In an operating theatre with an isolated electrical supply. Why do you not receive an electric shock when you touch the wire of the electrical power supply?
- a. Presence of a circuit breaker
 - b. Wearing rubber soled shoes
 - c. The supply is connected to an equipotential earth
 - d. There is a line isolation monitor
 - e. The voltage is too low
100. Which of the following will prevent the delivery of a microshock
- a. Line isolation monitor
 - b. Residual current device

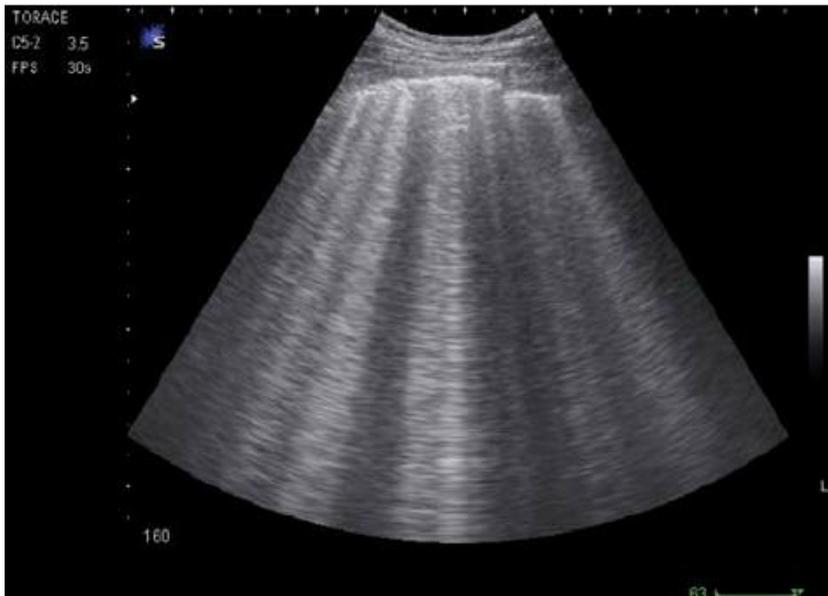
- c. Equipotential earthing
 - d. Floating circuit
 - e. Extra low voltage use
101. Therapeutic privilege is defined as:
- a. Benefit or monetary gain from the use or promotion of medicines or products
 - b. The use of placebo medicines with the knowledge that no clinical effects will occur
 - c. Non-disclosure of aspects of risk when consenting a patient in order to prevent possible psychological harm or suffering to the patient
 - d. With-holding information when gaining consent because the treating doctor does not deem the risk to be significant
 - e. Specifically allocating family members to the treatment arm of randomised control trials
102. Your registrar calls you to assist with the insertion of a difficult labour epidural. You attend and only put on a pair of sterile gloves before taking over and successfully siting the epidural. This is known as a:
- a. Slip
 - b. Lapse
 - c. Violation
 - d. Mistake
 - e. Deviation
103. Sensitivity calculation:
- a. .
 - b. .
 - c. .
 - d. .
 - e. .
104. An ICC is connected to a 3 chamber underwater seal drain set on suction at the wall. There is no water in the 3rd chamber. This will result in

- a. Pulmonary oedema
 - b. No suction created
 - c. Reaccumulation of pneumothorax
 - d. Haemopneumothorax
 - e. Barotrauma
105. Elderly patient arrives in induction bay for NOF#. Noted to be in rapid AF, BP 130/80, HR 110-140bpm. What is your management?
- a. Anticoagulate
 - b. Digoxin
 - c. DCCV post induction
 - d. Metoprolol
 - e. Amiodarone
106. 15 year old male with known prolonged QT. You are called to PACU where he is noted to be in VT. GCS 15, Nil chest pain. What is your management?
- a. Magnesium
 - b. Synchronised shock
 - c. Amiodarone
 - d. Adenosine
 - e. Metoprolol
107. Patient in PACU following a right pneumonectomy. You are called due to a sudden drop in blood pressure. When you arrive the patient is shocked – what is your initial management?
- a. Clamp the ICC
 - b. Turn patient left side down
 - c. Transfuse 2 units PRBC
 - d. Turn patient right side down
 - e. Place ICC on suction

108. Which vessel supplies the territory indicated by the arrow?



- a. RCA
 - b. PDA
 - c. Circumflex
 - d. LAD
 - e. First marginal
109. The following lung ultrasound indicates:



- a. Pneumothorax
- b. Pulmonary haemorrhage

- c. Pulmonary oedema
 - d. Pleural effusion
 - e. Normal lung
110. Grade 2 anaphylaxis in a 10kg child. What is the minimal dose of Adrenaline required?
- a. 0.1mcg.kg
 - b. 0.5mcg/kg
 - c. 2mcg/kg
 - d. 4mcg/kg
 - e. 10mcg/kg
111. What is the best treatment for prevention of post herpetic neuralgia?
- a. Valanciclovir
 - b. Amitriptylline
 - c. Gabapentin
 - d. Oxycodone
 - e. Fentanyl
112. How are volatiles analysed?
- a. Mass spectrometry
 - b. Raman scattering
 - c. Infra-red absorption spectroscopy
 - d. Gas chromatography
 - e. Paramagnetic sensor
113. Carbon dioxide LASER properties include:
- a. Shallow penetrance
 - b. Short wavelength
 - c. Well absorbed by water

- d. Well absorbed by Hb
 - e. Well absorbed by melanin
114. Calculate the ECG axis: Lead I equipotential; Lead II equipotential; aVF and Lead III negative
- a. -150
 - b. 90
 - c. 60
 - d. -30
 - e. -80
115. What is the initial electrolyte abnormality that will be seen following bilateral lower limb crush injuries?
- a. Hypokalaemia
 - b. Hypocalcaemia
 - c. Hypophosphataemia
 - d. Metabolic alkalosis
 - e. Hypoglycaemia
116. Which of the following is not a contraindication to solid organ donation?
- a. Herpes encephalopathy
 - b. Enterobacter sepsis
 - c. HIV
 - d. Adenovirus
 - e. Active measles infection
117. What is the maximum FiO₂ achieved when using a Venturi mask?
- a. 1.0
 - b. 0.9
 - c. 0.4

- d. 0.6
 - e. 0.7
118. A patient presents with diabetic ketoacidosis. ABG shows pH 7.12, Ketones 15mmol/L, BSL 24mmol/L. What is the best measure of severity and subsequent response to treatment?
- a. Serum bicarbonate
 - b. Urinary ketones
 - c. Serum ketones
 - d. BSL
 - e. Serum potassium
119. What is the most common complication associated with the use of extra-corporeal membrane oxygenation?
- a. Ischaemic stroke
 - b. Haemorrhage
 - c. Oxygenator failure
 - d. Haemolysis
 - e. Differential oxygenation
120. What is the most effective single dose analgesic following wisdom tooth extraction?
- a. Paracetamol 1000mg
 - b. Tramadol 100mg
 - c. Parecoxib 40mg
 - d. Ibuprofen 400mg
 - e. Codeine 30mg
121. In a patient undergoing video-assisted thoracoscopic lower lobe resection, the risk of hypoxia during one lung ventilation is increased by:
- a. Left sided surgery
 - b. Right sided surgery

- c. Central rather than peripheral lesion
 - d. Low A-a gradient on two lung ventilation
 - e. Lateral positioning
122. EVAR compared to open AAA repair results in
- a. Decreased re-intervention rate
 - b. Increased re-intervention rate
 - c. Increased mortality
 - d. Increased perioperative morbidity
 - e. Poorer short term outcomes
123. Risk factors associated with the development of Bone cement implantation syndrome include all of the following except:
- a. Age >85 years old
 - b. Male gender
 - c. Use of diuretics
 - d. Femoral canal diameter <21mm
 - e. Underlying cardiovascular disease
124. ASA 1 patient undergoing a laparoscopic gynaecological procedure, what is the average time to peak plateau of CO₂ following insufflation of pneumoperitoneum?
- a. >60 minutes
 - b. 50-60 minutes
 - c. < 15 minutes
 - d. 15-30minutes
 - e. 30-50minutes
125. A patient undergoing a GA asks how long she must wait before she can resume breast feeding
- a. Discard first feed then breastfeed normally
 - b. Not for the first 24 hours post operatively

- c. When she is alert and feeling able
 - d. Bitty
 - e. It depends on what anaesthetic drugs she has been given
126. What is the main cause of initial coagulopathy following a gunshot wound?
- a. Tissue hypoperfusion
 - b. Hyperthermia
 - c. Hypothermia
 - d. Acidosis
 - e. Decreased fibrinolysis
127. What is the targeted pre-ductal SpO₂ in a term neonate 2 minutes after birth?
- a. 100%
 - b. 65-85%
 - c. 60-70%
 - d. 75-90%
 - e. 80-90%
128. Which drug decreases the efficacy of methadone?
- a. Phenytoin
 - b. .
 - c. .
 - d. .
 - e. .
129. What is the best initial treatment of pregnancy induced hypertension?
- a. Atenolol
 - b. Magnesium
 - c. Hydralazine

- d. Enalapril
 - e. Methyldopa
130. What is the purpose of placing a magnet over a PPM intra-operatively?
- a. Cause inhibition
 - b. Prevent inhibition
 - c. Prevent defibrillation
 - d. Prevent microshock
 - e. Prevent macroshock
131. What is the most appropriate indication for pre-peritoneal packing?
- a. Control of venous bleeding associated with unstable pelvic fracture
 - b. Control of arterial bleeding associated with unstable pelvic fracture
 - c. Rupture ectopic
 - d. Iliac artery dissection
 - e. Open prostatectomy
132. 34 year old male presents with an overdose of amitriptyline. He has a decreased LOC, wide complex QRS and is hypotensive. What is the treatment?
- a. Adrenaline
 - b. Amiodarone
 - c. Magnesium
 - d. Sodium bicarbonate
 - e. Calcium gluconate
133. Which muscle is most likely to be missed following a peribulbar block?
- a. Inferior oblique
 - b. Superior rectus
 - c. Lateral rectus

- d. Superior oblique
 - e. Medial rectus
134. St Johns wort decreases the effect of :
- a. Fluoxetine
 - b. Tramadol
 - c. Amiodarone
 - d. Cocaine
 - e. Lithium
135. What is the gauge of a standard Ezi-IO needle?
- a. 20G
 - b. 18G
 - c. 16G
 - d. 15Fr
 - e. 15G
136. What component is not present in cryoprecipitate?
- a. II
 - b. X
 - c. .
 - d. .
 - e. .
137. Which of the following is most likely to cause interference with the measurement of MEPS during scoliosis surgery?
- a. Oxycodone
 - b. Ketamine
 - c. Desflurane
 - d. Metaraminol

- e. Neostigmine
138. Which over the counter medication is associated with an increased rate of anaphylaxis to NDMRs?
- a. Codeine
 - b. Oral contraceptive pill
 - c. Pholcodine
 - d. Aspirin
 - e. Sertraline
139. What oxygen consumption correlates with 4 METS?
- a. 10mls/kg/min
 - b. 14mls/kg/min
 - c. 15mls/kg/min
 - d. 16mls/kg/min
 - e. 3.5mls/kg/min
140. The onset of delayed ischaemia associated with SAH is usually
- a. 1-3 days
 - b. 3-14 days
 - c. 5-7 days
 - d. >21 days
 - e. 10 days
141. There is a new study testing pre-operative risk. The early analysis finds both samples are not normally distributed. What is the best test to check to statistical significance?
- a. T test
 - b. Fishers test
 - c. Bland Altman
 - d. Mann-Whitney Houston

- e. ANOVA
142. Lung USS PACU VAT (PICTURE HERE)
- a. Haemothorax
 - b. Pleural effusion
 - c. Pleural oedema
 - d. Pneumonia
 - e. Pneumothorax
143. Prior to proceeding with a thyroidectomy, which tests need to be normal?
- a. Hb/TSH/T4
 - b. TSH/T3/T4
 - c. TSH/T3
 - d. TSH
 - e. T3/T4
144. What is the first line management for a patient complaining of a throbbing unilateral headache 2 days post CEA?
- a. Paracetamol
 - b. Aspirin
 - c. Tramadol
 - d. .
 - e. .
145. (May have been remembered differently) Neonate at 2 mins has sats 70%, has been warmed, stimulated and has an open airway. Next move → nothing, intubate, mask ventilate RA, mask ventilate 100%
- a. Nothing
 - b. Intubate
 - c. BMV on room air
 - d. BMV on 100%

e. .

146. Non parametric data analysis of 250 patients following thoracic surgery, looking for association between biochemical markers and the development of APO. Which test to use?