

1. Which of the following is diagnostic of obesity hypoventilation syndrome:
 - a. PaCO₂ >45 mmHg
 - b. SpO₂ <90%
 - c. AHI > 5
 - d. STOPBANG>3

2. A patient has an AHI of 4. What is the severity of their OSA?
 - a. Absent
 - b. Mild
 - c. Moderate
 - d. Severe
 - e. Life threatening

3. Scavenging connected to APL valve - what is the size of the connector?
 - a. 12 mm
 - b. 15
 - c. 22
 - d. 25
 - e. 30

4. Which is the first factor to be depleted in surgical bleeding?
 - a. I
 - b. II
 - c. VII
 - d. X
 - e. XIII

5. What is the target CPP in a 3 year old with a severe TBI?
 - a. 20
 - b. 30
 - c. 40
 - d. 50
 - e. 60

6. Which of the following enhances HPV
 - a. Hypothermia
 - b. Low dose vasopressin infusion
 - c. Low dose adrenaline infusion
 - d. Methylene blue

7. Primip with an epidural in situ 8 hours into labour. What is the most likely cause of her developing a temperature of 37.6 degrees?
 - a. Impaired thermoreg
 - b. Chorioamnionitis
 - c. UTI
 - d. Epidural infection
 - e. Inflammatory response

8. In the early period after a lung transplant, all the following are lost EXCEPT:
 - a. Impaired cough distal to anastomosis
 - b. Loss of HPV

- c. Loss of respiratory response to elevated PaCO₂
- d. Impaired mucociliary function
- e. Impaired lymphatic drainage

9. Middle aged woman complains of intermittent stabbing pain to left jaw. Normal physical examination. Most appropriate initial management.

- A. Aciclovir
- B. Carbamazepine
- C. CT brain
- D. Lamotrigine
- E. Prednisone

10. Most common cause of bilateral blindness in spinal surgery and anaesthesia

- A retinal artery occlusion
- B embolic cortical stroke
- C cortical stroke
- D ischaemic optic neuropathy
- E bilateral acute angle glaucoma

11. Recommended target MAP in septic shock in an adult:

- A. 55
- B. 60
- C. 65
- D. 70
- E. 75

12. 36yo woman sustained an injury to her left arm and presents with pain. She complains of increased pain to pink prick on her left side compared to her right side. This is an example of:

- A. Dysaesthesia
- B. Allodynia
- C. Hyperalgesia
- D. Paraesthesia
- E. Hyperaesthesia

13. On inhalation induction in a 10kg 1yo develops severe laryngospasm. Failed IV access but intraosseous obtained. What is the dose of Suxamethonium?

- a. 10
- b. 20
- c. 30
- d. 40
- e. 50

14. What is a relative contraindication to a peribulbar Block

- a. Axial length of 24mm
- b. INR 2.5 for mechanical aortic valve
- c. Staphyloma
- d. Scleral buckle
- e. Pterygium

15. Management of prolonged block with mivacurium.

- a. Sugammadex

- b. FFP
- c. Keep anaesthetised and ventilated until block wears off
- d. Pralidoxime
- e. Neostigmine 100microg/kg

16. GCS eyes open to voice, responding to questions but occasional confusion, purposeful movement to pain. What is his GCS?

- a. 11
- b. 12
- c. 13
- d. 14
- e. 15

17. What type of needle is shown in the image:

- a. Pitkin
- b. Quinke
- c. Whitacre
- d. Sprotte
- e. Tuohy



18. A patient is in ICU following MVR, requires MRI Brain to assess neuro in the event of neurological deterioration. What presents the greatest safety risk to the patient?

- a. Epicardial pacing leads
- b. Arterial transducer
- c. ETT spring
- d. Sternal wires
- e. Pilot balloon spring

19. Pt with mediastinal mass, for anterior mediastinoscopy, post induction, unable to vent, loss of SpO2 and weak carotid pulse. Immediate management:

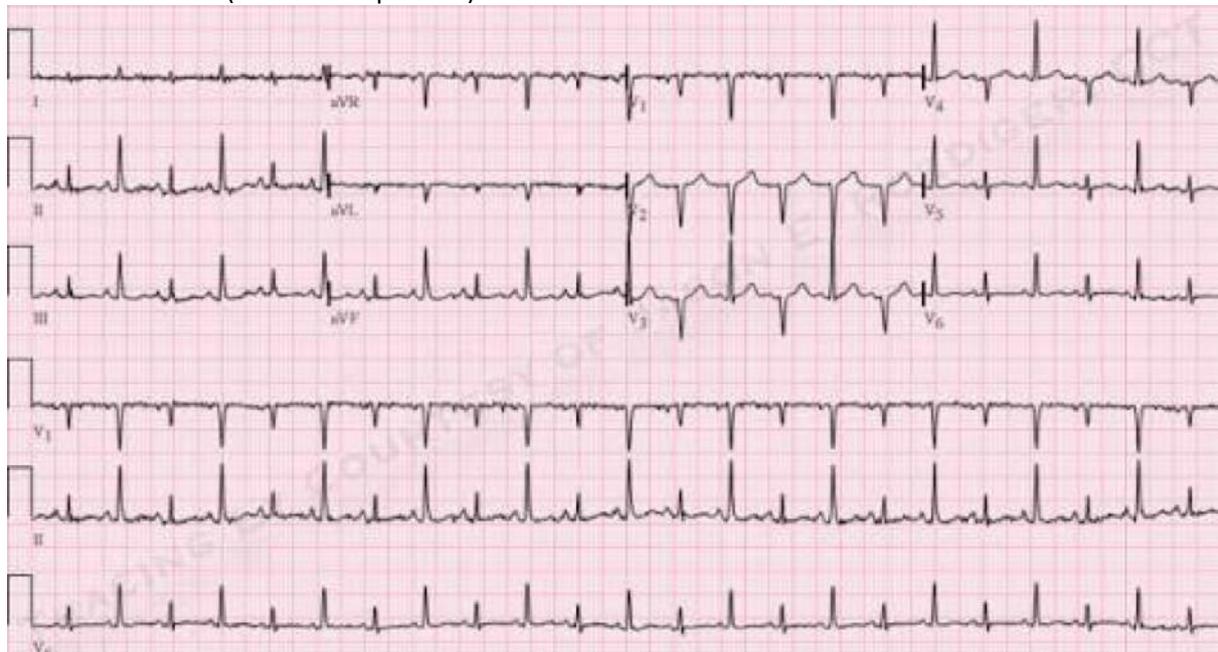
- a. Urgent CPB
- b. CPR
- c. Turn pt prone
- d. Fluid
- e. Adrenaline

20. Flow-time, pressure-time, volume-time curves/ventilator waveforms

- a. Obstructive
- b. ARDS
- c. Circuit leak
- d. Pt triggering
- e. Gas trapping

21. Cath lab, what is this ECG caused by?

Electrical alternans (answer tamponade)



22. Woman post epidural catheter removal complaining of thigh weakness. How would you discriminate between peripheral nerve injury and nerve root lesion?

- a. Weakness of hip flexion and adduction
- b. Foot drop
- c. Weakness of knee flexion and plantar flexion
- d. Urinary incontinence
- e. Bilateral increased reflexes LL

23. Sickle cell. HbS percentage that is the threshold for transfusion to prevent sickle crisis?

- a. 5%
- b. 10
- c. 20
- d. 30
- e. 50

24. Which of the following is most likely to cause hypoglycemia if continue perioperatively?

- a. Metformin
- b. Pioglitazone
- c. Glibenclamide
- d. Acarbose
- e. Sitagliptin

25. Patient with septic shock in ICU remains hypotensive on noradrenaline. What should be second line vasopressor?

- a. Adrenaline
- b. Dopamine
- c. Phenylephrine
- d. Vasopressin
- e. Methylene blue

27. ECT producing cerebral seizure activity. What is the threshold for intervention and seizure termination?

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

28. Which is not recommended in treatment of severe coagulopathy due to AFE?

- a. Platelets
- b. Fibrinogen concentrate
- c. Novo7
- d. Prothrombinex
- e. TXA

29. Identify this structure in PECS block

Maybe serratus anterior



30. ID this structure in infraclav
Lateral cord of BP

31. Patient with ischaemic cardiomyopathy undergoing ablation for Ventricular arrhythmia, systolic BP drops suddenly from 110mmHg to 50mmHg. What is the most likely cause?

- a. Tamponade
- b. RV failure
- c. LV failure

32. What FFP can be given in critical bleeding prior to cross-match?

- a. AB
- b. A
- c. B
- d. O negative
- e. Any available

33. Most likely cause of decreased DLCO

- a. Asthma
- b. Left to right shunt
- c. Pulmonary haemorrhage
- d. Emphysema
- e. Morbid obesity

34. Coming to OT for urgent thoracics case. Chest US showing liver and lung looking almost the same. What is the cause of the appearance of the lung?



- a. Empyema
- b. Pneumonia
- c. PTx
- d. Pleural Effusion
- e. Pulmonary oedema

35. Post-op NOF# fixation, PHx and stable angina. Hb 85

36. Lowers seizure threshold the most?

- a. Alfentanil
- b. Remifentanil
- c. Methadone
- d. Morphine
- e. Fentanyl

37. Most common arrhythmia with methadone?

- a. Torsades de Pointes
- b. VT
- c. AF
- d. SVT
- e. CHB

A 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

39. Normal PR interval range

- a. 80-100
- b. 100-200
- c. 120-200
- d. 120-220

40. Heparin resistance for CPB, had 500IU/kg heparin what do you give next?

- a. More Heparin
- b. FFP

41. HR 60 sinus rhythm, QT 420. What is QTc?

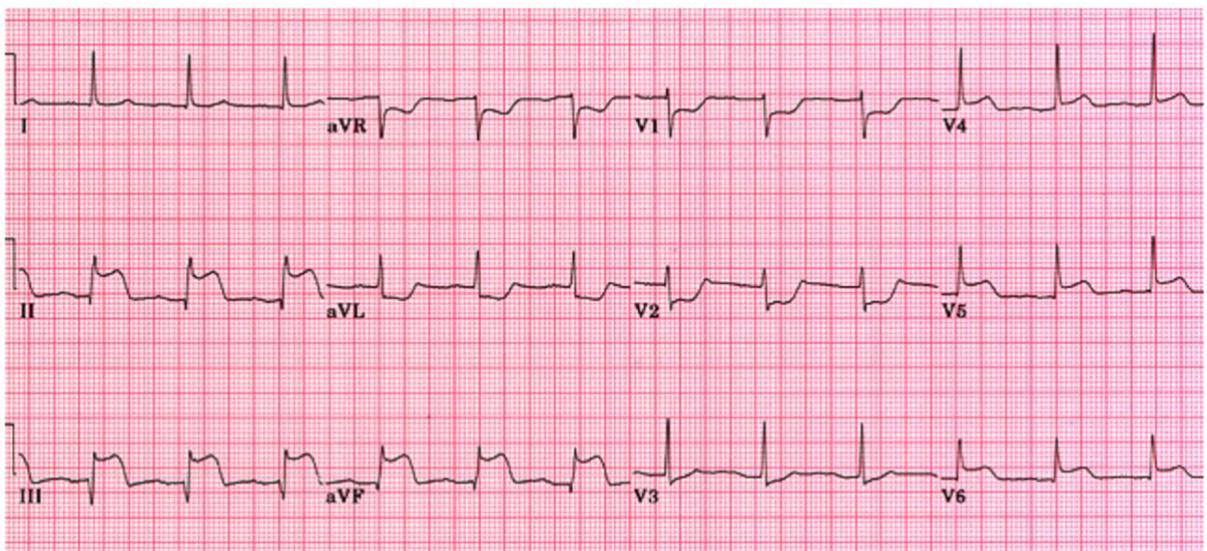
- a. 400
- b. 420
- c. 440
- d. 450

42. Which is the best view on TOE to monitor for ischemia?

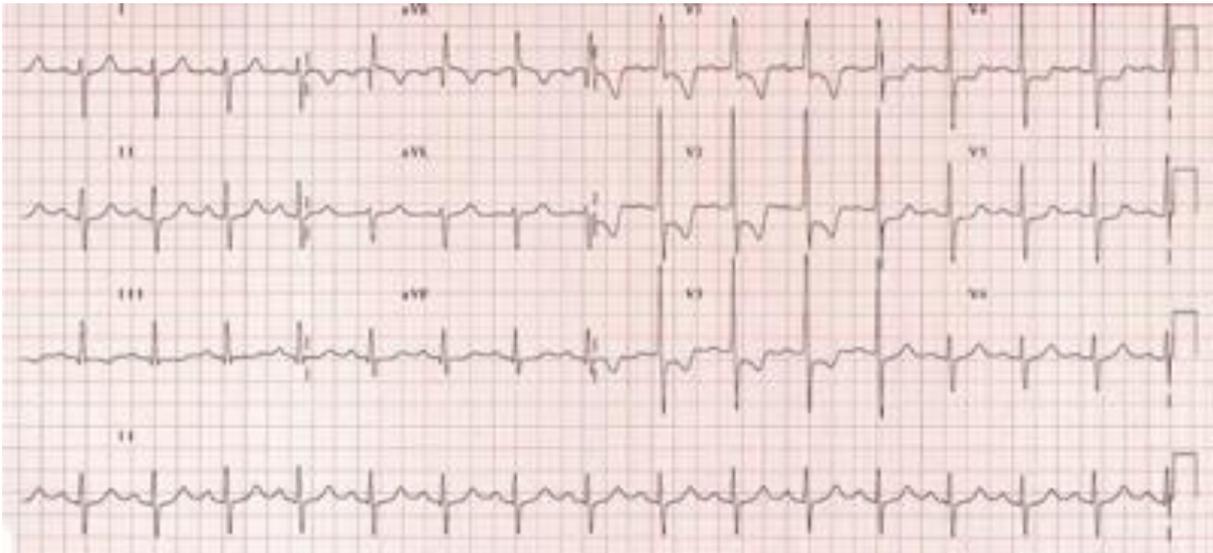
- a. Mid oesophageal 4 chamber
- b. Mid oesophageal 2 chamber
- c. Transgastric SAX mid papillary
- d.

43. Which coronary artery territory is the culprit in this ECG?

- a. LAD
- b. LCx
- c. LM
- d. RCA
- e. PDA



44. What is the cause of the following ECG



Chronic lung disease
Aneurysmal LV
Anterior ischaemia

45. Pregnant 28/40 150/90, SpO₂ 100% on RA, inferolateral ST elevation, HR 120. Sudden onset chest pain:

- Dissection
- Cardiac contusion
- Rib fracture
- Sternal fracture
- PTx

46. Pneumoperitoneum with CO₂ maintained at 15mmHg. What is most likely:

- Decreased arterial Blood pressure
- Decreased Heart rate
- Increased central venous pressure
- Increased renal blood flow
- Increased systemic vascular resistance

47. Patient in ICU with septic shock on noradrenaline – remains hypotensive. What is recommended second line vasoactive agent?

- Adrenaline
- Dopamine
- Phenylephrine
- Methylene blue
- Vasopressin

48. Renal protection AAA surgery

- Mannitol
- High urine O/P
Maintain intravascular volume

49. What don't you give when radiology puts wire through vessel in coiling?

- a. Protamine
- b. Increase BP
- c. Thio
- d. Increase MV
- e. Mannitol

50. What doesn't increase TCT (Thrombin time)

- a. Enoxaparin
- b. Dabigatran
- c. Heparin
- d. Warfarin
- e. Bivalirudin

51. Spinal corrective surgery causing hyponatremia in paediatric patient. What is the cause?

- a. Vasopressin
- b. ANP

52. 75 yo HTN, week of fatigue and tiredness. Fall and fracture. Na 113, K 3.2, Cl 72 urinary sodium <10. Normal urea, creatinine. What is the likely cause?

- a. SIADH
- b. Diuretics
- c. Cerebral salt wasting
- d. Adrenal insufficiency

53. 40 year old female in recovery following endometrial ablation and endometrial myomectomy. Na 118, confused but rousable. Otherwise stable. What is your management?

- a. Fluid restrict
- b. Lasix 20mg
- c. 100ml 3% NaCl
- d. 0.9% NaCl 500ml

54. What is the rate of sore throat CMAC vs direct laryngoscopy?

- a. Reduction by 1/3
- b. Reduce by 1/2
- c. Same
- d. Increase by 2
- e. Increase by 3

55. Reduce risk of laryngospasm in URTI paed

- a. ETT instead of LMA
- b. IV induction over inhalational
- c. Deep extubation
- d. Desflurane maintenance instead of sevoflurane
- e. Thiopentone instead of propofol

56. Best single method to decrease emergence delirium in a 5 year old you are anaesthetizing?

- a. Transition to propofol at the end of case
- b. Transition to isoflurane
- c. Parents in the room

- d. Awaken in a dark quiet room
- e. Premed with midazolam

57. Which anaesthetic technique is least likely to cause hypotension in infant for orchidopexy?

- a. GA TIVA
- b. GA Sevo
- c. GA des
- d. Spinal sedation
- e. Spinal without sedation

58. Anaesthetising a paediatric patient with newly diagnosed lymphoma. Which of the following is contraindicated for PONV prophylaxis?

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

59. How much FFP is required to raise fibrinogen by 1g/L

- a. 10ml/kg
- b. 20ml/kg
- c. 30ml/kg
- d. 40ml/kg
- e. 50ml/kg

60. Xray ?LL collapse (sail sign)

- a. L) PTx
- b. LL collapse
- c. Cardiac herniation

61. Which of the following has the highest risk of Thromboembolism in pregnancy?

- a. Antithrombin 3
- b. Prothrombin gene mutation
- c. Protein C deficiency
- d. Protein S deficiency
- e. Factor V Leiden heterozygous

62. Which subtype of vWF is a relative contraindication to DDAVP

- a. Type 1
- b. Type 2a
- c. Type 2b
- d. Type 3
- e. None, it's indicated in all

63. When to restart Rivaroxaban after removal of an epidural catheter?

- a. 4 hours
- b. 6 hours
- c. 12 hours
- d. 18 hours
- e. 24 hours

64. What is the size of the largest particle that can pass through the filter for an epidural catheter?

- a. 0.2 micrometers
- b. 2 micrometers
- c. 10 micrometers
- d. 20 micrometers
- e. 200 micrometers

65. Measurement of which part of the stomach provides the most accurate volume measurement when performing gastric ultrasound pre-operatively?

- a. Antrum
- b. Body
- c. Cardia
- d. Pylorus
- e. Fundus

66. Targeted preductal sats in neonatal at 5mins

- a. 50-60
- b. 60-70
- c. 70-80
- d. 80-90
- e. 90-100

67. Which nerve supplies the area indicated?

- A Auriculotemporal
- B Greater auricular
- C Greater occipital
- D Auricular branch of vagus
- E Lesser occipital

68. Suction catheter in a neonatal airway with no evidence of airway obstruction. Why don't you suction (because it's dumb)

- A Bradycardia
- B Bleeding
- C Hypertension
- D Mec aspiration
- E Tachycardia

69. Minimum internal diameter of ETT for going over an Aintree Catheter according to product information:

- a. 5.5
- b. 6.0
- c. 6.5
- d. 7.0
- e. 7.5

70. Max endotracheal cuff pressure to avoid mucosal damage in an adult:

- a. 10cmH₂O
- b. 20cmH₂O
- c. 30cmH₂O
- d. 40cmH₂O
- e. 50cmH₂O

71. What single risk factor for pre-eclampsia would be sufficient to prescribe low-dose aspirin?

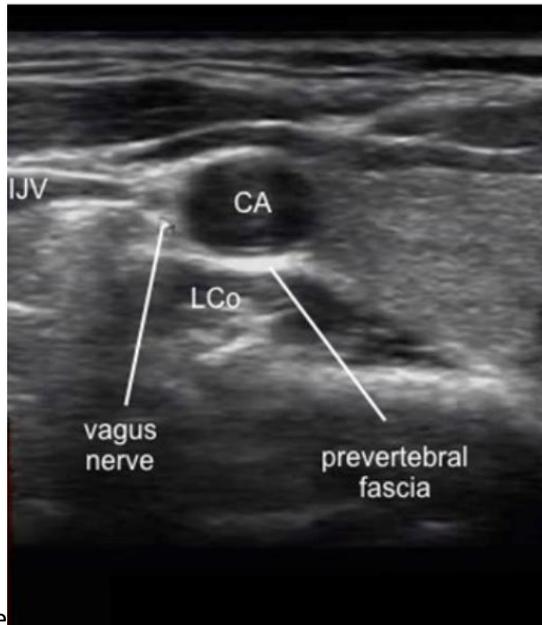
- a. Last child > 10 years ago
- b. FHx pre-ec
- c. Autoimmune disease
- d. BMI>35
- e. Maternal age > 40

73. How long do you continue MgSO₄ infusion after a single eclamptic seizure?

- a. 4 hours
- b. 6 hours
- c. 12 hours
- d. 24 hours
- e. 48 hours

74. Identify this structure (arrow pointing to structure in carotid sheath)

- a. Vagus
- b. Asna cervacalis



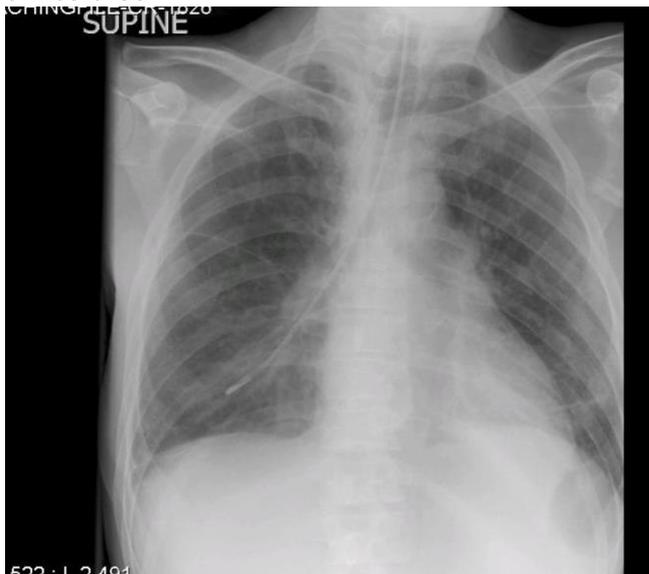
c. Phrenic nerve

75. Which of the following nerves is blocked in a superficial cervical plexus block?

- a. Phrenic nerve
- b. Greater occipital
- c. C1 branch
- d. C5 branch
- e. Transverse cervical

76. Pt in awake recovery. NGT has blood coming out of it. CXR below (NGT in RLL). After removing it what do you do next?

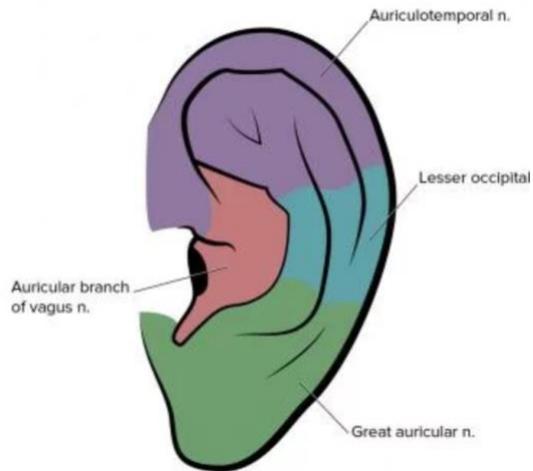
- a. Bronchoscopy
- b. CXR in 4 hours
- c. Insert ICC



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77. Young female for multiple varicose vein foam sclerotherapy. Following the procedure she stands up and loses conscious with unilateral weakness. What is the mostly likely cause?

- A Paradoxical air embolus
- B Thromboembolic stroke



C ICH

D

E

78. What is the most common adverse drug reaction of carboxymaltose iron infusion?

A skin discolouration

B fever

C Anaphylaxis

D cholestatic jaundice

E x

79. During a case the cerebral oximetry saturations falls. An increase in the following will not improve the cerebral saturations

A increased MAP

B increased minute ventilation

C increased anaesthetic depth

D increased Hb

E x

80. Question about why chlorhexidine is preferred to providone for skin prep neuraxial, except?

A. Faster onset of action

B. Longer duration of action\persists on the skin

C. Is less neurotoxic

D. Has less skin reactions

E. Is not inactivated by blood/organic debris

81. What is name of the process for removing contamination and inactivating biological agents?

A. Asepsis

B. Antisepsis

C. Sterilisation

D. Disinfection

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

During a propofol infusion in intensive care – how often must the propofol line be changed?

- a. 12 hours
- b. 24 hours
- c. 48 hours
- d. 72 hours
- e. 6 hours

Woman in her 30's after an operation on her left foot, complains of ongoing intermittent pain in her left foot. On examination she experiences greater pain in her left foot than her right on pinprick testing. This is:

- a. Dysaesthesia
- b. Allodynia
- c. Hyperalgesia
- d. Hyperaesthesia
- e. Paraesthesia

What is **not** a border of the adductor canal?

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

Which NSAID associated with the lowest risk of developing VTE?

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

Severe TBI in 24year old male – what is the target cerebral perfusion pressure?

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

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

What are the fasting requirements for an 8 month old child undergoing an elective procedure on the morning list?

- a. Fast from midnight
- b. 6 hours solids, breast milk, formula and 2 hours clear fluids
- c. 6 hours solid, 4 hours formula and breast milk, 2 hours clear fluids
- d. 6 hours solid, 3 hours formula and breast milk, 2 hours clear fluids
- e. 6 hours solid, 4 hours formula, 3 hours breast milk, 2 hours clear fluids

Peribulbar block contraindicated in the following scenarios

- a. INR 2.5 with mechanical valve
- b. Presence of scleral buckle
- c. Inferior nasal pterygium
- d. Glaucoma surgery
- e. Axial length >24mm

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

EVAR compared to open AAA repair results in

- a. Decreased re-intervention rate
- b. Less use of critical care resources
- c. Increased mortality
- d. Increased perioperative morbidity
- e. Poorer short term outcomes

Which muscle is most likely to be missed following a Sub-Tenons block?

- a. Inferior oblique
- b. Superior rectus
- c. Lateral rectus
- d. Superior oblique
- e. Medial rectus

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

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

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

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

For a lower limb orthopaedic procedure when a tourniquet will be used, when should antimicrobial prophylaxis 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

Unilateral lumbar sympathetic block. Most likely side effect?

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

SAH, delayed ischaemia most common

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

87yo has had selective neck dissection for laryngeal cancer with musculocutaneous flap repair. He is in PACU, awake and sitting up. BP 120/70. Flap is purple, with capillary refill time 1 sec. What is best management?

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

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

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

Healthy mother undergoing surgery 4 weeks 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

Patient for elective CABG surgery. 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 to consider interventional radiological or open repair.

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 80 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

Kessel blade angulation is

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

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

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

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

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

What product is not in Cryoprecipitate?

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

What is your aim for systolic blood pressure in a closed head injury with severe TBI?

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

Patient having resection of a lesion from the lateral border of their lower right lip. The surgeon does not want to perform local infiltration and the patient refuses a GA. Which nerve will you block?

- a) facial n
- b) hypoglossal n

- c) infraorbital n
- d) lingual n
- e) mental n

How much FFP will it take to increase fibrinogen by 1g/L?

- a) 1ml/kg
- b) 5ml/kg
- c) 10ml/kg
- d) 20ml/kg
- e) 30ml/kg

Horner's syndrome results from blockade of which structure?

- a) Ciliary ganglion
- b) Stellate ganglion
- c) Pterygopalatine ganglion
- d) Otic ganglion
- e) Submandibular ganglion

You are asked by your hospital to advise on staffing requirements for setting up a new endoscopy suite, where it is envisaged that propofol sedation will be given. According to PS09, the minimum requirement is:

- a) Medical practitioner with a skilled assistant that is separate from the assistant to the proceduralist
- b) Medical practitioner or dentist with a skilled assistant assisting them and the proceduralist
- c) Nurse supervised by proceduralist with recent ALS training
- d) Specialist anaesthetist with a skilled assistant assisting them and the proceduralist
- e) Specialist anaesthetist with a skilled assistant that is separate from the assistant to the proceduralist

The characteristic respiratory pattern in a patient with an acute C5 spinal cord injury is

- a) Rapid respiratory rate
- b) Arterial hypoxaemia
- c) Chest wall immobility
- d) Preserved cough
- e) Preserved inspiratory force

What is the mechanism of central sensitisation?

- a) Increased intracellular magnesium
- b) Antagonism of the NMDA receptor
- c) Glycine is the major neurotransmitter involved
- d) Recurrent a-delta fibre activation
- e) Alteration in gene expression

You suspect your patient just had anaphylactic reaction. The optimal times to take blood for serum tryptase measurement:

- a) within 15min of onset of event, 3 hours, 24 hours
- b) within 15min of onset of event, 4 hours, 24 hours

- c) within 1 hour of onset of event, 4 hours, 24 hours
- d) within 1 hour of onset of event, 3 hours, 24 hours
- e) within 1 hour of onset of event, 6 hours, 24 hours

You see your trainee self-injecting propofol while at work. What is the best immediate action?

- a) notify trainee's next of kin
- b) notify medical board
- c) notify trainee's supervisor of training
- d) relieve trainee of clinical duties
- e) terminate trainee's employment

Man undergoing transcatheter aortic balloon valvuloplasty, the below rhythm appears on the monitor after wire crosses the valve and is then pulled back. What is the best way of managing this



- a) atropine
- b) external pacing
- c) adrenaline
- d) isoprenaline
- e) transvenous pacing

Risk of anaphylaxis recurring post-suxamethonium anaphylaxis is greatest with:

- a) atracurium
- b) cisatracurium
- c) pancuronium
- d) vecuronium
- e) rocuronium

Open AAA repair, best method to reduce risk of renal impairment?

- a) Sodium bicarbonate
- b) N-acetylcysteine
- c) Maintaining intravascular volume
- d) Maintaining urine output
- e) Mannitol

What is the maximum Intralipid 20% dose?

- a) 6ml/kg
- b) 8ml/kg
- c) 10ml/kg
- d) 12ml/kg
- e) 14ml/kg

3 yr old child with # forearm, best way to valid pain assessment

- a) the reported severity from the child
- b) the reported severity from the parent
- c) the reported severity from the nursing staff

- d) using the FLACC scale
- e) the Wong-Baker Faces scale

Female singer underwent GA with LMA. Next day complains of voice/singing impairment. Nasendoscopy shows one vocal cord is lax. What nerve is affected?

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

According to the ARC, precordial thump is only indicated for:

- a) monitored pulseless VF if defibrillator not immediately available
- b) monitored pulseless VT if defibrillator not immediately available
- c) unwitnessed cardiac arrest
- d) witnessed onset of asystole caused by AV conduction disturbance
- e) unwitnessed unmonitored cardiac arrest

Which of the following would be consistent with a Randomised Controlled Trial:

- a) Patients randomly allocated to treatment groups
- b) Patients randomly allocated to treatment or placebo
- c) Patients allocated randomly to groups before treatment arms decided
- d) Neither the patient nor the investigator knows which group the patient is in

Young man in the emergency department. Opens his eyes to voice, removes his tie when instructed to and is speaking, but confused. What is his GCS?

- a) 10
- b) 11
- c) 12
- d) 13
- e) 14

What is the best indication of fluid responsiveness

- a) CVP change after a fluid bolus
- b) BP change when legs are raised
- c) Intra-arterial BP change after a fluid bolus
- d)
- e)

What is the timing of peak respiratory depression post 300 mcg morphine intrathecally?

- a) < 3.5 hours
- b) 3.5 – 7.5 hours
- c) 7 - 12.5 hours
- d) 12.5 -18 hours
- e) > 18 hours

General anaesthesia is under way with sevoflurane on the backbar. What happens with oxygen flush is pressed?

- a) oxygen 20-30L/min
- b) oxygen 50-70L/min
- c) oxygen and volatile at 20-30L/min

d) oxygen and volatile at 50-70L/min

Tumour lysis syndrome causes all of the following biochemical abnormalities EXCEPT:

- a) Hyperkalaemia
- b) Hyponatraemia
- c) Hyperphosphataemia
- d) Hyperuricaemia
- e) Hypocalcaemia

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.

Patient with SAH. Severe headache. 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

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

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

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

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

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

- A) confusion
- B) elevated CK
- C) elevated WCC

- D) hypertonia
- E) myoclonus