

## Part 2 MCQs (2018b)

**1) Absolute contraindication for a TOE**

- a) Dysphagia
- b) GORD
- c) Oesophageal Stricture

**2) 40 yo M following MVA. He opens his eyes to pain, speaking incomprehensible words and flexes appropriately to pain. What is his GCS?**

- A) 5
- B) 6
- C) 7
- D) 8
- E) 9
- F) 10

**3) The adductor canal (pictured). What is this? (pointed to Vastus Medialis)**

- a) Adductor longus
- b) Adductor magnus
- c) Gracilis
- d) Sartorius
- e) Vastus medialis

**4) Refuse to do high risk JW bleeding patient. Which ethical principle?**

- non-maleficence
- beneficence
- autonomy
- paternalism

**5) Which cardiac condition has the “highest mortality” in pregnancy**

- A) HOCM with hypertrophied septum
- B) Bicuspid AV with significantly dilated aortic root
- C) Severe MR
- D) PDA

**6) What decreases effectiveness of methadone?**

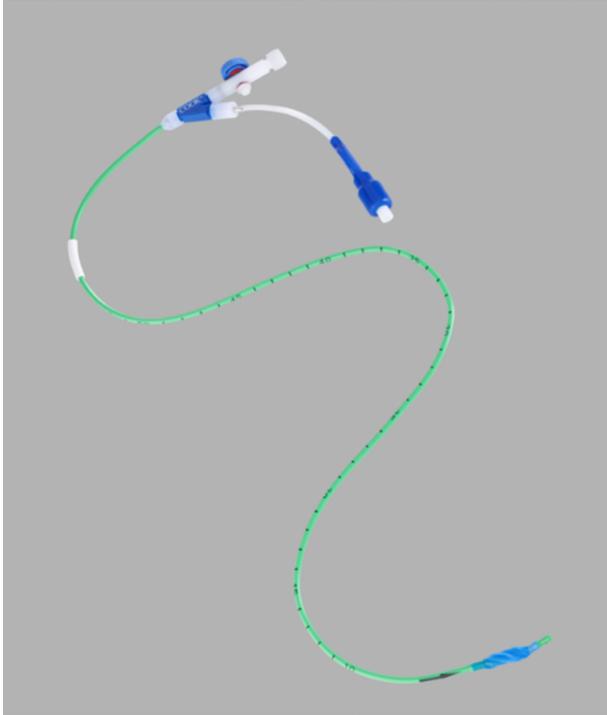
- grapefruit juice
- citalopram
- phenytoin

**7) Patient for eye block. Average axial length as determined by ultrasound?**

- A) 20mm
- B) 23
- C) 26
- D) 29
- E) 32

**8) Airway device in this picture?**

- A. Arndt bronchial blocker
- B. Cohen bronchial blocker – was this one
- C. Microlaryngoscopy tube
- D. Hunsaker tube
- E. Parker Flex tip ETT



**9) Blue urticaria is a complication of which?**

- A. Anaphylaxis
- B. Methaemoglobinaemia
- C. Patent blue dye
- D. Methylene blue

**10) 5 yo child in cardiorespiratory arrest. Intubated. Rate of cardiac compressions**

- a) 80-100
- b) 100-120**
- c) 120-140
- d) 140-150
- e) 150-160

**11) Patient on prophylactic heparin post op. Calf swelling 7 days post surgery (DVT)**

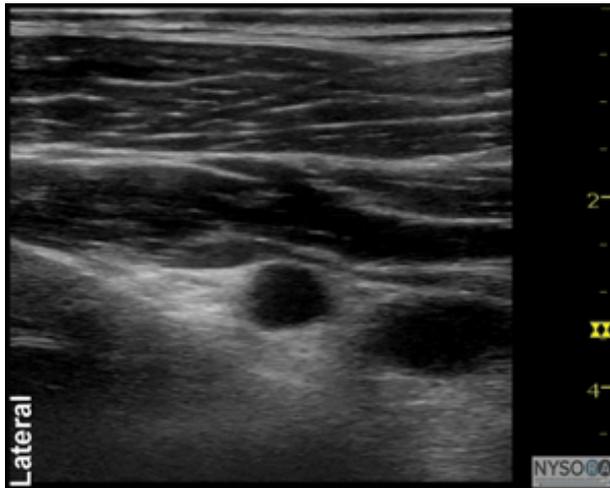
- Heparin infusion
- Warfarin
- Enoxaparin
- Fondaparinux
- Bivalirudin

**12) RCD device - touch neutral and earth what happens?**

- a) RCD protects from macroshock
- b) Various microshock
- c) Nothing

13) You're performing an infraclavicular block (Identify part of the brachial plexus)

- A) Lateral Cord
- B) Posterior Trunk
- C) Posterior Cord



14) You are performing an interscalene block with a nerve stimulator. You notice the patient's abdomen is moving in time with the stimulator. Where should you move the needle?

- A. Withdraw completely
- B. Posterior
- C. Anterior
- D. Lateral
- E. Cephalad
- F. Caudad

15) Thoracic wall block for mastectomy. Most likely to miss?

- supraclavicular nerve

16) Anterior mediastinal mass in a child. 70% tracheal compression near carina. Inhalational induction and child desaturates to 70%. What do you do?

- A) Turn prone
- B) Intubate and spontaneous ventilation
- C) Positive pressure ventilation
- D) Intubate and positive pressure ventilation
- E) Sternotomy

17) Induction of labour at 35/40 for pre-eclampsia. Has eclamptic seizure. What dose of Mg should be given?

- A) 1g over 20 minutes, followed by 1 g/hour
- B) 1g over 20 minutes, followed by 2g/hour
- C) 2g over 20 minutes, followed by 0.5g/hour
- D) 4g over 20 minutes followed by 0.5g/hr
- E) 4g over 20 minutes followed by 1g/hr

18) Left temporal and right nasal visual field loss. Location of lesion?

- Left optic nerve
- Right optic nerve
- Optic chiasm
- Left optic tract
- Right optic tract

19) What does the Pringle manoeuvre involve?

- clamping the hepatic artery and portal vein (duodenal ligament)

**20) What needle is this?**

- a) Quincke
- b) Sprotte
- c) Tuohy
- d) Whitacre
- e) Pitkin



**21) What is first line treatment for trigeminal neuralgia?**

- carbamazepine
- lamotrigine

**22) Components of Prothrombinex (? Except)**

- antithrombin III
- Protein C
- Heparin
- Factor X

**23) Coiling aneurysm. Surgeons tells you there is a rupture. What is an inappropriate immediate management?**

- decrease BP
- give protamine
- Urgent transfer to theatre
- Continue coiling
- Mild hyperventilation

**24) Patient for urgent bypass surgery. HITS antibodies**

- plasmapheresis then heparin
- Bivalirudin
- Enoxaparin
- Fondaparinux
- 

**25) The RELIEF Trial showed that a liberal fluid strategy compared to a restrictive fluid strategy resulted in?**

**Also remembered as... What happened to the AKI risk in the liberal fluid group?**

- A. Decreased acute kidney injury
- B. Increased mortality

**26) ECG axis question - left axis deviation/ Alternative: calculate axis. (Positive lead 1, negative lead 2, avF negative)**

- -90
- -45
- -15
- 15
- 45
- 90
- 12

**27) An ECG that only had a left axis deviation – what did it shown (? The correct recollection)**

- A. Left anterior fascicular block – was this one
- B. Left posterior fascicular block
- C. Right bundle branch block
- D. Left bundle branch block

**28) Which blood product is contraindicated in DIC from an AFE?**

- a) Prothrombinex
- b) Tranexamic acid

**29) Dental procedure. What needs IE antibiotic prophylaxis?**

- a) mitral ring annuloplasty
- b) previous aortic balloon dilatation
- c) patch VSD repair in childhood

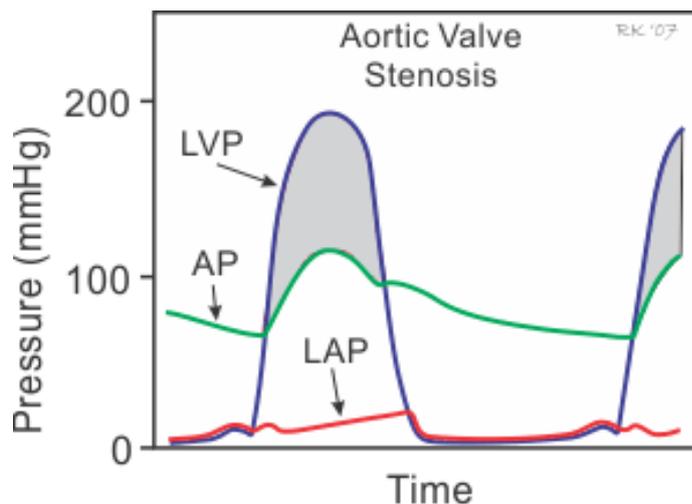
**30) High grade staphyloma. Safest way to do a single injection peribulbar block?**

- Medial canthus
- Lateral canthus
- Inferotemporal

**31) Female 32 weeks pregnant (also remembered as 35wks). AST 400, INR 2.1 (alternative 2.3). Most likely diagnosis?**

- A. Acute cholestasis of pregnancy
- B. HELLP syndrome
- C. Severe pre-eclampsia
- D. Acute fatty liver of pregnancy
- E. Hyperemesis gravidarum
- F. Choledocholithiasis
- G. Pre-eclampsia with HELLP

32) Aortic pressure wave with LV pressure wave. What is this trace consistent with?



During ventricular ejection, LVP exceeds AP (gray area, pressure gradient generated by stenosis).

Abbreviations: LAP, left atrial pressure; LVP, left ventricular pressure; AP, aortic pressure.

- aortic dissection
- aortic coarctation
- AR
- AS
- MS

33) Woman comes in to ED confused and combative. Otherwise well.

**Na 143**

**Low serum osmolality**

**Low urine osmolality**

**Urine output 400mls/hr for past 2 hours.**

What is this most consistent with?

34) Morbidly obese patient in ICU, elective tracheostomy for pneumonia. Desaturates on rolling. Management?

- intubate orally
- fiberoptic bronchoscopic assessment of trache position

35) DKA patient. Best assessment of effective treatment?

- Urinary ketones
- Blood ketones
- Blood glucose level
- Venous HCO<sub>3</sub>

36) Patient post spinal surgery. Loss of pain and temperature sensation. Preservation of proprioception and vibratory sensation. Likely diagnosis?

- anterior spinal artery syndrome
- posterior spinal artery syndrome

37) Patient with CVC in situ. Line isolation monitor goes off. What do you do?

- Individually disconnect each piece of non-essential equipment until problem found
- Disconnect CVC until problem found

**38) Child dislocated hip at 1600. Ate at 1700. Presents at 2300. What to do to decrease risk of aspiration? (other version stated injury 1500, ate at 1600, surgery 2300)**

- Postpone surgery until am
- IV sedation
- RSI/ intubate/ cricoid/ ETT
- Femoral nerve block
- Gaseous induction with face mask

**39) Indication of severe AS**

- Valve area of 1.2cm<sup>2</sup>
- Mean gradient of 35mmHg
- Loud systolic murmur at left sternal edge
- Systolic murmur radiating to carotids
- Palpable systolic thrill

**40) At induction - PAC inserted. Blood coming out of ETT. What to do?**

- Remove PAC and insert DLT
- Wedge PAC and insert DLT
- Wedge PAC and insert bronchial blocker
- **Withdraw PAC 2cm and insert DLT**
- Withdraw PAC and insert bronchial blocker
- Inflate balloon
- 

**41) Most effective prevention of post-herpetic neuralgia**

- Amitriptyline

**42) Safest treatment of neuropathic pain in pregnancy**

- carbamazepine
- lamotrigine
- gabapentin
- sodium valproate
- phenytoin

**43) 46 yo F with menorrhagia is booked for an abdominal hysterectomy. Her blood results are as followed (normal ranges were provided)**

Creatinine 55  
Ca<sup>2+</sup> 2.2  
PO<sub>4</sub><sup>3-</sup> 0.34

**What is the cause?**

- A. Diuretic use
- B. Fanconi syndrome
- C. Vitamin D use
- D. Vit D deficiency
- E. Iron transfusion
- F. Hyperparathyroidism

**44) CRASH II trial – multiple stems/ versions recalled**

- What happened to the death rate from bleeding (↓/↑)? What happened to overall mortality(↓/↑)??

Tranexamic acid resulted in higher/lower

- death from bleeding
- overall transfusion requirements
- overall mortality

**45) Which anaesthetic agent invalidates the OCP**

- Sugammadex

**46) Hand wash. Antibiotic kill rate**

- 70% isopropyl alcohol

**47) Patient for elective LSCS. Has amoxicillin allergy, limited to rash. What do you give?**

- Cephazolin
- Ceftriaxone
- Clindamycin

**48) MRSA nose swab. TKR. What reduces joint infections (Alternative - Which intervention would NOT help reduce infection?)**

- Mupirocin nose ointment for 2 weeks or 5 days
- Chlorhex (2 or 4%) body wash for 5 days
- Vancomycin 15mg/kg 1 hour pre-tourniquet
- Teicoplanin 800mg 30 mins pre-tourniquet

**49) TURP patient, hyponatraemic. Treatment?**

**50) Lower 3<sup>rd</sup> molar incision/extraction. Which nerve should be blocked/Which nerve injured?**

- Inferior alveolar
- Mental
- Lingual
- Superior petrosal

**51) Patient on Dabigatran. Normal renal function. How long after last dose can you do a neuraxial block without checking direct thrombin time?**

- 24 hours
- 48 hours
- 72 hours
- 96 hours

**52) Severe spinal cord injury. How long before reflexes return?**

- 50 -150 days (roughly, this was the longest)

**53) You're gassing a 4yo with an URTI. What's good for reducing laryngospasm?**

- ETT is better than LMA
- IV induction is better than inhalational
- Deep extubation is better than awake
- Desflurane is better than sevoflurane
- Thiopentone is better than propofol

**54) 60 year old man in ICU. Aim for SBP (missing rest of stem)**

- 100mHg
- 110mHg
- 120mHg

**55) Lowest possible spinal cord injury without getting spinal shock?**

- C something
- T5
- T9
- T12
- L something

**56) Smallest size bronchoscope/ fiberoptic scope that will fit with Aintree catheter?**

- 3.7mm

**57) What intervention improves mortality the most/ has best survival benefit in a neonate with congenital diaphragmatic hernia?**

- A. Nitric oxide
- B. Lung protective ventilation
- C. Surgical correction within 6hrs
- D. Thoracoscopic correction instead of open correction
- E. high frequency oscillatory ventilation

**58) Dental damage trial in 100 patients. No positive results. What is the 95% confidence interval?**

- 0/100
- 1/100
- 3/100
- 5/100
- 9/100

**59) Subdural haemorrhage. Surgeon wants to proceed urgently. Patient has DDD pacemaker. Technician over one hour away. What do you do?**

- Wait for technician
- Proceed once transcutaneous pacing established
- **Proceed with magnet available**

**60) Patient with headache that gets worse standing, relieved lying down. Neurologist suspects spontaneous intracranial hypotension and asks for blood patch. What do you do?**

- refuse to do blood patch
- Do blood patch with no further investigations
- Order CT myelogram and MRI to confirm CSF leak and then do lumbar epidural blood patch
- Order CT myelogram and MRI to confirm CSF leak and then do epidural blood patch at level of leak

**61) Desmopressin is relatively contraindicated in what subtype of vWD?**

- a) 2a
- **b) 2b**
- c) 3
- d) Relax!! You can give it to all of them

**62) MELD Score: Creatinine, INR and?**

- bilirubin

**63) Commonest cause of peri-operative stroke**

- Hypotensive
- Embolic
- Thrombotic
- Hypertensive
- Haemorrhagic
- Commonest cause of stroke

**64) Patient complains of pain after attempted IV induction. You realise cannula is intra-arterial. What is NOT indicated?**

- systemic heparinisation
- IV iloprost
- 

**65) Treatment for dyspnoea and chest pain in HOCM?**

- GTN
- Metoprolol
- Morphine
- Salbutamol

**66) Risk factor for cement syndrome**

- male
- previous cement syndrome
- diuretic use
- pre-existing cardiovascular conditions

**67) Preferred gas for IABP inflation**

- air
- CO<sub>2</sub>
- Oxygen
- Nitrogen
- Helium

**68) Medical cylinder – grey shoulders, white body. What gas does it contain?**

- nitrogen
- air
- oxygen
- carbon dioxide
- helium

**69) Worst greenhouse gas effect/ Alternative: Volatile with greatest Global Warming Potential?**

- nitrous oxide
- sevoflurane
- desflurane
- isoflurane

**70) What is an apnoea?**

- stop breathing 10 seconds
- stop breathing 20 seconds
- stop breathing 30 seconds
- stop breathing 10 seconds with 3% desat
- stop breathing 20 seconds with 3% desat

**71) Patient with FiO<sub>2</sub> of 1.0, at sea level. PaO<sub>2</sub> is 260mmHg, PaCO<sub>2</sub> is 40mmHg, respiratory quotient is 0.8. What is the approximate A- gradient?**

- 220mmHg
- 400mmHg
- 663mmHg

**72) Gold classes A-D for COPD severity are determined by:**

Exertional dyspnoea

Exertional dyspnoea and FEV<sub>1</sub>

Exertional dyspnoea and number of exacerbations per year

Spirometry FEV<sub>1</sub> only

Number of exacerbations per year only

**73) Transport cylinder. Water capacity 2L. Pressure gauge reads 150 Bar. Flows - O<sub>2</sub> 10L/min – longest it can last?**

- 15min
- 30min
- 45min
- 60min
- 2hrs

**74) T1DM / other version said T2DM . Fasting. BSL 7. Give insulin to prevent hyperglycaemia. What's the mechanism**

- Increased glucose uptake into liver
- Increased glucose uptake into muscle
- Inhibits glycogenolysis
- Prevent/decrease proteolysis

**75) NAP 6 – Commonest allergen/ Worst antibiotic?**

- Teicoplanin

**76) What is a marker of iron deficiency anaemia?**

- increased/decreased TIBC
- increased/decreased transferrin

**77) PE post TKR. Management**

- IVC filter
- Thrombolysis
- Fluids and inotropes

**78) Cell salvage – leukodepletion filters do not protect against?**

- a) Vernix
- b) Alpha fetoprotein
- c) Foetal RBC
- d) Amniotic fluid
- e) Foetal squamous cell

**79) During (2012-2014) - what was the commonest cause of anaesthetic death?  
(Possibly the same questions?)**

**NAP 4 – most common cause of direct anaesthetic death?**

- Aspiration
- Myocardial infarction
- Inability to oxygenate and ventilate
- Stroke
- Anaphylaxis

**80) SGLT2 – what can you use to exclude ketoacidosis?**

- a) BSL
- b) Urinary ketones
- c) Plasma ketones

**81) Injury during intubation with laryngoscope (WTF ... have no idea what this questions about!)**

- Left carotid incision
- Right carotid incision

**82) Least likely to prevent agitation after ECT?**

- a) Remifentanil induction
- b) Small dose propofol after ECT
- c) Premedication with dexmedetomidin
- d) Premed with olanzapine

**83) When to medically intervene in seizure post ECT?**

- a) 30s
- b) 60s
- c) 90s
- d) 120s
- e) 150s

**84) RBF during cross clamp?**

- Increase by 20%
- Increase by 40%
- Decrease by 20%
- Decrease by 40%

**85) Which tooth is most damaged with intubation/laryngoscopy?**

**86) What opioid side effect do you NOT get tolerance to?**

- A. Nausea and vomiting
- B. Constipation
- C. Respiratory depression
- D. Sedation

**87) Sherlock ECG guided PICC insertion trace.  
When is PICC in the right spot?**

**88) Asystolic arrest. 1mg of adrenaline given.**

**When to give next dose?**

- 2 minutes
- 1 minute
- 5 minutes
- After 1st loop of CPR
- After 2nd loop of CPR

**89) Post blood transfusion clinical scenario**

(No actual question given)

- TRALI
- APO
- Haemolytic reaction

**90) Factor that is first to fall in coagulopathy?**

- a) I
- b) II
- c) V
- d) VII
- e) VIII

**91) Which of the following drugs has the LEAST effect on thrombin time?**

- a) bivalirudin,
- b) dabigatran,
- c) heparin,
- d) clexane,
- e) warfarin

**92) FFP dose to increase fibrinogen by 1g/L**

- 5ml/kg
- 10ml/kg
- 20ml/kg
- 30ml/kg
- 50ml/kg

**93) 2yo child, 12kg for orchidopexy. You perform a caudal and use 0.2% ropivocaine.**

**How much do you give to provide post-op analgesia?**

- a) 3ml
- b) 6ml
- c) 12ml
- d) 18ml
- e) 24ml

**94) Most effective intervention to prevent emergence delirium after sevoflurane GA?**

- a) Parental presence
- b) Premedication with midazolam
- c) Slow emergence in a quiet room
- d) Switch to propofol at end of case
- e) Switch to isoflurane at end of case

**95) According to Australian and New Zealand Resuscitation Guidelines, the minimum distance the defibrillator pads have to be from the generator box of a PPM/AICD is?**

- a) 4cm
- b) 8cm**
- c) 12cm
- d) 16cm
- e) 20cm

**96) Neonatal resuscitation. Neonate handed to midwife. Blue and apneic despite stimulation. HR drops from 140 to 90. Next step in resuscitation?**

- Intubate
- CPR
- Adrenaline
- PPV

**97) 10kg child. 4mg/kg dose of suxamethonium IM. Time to onset (or peak onset?)**

- 30 seconds
- 60 seconds
- 2 minutes
- 4 minutes

**98) What is the acceptable range for pre-ductal SPO2 in a newborn at 5mins**

- a) 60-70%
- b) 65-75%
- c) 80-90%
- d) 70-90%
- e) 80-95%**

**99) What structure are you most likely to damage in elective tracheostomy in a 4 yo?**

- vertebral artery
- phrenic nerve
- vagus nerve
- left brachiocephalic vein
- thoracic duct
- 

**100) Patient had a proven anaphylactic reaction to suxamethonium, which of the following drugs is at most risk to cause cross-reactivity?**

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

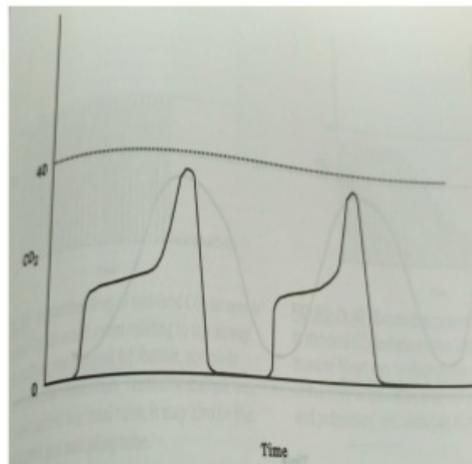
101) During endovascular repair of ruptured aneurysm the proceduralist expresses concern about perforation of intracranial vessel following passage of a micro catheter. Each of the following could be part of your management except?

- a) Mannitol
- b) Protamine
- c) Thiopentone
- d) Vasopressor
- e) Mild hyperventilation

102) Capnography trace (answer was leak in sample line)

### LEAK IN SAMPLING LINE DURING PPV

- Will result in upswing at the end of Phase III.
- The brief peak is caused by the next inspiration, when positive pressure pushes undiluted end-tidal gas through the sampling line.



103) Peribulbar block - Safest approach?

- Inferolateral

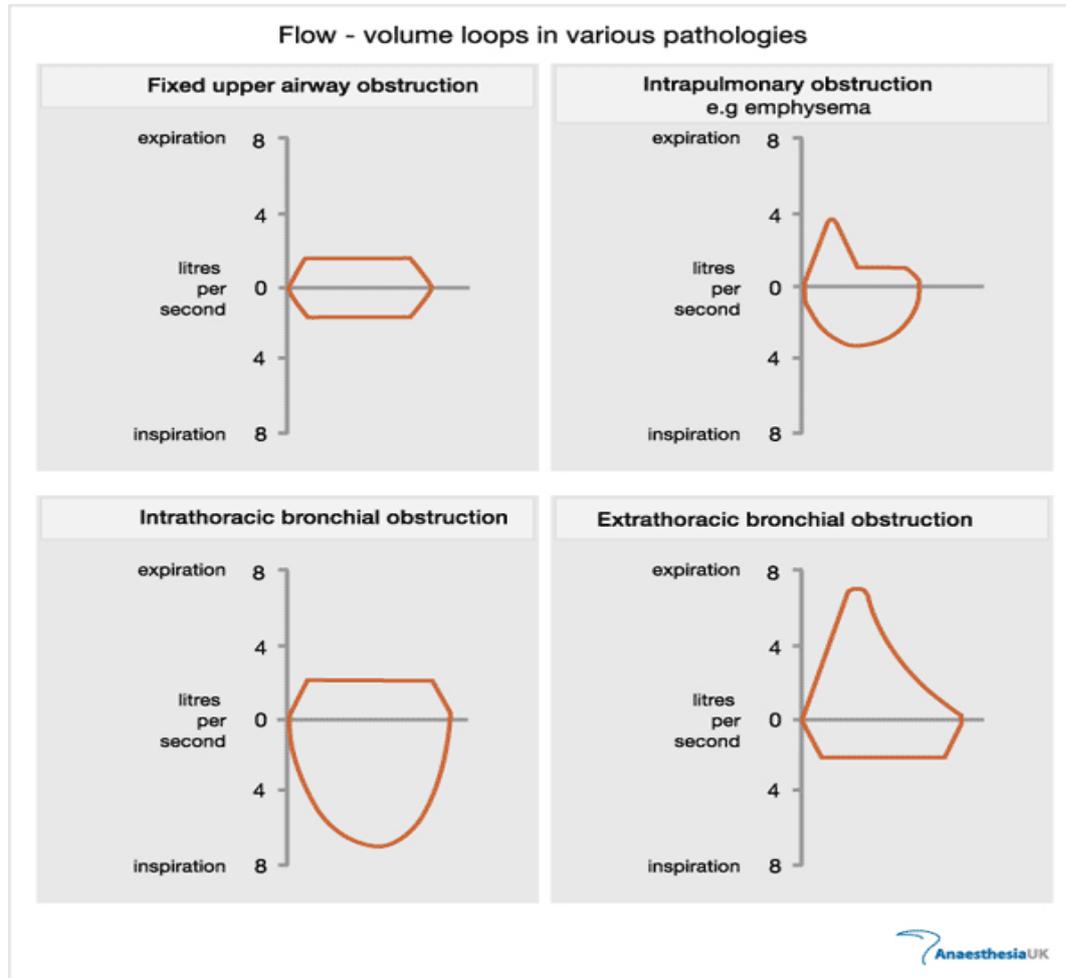
104) Incidence of HCV infection post needle stick from a HCV positive patient

105) Patient with signs of retrobulbar haematoma (proptosis). How does a lateral canthotomy work?

- Allow globe to continue to swell
- Drain blood from behind eyeball

## 106) Flow volume loop

(We got fixed upper airway obstruction)



## 107) Crash 2 trial (Very specific question - Dan might remember)

**What happened to the death rate?**

Results:

- > all cause mortality reduced in the TXA2 group
- > decreased mortality due to bleeding (RR 0.85) (which was 35% of deaths)
- > trend toward more vascular occlusive events in placebo group
- > no difference in transfusion and need for surgery
- > trend towards early treatment being more effective
- > NNT 65, ARR 1.5%, RR 0.91

## 108) Diabetes Insipidus treatment - ??

## 109) Where does the Glenn Shunt attach to?

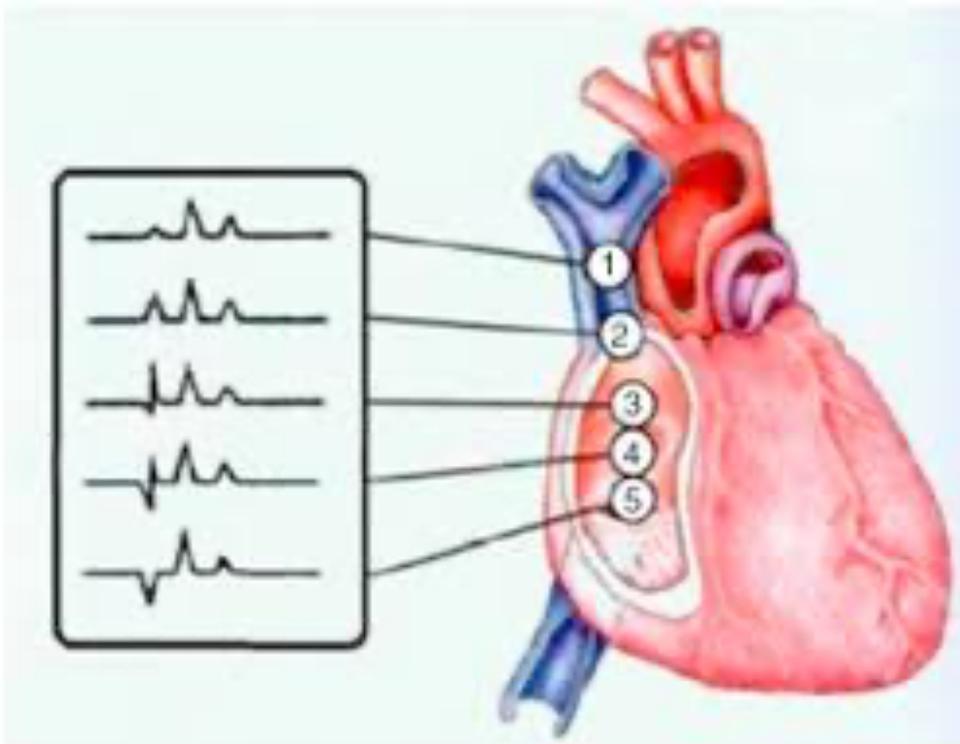
## 110) NDMR least likely to cause anaphylaxis

– (cisatracurium not on list)

## 111) Pre-tracheal tissue volume?

## 112) ECG guided placement of PAC

- ECG trace when in the right atrium? (or are they asking what is the PAC trace like when you enter the RA?)



## Topics

- 1) ABG's
  - mixed resp/ metabolic acidosis and normal anion gap
- 2) ECGs
  - There was at least 3 (All from LITFL)
  - I think they choose new ECGs each time
  - LAFB
  - Torsades
  - What is the axis
- 3) GCS question
  - There is always one straight GCS
  - We also got which WFNS grade is this
- 4) Nasal MRSA?
- 5) US images
- 6) Rotem
- 7) CXR
- 8) CHADS 2