



MODULE I

- 1- Dantrolene is;
 - a. Lipid Soluble
 - b. Dissociation of excitation-contraction coupling
 - c. $T_{1/2} = 9$ hours
 - d. It decreases Intracellular Ca^{++}
 - e. All of the above
- 2- Occulo-Cardiac Reflex Treatment;
 - a. Atropine
 - b. Adrenaline
 - c. Ephedrine
 - d. Ask Surgeon to stop maneuver****
- 3- Occulo-Cardiac Reflex causes all except;
 - a. Bradycardia
 - b. Bradyarrhythmias
 - c. Tachycardia***
- 4- Autonomic Nervous System..... All are true except;
 - a. Conserve body energy
 - b. Involuntary System
 - c. Mainly organized by Hypothalamus
 - d. Cortex participate in the control*****
- 5- Which of the following $\uparrow\uparrow\uparrow$ FRC;
 - a. Abdominal Distension
 - b. Bronchodilatation***
 - c. Supine Position
 - d. Cephalad Elevation of Diaphragm
- 6- Which of the following is true about Atropine;
.....



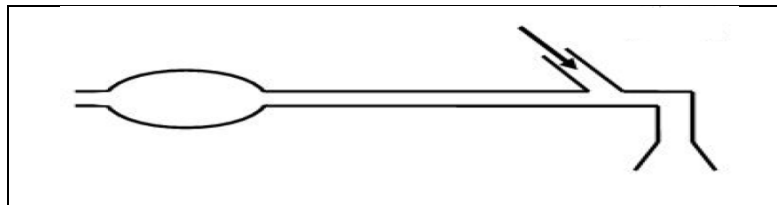
7- Local Anesthetic in Epidural Anesthesia is acting on which Structure;

- a. Cortex
- b. Dorsal Horn Cell
- c. Spinal Nerve Roots***
- d. Substantia Gelatinosa

8- MAC of Desflurane;

- a. 0.1%
- b. 0.12%
- c. 0.96%
- d. 7.1%***

9- This Circuit is;



Mapelson AB.....C.....D.....F***

10- Muscle Relaxant used in Pheochromocytoma;

- a. Pancronium ###
- b. Atracurium###
- c. Gallamine
- d. Vecuronium***
- e. Curare

11- Difficult intubation;

- a. In sitting position
- b. Protruding Tongue
- c. Phantom Airway
- d. All of the above***

12- Pressure Ventilation;

.....↑↑↑FRC



- 13- Most Nerve is liable to injury during GA;
.....Ulnar Nerve
- 14- Comatosed Patient with no Verbal nor Motor and no eye-opening...so
GCS is;
a. 0
b. 1
c. 3***
d. 2
e. 4
- 15- You have done cardioversion of patient He developed VF ...
First step to be done;
a. IV Lidocaine
b. Synchronized Defibrillation shock
c. Closed cardiac compression
d. Un-synchronized DC shock***
e. IV Adrenaline
- 16- Mivacurium;
a. The same duration as Atracurium
b. Metabolized by Pseudocholinesterase***
c. No Histamine Release.
d. Its action is not reversed by Anticholinesterase
e. Its action is not affected by liver or kidney diseases.
- 17- Succinyl-Choline in Myotonia causes;
a. Relaxation with prolonged duration
b. Contracture for more than 3-5 minutes***
c. ↑↑ AcetylCholine in plasma
d. Hypotension
- 18- All these regarding Anesthesia induced arrhythmias are true except;
a. Cocaine [↑↑Epinephrine release]***
b. Halogenated Anesthetics [Re-Entrant Arrhythmias]
c. Ketamine [Hypertension +↑sensitize myocardium to circulating CAs]

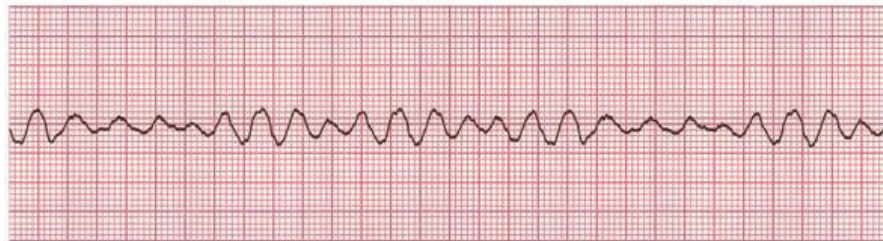


- d. Halothane [$\uparrow\uparrow$ sensitize myocardium to circulating CAs]
e. Isoflurane [direct irritability of myocardium]
- 19- What is the involved main mechanism in Halothane metabolism;
a. Reduction
b. Oxidation***
c. Desulfuration
d. Deflurination
e. Methylation
- 20- Pregnant woman with Ante-partum Hge is going to do emergency CS, after laryngoscopyEpiglottis can't be seen + failed intubation;
a. Surgeon should proceed while patient is still on the effect of induction agent.
b. Anesthetist should awake her
c. Surgeon should do tracheostomy
d. Anesthetist should check ventilation possibility using face mask.***
- 21- Emergency Patient with Blood group B^{-ve} will receive uncrossed matched blood, what group you will give to him;
a. B^{-ve}
b. O^{-ve} !!!!!!!!!!!!! Its use restricted if no B^{-ve} Group available
c. All of the above
- 22- All can occur with Pheochromocytoma except;
..... Addison's Disease
- 23- Causes of Hypothermia during General Anesthesia;
..... Circulation Redistribution and Vasodilatation

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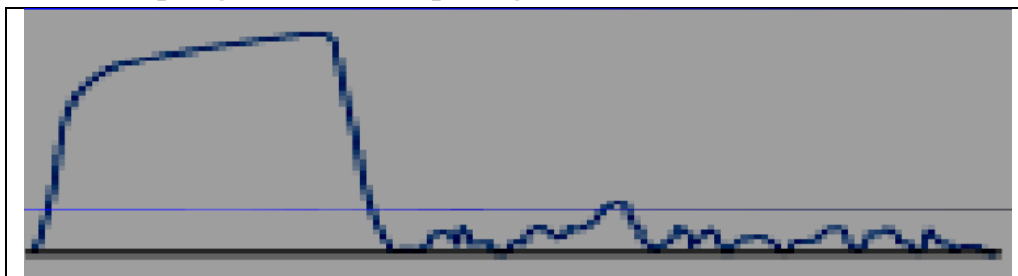


- 24- Which of the following is cause of $\uparrow\uparrow\uparrow$ CVP;
- a. Using saline on the manometer.
 - b. **PPV**
 - c. Elevating the transducer.
 - d. Elevating patient's head.
- 25- In the recovery room, the nurse found patient isn't responsive, no breathing, no blood pressure; ECG shows....



So, the first action is;

- a. **Call cardiac arrest team**
 - b. Recheck ECG
 - c. Auscultate for Heart Beats
 - d. Intubate and ventilate the patients.
- 26- Most sensitive finding in Malignant Hyperthermia;
..... \uparrow End-Tidal CO_2
- 27- Most suggestive in patient with history for Malignant Hyperthermia;
..... Full History
- 28- Capnogram $\rightarrow\rightarrow$ Tapering Trace

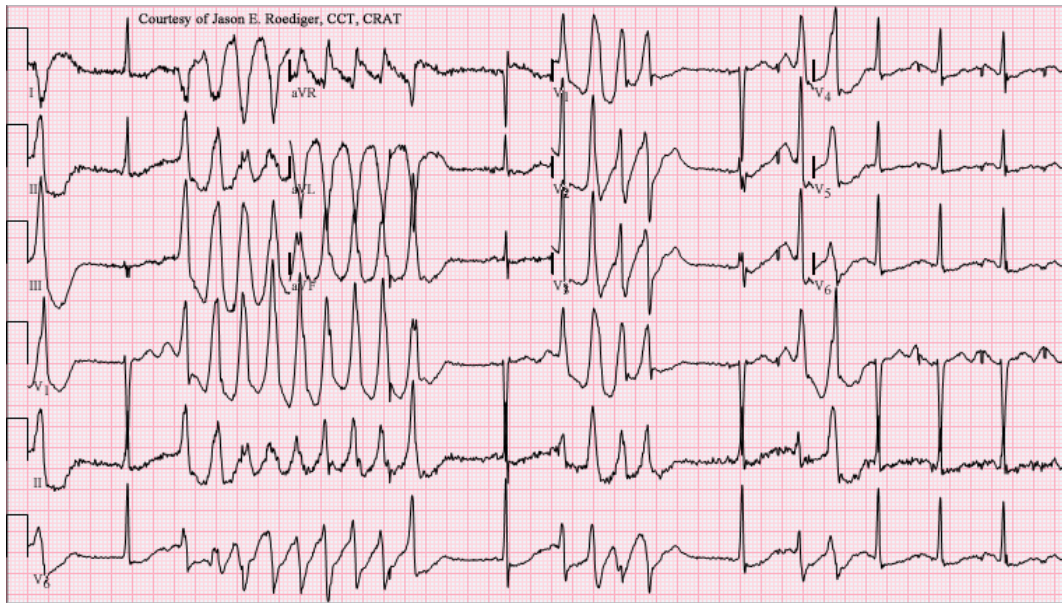


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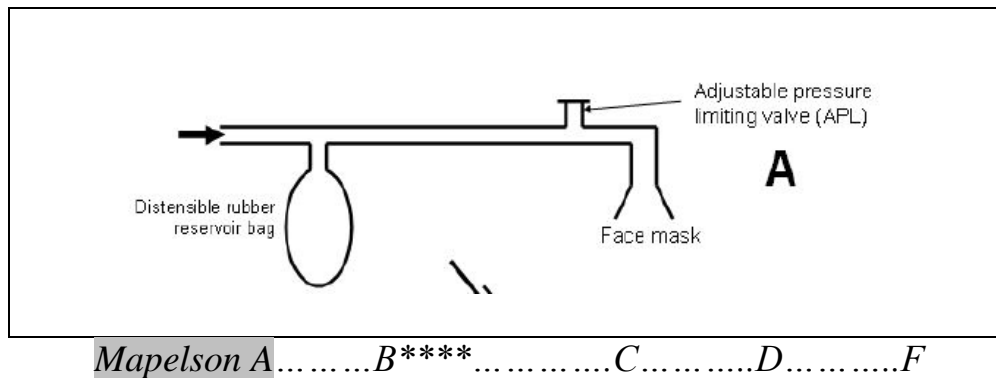


29- 12 Leads ECG;

- a. Atrial Flutter
- b. Torsade de pointes
- c. Paroxysmal Ventricular Tachycardia
- d. Nodal Arrhythmia



30- This circuit is;



31- Patient with hypertension reacts to ETT by;

- a. MI
- b. Tachycardia
- c. Arrhythmias
- d. All of the above***



- 32- Factor is not affecting reversal of Muscle Relaxants except;
..... Hypothermia
- 33- Local anesthetic toxicity
..... First CNS symptoms Second CVS symptoms
- 34- Morphine in Cancer Patients
..... ↑↑↑ Dose indicator of Tolerance
- 35- DM all is important except
..... Hyperhydrosis
- 36- Glasgow Coma Scale = 3
..... Not responsive to pain
- 37- After patient recovered from neuroleptic analgesia. In PACU he became apneic 5-10 minutes later... the most common cause;
a. Anesthetic Drug Hang over
b. Extra cranial Hematoma
c. Opioid Overdose***
- 38- Which is true about continuous epidural infusion of Opioids;
a. It allows using of naturally occurring Opioids
b. It ensures rapid onset.
c. It minimizes side effects
d. It gives better control of Pain
e. It causes Hypotension.
- 39- What is true about IV regional anesthesia;
a. It can't be used for lower limb.
b. Toxicity of LAs; occurs if inadequate cuff inflation***
c. It is limited to only 45 minutes to avoid limb ischemia.
d. Opioids increase its efficacy.
- 40- Most common causes of hospitalization after GA is;
a. Nausea and vomiting
b. Hypotension
c. Pain
d. Electrolyte Disturbance
- 41- Common cause of hypoxia in postoperative;



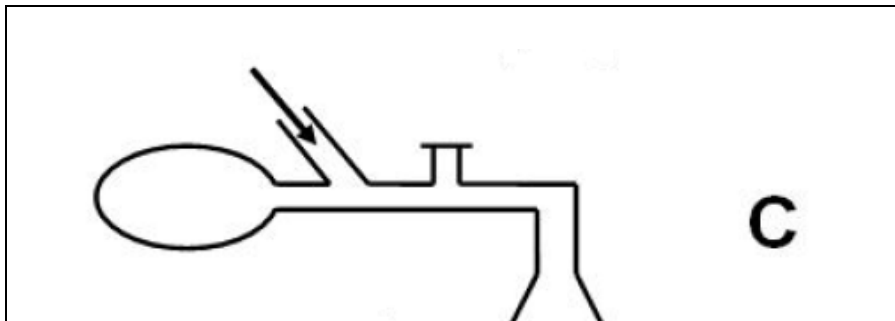
..... Hypoventilation.

- 42- One of the following is wrong for pulse-oximetry;
..... don't be affected by outside light.
- 43- Airway Management in impending Cx fracture;
a. Oral or nasal intubation with cervical fixation.
b. Using fiberoptic bronchoscope
c. All of the above.
- 44- Bradycardia in oculocardiac reflex can be managed and treated firstly by;
1. Release of stimulant and the cause.
2. IV Atropine [during the procedure].
- 45- Dangerous of Hypokalemia→ ↑↑↑ instability of myocardium cause arrhythmias.
- 46- Commonest cause of Hyponatremia in head injury;
a. Mannitol
b. Diuretics
c. Restriction of salt and water
d. Overhydration***



MODULE II

1- Mapelson's



- 1- Criteria of weaning from mechanical ventilation, All true except;
 - a. $V_t > 5 \text{ mL/Kg}$
 - b. $VC > 15 \text{ mL/Kg}$
 - c. $\text{pH} > 7.3$
 - d. $\text{PaO}_2 > 60 \text{ mmHg}$
 - e. Respiratory rate $< 50/\text{min}^{***}$
- 2- Choices of connecting patient to mechanical ventilator;
 - a. MI
 - b. Drug overdose "Narcotics"***
 - c. Cerebrovascular stroke
- 3- Normal K plasma level; 3.5-5.5 mEq/L
- 4- Patient with severe chest pain ... BP=70/50....HR=40/min..... Treatment;
 - a. Atropine
 - b. Lasix
 - c. Morphine***
 - d. Adrenaline
- 5- Drugs that increase ventilation;
 - a. Thyroxine
 - b. Lasix
 - c. Aminophylline
 - d. ACEIs



- 6- O₂ Delivery for tissue controlled by;
- a. O₂ Content
 - b. COP
 - c. Hb%
 - d. All of the above
- 7- ARDS Oxygenation and ↑↑ CO₂ can be ignored.
[Permissive Hypercarbia]
- 8- Reversal of Ms Relaxant is more affected by;
- a. Hypothermia***
 - b. COP
 - c. Enzyme inhibitor drugs
- 9- In clinical features of Sickle cell anemia include except;
- a. ARDS
 - b. Cardiomegally
 - c. Convulsions
 - d. Salmonella Infections
 - e. Paraplegia***
- 10- The following reduce MAC of volatile anesthetic agents;
- a. Acidosis
 - b. Glutamate
 - c. NMDA
 - d. Dextrometomidine***
 - e. MAOIs
- 11- **Drugs that may precipitate acute attack of Porphyria;**
- a. Thiopental
 - b. Phenytoin
 - c. Chloramphenicol
 - d. Sulphonamides
 - e. Chlordiazoxide
 - f. All of the above



- 12- Hypokalemia occurs in except;
- a. Cushing's \$
 - b. Conn's \$
 - c. Addison's Disease***
 - d. Renal Tubular Acidosis
 - e. Laxative administration
- 13- Dantrolene;
- a. At dose of 10 mg/Kg paralysis occurs.
 - b. May be dissolved in 5% Dextrose
 - c. It requires Saline to dissolve***
 - d. It should be given prophylactic in Malignant Hyperthermia susceptible patients
 - e. It increase Ca reuptake by Sarcoplasmic Reticulum
- 14- Renin Secretion increased by;
- a. Angiotensin***
 - b. Diuretics
 - c. Antihypertensive Drugs
- 15- Side effects of Intra-Thecal Morphine;
- a. Vomiting
 - b. Itching***
 - c. Respiratory Depression
 - d. Urinary Retention
 - e. All of the Above
- 16- Thyro-mental Space 6 cm
- 17- Gastric Emptying ,,.,.,.,, ↓↓ by Pregnancy..... ↑↑ by Metoclopramide
- 18- Coumadin Antidote....
- a. Vit K***
 - b. FFP
- 19- Anesthesia and Liver;
- a. Regional anesthesia maintains liver blood flow
 - b. IPPV reduces liver blood flow**
 - c. Volatile anesthetics increase liver blood flow
 - d. Halothane is metabolized 10% in liver
 - e. Reductive Halothane metabolites can cause Halothane hepatitis



20- The following drugs are safe to use in patients with malignant hyperpyrexia;

- a. Sevoflurane
- b. Propofol**
- c. Nitrous Oxide**
- d. Sux
- e. Fentanyl**

21- The following drugs are safe to use in patients with Porphyria;

- a. Neostigmine***
- b. Pentazocine
- c. Etomidate
- d. Griseofulvin
- e. Droperidol***

22- As regards Neonatal airway;

- a. The larynx lies opposite C4-C5
- b. The trachea is 3-4 cm long.
- c. Tracheal rings are fully developed
- d. Nasal passages account for up to 40% of total airway resistance
- e. Cricoid cartilage is the narrowest part of the airway.

23- The following increases the risk of spinal hematoma;

- a. AgeOld
- b. SexFemale
- c. Presence of epidural catheter
- d. Spinal Abnormalities
- e. Technically difficult placed Needle

24- Occulo-Cardiac Reflex;

It is associated with retrobulbar block.

It is associated with retrobulbar hemorrhage.

The afferent limb is parasympathetic fibres accompanying Oculomotor Nerve.

25- Malignant Hyperthermia susceptible Individuals;

- a. There is increased risk of sudden death.**
- b. Triggering agents may not precipitate it.**



- c. Inheritance is Autosomal Recessive.
 - d. Ryanodine receptors abnormalities may be present.**
 - e. Elevated Creatinine Kinase is uncommon.
- 26- Alfentanyl;
- a. $pK_a = 8.0$
 - b. It has larger > Volume of distribution than Fentanyl
 - c. It is more protein binding > Fentanyl***
 - d. It is more lipid soluble > Fentanyl
 - e. It is metabolized in Liver.***
- 27- Adult Trachea;
- a. It is 12 cm long
 - b. Carina opposite C6
 - c. Thyroid Isthmus lies in front of 3rd -6th tracheal rings.
- 28- Pressure controlled ventilation is better than Volume controlled ↓↓↓ incidence of Barotrauma.
- 29- Heparin isAntithrombin III
- 30- All events occur in Pre-eclampsia except;
- a. Hypovolemia
 - b. Hypervolemia
 - c. Proteinuria
 - d. Hypertension
- 31- Mechanical Ventilation..... ↓↓ ICP by; ↓↓ CSF????
- 32- $Mg\ SO_4$ Cross BBB causing Neonatal Depression
Its Therapeutic Level = 4-6 mg/dL
- 33- Morbid Obesity ,,, which is wrong sentence;
Decreased Risk of DVT
- 34- ↑↑↑↑ Thrombosis in arterial cannula may be due to..... Multiple punctures.



- 35- Which of following liable to occur in burn patient;
a. CO poisoning
b. Airway edema
c. All of the above
- 36- The most common side effect of Terbutaline used in Ob/Gyn;
a. Sleep disturbance
b. Headache
c. Hypertension
d. Pulmonary Edema
e. All of the above
- 37- Ketamine structure;
R' Isomer
- 38- Instability of atracurium serum level inside the body;
Temperature and Ph
- 39- Brachial Plexus Block..... The nerve escaped from the block;
a. Axillary approach.....Musculocutaneous Nerve
b. Interscalene approach Inferior trunk / Ulnar nerve may escape
c. Supraclavicular approach Risk of Pneumothorax
- 40- 12 years old child Underwent surgical correction for congenital diaphragmatic hernia postoperatively he developed cyanosis and cough He received O₂ ... What will you want to give;
..... Nitric Oxide
- 41- 65 years old Patient, smoker is presented by productive cough, dyspnea and cyanosis;
a. Lobular Emphysema
b. Chronic Bronchitis



- 42- Axillary approach of Brachial plexus block;
- a. Pneumothorax is a common complication
 - b. Mediastinal Hge
 - c. Lack of anesthesia by this approach
 - d. Produce good anesthesia control for shoulder surgery
 - e. Musculocutaneous nerve is readily blocked by this approach
 - f. Radial nerve paresthesia is elicited deep to axillary artery
- 43- Pre-eclampsia findings are all except;
- a. Hypertension
 - b. Hypervolemia***
 - c. Hypovolemia
 - d. Proteinuria
- 44- Malignant Hyperpyrexia;; First signs;
- a. \downarrow PaO₂ [Hypoxia]
 - b. Fever
 - c. Tachycardia
 - d. $\uparrow\uparrow$ Et-CO₂
 - e. Myoglobinuria
- 45- Awake intubations can be done for all except;
- a. Lidocaine spray in mouth and oropharynx
 - b. Bilateral stellate ganglion block
 - c. Superior Laryngeal Nerve Block
 - d. Heavy sedation***
 - e. Transtracheal LAs.
- 46- Early postoperative complications in PACU;
- a. Hypoventilation***
 - b. Pain