पुस्तिका में पृष्ठों की संख्या—32 No. of Pages in Booklet -32 पुस्तिका में प्रश्नों की संख्या—180 No. of Questions in Booklet -180

Paper Code: 01

SUBJECT: Anaesthesiology

(Broad Speciality)

समय : 3.00 घण्टे Time: 3.00 Hours **BSAP-22**

1100045

प्रश्न पुरितका संख्या / Question Booklet No.

अधिकतम अंक : 180

Maximum Marks: 180

प्रश्न-पत्र पुस्तिका के पेपर सील / पॉलिथिन बैग को खोलने पर परीक्षार्थी यह सुनिश्चित कर लें कि प्रश्न पुस्तिका संख्या तथा ओ.एम.आर उत्तर-पत्रक पर अंकित बारकोड समान हैं। इसमें कोई भिन्नता हो तो परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। ऐसा सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी।

On opening the paper seal /polythene bag of the Question Booklet the candidate should ensure that Question Booklet Number and Barcode of OMR Answer Sheet must be same. If there is any difference, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this.

परीक्षार्थियों के लिए निर्देश

- 1. सभी प्रश्नों के उत्तर दीजिए।
- 2. सभी प्रश्नों के अंक समान हैं।
- 3. प्रत्येक प्रश्न का केवल एक ही उत्तर दीजिए।
- 4. एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
- 5. प्रत्येक प्रश्न के चार वैकल्पिक उत्तर दिये गये हैं, जिन्हें क्रमशः 1, 2, 3, 4 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले अथवा बबल को उत्तर-पत्रक पर नीले बॉल प्वॉइंट पेन से गहरा करना है।
- 6. OMR उत्तर-पत्रक इस परीक्षा पुस्तिका के अन्दर रखा है। जब आपको परीक्षा पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल प्वॉइंट पेन से विवरण भरें।
- 7. प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा। गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है। किसी भी प्रश्न से संबंधित गोले या बबल को खाली छोड़ना गलत उत्तर नहीं माना जायेगा।
- 8. मोबाइल फोन अथवा इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित हैं। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है, तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।
- कृपया अपना रोल नम्बर ओ.एम.आर. पत्रक पर सावधानीपूर्वक सही भरें। गलत अथवा अपूर्ण रोल नम्बर भरने पर 5 अंक कुल प्राप्तांकों में से काटे जा सकते हैं।
- 10. यदि किसी प्रश्न में किसी प्रकार की कोई मुद्रण या तथ्यात्मक प्रकार की त्रुटि हो, तो प्रश्न के हिन्दी तथा अंग्रेज़ी रूपान्तरों में से अंग्रेज़ी रूपान्तर मान्य होगा।

चेतावनी: अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनिधकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज कराते हुए विविध नियमों—प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही विभाग ऐसे अभ्यर्थी को भविष्य में होने वाली विभाग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

- 1. Answer all questions.
- 2. All questions carry equal marks.
- 3. Only one answer is to be given for each question.
- If more than one answers are marked, it would be treated as wrong answer.
- Each question has four alternative responses marked serially as 1, 2, 3, 4. You have to darken only one circle or bubble indicating the correct answer on the Answer Sheet using BLUE BALL POINT PEN.
- The OMR Answer Sheet is inside this Test Booklet. When
 you are directed to open the Test Booklet, take out the
 Answer Sheet and fill in the particulars carefully with blue
 ball point pen only.
- 7. 1/3 part of the mark(s) of each question will be deducted for each wrong answer. A wrong answer means an incorrect answer or more than one answers for any question. Leaving all the relevant circles or bubbles of any question blank will not be considered as wrong answer.
- Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt as per rules.
- Please correctly fill your Roll Number in O.M.R. Sheet.
 Marks can be deducted for filling wrong or incomplete Roll Number.
- If there is any sort of ambiguity/mistake either of printing or factual nature, then out of Hindi and English Version of the question, the English Version will be treated as standard.

Warning: If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would liable to be prosecuted. Department may also debar him/her permanently from all future examinations.

इस परीक्षा पुस्तिका को तब तक न खोलें जब तक कहा न जाए। Do not open this Test Booklet until you are asked to do so.

		ANAESTHESIOLOGY
1.	All of	the following are contraindications of Electroconvulsive therapy (ECT), except -
	(1)	Pacemaker
	(2)	Recent stroke
	(3)	Raised intracranial pressure
	(4)	Severe osteoporosis
2.	A 58-	year-old man with advanced-stage pancreatic cancer is requesting evaluation in the pain
	clinic	for palliation. Which of the following is INCORRECT?
	(1)	The celiac plexus contains afferent and efferent fibers from T5-T12 roots.
	(2)	The plexus is blocked just anterior to the T8 vertebral body.
	The celiac plexus innervates most of the abdominal viscera.	
	(4)	A celiac plexus block perioperatively can decrease body stress and endocrine response to
		surgery.
3.	Follow	ving statement about High Flow Nasal Cannula (HFNC) is true -
	(1)	Cannot deliver FiO2 of 1
	(2)	Can deliver maximum gas flow rates can be up to 40 L/min
	(3)	Does not increase dead space
	(4)	Delivered gases are unhumidified
4.	А 39-у	rear-old woman with a history of headaches, hypertension, palpitations and nephrolithiasis
		ergoing a parathyroidectomy for parathyroid adenoma. During induction, she develops
	severe	hypertension and tachycardia. The most likely diagnosis for these signs is -
	(1)	Adrenal insufficiency (2) Carcinoid syndrome
	(3)	Thyroid storm (4) Pheochromocytoma
5.	Risk fa	actors for aspiration of gastric contents at the time of airway management include all of the
	followi	ing EXCEPT -
	(1)	Emergency surgery

(2)

(3)

(4)

Obesity

Higher ASA classification

Inexperienced anesthetist encountering airway problems

U.	The rei	ationship between pressure within a spin	sie am	u the tension in the wan is described by -
	~(1)	Laplace's Law	(2)	Dalton's Law
	(3)	Boyle's Law	(4)	Poiseuille's Law
7.	The pre	sence of a right-to-left intracardiac shun	t resu	lts in which of the following?
	(1)	Slows induction, especially with very s	oluble	e inhalational agents
	(2)	Slows induction, especially with insolu	ble in	halational agents
	(3)	Speeds induction, especially with very	solub	le inhalational agents
	(4)	Speeds induction, especially with insolu	uble i	nhalational agents
8.	Regard	ing pain relief during labour, which of th	ne foll	owing statements is incorrect?
	(1)	Blocking T10-L1 dermatomes provides	s analg	gesia for first stage.
	(2)	Analgesia for the second stage of lab segments.	our a	and delivery requires the block of the S2-4
	(3)	Prolongation of first stage of labour occ	curs w	rith epidural analgesia.
	(4)	Dysfunctional labour may be converted	l to no	ormal labour by epidural analgesia.
9.	Which	statement about the effects of succinylcl	noline	in healthy patients is correct?
	(1)	A phase I block is commonly associate	d with	a fade of Train-of-Four (TOF).
	(2)	A phase I block can be antagonized with	th ace	tylcholinesterase inhibitors.
	(3)	A phase II block is defined as TOF rational actions and the second secon	o of le	ess than 10%.
	(4)	A phase II block is observed at a 7.5 mg/kg.	cumu	alative succinylcholine dose of more than
10.		of the following may help in mapping ing the EEG activity or inducing the seiz		a seizure focus under general anesthesia by
	(1)	Thiopental	(2)	Ketamine
	(3)	Diazepam	(4)	Isoflurane
11.	papillo	,	surge	elaser microsurgery to address laryngeal eon is requesting a General Endotracheal support combustion is -
	(1)	Oxygen 35%, air 65%		
	(2)	Oxygen 30%, helium 70%		
	(3)	Oxygen 20%, nitrous oxide (N ₂ O) 80%	ó	
	(4)	Oxygen 30%, nitrogen (N ₂) 70%		ı
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	(3)	Bilirubin	(4)	Albumin		
	(1)	Creatinine	(2)	INR (International Normalized Ratio)		
	_	ze patients for liver tra	nsplantation is -			
16.	The va	riable not used to cal	lculate an MELD (Mo	odel for End-stage Liver Disease) score to		
	(3)	Alpha angle	(4)	K value		
	(1)	R value	(2)	Maximum Amplitude (MA)		
		ength is -				
***				ysis. The parameter of the TEG measuring		
15.		•	(4)	woman with sclerosing cholangitis, the		
	(1)	0.5 1.0	(2)	0.8 1.2		
	ratio?	0.5	-			
		L and an estimated de	ead space of 100 mL.	What is this patient's ventilation/perfusion		
	an estin	mated stroke volume or	f 70 mL. He is breathin	g 10 times per minute with a tidal volume of		
14.	А 30-у	ear-old man is in the pa	reoperative holding are	a with a heart rate of 70 beats per minute and		
	(4)	High fresh gas flows				
	(3)	Soda lime desiccation	n			
	(2)	Low alveolar partial	pressure of sevoflurane			
	(1)	Low soda lime absorb	bent temperatures			
		eraction between soda		1011 in the production of compound A from		
13.	Which	_	• •	ASE in the production of Compound A from		
	(4)	An IABP improves c	erebral and coronary pe	erfusion.		
	(3)	Heliox is used to infl	ate the balloon.			
	(2)	The balloon inflates	during systole.			
	(1)	An IABP is contraine	dicated in aortic stenosi	S.		
	situ. W	Which of the following	apply with regard to the	e IABP?		
12.	A patient on the cardiothoracic intensive care unit has an Intra-Aortic Balloon Pump (IABP) in					
10						

- 17. Which of the following about MeSH is incorrect?
 - (1) MeSH thesaurus is controlled vocabulary produced by the National Library of Medicine.
 - (2) It consists of sets of terms naming descriptors in a hierarchical structure that permits searching at various levels of specificity.
 - (3) It is used for indexing and searching of biomedical and health-related information.
 - (4) MeSH is used for EMBASE database.
- 18. Randomization of study subjects -
 - (1) Increases the power of a study
 - (2) Introduces bias
 - (3) Balances confounders
 - (4) Reduces the number of subjects necessary to make a result significant
- 19. Which of the following provide the lowest level of evidence?
 - (1) Case series

(2) Small RCT with unclear results

(3) Cohort studies

- (4) Case control studies
- 20. Which of the following statements is TRUE regarding cervical plexus block?
 - (1) Phrenic nerve blockade is a rare complication of deep cervical plexus block.
 - (2) The superficial cervical plexus innervates the sternocleidomastoid muscle.
 - (3) A deep cervical plexus block is performed at the C4, C5 and C6 levels.
 - (4) A superficial cervical plexus block is performed at the anteromedial aspect of the sternocleidomastoid muscle.
- 21. Lidocaine and epinephrine are commonly used together when testing epidural anesthesia because -
 - (1) Lidocaine injection (3 mL of 1.5%) intravascularly will induce local anesthetic toxicity such as perioral numbness
 - (2) Intrathecal injection of epinephrine will result in a high spinal
 - (3) Intrathecal injection of lidocaine can cause a low-level spinal anesthesia with some degree of motor block
 - (4) Intravascular injection of epinephrine (typically 15 μ g/3 mL) can cause hypertension more than tachycardia

22.	Vein Pattern Locating Technology for Cannulation (Vein finder) uses which light spectrum?				
	(1)	Ultra violet	(2)	Visible	
	(3)	Infrared	(4)	None of the above	
23.	Which	n of the following robots has been used for	or end	otracheal intubation in humans?	
	(1)	Da Vinci	(2)	Kepler	
	(3)	Xenex	(4)	PARO	
24.	Which	n of the following is not true about Xenor	1?		
	(1)	Has lowest blood gas partition coeffici	ent of	all inhaled anaesthetic agents	
	(2)	Depresses myocardium			
	(3)	Requires expensive delivery and scave	nging	system	
	(4)	Safe in Malignant Hyperthermia			
. 25.	Which	of the following is/are modalities to mor	nitor i	ntraoperative pain?	
	(1)	Analgesia Nociception Index (ANI)	(2)	Surgical Pleth Index (SPI)	
	(3)	Pupillometry	(4)	All of the above	
26.	An oth	nerwise healthy 61-year-old man receives	a spi	nal anesthetic for Transurethral Resection of	
				art of the procedure, he suddenly develope	
	nausea cause?		noulde	er. Which of the following is the most likely	
	(1)	Angina pectoris	(2)	Bladder perforation	
	(3)	Hyponatremia	(4)	Inadequate spinal sensory level	
27.	The po	otential advantage of the LMA-ProSea	l ove	r classic LMA is that the Pro-Seal LMA	
	provides -				
	(1)	Better seal at the epiglottis, thereby	allow	ing for positive-pressure ventilation to be	
		employed.			
	(2)	Conduit to permit gastric fluids to bypa	ss the	glottis.	
	(3)	Conduit to facilitate blind or fiberoptic	intuba	tion.	
	(4)	More flexible shaft that is resistant to k	inkin	g and thereby facilitates its use during oral,	
		dental, or head and neck surgery.			

28.		of the following classes of drugs is manduring general anesthesia?	ost li	kely to be responsible for an anaphylactic
	(1)	Neuromuscular-blocking drugs	(2)	Opioids
	(3)	Antibiotics	(4)	Radio contrast dyes
29.	The N	ational Institute for Occupational Safe	ety ar	nd Health (NIOSH) recommends limiting
	operati	ng room concentration of nitrous oxide to	0	ppm.
	(1)	10	(2)	25
	(3)	50	(4)	100
30.		ear-old child weighing 16 kg is scheding he was NPO for 8 hours, his total flu		For hernia repair under general anesthesia. icit will be about(mL).
	(1)	380	(2)	420
-	(3)	460	(4)	500
31.				om with projectile nonbilious vomiting. An
				and the diagnosis of pyloric stenosis is
			101107	wing electrolyte disturbances would be least
	likely?		(2)	No. 1 . No effect of
	(1)	Hyperchloremia	(2)	Metabolic alkalosis
	(3)	Hyponatremia	(4)	Hypokalemia
32.	A 2-ye	ear-old child undergoing myringotomy d	eveloj	ps laryngospasm in the operating room. The
	patient	is breathing spontaneously with fac	e mas	sk at an FiO2 of 0.6. Next step in the
	manag	ement would be -		
	(1)	Increasing FiO2 to 1.0	(2)	Jaw thrust
	(3)	Endotracheal intubation	(4)	Intramuscular succinylcholine
33.		ults with septic shock, Surviving Sepsis ne agent over other vasopressors.	guide	elines 2021 recommend usingas the
	(1)	Vasopressin	(2)	Norepinephrine
	(3)	Epinephrine	(4)	Selepressin
34.	A pati	ent can be diagnosed with Acute Respir	atory	Distress Syndrome (ARDS) if he or she has
	an acu	te onset of illness, bilateral infiltrates or	i chesi	t X-ray, lack of evidence of left heart failure
	and a l	PaO2/FiO2 (P/F) ratio of less than or eq	ual to	-
	(1)	500 mm Hg	(2)	400 mm Hg
	(3)	350 mm Hg	(4)	200 mm Hg

- 35. The physiological rationale behind prone positioning in typical ARDS is -**(1)** alter regional distribution of pulmonary blood flow **(2)** preventing alveolar de-recruitment (3) generate more homogenous lung aeration and subsequent reduction in shunting **(4)** None of the above 36. In Pressure Support Ventilation (PSV), inspiration ends (and expiration begins) when -**(1)** A preset tidal volume has been achieved **(2)** A preset airway pressure has been achieved (3) Flow decreases to a preset level **(4)** A preset amount of time has passed 37. Airway management in Klippel-Feil syndrome is most likely to be challenging because of -**(1)** Micrognathia Macroglossia (3) Subglottic stenosis **(4)** Cervical spine fusion 38. The Mallampati classification focuses on the visibility of oropharyngeal structures when the patient is examined in which of the following positions? **(1)** Supine, mouth fully open, tongue protruded, with phonation **(2)** Sitting, mouth opened, tongue in neutral position, without phonation **(3)** Sitting, mouth fully opened, tongue protruded, without phonation **(4)** Sitting, mouth fully opened, tongue protruded, with phonation 39. A 72-year-old patient with a history of hypertension and angina at moderate activity is to undergo a laparoscopic cholecystectomy. Due to decreased effort tolerance and a significant blockade of left anterior descending coronary artery on stress thallium, a pre-procedure coronary intervention is planned. Which of the following procedures performed prior to the elective
- surgery is least likely to delay the laparoscopic surgery?
 - **(1)** Coronary Artery Bypass Graft (CABG)
 - **(2)** Percutaneous coronary stenting-bare-metallic stent
 - Percutaneous coronary stenting-drug-eluting stent **(3)**
 - **(4)** Percutaneous balloon dilatation

40.	In pred Equiva	operative assessment of patients, physical lents (METs). The value that correspond	sical ds to	activity—is graded in terms of Metabolic oxygen consumption of 1 MET in an adult
	(1)	2 mL/kg/min	(2)	7 mL/kg/min
	(3)	3.5 mL/kg/min	(4)	5.5 mL/kg/min
41.	For em	ergent surgery, anticoagulation produced	l by w	varfarin can be reversed by using -
	(1)	Fresh Frozen Plasma (FFP)	(2)	Injectable vitamin K
	(3)	Prothrombin complex concentrate	(4)	Factor VIII concentrate
42.	After p	roviding shock with AED, you should -		
	(1)	Start CPR beginning with chest compre	ession	S
	(2)	Check pulse		
	(3)	Give rescue breath		
	(4)	Let AED analyse the rhythm		
43.	The co	rrect respiratory physiologic change asso	ociated	d with pregnancy is -
	(1)	Increase in arterial pH	(2)	Increase in HCO ₃
	(3)	Increase in PaCO ₂	(4)	Increase in tidal volume
44.	Which	of the following is not associated with o	xytoc	in administration?
	(1)	Myocardial ischemia	(2)	Respiratory depression
	(3)	Hypotension	(4)	Tachycardia
45.	A 20-y	vear-old man who was been in a motor ve	ehicle	collision enters the operating room for open
	reducti	ion and internal fixation of a compound	1 tibia	a fracture. He ate a full meal approximately
	3 hour	s ago. A cervical collar is in place with 1	midlir	ne cervical tenderness on examination and he
	has a l	LeFort III fracture. His past surgical his	tory i	ncludes a laparoscopic appendectomy at age
	17, aft	er which he was told he was an easy i	ntuba	tion. According to the American Society of
	Anestl	nesiology (ASA) recommendations, it is		
	(1)	Awake fiberoptic intubation with patie	nt's a	ssistance in maintaining neck extension
	(2)	Rapid sequence intubation with in-line	stabi	lization
	(3)	Laryngeal mask airway for duration of	case	
	(4)	Blind nasal intubation after induction of	of gen	eral anesthesia

	_	<u></u>		
46.	A 23	-year-old man is admitted to the intensi	ve care	e unit following a motor vehicle collision and
				nt. On exam he opens his eyes to questioning
	and s	speaks in full sentences but is disoriente	d. He	does not follow commands and upon sternal
	rub h	e reaches to grab the examiner's hand. W	Vhat is	his Glasgow Coma Scale score?
	(1)	9	(2)	10
	(3)	11	(4)	12
47.	Best	measure to reduce cerebral oxygen consu	ımptio	n includes -
	(1)	Administration of barbiturates	(2)	Hyperventilation
	(3)	Administration of opioids	(4)	Institution of hypothermia
48.	To he	elp encourage universal quality and safet	y prac	tices, the ASA has adopted and mandates the
	use of	f all the following monitors during gener	al anes	sthesia, except -
	(1)	An oxygen analyzer		
	(2)	Capnography		
	(3)	Continuous visual display of an ECG		
	(4)	A peripheral nerve stimulator		
49.	Durin	g the course of a complicated cardiac	case,	the surgeon informs you that he is worried
				ient with a right-dominant coronary system.
	Durin	g reperfusion, you are looking for signs of	of isch	emia and are most interested in leads -
	(1)	V1-V3	(2)	V4-V6
	(3)	II, III and AvF	(4)	I and AvL
50.			nt for l	brain death. All the following are criteria for
		death, except -		
	(1)	Apnea for 10 minutes	(2)	Absence of corneal reflex
	(3)	Presence of spinal reflexes	(4)	Decerebrate posturing
51.			ducing	g the amount of perioperative surgical blood
	(1)	an orthopedic procedures, except - Hemodilution	(0)	
			(2)	Controlled hypotension
50	(3)	Tranexamic acid	(4)	Aprotinin
52.		thy pregnant patient in labor has which o		
	(1)	I I	(2)	II
	(3)	Ш ;	(4)	IV

A 22-year-old college athlete with a history of prolonged QT syndrome presents for an inguinal 53. hernia repair. Which of the following agents would be least likely to further lengthen the QT interval? **(2)** Metoclopramide **(1)** Ondansetron (4)**Propofol** Succinylcholine (3) Which of the following statement regarding a DDD pacemaker is true? 54. The pacemaker has both triggered and inhibited responses to sensing. **(1)** This is the preferred pacemaker mode for avoiding issues with electrocautery (2)interference. Placing a magnet on this pacemaker will likely change its mode to VOO. **(3)** Rate responsiveness feature is not compatible with this pacemaker mode. **(4)** When performing a Transversus Abdominis Plane (TAP) block, the goal is to deposit/inject local 55. anesthetic between which of the following two muscle layers? External oblique and internal oblique muscles **(1)** Internal oblique and transversus abdominis muscles (2) Transversus abdominis and external oblique muscles (3)Rectus abdominis and external oblique muscles (4) A 25-year-old male with a family history of sudden cardiac death is undergoing a laparoscopic 56. appendectomy. Immediately after induction and intubation, you notice a heart rate of 120 bpm and blood pressure of 60/40 mm Hg, with a normal capnogram. You suspect the patient has idiopathic hypertrophic subaortic stenosis. Which of the following maneuvers is most likely to help this patient's hemodynamics? Lowering the head end of the bed and administering 10 mg of ephedrine IV Administering a bolus of 1 L of normal saline and esmolol 10 mg IV **(2)** Administering verapamil 5 mg IV immediately (3)Administering a bolus of normal saline and phenylephrine 100 µg IV (4)A 67-year-old man undergoes open aortic aneurysm repair. The best predictor of postoperative 57. renal injury is which of the following? Intraoperative urine output Preoperative creatinine clearance **(2) (1) (4)** Intraoperative blood loss Postoperative creatinine clearance (3)

58.	A bro	nchial blocker is useful in all of the following clinical situations, except -			
	(1)	Patient to be left intubated post operatively			
	(2)	Anatomical abnormality precluding th	ne plac	ement of a Double-Lumen Tube (DLT)	
	(3)	Tamponading bronchial bleeding in a	dult pa	utients	
	(4)	To attain better collapse of the nonder	penden	nt lung	
59.	Which	of the following physical exam maneu	vers is	used to assess the adequacy of the collateral	
	circul	ation of the hand?			
	(1)	Phalen's test	(2)	Tinel's test	
	(3)	Allen's test	(4)	Watson's test	
60.	For w	rhich of the following conditions is t	the ad	ministration of antibiotics before a dental	
		lure for endocarditis pr vention NOT rec		••	
	(1)	Mitral valve prolapse			
	(2)	Presence of prosthetic heart valves			
	(3)	Status post cardiac transplantation with	h aorti	c stenosis	
	(4)	Two months after placement of an Atr	ial Sep	otal Defect closure device	
61.	The m	ost accurate statement regarding absorp	tion o	f topically administered ophthalmic drugs is	
	that the	ey are absorbed -			
	(1)	Slower than subcutaneous absorption			
	(2)	Faster that intravenous absorption			
	(3)	Similar to oral absorption			
	(4)	Slower than intravenous absorption			
62.			Algo	rithm (ACC/AHA Guidelines 2020) include	
	all exce	•			
	(1)	IV Epinephrine	(2)	IV Atropine	
62	(3)	IV Lidocaine	(4)	IV Amiodarone	
63.		ectiveness of CPR can be estimated by -			
	(1)	Arterial diastolic blood pressure	(2)	Quantitative waveform capnography	
	(3)	Central venous oxygen saturation	(4)	All of the above	

- 64. Which of the following statement is correct?
 - (1) Liver derives its blood supply 25% from hepatic artery and 75% from portal vein, but oxygen supply to the liver is 50% from hepatic artery and 50% from portal vein.
 - (2) Liver derives its blood supply 75% from hepatic artery and 25% from portal vein, but oxygen supply to the liver is 75% from hepatic artery and 25% from portal vein.
 - (3) Liver derives its blood supply 25% from hepatic artery and 75% from portal vein, but oxygen supply to the liver is 75% from hepatic artery and 25% from portal vein.
 - (4) Liver derives its blood supply 75% from hepatic artery and 25% from portal vein, but oxygen supply to the liver is 25% from hepatic artery and 75% from portal vein.
- 65. The epidural space is located between -
 - (1) Dura and arachnoid membrane
 - (2) Two layers of dura membrane
 - (3) Ligamentum flavum and dura membrane
 - (4) Arachnoid and pia membrane
- 66. Which one of the following sentence is incorrect about Laryngeal nerve supply?
 - (1) The two recurrent laryngeal nerves provide motor supply to all the intrinsic muscles of the larynx except the cricothyroid and inferior pharyngeal constrictor muscles.
 - (2) Cricothyroid is supplied by internal branch of superior Laryngeal nerve.
 - (3) Sensory innervations of the larynx up to the vocal chords by the internal Laryngeal nerve.
 - (4) Sensory supply below the vocal chords and to the upper trachea is by recurrent laryngeal.
- 67. Which of the following statements is true regarding the use of magnesium sulphate for seizure control in pregnant patients?
 - (1) Goal is to maintain serum concentration of 4.5-5.5 mEq/L and respiratory paralysis occurs at 7-10 mEq/L.
 - (2) Goal is to maintain serum concentration of 3.5 mEq/L and respiratory paralysis occurs at 6-7mEq/L.
 - (3) Goal is to maintain serum concentration of 2.0-3.5 mEq/L and respiratory paralysis occurs at 10-13mEq/L.
 - (4) Goal is to maintain serum concentration of 5.5-6.5 mEq/L and respiratory paralysis occurs at ≥15mEq/L.

68.	What is Gorlin formula related to -						
	(1)	Flow of anesthesia gases across the or	Flow of anesthesia gases across the orifice in flowmeter assembly				
	(2)	Transfer of Inhalational agents from a	Transfer of Inhalational agents from alveoli to brain as per partial pressure of the agent				
	(3)	Increase in wall tension of left ver	ntricle	because of intracavitary systolic pressure			
		generated to overcome aortic stenosis					
	(4)			left Ventricle increases by the square of the			
		increase in flow rate across the mitral					
69.	Which	of the following factors will increase the	e MA	C of volatile inhalational agents?			
	(1)	Pregnancy	(2)	Alpha 2 agonists			
	(3)	Hyperthermia	(4)	Increasing age			
70.	The c	omplete awakening without residual C	'NS e	ffects is the characteristic of which of the			
	follow	ing intravenous induction agents?					
	(1)	Propofol	(2)	Thiopentone			
	(3)	Etomidate	(4)	Ketamine			
71.	Which	of the following cardiovascular effects	will	be seen on giving Injection Midazolam in a			
	dose o	ose of 0.2 mg/kg for induction?					
	(1)	Decrease in cardiac output with decrease in systemic vascular resistance					
	(2)	Cardiac output is not altered but decrease in systemic vascular resistance					
	(3)	No change in systemic vascular resistance					
	(4)	Midazolam prevents sympathetic stimu	ılation	responses evoked by intubation			
72.	Dexme	edetomidine has α_2 versus α_1 agonist rec	eptor s	electively in the ratio of -			
	(1)	1620:1	(2)	220:1			
	(3)	1:1620	(4)	1:220			
73.	Which	of the following drugs produces chest w	all rig	idity and biliary spasm as its side effects?			
	(1)	Midazolam	(2)	Dexmedetomidine			
	(3)	Fentanyl	(4)	Buprenorphine			
74.	All of	he following are effects of general anaes	sthesia	on lung function, except -			
	(1)	A fall in FRC	(2)	Increase in lung compliance			
	(3)	Increased physiologic dead space	(4)	More uneven distribution of ventilation			

75.	After C	CABG or after Percutaneous coronary in	terver	ntion (stent placement) in a patient, elective		
		should only be taken after -				
	Which	Which one of the following sentences is incorrect?				
1	(1)	(1) At least 30 days and preferably 90 days after bare metal stents.				
	(2)	(2) At least 6 months, preferably 1 year for drug-electing stents.				
	(3)	At least 6 weeks and preferably 12 week	ks for	CABG.		
	(4)	At least 6 weeks and preferably 12 week	ks for	drug-electing stents.		
76.	Which	of the following manifestations is not a f	eature	e of Diabetic Autonomic Neuropathy?		
	(1)	Resting Tachycardia				
	(2)	Absent beat to best variation in heart ra	te wit	h deep breathing		
	(3)	Orthostatic Hypotension				
	(4)	Resting Bradycardia				
77.	The las	t muscle to recover from neuromuscular	block	rade is -		
	(1)	Diaphragm muscles	(2)	Intercostal muscles		
	(3)	Orbicularis muscles	(4)	Oropharyngeal muscles		
78.	What s	should be the difference between exha-	led tie	dal volume before and after cuff deflation		
	(ventila	ating the patients on volume control mod	de) to	rule out airway edema before extubation in		
	patient	s undergoing prolonged procedures?				
	(1) more than 15.5% is the cut-off value for extubation of trachea					
	(2) more than 25% is the cut-off value for extubation of trachea					
*	(3) less than 1% is the cut-off value for extubation of trachea					
	(4)	less than 5% is the cut-off value for ext	ubatio	on of trachea		
79.	In Post	Anaesthesia Care Unit (PACU), after 5	hrs, a	patient operated for whipples develops non-		
	cardiog	genic pulmonary edema, fever, systemic	ћуро	tension, leukopenia. The probable diagnosis		
	is -					
	(1)	Sepsis	(2)	Post-obstructive pulmonary edema		
	(3)	TRALI	(4)	MI (myocardial ischemia)		
80.	Deep I	Hypothermic Circulatory Arrest involves	reduc	ing the patients core temperature to -		
	(1)	Less than 15°C	(2)	15°C to 22°C		
	(3)	22°C to 25°C	(4)	25°C to 28°C, *		
01						
01 - 🕙	•	Page 15	or 32			

81.	Whic	h one of the following statement about T	rans-s	nich one of the following statement about Trans-sphenoidal hypophysectomy is not correct?				
	(1)	Diabetes insipidus may occur after the	surge	ery.				
	(2)	Postoperatively, there may be bleeding	g into	the airway.				
	(3)	It minimizes direct neuronal damage in	n com	parison to transcranial approach.				
	(4)							
82.	What	is euthyroid sick syndrome?						
	(1)	SA node abnormality in a patient of h	ypothy	yroidism				
	(2)	Patient of hyperthyroidism on treatme	nt sud	denly becoming critical				
	(3)	Occurrence of abnormal results of the	hyroid	function tests in critically ill patients with				
		significant non-thyroid illness						
	(4)	T3 and T4 are low with high TSH level	el of n	nore than 10 milliunits/L				
83.	A pati	ent of Osteoarthritis suffering from Rt	should	ler arthritis has come for forearm surgery of				
	the sar	ne side. Which of the following approac	h for l	Brachial Plexus block is most appropriate?				
	(1)	Supraclavicular Block	(2)	Interscalene				
	(3)	Infraclavicular	(4)	Axillary				
84.	The hy	potension developed after cement applic	cation	is due to -				
	(1)	Allergic reaction to cement.						
	(2)	Direct vasodilation due to cement.						
	(3)	Increased bleeding due to reaction from	n cem	ent causing increased permeability.				
	(4)	Cement increases the intra medullary	pres:	sure, thereby forcing marrow contents into				
85.	Which	blood & causing impaired left ventricu		C				
00.	(1)	of the following is the absolute contrain Age above 60 years	dicali	on to Day Care Surgery?				
	(2)	Inability to identify a responsible careg	ivor					
	(3)	Morbidity obese patient	31 V C1					
	(4)	Patients taking anticoagulants						
86.	As per if the to	Modified Aldrete recovery score, patier otal score is -	its are	fit for discharge from phase-I recovery unit				
	(1)	Equal to or greater than 4	(2)	Equal to or greater than 7				
	(3)	Equal to or greater than 8	(4)	Equal to 10				

87.	Which	of the following is the vasopressor of c	hoice	to treat an manage hypotension caused by		
	neuraxial anaesthesia in pregnancy because of its advantage of having less transfer to foetus and					
	causing	causing less foetal acidosis beside treating hypotension -				
	(1)	Ephedrine	(2)	Phenylephrine		
	(3)	Dopamine	(4)	Mephentermine		
88.	The m	inimum volume of gastric fluid of pH	2.5 st	afficient to cause widespread lung damage		
	(Mende	elson syndrome) is -				
1	(1)	40ml	(2)	25ml		
Ϊ,	(3)	60ml	(4)	100ml		
89.	During	the first stage of labour, an epidural bloc	k for	labour analgesia should be limited to -		
	(1)	T10 to L1	(2)	T10 to S1		
	(3)	L5 to S1	(4)	T10 to S1,2,3,4		
90.	During،	liver transplant, neo-hepatic phase begin	s with	1-		
	(1)	Reperfusion via hepatic vein				
	(2)	Clamping of vascular structures, supra and hepatic artery	-hepa	tic and infra-hepatic vena cava, portal vein		
	(3)	Hepatectomy of the diseased liver				
	(4)	Reperfusion via portal vein				
91.		a ventilator delivers a mechanical breath	_	•		
	(1)	Time triggered	(2)	Pressure or Flow triggered		
	(3)	Volume triggered	(4)	Intermittent breath		
92.	Anaest	hesiologist may be held guilty for vicario	us lia	bility if -		
	(1)	He/She did not write proper notes				
	(2) The anaesthesiologist did not have necessary skill					
	(3)	He/She did not adhere to standard of ca				
	(4)	He/She is considered to be supervising his/her instructions eg. Ward nurse	and l	iable for the actions of anyone acting upon		
93.	What is	s AMPLE mnemonic related to?				
	(1)	Assessing Airway				
	(2)	Pre-anaesthetic assessment in case of ca	sualti	es due to disaster		
	(3)	Evaluation of a liver failure patient				
	(4)	CNS assessment				

94.	Which of the following cardiovascular reflexes does NOT cause a decrease in heart rate?			
	(1)	Carotid sinus massage	(2)	Cushing's reflex
· ·	(3)	Oculocardiac reflex	(4)	Valsalva maneuver
95.	Which	of the following is the best predictor of	a diffi	cult intubation in a morbidly obese patient?
	(1)	Pretracheal tissue volume	(2)	Body mass index
	(3)	Mallampati score	(4)	Thyromental distance
96.	Norma	l blood glucose level in a neonate is	********	(mg/dL).
	(1)	20 to 40	(2)	40 to 60
	(3)	60 to 70	(4)	50 to 80
97.	Which	of the following is not true for HELLP	syndro	ome?
	(1)	Presents at early gestational ages	(2)	More common in first pregnancy
	(3)	Preeclampsia is a predisposing factor	(4)	Complete recovery usually occurs
98.	Post-a	naesthetic shivering can be treated with a	ıll of t	he following, except -
	· (1)	Naloxone	(2)	Physostigmine
	(3)	Magnesium sulfate	(4)	Dexmedetomidine
99.	The M	AC of a volatile anaesthetic agent is gre	atest v	when administered to which of the following
	groups	of healthy patients?	*,	s t
	:(1)	Neonates	(2)	Infants
\$	(3)	Adolescents	(4)	Parturients
100.	Correc	t relationships among arterial (Pa), veno	us (Pv	y) and alveolar pressures (PA) in zone-1 are -
	. (1)	PA > Pa > Pv	(2)	Pa > PA > Pv
	(3)	Pa > Pv > PA	(4)	None of the above
101.	How n	nuch time constant is required for compl	ete exi	halation of FRC?
	(1)	$1 \times \text{time constant}$	(2)	$2 \times \text{time constant}$
	(3)	$3 \times \text{time constant}$	(4)	4 × time constant
102.	Which	of the following terms refers to myocare	dial re	laxation or diastole?
	(1)	Inotropy	(2)	Dromotropy
	(3)	Bathmotropy	(4)	Lusitropy
	<i>‡</i> "		-3	••

(3)

640 nm and 930 nm

(4)

660 nm and 940 nm

110.	Diagno	ostic criteria for of RVH all except -		
	(1)	Right axis deviation		
	(2)	Dominant R wave in V1 (> 7mm tall)		
	(3)	Dominant S wave in V5 or V6 (> 7mm	n deep))
	(4)	R/S ratio > 1 in V5 or V6		
111.	Most s	ensitive non-invasive monitor to detect	venous	s air embolism is -
	(1)	Transesophageal echocardiography	(2)	ETCO2
	(3)	End tidal nitrous	(4)	Precordial Doppler
112.	Norma	d lung ultrasound is depicted by all exce	pt -	
	(1)	Presence of A-line	(2)	Presence of lung sliding
	(3)	Presence of Seashore sign	(4)	Presence of lung point
113.	Pneum	nothorax can be diagnosed on ultrasound	l by -	
	(1)	Presence of Sliding sign	(2)	Barcode sign
	(3)	Seashore sign	(4)	Plankton sign
114.	block	is higher. Which of the following helps:	in imp	
	(1)	Performing a Randomised Controlled		
	(2)	Performing a Quality Improvement Pr		
	(3)	Searching for the literature on infection		its management
	(4)	Administration of prophylactic antibio	otics	
115.	Alpha	error occurs when -		
	(1)	Null hypothesis is rejected when it is	actuall	y true
	(2)	Null hypothesis is accepted when it is	actual	lly true
	(3)	Tells about the probability of accepting	ng the	null hypothesis when it is false
	(4)	Tells about the probability of rejecting	g the n	ull hypothesis when it is true
116.	A 72-years-old male with known case of sever dementia is brought to the hospital with the diagnosis of ruptured Abdominal Aortic Aneurysm (AAA) with hemodynamic instability. Regarding the consent, which of the following is true? (1) Call patient's wife and get consent to proceed with surgery			
	(2)	No need of any consent as the surger	y is in	patient's best interest
	(3)	Call the Patient's lawyer to find out v	who ha	s the power of attorney
	(4)	Approach your hospital medico-legal	adviso	or

117.	Pregnancy increases aspiration risk due to following reasons, except -				
	(1)) Lowered tone of lower oesophageal sphincter			
	(2)	Gastric emptying is slowed during pre	gnanc	су	
	(3)	Oesophageal peristalsis is slowed duri	ng pre	egnancy	
	(4)	Intragastric pressure is increased			
118.	Which	n of the following is MOST likely to in	crease	e the patient's risk for needing postoperative	
	ventil	atory support in myasthenia Gravis?		~	
	(1)	Pyridostigmine dose of 180 mg/day	(2)	Age > 30 years	
	(3)	Disease duration of 2 years	(4)	Vital capacity of 2.5 L	
119.	The fo	ollowing are the monitors for cerebral ox	ygena	tion, except -	
	(1)	Jugular venous oxygen saturation	(2)	Near Infrared Spectroscopy	
	(3)	Transcranial Doppler	(4)	Brain tissue oxygen tension	
120.	All are	e true about Local anaesthetics, except -			
	(1)	Local anaesthetics are weak bases			
	(2)	Acts on calcium channels			
	(3)	Addition of sodium bicarbonate to lo	cal a	naesthetic causes rapid onset as more drug	
		exists in unionised diffusible form			
	(4)	Addition of adrenaline (vasoconstricte action	or) to	local anaesthetic prolongs the duration of	
121.	Bohr e	ffect refers to shift in hemoglobin-O2 dis	ssocia	tion curve caused by changes in -	
	(1)	CO ₂ or pH	(2)	Temperature	
	(3)	2,3 DPG	(4)	Oxygen	
122.	Spinal	cord terminates distally at which level?			
	(1)	L1 in infants and L3 in adults	(2)	L2 in infants and L3 in adults	
	(3)	L3 in infants and L1 in adults	(4)	L2 in infants and L2 in adults	
123.	Intercri	istal line (line drawn between two iliac	crests	s), traditionally used to guide spinal needle	
	insertic	on during spinal anesthesia corresponds to	o whic	ch interspace?	
	(1)	T12-L1interspace	(2)	L1-L2 interspace	
	(3)	L4-L5 interspace	(4)	S1-S2 interspace	
(A)					

124.	True sta	atement regarding Nitrous oxide -			
	(1)	Decreases the speed of induction of oth	er inh	alation agents.	
	(2)	Does not have analgesic properties.			
	(3)	Expands air filled spaces.			
	(4)	Prevents post-operative nausea and von	niting.	•	
125.	Which	non depolarising muscle relaxant below has a rapid onset of action?			
	(1)	Succinylcholine	(2)	Vecuronium	
	(3)	Rocuronium	(4)	Pancuronium	
126.	Dose o	f paracetamol for preterm neonate -			
	(1)	20 mg/kg	(2)	15 mg/kg	
	(3)	10 mg/kg	(4)	7.5 mg/kg	
127.	Norma	l resting myocardial O2 consumption is -			
	(1)	2.0 mL/100 g/min	(2)	3.5 mL/100 g/min	
	(3)	10 mL/100 g/min	(4)	15 mL/100 g/min	
128.	Fonda	parinux activity can be measured by -			
	(1)	PT/INR	(2) ·	APPT/ACT	
	(3)	Bleeding time	(4)	Anti-Xa activity	
129.	Which	statement about half-life of Intravenous	Unfra	actionated Heparin is true (UFH)?	
	(1)	Dose dependent	(2)	1 hour	
	(3)	2 hours	(4)	4 hours	
130.	Choos	e the odd one out -			
	(1)	CPDA is anticoagulant used for blood	storag	ge	
	(2)	Massive blood transfusion leads to hyp	pother	mia	
	(3)	Oxygen dissociation curve shifts to rig	tht afte	er transfusion	
	(4)	Platelets are stored at 1°C-6°C for 5 d	lays		
131.	MAC	(minimum alveolar concentration) is affe	ected 1	by all, except -	
	(1)	Age	(2)	Pregnancy	
	(3)	Acute alcohol intake	(4)	Gender	

132.	Which of the following drugs are administered by Total Body weight?			
	(1)	Succinylcholine	(2)	Rocuronium
	(3)	Atracurium	(4)	Clonidine
133.	False	statement regarding Supraglottic airway	devic	ees -
	(1)	Blindly inserted into the pharynx to p	rovide	e a patent conduit for ventilation
	(2)	Less invasive than tracheal intubation	1	
	(3)	Protects from gastric regurgitation an	d aspi	ration similar to endotracheal intubation
	(4)	Used as a rescue airway device in fail	ed trac	cheal intubation
134.	All ar	e component of Revised Cardiac Risk In	dex (I	RCRI), except -
	(1)	History of IHD		
	(2)	History of CVA		
	(3)	History of Diabetes requiring preoper	ative i	nsulin use
	(4)	Chronic kidney disease		
135.	All of	the following are risk factors for post-op	erativ	e nausea and vomiting, except -
	(1)	Smoking	(2)	Famala con des
	(-/		(2)	Female gender
	(3)	History of motion sickness	(4)	Use of postoperative opioids
136.	(3)	•	(4)	Use of postoperative opioids
136.	(3)	History of motion sickness	(4)	Use of postoperative opioids
136.	(3)	History of motion sickness tors of post-operative cognitive dysfunct	(4)	Use of postoperative opioids
136.	(3) Predict (1)	History of motion sickness tors of post-operative cognitive dysfunct Male sex	(4)	Use of postoperative opioids clude all the following, except -
136.	(3) Predict (1) (2)	History of motion sickness tors of post-operative cognitive dysfunct Male sex Lower educational group	(4)	Use of postoperative opioids clude all the following, except -
136. 137.	(3) Predict (1) (2) (3) (4)	History of motion sickness tors of post-operative cognitive dysfunct Male sex Lower educational group Previous stroke without residual impai	(4) ion in	Use of postoperative opioids clude all the following, except -
	(3) Predict (1) (2) (3) (4)	History of motion sickness tors of post-operative cognitive dysfunct Male sex Lower educational group Previous stroke without residual impai Higher age	(4) ion in	Use of postoperative opioids clude all the following, except -
	(3) Predict (1) (2) (3) (4) Cerebra	History of motion sickness tors of post-operative cognitive dysfunct Male sex Lower educational group Previous stroke without residual impai Higher age al hyperperfusion syndrome is seen com	(4) ion in	Use of postoperative opioids clude all the following, except -
	(3) Predict (1) (2) (3) (4) Cerebra (1) (3)	History of motion sickness tors of post-operative cognitive dysfunct Male sex Lower educational group Previous stroke without residual impai Higher age al hyperperfusion syndrome is seen com Status epilepticus	(4) ion incomment monly (2) (4)	Use of postoperative opioids clude all the following, except -
137.	(3) Predict (1) (2) (3) (4) Cerebra (1) (3)	History of motion sickness tors of post-operative cognitive dysfunct Male sex Lower educational group Previous stroke without residual impai Higher age al hyperperfusion syndrome is seen com Status epilepticus Carotid endarterectomy	(4) ion incomment monly (2) (4)	Use of postoperative opioids clude all the following, except -
137.	(3) Predict (1) (2) (3) (4) Cerebra (1) (3) Laborar	History of motion sickness tors of post-operative cognitive dysfunct Male sex Lower educational group Previous stroke without residual impai Higher age al hyperperfusion syndrome is seen com Status epilepticus Carotid endarterectomy tory findings in primary hypothyroidism	(4) ion incomment monly (2) (4) are -	Use of postoperative opioids clude all the following, except - following - ECT Stroke

139.	Followi	Following are true in Congenital Diaphragmatic Hernia (CDH), except -		
	(1)	75% are left sided		
	(2)	Bochdalek's hernia is most common typ	e	
	(3)	Cyanosis, dyspnea and apparent dextroc	ardia	are classical triad of CDH
	(4)	It is a surgical emergency		
140.	Follow	ing are true in Tetralogy of Fallot, except	; -	
	(1)	Most common cyanotic congenital hear	t defe	et
••	(2)	Infundibular spasm is common cause of		
	(3)	Crying, defecation, feeding, fever and	awake	ning all are the precipitating events for Tet
		Spells		
	(4)	Adrenergic agonists are drug of choice	for Te	et Spells
141.	Trans-	mitral mean pressure gradient of Severe l	MS -	
	(1)	<5 mm Hg	(2)	5-10 mm Hg
	(3)	>10 mm Hg	(4)	Any of the above
142.	Activa	nted Clotting Time (ACT) is prolonged by	y all, e	xcept -
	(1)	Hypothermia	(2)	Haemodilution
	(3)	Thrombocytopathy	(4)	Platelet activation
143.	In one	e-lung ventilation, hypoxic vasoconstriction	on is e	enhanced by -
	(1)	Volatile agents	(2)	Intravenous anaesthetics
	(3)	Sodium nitroprusside	(4)	Almitrine
144.	While	e on cardiopulmonary bypass during elect	tive co	pronary artery revascularization, the patient is
	noted	to have bulging sclerae. Mean arterial pr	essure	e is 50 mm Hg, temperature is 28°C and there
	is no	ECG activity. The most appropriate actio	n to ta	ke at this time is to -
	(1)	Administer mannitol, 50 gm IV		
	(2)	Administer furosemide, 20 mg IV		
	(3)	Check the position of the aortic cannu	la	
	(4)	Check the position of the venous return	n can	nula

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	(3)	3, 5 (4) :	2, 6
	(1)	1, 5 (2	3)	2, 5
150.	Pin Inde	ex for oxygen cylinder is -		
	(4)	Increase in cardiac preload		
	(3)	Increase in ventilation/perfusion mismatch	h	
	(2)	Increase in pulmonary vascular resistance	:	
		aldosterone system		and nonvention the tellin-angiolensin-
	(1)			one and activation the renin-angiotensin-
149.	High in	ntra-abdominal pressure during robotic surg		
	(3)	Subcutaneous emphysema (4	4)	CO ₂ embolism
	(1)	Capnothorax (2)	Pneumothorax
		re increases. The likely diagnosis is -		<u> </u>
148.	During	g laparoscopic cholecystectomy surgery, th	ie sa	turation and ETCO2 drops while the airway
	(4)	IV administration of furosemide		
	(3)	IV administration of nitroprusside		
	(2)	Intravenous administration of corticoster	roid	
	(1)		-jury	•
	intrac	cranial pressure rapidly in traumatic brain in	ne er nin r o	mergency department is most likely to reduce
147.	Whic	ch of the interventions to be corried and it		
	(3)	**	(4)	CPP = MAP - ICP CPP = DBP - ICP
	(1)		(2)	CDD - MAD YOU
146	• Cere	ebral perfusion pressure is calculated as -	ше	ingeminal nerve
	(4)	1 10110	tha	ful
	(3)			
	(2	potar nerve		, ^
	(1	Ill blocks for awake craniotomy anesthetizeAuriculotemporal nerve	all o	of the following nerves, except -
14:	5. Sku	all blocks for awake crapiotomy and the	44	

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	(3)	Superior laryngeal nerve	(4)	Inferior laryngeal nerve
	(1)	Recurrent laryngeal nerve	(2)	Glossopharyngeal nerve
	poste	erior portion of the tongue during an awa	ake fib	er-optic intubation is the -
158.	The	nerve that needs to be blocked to obli-	terate	the gag reflex when applying pressure to the
	(3)	Increased surgical blood loss	(4)	Thromboembolism
	(1)		(2)	
157.		operative Inadvertent Hypothermia resul	lts in w	which of the following?
	(4)			
	(3)			
	(2)		r 5 seco	onds
	(1)			
156.		h of the following is considered the attention at the formula residual neuromuscular blockade		standard" when using clinical assessment to
	(3)	7.5% Lidocaine + 5% Prilocaine	(4) 'cold '	
	(1)	2.5% Lidocaine + 2.5% Prilocaine	(2)	
155.		is the composition of EMLA cream?	(2)	5% Lidocaine + 5% Prilocaine
	(3)	Hypertension	· (4)	All of the above
	(1)	Hyperoxia	(2)	Tachydysrhythmias
154.	Which	of the following can happen with the u		
	(3)	CO ₂ production	(4)	Anaerobic Threshold
	(1)	O ₂ consumption	(2)	Aerobic Threshold
153.	Which	of the following is not a component of		
	(3)	Interstitial edema	(4)	None of these
	(1)	Vasogenic edema	(2)	Cytotoxic edema
152.	The typ	pe of cerebral edema seen in Traumatic l	brain ii	njury is -
	(3)	Propofol	(4)	Sevoflurane
	(1)	Remifentanil	(2)	Dexmedetomidine
		potential waveforms, except -		ĭ
151.	All of t	he following have minimal effect on th	e raten	cy and amplitude of the sensory and motor

159.	The	The most probable cause of desaturation during one lung ventilation is -			
	(1)		(2)	V/Q mismatch	
	(3)) Atelectasis	(4)	Secretions	
160.	The	following statement applies to day-case ar	naesth	esia -	
	(1)	Driving may be permitted within 24 h	ours		
	(2)	Starvation is not mandatory			
	(3)	Intubation is acceptable			
	(4)	Premature infants can be taken up			
161.	Earlie	est sign of lignocaine toxicity is -			
	(1)	Altered mental status	(2)	Perioral numbness	
	(3)	Convulsions	(4)	Arrhythmias	
162.	Which	n of the following statements with regard	to an	aesthetic drug dosing in the morbidly obese	
	is true	?		•	
	(1)	Thiopentone sodium dose for induction	is cal	culated according to total body weight.	
	(2)	The dose of suxamethonium is calculate	ed on t	he basis of lean body weight.	
	(3)	Rocuronium dose depends on total body	y weig	ht.	
	(4)	Propofol used as infusion for total intu	raveno	us anaesthesia should be based upon total	
		body weight.			
163.	All are	true about Oculocardiac Reflex (OCR), 6	except	-	
	(1)	Most often elicited by traction on the ex	traocu	lar muscles	
	(2)	The most common manifestation of the	reflex	is sinus bradycardia	
	(3)	The OCR is mediated by the afferent of	phthal	mic division of the mandibular nerve and	
		the efferent vagal nerve			
	(4)	Strabismus surgery is risk factor for OC			
164.	Which	of the following is true regarding Dabigat	tran?		
	(1)	It is an indirect thrombin inhibitor			
	(2)	Its metabolism is renal independent			
	(3)	It is a newer oral antiplatelet medication			
	(4)	Idarucizumab is a specific antagonist of	Dabiga	atran	
		··			

165.	Immedi	ate treatment of postoperative thyrotoxic	crisis	s does NOT include -
	(1)	Active re-warming	(2)	Intravenous steroids
	(3)	Propranolol	(4)	Potassium iodide
166.	During	apnoeic oxygenation via a rigid bronch	oscop	oe, anaesthetic considerations include all of
	the foll	owing, except -		
	(1)	Duration of the procedure is limited by	the in	crease in carbon dioxide
	(2)	Denitrogenation should be performed p	rior to	apnoea
	(3)	PaCO2 remains unchanged for the first		
	(4)	Functional residual capacity and body		
167.	Which	of the following lung volumes or capaci	ties cl	nange the LEAST during pregnancy?
	(1)	Tidal Volume (VT)	(2)	Functional Residual Capacity (FRC)
	(3)	Expiratory Reserve Volume (ERV)	(4)	Vital Capacity (VC)
168.	Preecla	ampsia is associated with all of the follow	wing p	physiologic characteristics except for -
	(1)	Decreased uteroplacental blood flow		
	(2)	Increased systemic vascular resistance		
	(3)	Increased central venous and pulmona	ry arte	ery wedge pressures
	(4)	Increased systemic blood pressure		
169.				d to the mother without increasing the risk of
	Retino	ppathy of Prematurity (ROP) in the fetus	in ute	
	(1)	0.35	(2)	0.50
	(3)	0.75	(4)	1.0
170.	Accor	ding to NICE and RCOG, Caesarean S	ection	done, when there is immediate threat to the
	life of	the woman or fetus is categorized as -		
	(1)	Category 1	(2)	Category 2
	(3)	Category 3	(4)	Category 4
171.	In PE	CS I block, local anaesthetic is deposited	l betw	reen -
	(1)	Pectoralis major & Intercostal muscle		
	(2)	Pectoralis minor & Serratus muscle		
	(3)	Serratus & Latissimus dorsi muscle		
	(4)	Pectoralis major & minor		

172.	Bloo	d supply to the spinal cord is by -
	(1)	
	(2)	
	(3)	
	(4)	Radicularis magna (artery of Adamkiewicz) and two posterior spinal arteries
173.	Whic	h of the following anaesthetic technique is found to decrease the incidence of postoperative
		tive dysfunction?
	(1)	Use of TIVA with BIS of 40 to 60
	(2)	Use of TIVA with BIS of less than 50
	(3)	Use of TIVA without BIS monitoring
	(4)	Use of inhalational agents without BIS monitoring
174.	Axilla	ry block with respect to supraclavicular block -
	(1)	gives better blockade of the shoulder
	(2)	has a lower incidence of intravascular injection
	(3)	gives a better block of muscles of the hand
	(4)	has a higher incidence of pneumothorax
175.	Each o	f the following is a potential complication of thoracic paravertebral blocks, except -
	(1)	Pneumothorax (2) Epidural spread of local anaesthetic
	(3)	Hypertension (4) Total spinal spread
176.	A don	or has been brought to theatre for multi-organ retrieval. As part of perioperative
	manage	ement, which of the following is true?
	(1)	Avoid neuromuscular blocking agent since the donor is deceased
	(2)	Inhalational agents can be used to mitigate sympathetic responses to surgery

(3)

(4)

Cold IV fluids must be administered to suppress the organ metabolism

Opioid medications are of no use as the patient is not having any perception of pain

177.	experier	ear-old woman underwent kidned an increase in anginal osuppressive agent is the most likely Azathioprine	symptoms y cause of h	Prednisolone	
	(3)	Cyclosporine	(4) .	Rapamycin	
178.	In acut	e respiratory acidosis, for every inc	rease in Pa	CO ₂ by 1 mm Hg the approximate increase	
	in HCC				
	(1)	0.1 mmol/L	(2)	0.2 mmol/L	
	(3)	0.3 mmol/L	(4)	0.4 mmol/L	
179.	Which	of the following is least commonly	seen in M	RI setup?	
	(1)	Noise pollution	(2)	Hypothermia	
	(3)	Burns	(4)	Interference with monitoring	
180.	Pediat	ric airway differs from adult airway	in all, exc	ept -	
	(1)	Relatively large size of infant's to	ongue in re	lation to oropharynx	
	(2) Larynx is located higher (more cephalad) in the neck				
	(3)	Epiglottis is short, stubby and on	nega shape	d	
	(4)	Narrowest part of infant larynx is	s at the leve	el of vocal cords	

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