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प्रश्न-पुस्तिका संख्या व बारकोड /
Question Booklet No. & Barcode

MPA-25

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

पुस्तिका में पृष्ठों की संख्या : 24
Number of Pages in Booklet : 24
पुस्तिका में प्रश्नों की संख्या : 150
No. of Questions in Booklet : 150

Paper Code : 77

Sub : Traumatology and Surgery

समय : 02:30 घण्टे + 10 मिनट अतिरिक्त*
Time : 02:30 Hours + 10 Minutes Extra*

Exam Date 03/07/2025

अधिकतम अंक : 150
Maximum Marks : 150



प्रश्न-पुस्तिका के पेपर की सील/पॉलिथीन बैग को खोलने पर प्रश्न-पत्र हल करने से पूर्व परीक्षार्थी यह सुनिश्चित कर लें कि :

- प्रश्न-पुस्तिका संख्या तथा ओ.एम.आर. उत्तर-पत्रक पर अंकित बारकोड संख्या समान हैं।
- प्रश्न-पुस्तिका एवं ओ.एम.आर. उत्तर-पत्रक के सभी पृष्ठ व सभी प्रश्न सही मुद्रित हैं। समस्त प्रश्न, जैसा कि ऊपर वर्णित है, उपलब्ध हैं तथा कोई भी पृष्ठ कम नहीं है / मुद्रण त्रुटि नहीं है। किसी भी प्रकार की विसंगति या दोषपूर्ण होने पर परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। यह सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी। परीक्षा प्रारम्भ होने के 5 मिनट पश्चात् ऐसे किसी दावे/आपत्ति पर कोई विचार नहीं किया जायेगा।

On opening the paper seal/polythene bag of the Question Booklet before attempting the question paper, the candidate should ensure that :

- Question Booklet Number and Barcode Number of OMR Answer Sheet are same.
- All pages & Questions of Question Booklet and OMR Answer Sheet are properly printed. All questions as mentioned above are available and no page is missing/misprinted.

If there is any discrepancy/defect, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this. No claim/objection in this regard will be entertained after five minutes of start of examination.

परीक्षार्थियों के लिए निर्देश

1. प्रत्येक प्रश्न के लिये एक विकल्प भरना अनिवार्य है।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का मात्र एक ही उत्तर दीजिए। एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
4. OMR उत्तर-पत्रक इस प्रश्न-पुस्तिका के अन्दर रखा है। जब आपको प्रश्न-पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल पॉइंट पेन से विवरण भरें।
5. कृपया अपना रोल नम्बर ओ.एम.आर. उत्तर-पत्रक पर सावधानीपूर्वक सही भरें। गलत रोल नम्बर भरने पर परीक्षार्थी स्वयं उत्तरदायी होगा।
6. ओ.एम.आर. उत्तर-पत्रक में करेक्शन पेन/व्हाइटनर/सफेदा का उपयोग निषिद्ध है।
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।
8. प्रत्येक प्रश्न के पाँच विकल्प दिये गये हैं, जिनमें क्रमशः 1, 2, 3, 4, 5 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले (बबल) को उत्तर-पत्रक पर नीले बॉल पॉइंट पेन से गहरा करना है।
9. यदि आप प्रश्न का उत्तर नहीं देना चाहते हैं तो उत्तर-पत्रक में पाँचवें (5) विकल्प को गहरा करें। यदि पाँच में से कोई भी गोला गहरा नहीं किया जाता है, तो ऐसे प्रश्न के लिये प्रश्न अंक का 1/3 भाग काटा जायेगा।
- 10.* प्रश्न-पत्र हल करने के उपरांत अभ्यर्थी अनिवार्य रूप से ओ.एम.आर. उत्तर-पत्रक जाँच लें कि समस्त प्रश्नों के लिये एक विकल्प (गोला) भर दिया गया है। इसके लिये ही निर्धारित समय से 10 मिनट का अतिरिक्त समय दिया गया है।
11. यदि अभ्यर्थी 10% से अधिक प्रश्नों में पाँच विकल्पों में से कोई भी विकल्प अंकित नहीं करता है तो उसको अयोग्य माना जायेगा।
12. मोबाइल फोन अथवा अन्य किसी इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित है। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज कराते हुए राजस्थान सार्वजनिक परीक्षा (भर्ती में अनुचित साधनों की रोकथाम अधिनियम, 2022 तथा अन्य प्रभावी कानून एवं आयोग के नियमों-प्रावधानों के तहत कार्यवाही की जाएगी। साथ ही आयोग ऐसे अभ्यर्थी को भविष्य में होने वाली आयोग की समस्त परीक्षाओं से विवर्जित कर सकता है।

उत्तर-पत्रक में दो प्रतियाँ हैं - मूल प्रति और कार्बन प्रति। परीक्षा समाप्ति पर परीक्षा कक्ष छोड़ने से पूर्व परीक्षार्थी उत्तर-पत्रक की दोनों प्रतियाँ वीक्षक को सौंपेंगे, परीक्षार्थी स्वयं कार्बन प्रति अलग नहीं करें। वीक्षक उत्तर-पत्रक की मूल प्रति को अपने पास जमा कर, कार्बन प्रति को मूल प्रति से कट लाइन से मोड़ कर सावधानीपूर्वक अलग कर परीक्षार्थी को सौंपेंगे, जिसे परीक्षार्थी अपने साथ ले जायेंगे। परीक्षार्थी को उत्तर-पत्रक की कार्बन प्रति चयन प्रक्रिया पूर्ण होने तक सुरक्षित रखनी होगी एवं आयोग द्वारा माँगे जाने पर प्रस्तुत करनी होगी।

INSTRUCTIONS FOR CANDIDATES

1. It is mandatory to fill one option for each question.
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.
4. The OMR Answer Sheet is inside this Question Booklet. When you are directed to open the Question Booklet, take out the Answer Sheet and fill in the particulars carefully with Blue Ball Point Pen only.
5. Please correctly fill your Roll Number in OMR Answer Sheet. Candidates will themselves be responsible for filling wrong Roll No.
6. Use of Correction Pen/Whitener in the OMR Answer Sheet is strictly forbidden.
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.
8. Each question has five options marked as 1, 2, 3, 4, 5. You have to darken only one circle (bubble) indicating the correct answer on the Answer Sheet using BLUE BALL POINT PEN.
9. If you are not attempting a question then you have to darken the circle '5'. If none of the five circles is darkened, one third (1/3) part of the marks of question shall be deducted.
- 10.* After solving question paper, candidate must ascertain that he/she has darkened one of the circles (bubbles) for each of the questions. Extra time of 10 minutes beyond scheduled time, is provided for this.
11. A candidate who has not darkened any of the five circles in more than 10% questions shall be disqualified.
12. 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 with as per rules.

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 be liable to be prosecuted under Rajasthan Public Examination (Measures for Prevention of Unfair means in Recruitment) Act, 2022 & any other laws applicable and Commission's Rules-Regulations. Commission may also debar him/her permanently from all future examinations.

1. Venous access in trauma patient in shock is best characterised by

(1) In patients with injuries below the diaphragm, at least one intravenous (IV) line should be placed in a tributary of the superior vena cava.

(2) Central venous access through internal jugular vein is preferred due to proximity to heart.

(3) Long, large bore catheters are preferred for rapid administration of fluid and blood.

(4) In polytrauma patient with suspected thoracoabdominal injury, it is ideal to have IV access site above the diaphragm only.

(5) Question not attempted

2. True statement regarding Intraosseous access is

(1) Blood transfusion can be administered.

(2) Vasopressor administration is not possible.

(3) Medial condyle of femur is preferred location.

(4) Preferred over venous access among paediatric patients.

(5) Question not attempted

3. True statement regarding Resuscitative Endovascular Balloon Occlusion (REBOA) is

(1) REBOA should only be used in situations where a surgeon is immediately available to definitively address the haemorrhage.

(2) Placement of REBOA in zone 1 should only be performed if the anticipated time to the start of the operation is more than 15 minutes.

(3) Life-threatening haemorrhage above the diaphragm in patients who are unresponsive or transiently responsive to resuscitation.

(4) Balloon placement should always be below renal artery origin.

(5) Question not attempted

4. What is the most effective method of restoring adequate cardiac output and tissue oxygenation in hemorrhagic shock?

(1) Administering vasopressors.

(2) Increasing fluid intake orally.

(3) Restoring venous return by locating and stopping the source of bleeding.

(4) Giving high-dose antibiotics.

(5) Question not attempted

5. Which of the following is an indication for performing a laparotomy in trauma patients ?
 - (1) Isolated mild head injury without abdominal involvement.
 - (2) Hypotension with an abdominal wound that penetrates the anterior fascia.
 - (3) Minor contusions without signs of internal bleeding.
 - (4) Stable vital signs with superficial skin lacerations.
 - (5) Question not attempted
6. Which is not a part of damage control resuscitation ?
 - (1) Permissive hypotension.
 - (2) Restricted use of crystalloids for resuscitation.
 - (3) Early imaging to find out the source of blood loss.
 - (4) Prompt use of blood & blood products.
 - (5) Question not attempted
7. True statement regarding management of a patient in shock with paraplegia following fall from height is
 - (1) Neurogenic shock is most common cause.
 - (2) First start vasopressors to ensure spine perfusion.
 - (3) Evaluation should be done to rule out hemorrhage before starting inotropes.
 - (4) Corticosteroids are proven to improve outcomes in such patients.
 - (5) Question not attempted
8. Which is not a cause of haemorrhagic shock ?
 - (1) Intracranial bleeding
 - (2) Intrathoracic bleeding
 - (3) Intraperitoneal bleeding
 - (4) Retroperitoneal bleeding
 - (5) Question not attempted
9. TRUE statement is -
 - (1) 1:1:1 transfusion ratio was tested in PROMMTT trial.
 - (2) PROPPR was a multicentric prospective observational study.
 - (3) No long-term mortality benefits with 1:1:1 transfusion.
 - (4) Primary outcome for both trials was consumption of blood products.
 - (5) Question not attempted
10. A young unrestrained car driver injured in head on motor vehicle crash. On further evaluation his neck and chest have visible contusions with forehead lacerations. His blood pressure is 90/60 mmHg, Heart rate : 110 beats/min, respiratory rate : 24/min, GCS 14 & breath sounds decreased on left hemithorax with bony crepitus on palpation. The most probable diagnosis is
 - (1) Haemorrhagic shock
 - (2) Neurogenic shock
 - (3) Cardiogenic shock
 - (4) Septic shock
 - (5) Question not attempted
11. A patient with a left-sided epidural hematoma develops a right-sided blown pupil. What is the most likely cause ?
 - (1) Midbrain stroke
 - (2) Uncal herniation
 - (3) Pontine haemorrhage
 - (4) Opioid overdose
 - (5) Question not attempted

12. A trauma patient presents with eye opening to pain, incomprehensible sounds, and flexion to pain, what is the GCS score ?
- (1) 5
 - (2) 8
 - (3) 9
 - (4) 10
 - (5) Question not attempted
13. A trauma patient presents with eye opening to pain, incomprehensible sounds, and flexion to pain. The immediate priority in his management is -
- (1) Immediate craniotomy and decompression
 - (2) Aggressive fluid resuscitation
 - (3) Airway protection and intubation
 - (4) High-dose steroids
 - (5) Question not attempted
14. A 30-year-old male is brought to the emergency department after a fall from a ladder. He is alert, denies neck pain, and has no midline cervical tenderness. However, he has an open femur fracture with significant pain. What is the next step ?
- (1) No imaging required, clear for bone fixation.
 - (2) Apply a cervical collar and obtain a CT scan.
 - (3) Perform X-ray of extremities to rule out other fractures.
 - (4) MRI to rule out spinal injury.
 - (5) Question not attempted
15. According to NEXUS criteria, which of the following findings would suggest intoxication ?
- (1) Clear speech and normal gait.
 - (2) History of recent intoxicating ingestion or evidence of intoxication on physical exam.
 - (3) Normal neurological exam with no signs of confusion.
 - (4) Absence of any external injuries.
 - (5) Question not attempted
16. Which of the following is the primary indication for lateral canthotomy ?
- (1) Acute globe rupture
 - (2) Retrobulbar hemorrhage with orbital compartment syndrome
 - (3) Chemical burns of the cornea
 - (4) Traumatic optic neuropathy
 - (5) Question not attempted
17. Which patient is NOT a candidate for emergency cranial decompression ?
- (1) Patient with a large epidural hematoma and uncal herniation.
 - (2) Patient with brainstem hemorrhage and GCS 3.
 - (3) Patient with a subdural hematoma and fixed pupil.
 - (4) Patient with post-traumatic hydrocephalus.
 - (5) Question not attempted
18. According to the Canadian C-Spine Rule, which of the following conditions would NOT mandate cervical spine imaging ?
- (1) Dangerous mechanism of injury (e.g., fall from height)
 - (2) Non-distracting painful injury (e.g., minor cut on the hand)
 - (3) Neck pain with no neurological deficits.
 - (4) Symptoms of numbness or tingling in the arms.
 - (5) Question not attempted

19. Which is the correct approach for informed consent in a mentally disabled trauma patient ?
- (1) Bypass consent
 - (2) Obtain consent from legal guardian
 - (3) Proceed without consent
 - (4) Nurse consent is sufficient
 - (5) Question not attempted
20. According to the Monro-Kellie Doctrine, which of the following is TRUE about Intracranial Pressure (ICP) dynamics ?
- (1) The cranium can expand to accommodate increased intracranial volume.
 - (2) ICP remains unaffected even if a mass, like a blood clot, enlarges.
 - (3) The total volume of intracranial contents must remain constant because the cranium is rigid.
 - (4) CSF and venous blood cannot be displaced to buffer pressure changes.
 - (5) Question not attempted
21. During tangential excision of a deep partial-thickness burn, which finding best indicates that you've reached viable tissue ?
- (1) Brisk bleeding from wound bed
 - (2) Pale dry appearance of tissue
 - (3) Absence of fascial planes
 - (4) Exposure of subcutaneous fat
 - (5) Question not attempted
22. Which is NOT elevated as a response to shock ?
- (1) Cortisol (2) Glucagon
 - (3) Vasopressin (4) T3
 - (5) Question not attempted
23. Which of the following statements about delirium in ICU patients is TRUE ?
- (1) Hyperactive delirium is more common and associated with worse outcomes.
 - (2) Hypoactive delirium is characterized by hypervigilance, restlessness, and irritability.
 - (3) Delirium in elderly patients is associated with a doubling of mortality.
 - (4) Delirium only occurs within the first 24 hours of ICU admission.
 - (5) Question not attempted
24. The 'L' in AMPLE history stands for -
- (1) Last meal
 - (2) Last surgery
 - (3) Loss of consciousness
 - (4) Limb weakness
 - (5) Question not attempted
25. Escharotomy is performed in full-thickness burns to :
- (1) Prevent infection
 - (2) Decrease pain
 - (3) Restore vascular perfusion
 - (4) Promote rapid wound healing
 - (5) Question not attempted
26. The level 1 trauma center can be distinguished from level 2 trauma center by
- (1) Presence of specialised services to cater seriously injured patients.
 - (2) Capability to provide definitive care to the injured patients.
 - (3) Availability of critical care services and specialised ICU.
 - (4) Provision of graduate medical education and research.
 - (5) Question not attempted

27. What is the primary metabolic alteration during the catabolic flow phase in severely injured patients ?
- (1) Increased anabolic protein synthesis
 - (2) Redistribution of macronutrients and micronutrients
 - (3) Decreased calorie energy requirements
 - (4) Reduced skeletal muscle breakdown
 - (5) Question not attempted
28. Which is the gold standard method for ICP monitoring ?
- (1) CT scan
 - (2) Epidural sensor
 - (3) Intraventricular catheter
 - (4) Lumbar puncture
 - (5) Question not attempted
29. TRUE about Trauma Induced Coagulopathy -
- (1) Always characterised by hypo-coagulation state
 - (2) Platelet dysfunction is more pronounced than consumption
 - (3) Viscoelastic assay don't have advantage over conventional tests
 - (4) Trauma patients have less risk of thrombotic events
 - (5) Question not attempted
30. A trauma patient has multiple rib fractures and not able to get adequate pain control with oral and I.V. drugs. TRUE statement is
- (1) Surgical fixation is preferred treatment in such patient.
 - (2) Post epidural analgesia, hypertension needs to be managed by vasodilators.
 - (3) Thromboprophylaxis needs modification before epidural analgesia.
 - (4) Fascial plane blocks are more effective compared with epidural analgesia.
 - (5) Question not attempted
31. "NO ZONE" approach is used in treatment and resuscitation for
- (1) Penetrating neck trauma
 - (2) Penetrating chest trauma
 - (3) Penetrating abdomen trauma
 - (4) Penetrating pelvic trauma
 - (5) Question not attempted
32. What is the best way to decide protein intake requirement ?
- (1) Actual weight-based calculation
 - (2) Acceptable percentage ranges of total energy requirement
 - (3) Harris Benedict equation
 - (4) From ideal body weight
 - (5) Question not attempted
33. TRUE statement regarding metabolic response of body to trauma -
- (1) Ebb phase is primarily nervous system phase.
 - (2) Ebb phase is a hypermetabolism phase.
 - (3) Ebb phase duration is directly related with severity of injury.
 - (4) Ebb phase typically last in days.
 - (5) Question not attempted

34. A trauma patient presents with tense, painful forearm and paraesthesia. What is the next step?

- (1) Apply compression bandage
- (2) Ice pack and elevation
- (3) Immediate fasciotomy
- (4) Observe for 24 hours
- (5) Question not attempted

35. Which is not a treatment modality in acute hyperkalaemia?

- (1) Calcium Gluconate
- (2) Salbutamol
- (3) Insulin
- (4) Potassium binding resins
- (5) Question not attempted

36. Which of the following is not a 'hard sign' of vascular injury?

- (1) Visible active bleeding
- (2) Haematoma
- (3) Bruit/thrill
- (4) Diminished distal pulses
- (5) Question not attempted

37. Which of the following is most appropriate splinting method for a Colles' fracture?

- (1) Long leg cast
- (2) Dorsal slab
- (3) Ulnar gutter slab
- (4) Volar forearm slab
- (5) Question not attempted

38. A construction site worker trapped into a rubble pile following a building collapse. He was rescued after 6 hours. FALSE about his management is

- (1) He is at risk of hypocalcemia.
- (2) Vigorous I.V. fluid and osmotic diuresis is needed.
- (3) Urine myoglobin may establish diagnosis.
- (4) Concomitant bony fractures are must for full spectrum of suspected diagnosis.
- (5) Question not attempted

39. After a MVC a 35-year male presented to ED. He was hemodynamically unstable and responded poorly to resuscitation. Initial evaluation revealed bleeding in abdomen and right open thigh fracture with arterial bleed. What should be next step in management?

- (1) Urgent CT and angioembolization of all bleeding source.
- (2) Laparotomy and packing for abdominal bleed and TIVS for thigh vascular injury.
- (3) Compression dressing over thigh and laparotomy repair of bleeding abdominal organ.
- (4) Start inotropes, tranexamic acid and blood product transfusion.
- (5) Question not attempted

40. What is a unique consideration in the trauma care of elderly patients compared to younger adults?

- (1) They have a stronger immune response.
- (2) Their primary survey sequence differs significantly.
- (3) Changes in anatomy and physiology influence outcomes.
- (4) They are less likely to experience traumatic brain injuries.
- (5) Question not attempted

41. Penetrating injuries due to metallic shrapnel associated with bomb explosion is a

- (1) Primary blast injury
- (2) Secondary blast injury
- (3) Tertiary blast injury
- (4) Quaternary blast injury
- (5) Question not attempted

42. A 40-year male patient presented after a high-speed motor vehicle crash. He responded well with resuscitation and was diagnosed with bilateral femur fracture along with right side 3rd to 6th rib fractures. While awaiting bony fixation in ward, he started developing respiratory distress on day 2 and there were some skin rashes also. FALSE statement regarding underlying cause is -

- (1) Gurd criteria is used to diagnose this condition.
- (2) Cotton wool exudates may be seen in eye.
- (3) Management is early bony fixation, but nailing may also cause this condition.
- (4) Skin lesions are the most common presentation.
- (5) Question not attempted

43. Right statement in treatment of extremity trauma -

- (1) All patients must be assessed for the other associated injuries.
- (2) Surgical fixation of visible extremity injury is priority.
- (3) USG Doppler is preferred imaging for suspected vascular injuries.
- (4) Hypercalcemia is a marker of impending compartment syndrome.
- (5) Question not attempted

44. True statement regarding extremity vascular trauma is -

- (1) Lower extremity has better collateral flow due to more muscle mass.
- (2) Endovascular treatment is preferred over open surgery in hemodynamically stable patients.
- (3) Venous injuries need to be managed in same manner as arterial injuries.
- (4) Ischemia time more than 6-8 hours will lead to same amputation rate compared with vascular repair.
- (5) Question not attempted

45. Which of the following statements is true regarding patients with bilateral femur fractures?

- (1) They are at a lower risk of complications compared to those with unilateral fractures.
- (2) Early transfer to a trauma center is not necessary unless there are signs of vascular injury.
- (3) They are at a higher risk of significant blood loss, pulmonary complications, and death.
- (4) Management can be delayed without increasing the risk of severe outcomes.
- (5) Question not attempted

46. All of the following are measures of evaluating fluid responsiveness in a hypovolemic patient in the ICU, EXCEPT-

- (1) Straight leg raising test
- (2) Pulse Pressure Variation (PPV)
- (3) Inferior vena cava variability on Ultrasonography
- (4) End tidal CO₂ measurement
- (5) Question not attempted

47. Ureteral injury is most likely during which procedure ?
- (1) Cystoscopy
 - (2) Appendectomy
 - (3) Hysterectomy
 - (4) Inguinal hernia repair
 - (5) Question not attempted
48. Which is TRUE statement regarding ARDS management ?
- (1) Significant survival benefit and improved oxygenation with prone positioning.
 - (2) Nitric oxide inhalation improve mortality.
 - (3) Corticosteroids and exogenous surfactant both improve outcome.
 - (4) Continuous use of neuromuscular blocking agents reduces mortality.
 - (5) Question not attempted
49. Which is NOT a measure for prevention of Hospital Acquired Infection ?
- (1) Tight glycemic control with intensive insulin therapy
 - (2) Comprehensive oral hygiene
 - (3) Subglottic suctioning
 - (4) DVT prophylaxis
 - (5) Question not attempted
50. FALSE statement regarding procalcitonin measurement in ICU -
- (1) Help to guide initiation and manage antibiotic therapy.
 - (2) Procalcitonin guidance is associated with lower mortality.
 - (3) Low level exclude Bacteremia in most cases.
 - (4) Simple fungal infection will also produce high levels.
 - (5) Question not attempted
51. Which of the following statements about mangled extremities is correct ?
- (1) Limb salvage is always preferred over amputation regardless of the severity of the injury.
 - (2) Amputation may provide better functional outcomes than attempting limb salvage in cases of severe injury.
 - (3) The decision to amputate in the acute phase solely depends on the extent of tissue damage.
 - (4) Multidisciplinary decision-making is not necessary when deciding between limb salvage and amputation.
 - (5) Question not attempted
52. Tertiary survey helps in -
- (1) Monitor the resuscitation response
 - (2) To decide early on palliative care
 - (3) To pick up sources of sepsis early
 - (4) To reduce risk of missed injuries
 - (5) Question not attempted
53. FALSE statement is -
- (1) Prophylactic antibiotics should not be continued beyond 24 hours.
 - (2) After 3rd days antibiotic choice should be as per hospital antibiogram.
 - (3) After source control at least one-week antibiotics should be given.
 - (4) C. Difficile colitis is a complication of prolonged antibiotic use.
 - (5) Question not attempted

54. System failure with highest mortality is -

- (1) Coagulation (2) Liver
- (3) Pulmonary (4) Renal
- (5) Question not attempted

55. Cells primarily responsible for inflammatory response of trauma -

- (1) Neutrophils
- (2) Macrophages
- (3) Platelets
- (4) RBCs
- (5) Question not attempted

56. Ultrasound in trauma patients -

- (1) Done with low frequency probes due to better visibility
- (2) FAST is highly sensitive for intra-abdominal bleed
- (3) Equal accuracy compared to DPL
- (4) Helps in diagnosing organ involved
- (5) Question not attempted

57. TRUE statement is -

- (1) CT scan examination should always be non-contrast for trauma patients, to reduce chances of acute kidney injury.
- (2) Getting CT in hemodynamically unstable patients helps in planning definite surgery.
- (3) CT examination in blunt mechanism should only be focused on region involved based on clinical findings.
- (4) In pregnant patients too, CT scan should be done irrespective of pregnancy duration if clinically warranted.
- (5) Question not attempted

58. Which is the hallmark of Fournier's gangrene ?

- (1) Blood stained discharge
- (2) Crepitus
- (3) Vesicles
- (4) Blisters
- (5) Question not attempted

59. Which of the following correctly matches the surgical wound classification with its typical risk of Surgical Site Infection (SSI) ?

- (1) Clean (I) wound with an SSI risk of 15%-30%
- (2) Clean-contaminated (II) wound with an SSI risk of <2%
- (3) Contaminated (III) wound with an SSI risk of 5%-15%
- (4) Dirty-infected (IV) wound with an SSI risk of <2%
- (5) Question not attempted

60. Penile fracture typically involves rupture of -

- (1) Corpus cavernosum
- (2) Tunica albuginea
- (3) Glans
- (4) Prepuce
- (5) Question not attempted

61. A post-operative c/o traumatic splenic injury was received in ICU Post Damage Control Surgery in an intubated state. His arrival ABG showed the following parameters- pH:7.10, pCO₂:30, HCO₃:15, pO₂:120, Be: -12, lactate:8. Next step in management is -

- (1) Adjust ventilatory parameters to increase pCO₂ in blood.
- (2) Continue with maintenance fluid and repeat ABG after 6 hours.
- (3) Start bicarbonate infusion
- (4) Blood products transfusion
- (5) Question not attempted

62. A 25-year old patient brought to emergency room after 8 hours of a high speed motor vehicle crash. His blood pressure and heart rate were 110/60mmHg & 104/min respectively. Further evaluation revealed grossly contaminated wound with underlying both bone fracture over right leg. His right leg was cold & insensate, without distal pulse. His MESS score is

- (1) 7 (2) 6
- (3) 5 (4) 8
- (5) Question not attempted

63. Ideal suture to wound ratio is -

- (1) 2:1 (2) 3:1
- (3) 4:1 (4) 1:1
- (5) Question not attempted

64. FALSE in intestinal amoebiasis is

- (1) Bottlenecked ulcers
- (2) Terminal ileum most common involved
- (3) Caecum is most common site of perforation
- (4) Peri colic abscess is common presentation
- (5) Question not attempted

65. After 5th days of laparotomy, the patient was discharging pus from the surgical site. On opening the surrounding sutures, there was a mucosal structure seen between granulation tissue, with bilious discharge. What protocol will be used to manage this case ?

- (1) START
- (2) SNAP
- (3) HEAL
- (4) FISTULA
- (5) Question not attempted

66. In a paediatric trauma patient with collapsed peripheral veins, what is the most appropriate initial vascular access ?

- (1) Central venous line
- (2) Intraosseous access
- (3) Femoral vein cannulation
- (4) Saphenous cut down
- (5) Question not attempted

67. Murphy's sign is characteristically seen in

- (1) Acute cholecystitis
- (2) Acute appendicitis
- (3) Acute cystitis
- (4) Acute diverticulitis
- (5) Question not attempted

68. While finishing a laparotomy in an emergency, you noticed remaining pus flakes and oedematous bowel. What should be further plan ?
- (1) Close the abdomen formally and start diuresis to decrease oedema
 - (2) Component separation for abdominal closure
 - (3) Temporary abdominal closure and relook
 - (4) Resect the oedematous bowel
 - (5) Question not attempted
69. What is the primary objective of the FAST examination ?
- (1) Identify liver laceration
 - (2) Detect pneumothorax
 - (3) Detect free intraperitoneal fluid
 - (4) Locate source of bleeding
 - (5) Question not attempted
70. Which is not the component of Damage Control Resuscitation ?
- (1) Early Surgery to find bleeding source, despite patient being hemodynamically unstable.
 - (2) All efforts must be done to achieve normal blood pressure earliest, to ensure good perfusion in all body tissues.
 - (3) Ensure blood products are transfused as per the PROPPR trial.
 - (4) Early antifibrinolytic treatment.
 - (5) Question not attempted
71. The retroperitoneal area inaccessible to Cattell-Braasch manoeuvre is
- (1) Inferior vena cava
 - (2) Supra renal aorta
 - (3) Rt renal pedicle
 - (4) Duodenum
 - (5) Question not attempted
72. A 35-year female presented with BTA. On CT evaluation there was grade IV liver injury with active contrast extravasation. She underwent Rt. Hepatic artery angioembolisation. On day 5th she complained to right side abdominal pain. She was tachypnoeic and febrile. TRUE statement is -
- (1) Epidural insertion for pain relief
 - (2) Gall bladder necrosis is a possibility
 - (3) Get erect abdomen X-ray to rule out perforation
 - (4) Rule out pneumonia
 - (5) Question not attempted
73. NOT a component of "seat belt syndrome" -
- (1) stomach perforation
 - (2) spinal injuries
 - (3) hemoperitoneum
 - (4) frontal head injury
 - (5) Question not attempted

74. A patient has haematuria and hemodynamic stable after blunt trauma abdomen. Contrast imaging confirms renal laceration with segmental arterial contrast extravasation. What is the next best step ?

- (1) IV antibiotics
- (2) Immediate nephrectomy
- (3) Conservative management with embolization
- (4) Suprapubic drainage
- (5) Question not attempted

75. Which of the following is TRUE regarding abdominopelvic CT in trauma evaluation ?

- (1) Abdominopelvic CT is only indicated in patients with hemodynamic instability.
- (2) The portal venous phase of abdominopelvic CT has high sensitivity, specificity, and negative predictive value for detecting solid organ injuries.
- (3) Abdominopelvic CT is not useful for detecting urinary leaks in the setting of renal lacerations.
- (4) The use of "triple-contrast" CT is not recommended in the evaluation of penetrating abdominal trauma.
- (5) Question not attempted

76. TRUE about management of Small Bowel Obstruction is -

- (1) CT scan should always be done with oral contrast.
- (2) Multiple air fluid level is abdomen X-ray is highly specific.
- (3) Water soluble contrast agent is therapeutic in 80 % adhesive obstruction.
- (4) 5-7 days trial of non-operative management is safe and recommended.
- (5) Question not attempted

77. The most appropriate antibiotic prophylaxis for clean-contaminated surgery is

- (1) Vancomycin
- (2) Ciprofloxacin
- (3) Cefazolin + Metronidazole
- (4) Meropenem
- (5) Question not attempted

78. What is the goal of antimicrobial stewardship in surgical practice ?

- (1) Reduce hospital stay
- (2) Ensure empirical therapy
- (3) Prevent emergence of resistance and optimize therapy
- (4) Decrease cost only
- (5) Question not attempted

79. A post-laparotomy wound shows erythema, swelling and discharge. What is the best management approach for this scenario ?

- (1) Observe
- (2) Antibiotics alone
- (3) Open wound, drain pus, then antibiotics
- (4) Re-operate immediately
- (5) Question not attempted

80. Which of the following is a principle of surgical antimicrobial prophylaxis ?
- (1) Continue antibiotics for 5 days
 - (2) Give antibiotics after incision
 - (3) Give 30-60 minutes before incision
 - (4) Use broad spectrum empirically
 - (5) Question not attempted
81. A young woman with positive UPT, presents in altered sensorium and shock. FALSE statement is -
- (1) Ruptured ectopic must be ruled out.
 - (2) Bimanual vaginal examination must be performed.
 - (3) Trans Vaginal ultrasound is advisable.
 - (4) Urgent surgical exploration is indicated.
 - (5) Question not attempted
82. The primary mechanism of biofilm-related infection in surgical implants is due to :
- (1) Endotoxin release
 - (2) Inhibition of leukocyte migration
 - (3) Bacterial adherence and resistance to antibiotics
 - (4) Hypoperfusion
 - (5) Question not attempted
83. Schrock shunt is used in -
- (1) Liver injuries
 - (2) IVC injuries
 - (3) Renal injuries
 - (4) Peripheral vascular injuries
 - (5) Question not attempted
84. CT finding not suggestive suspected pancreatic injury
- (1) Fluid in the lesser sac
 - (2) Fluid between pancreas and splenic vein
 - (3) Hematoma of sigmoid mesocolon
 - (4) Thickening of left anterior renal fascia
 - (5) Question not attempted
85. Traumatic laceration involving main pancreatic duct and situated over left of superior mesenteric vein is graded as
- (1) Grade 5
 - (2) Grade 4
 - (3) Grade 3
 - (4) Grade 2
 - (5) Question not attempted
86. According to ATLS protocol, what is the MIST report in prehospital trauma communication ?
- (1) Mechanism, Injuries, Symptoms, Treatment
 - (2) Method, Imaging, Site, Therapy
 - (3) Medications, Injuries, Status, Therapy
 - (4) Memory, Injuries, Safety, Time
 - (5) Question not attempted
87. Laparoscopy following penetrating abdominal injuries, TRUE is -
- (1) The entry port can be made through the penetrating wound.
 - (2) Investigation of choice for diaphragmatic injuries.
 - (3) Significantly reduce non-therapeutic laparotomy.
 - (4) Useful as an initial adjunct in resuscitation.
 - (5) Question not attempted

88. Caesarean section in a pregnant woman sustained severe trauma -

- (1) To be done in situations only to save mother.
- (2) To be done before 23 weeks only.
- (3) If exploratory laparotomy to be done, automatically indicated.
- (4) Can be done by general/trauma surgeon.
- (5) Question not attempted

89. Which score is anatomical and based on individual organ injury severity ?

- (1) RTS
- (2) ISS
- (3) GCS
- (4) TRISS
- (5) Question not attempted

90. What is the main role of a trauma registry ?

- (1) Schedule surgeries
- (2) Track trauma trends and outcomes
- (3) Replace patient charts
- (4) Conduct laboratory tests
- (5) Question not attempted

91. Who is responsible for overall command during Mass Casualty Incidence (MCI) using Incident Command Service (ICS) framework ?

- (1) Operations Chief
- (2) Medical Officer
- (3) Incident Commander
- (4) Logistics Chief
- (5) Question not attempted

92. True statement regarding classification of pelvic fractures is

- (1) Young Burgess classification is based on the vector of the force applied into anteroposterior compression, lateral compression or vertical shear.
- (2) Young Burgess classification categorizes pelvic fractures in three groups based on stability.
- (3) All lateral compression fractures are stable fractures.
- (4) Tiles classification is primarily based on CT scan findings.
- (5) Question not attempted

93. NOT a Method to calculate burn area -

- (1) Rule of nine
- (2) Lund-Browder chart
- (3) Palm size equal to 1%
- (4) Richard Parker formula
- (5) Question not attempted

94. TRUE statement regarding burn resuscitation is -

- (1) Steroid use helps in initial fluid resuscitation.
- (2) CVP measurement is preferred way to measure resuscitation.
- (3) Electric current burn to extremity needs consideration of escharotomy.
- (4) Early excision and skin grafting is recommended.
- (5) Question not attempted

95. FALSE statement is -

- (1) Tympanic membrane rupture is a marker of severe blast injuries.
- (2) Burn injuries after a blast is quaternary injuries.
- (3) Bony fracture is not a prerequisite for compartment syndrome.
- (4) Field amputation of a crushed extremity should be as distal as possible.
- (5) Question not attempted

96. Which of the Motor Vehicular Crash mechanism is most lethal ?

- (1) Frontal collision
- (2) Lateral collision
- (3) Rear collision
- (4) Roll over crash
- (5) Question not attempted

97. Which scoring system is a combined scoring system ?

- (1) GCS
- (2) KTS
- (3) ISS
- (4) RTS
- (5) Question not attempted

98. FALSE about Trauma registry is -

- (1) Static data points collection
- (2) Helpful in benchmarking outcomes
- (3) Excludes high proportion of trauma deaths
- (4) Highly financial demanding
- (5) Question not attempted

99. A 40 yrs. old male, history of RTA, on arrival to emergency department his pulse is 120 per minute, narrow pulse pressure, Anxious and confused and blood loss 30-40% of total blood volume. Class of shock will be :

- (1) Class I
- (2) Class II
- (3) Class IV
- (4) Class III
- (5) Question not attempted

100. Triage is -

- (1) Static process where patients are given same priority during their treatment journey
- (2) To sort patients to transport them earliest to nearest facility
- (3) Helping to provide appropriate care to the patients
- (4) A pre hospital process of care
- (5) Question not attempted

101. Indication of Emergency resuscitative thoracotomy is :

- (1) Blunt thoracic injury with PEA with CPR >15 minutes.
- (2) Patient is not improving with CPR.
- (3) No sign of life.
- (4) Penetrating injury with PEA with CPR < 10 minutes.
- (5) Question not attempted

102. In Mass casualty events -

- (1) Patients with highest severity should go to the trauma centre.
- (2) The healthcare facility will be able to deal with such events using back up resources.
- (3) Survival chance is major consideration for transportation.
- (4) Triage should be done only by the most experienced person.
- (5) Question not attempted

103. Attribute of an ideal triage system is -

- (1) Under triage should be $< 5\%$.
- (2) Over triage should be $10\% - 15\%$.
- (3) Anatomical injuries have highest priorities.
- (4) Should be useful in individual as well as multiple casualty situations.
- (5) Question not attempted

104. START is -

- (1) Standard Triage And Resuscitation Team
- (2) Simple Triage And Rapid Transportation
- (3) Simple Triage And Rapid Treatment
- (4) Standard Transport And Treatment Team
- (5) Question not attempted

105. In Blast Trauma, an air filled visceral injury is classified as -

- (1) Primary class of blast injury.
- (2) Secondary class of blast injury.
- (3) Tertiary class of blast injury.
- (4) Quaternary class of blast injury.
- (5) Question not attempted

106. Multiple Casualty Incidents are -

- (1) When resources are strained but not overwhelmed.
- (2) When healthcare resources are disrupted in a community/region.
- (3) Requires international collaborative approach for optimum management.
- (4) Being considered while calculating surge capacity of a facility.
- (5) Question not attempted

107. What is the purpose of secondary (interfacility) triage ?

- (1) To provide initial care only at minor trauma centers
- (2) To transfer patients whose injuries exceed the capabilities of the initial facility
- (3) To prevent the transfer of patients to trauma centers
- (4) To conduct field triage in rural areas
- (5) Question not attempted

108. Which is not an indication for catheter tamponade as a vascular damage control surgery ?

- (1) Inaccessible major vascular injuries
- (2) Large cardiac injuries
- (3) Deep solid organ parenchymal haemorrhage
- (4) Peripheral vascular injury involving extremity
- (5) Question not attempted

109. What are the primary components used to calculate the Revised Trauma Score (RTS) ?

- (1) Blood pressure, heart rate, and respiratory rate
- (2) Glasgow Coma Scale (GCS), systolic blood pressure (SBP), and respiratory rate (RR)
- (3) Oxygen saturation, temperature, and respiratory rate
- (4) Heart rate, temperature, and pain level
- (5) Question not attempted

110. TRISS Model -

- (1) Is used to assess severity of injury
- (2) Calculated according to age and sex of injured
- (3) It's a mortality prediction model
- (4) Developed from MTOS study
- (5) Question not attempted

111. FALSE regarding Randomization -

- (1) Decreases selection bias
- (2) Establishes causation
- (3) Balances confounding factors
- (4) Alternate allocation is simple and effective method
- (5) Question not attempted

112. Least important concern while measuring sample size for a research study -

- (1) Population size
- (2) Confidence interval
- (3) Confidence level
- (4) Variability of data distribution
- (5) Question not attempted

113. In classical tale of "The boy who cried wolf", which statement is FALSE ?

- (1) Citizens believed initially that there is a wolf is a Type-I error.
- (2) When there was a wolf, citizen believed otherwise is a Type-II error.
- (3) A high powered study will have less Type-I error.
- (4) These errors are related to null hypothesis testing.
- (5) Question not attempted

114. TRUE statement regarding p value is -

- (1) It's a predefined value to denote importance of a study findings.
- (2) It's a parameter for clinical significance of the study findings.
- (3) The value 0.05 is arbitrary and may be decided by the researchers.
- (4) p value is a very good parameter of effect size.
- (5) Question not attempted

115. False statement regarding apnoea test in brain death is

- (1) Apnoea test remains one of the most important parts of the neurologic evaluation of potential organ donors.
- (2) Prerequisite to perform apnoea test is PaCO_2 should be normalized to 40 mmHg.
- (3) Positive apnoea test mandates PaCO_2 has to be reached 50 mmHg.
- (4) In doubtful cases, a confirmatory test is required beside neurological evaluation.
- (5) Question not attempted

116. The correct statement regarding airway assessment in trauma patient is

- (1) Tachypnoea is often a late sign of airway compromise.
- (2) Supplemental oxygen should be administered to all severely injured trauma patients.
- (3) Signs of Agitation or obtundation are unlikely due airway compromise.
- (4) Laryngeal mask airway is an example of definitive airway.
- (5) Question not attempted

117. Which is not a risk factor to anticipate difficult airway?

- (1) Limited mouth opening
- (2) Long neck
- (3) Receding chin
- (4) Obesity
- (5) Question not attempted

118. During intubation-

- (1) Epiglottis should be used as a reference point for anatomy.
- (2) BURP manoeuvre is used to reduce chances of aspiration.
- (3) Esophageal opening visualization is must for successful intubation.
- (4) Tube position is best confirmed by chest X-ray.
- (5) Question not attempted

119. False statement regarding rapid sequence induction and intubation among trauma victims is

- (1) Gold standard for management of the airway in trauma victim.
- (2) Increased intubation success rate.
- (3) Reduced incidence of pulmonary aspiration.
- (4) Contraindicated in patients with full stomach.
- (5) Question not attempted

120. The most reliable method to confirm correct placement of endotracheal tube in acutely injured trauma victim is

- (1) EtCo₂ measurement
- (2) Appearance of mist within ET tube lumen
- (3) Auscultation of bilateral chest
- (4) Chest X-ray
- (5) Question not attempted

121. A 15-year boy presented with severe clothesline injury to neck. There is visible gush of air escaping from the front neck wound with blood splashing from wound and mouth. Next step is -

- (1) Immediate laryngoscopy and orotracheal intubation
- (2) Shift to OR for neck exploration
- (3) CT angiography of neck to find bleeding source
- (4) Insert endotracheal tube through tracheal defect
- (5) Question not attempted

122. False statement regarding surgical cricothyroidotomy

- (1) Contraindicated in paediatric patients below 12 years age.
- (2) It is prudent to perform surgical cricothyroidotomy in case of anticipated difficult airway.
- (3) Indicated only in case, the airway is failed to secure through conventional technique.
- (4) Surgical cricothyroidotomy is preferred over Tracheostomy to secure airway in emergency situation.
- (5) Question not attempted

123. 42-year male patient presented to ED after Motor Vehicle Crash. In ED the left side Inter Costal tube showed continuous gross air leak with low O₂ saturation on monitor. Next step is -

- (1) Clamp the ICD and start with O₂ supplementation
- (2) Awake fiberoptic bronchoscope guided intubation.
- (3) Cricothyroidotomy.
- (4) Tracheostomy and positive pressure ventilation.
- (5) Question not attempted

124. Not a principle in tracheal injuries repair -

- (1) Thorough debridement of edges
- (2) Air tight repair
- (3) Protective tracheostomy not necessary
- (4) Muscle flap buttress is superior
- (5) Question not attempted

125. The first manoeuvre to improve oxygenation after chest injury is to :

- (1) intubate the patient.
- (2) administer supplemental oxygen.
- (3) ascertain the need for a chest tube.
- (4) obtain a chest X-ray.
- (5) Question not attempted

126. FALSE about nasal packing -

- (1) May be removed after 6-12 hrs, once bleeding has stopped.
- (2) Septal hematoma should be drained before packing.
- (3) A try of compression is warranted before anterior packing.
- (4) Prophylactic antibiotics should be given after nasal packing.
- (5) Question not attempted

127. Not a treatment option for oropharyngeal bleeding -

- (1) Oro nasal packing
- (2) EGA ligation
- (3) Angioembolization
- (4) Definitive fracture fixation
- (5) Question not attempted

128. Facial fractures can cause which of the following complications that affect airway management ?

- (1) Increased secretions and dislodged teeth
- (2) Enhanced muscle tone
- (3) Improved airway patency
- (4) Decreased risk of bleeding
- (5) Question not attempted

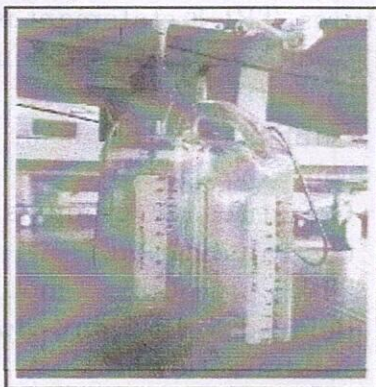
129. The definitive sign of a Le Fort fracture on Computed Tomography (CT) imaging is the presence of

- (1) Dento-alveolar fracture
- (2) Zygomatico complex fracture
- (3) Pterygoid plate fracture
- (4) Orbital floor fracture
- (5) Question not attempted

130. Which one of the following findings best indicates respiratory failure in a trauma patient ?

- (1) SpO₂ of 94%
- (2) Use of accessory muscles
- (3) PaO₂ <60 mmHg on room air
- (4) Respiratory rate of 16
- (5) Question not attempted

131. Identify the device and its uses



- (1) abdominal drainage system for peritoneal cavity drainage.
- (2) urinary drainage system for urinary bladder drainage.
- (3) underwater seal for pleural cavity drainage.
- (4) gastric evacuation system for decompression of stomach.
- (5) Question not attempted

132. TRUE regarding Tube thoracostomy -

- (1) Should be done in patients with lung contusions for removal of reactionary fluid.
- (2) Trocar tipped thoracostomy is easy and preferred technique.
- (3) The drained blood is suitable for autotransfusion.
- (4) Adequate antibiotic coverage should be given for 3-5 days.
- (5) Question not attempted

133. Which is NOT considered a sign of life ?

- (1) Detectable BP
- (2) Visible body movements
- (3) Cardiac electric activity
- (4) Gag reflex
- (5) Question not attempted

134. Following cardiac arrest in a hemorrhagic trauma patient, what is NOT warranted ?

- (1) Continue with closed cardiac massage and resuscitation.
- (2) Bilateral ICD insertion.
- (3) Do resuscitative thoracotomy and open cardiac massage.
- (4) Clamp aorta if abdominal bleed suspected.
- (5) Question not attempted

135. Intercoastal drain was placed for a patient following Blunt Chest Trauma with haemopneumothorax. On Post Injury Day 3 which of the following is NOT an important factor in decision making regarding ICD removal ?

- (1) Quantity and colour of ICD effluent
- (2) Chest X-ray
- (3) Air-column movement
- (4) Presence of flail chest
- (5) Question not attempted

136. Occult pneumothorax refers to

- (1) Pneumothorax identified on advanced imaging but not visible on chest X-ray.
- (2) Pneumothorax identified based on clinical suspicion but not visible on chest X-ray.
- (3) Pneumothorax identified on chest X-ray without clinical suspicion.
- (4) Pneumothorax presenting as subcutaneous emphysema.
- (5) Question not attempted

137. Right statement in treatment of chest trauma -

- (1) All patients should be ventilated electively for early recovery.
- (2) Surgical fixation is a preferred modality for rib fractures.
- (3) All chest trauma patients should receive intercostal tube.
- (4) Pain management is a paramount intervention.
- (5) Question not attempted

138. TRUE statement is-

- (1) Flail segment is a clinical finding of paradoxical movement of a chest wall.
- (2) Its deleterious effects are primarily due to pulmonary contusions.
- (3) ICD should always be inserted in flail chest patients.
- (4) Elective ventilation to splint chest wall is treatment of choice.
- (5) Question not attempted

139. Which is not a component of SCARF (Sequential Clinical Assessment of Respiratory Failure) score

- (1) Oxygen saturation
- (2) Respiratory rate
- (3) Numerical pain score
- (4) Incentive spirometry efforts
- (5) Question not attempted

140. Surgical stabilization of rib fractures, TRUE statement is -

- (1) Radiological flail segment is an indication.
- (2) Pulmonary contusion is a contraindication.
- (3) Geriatric age group is not a contraindication.
- (4) The procedure should be delayed for 4-5 days to settle inflammation.
- (5) Question not attempted

141. Which of the following is the most appropriate initial management for a patient with suspected tension pneumothorax?

- (1) Immediate chest tube placement without prior decompression.
- (2) Needle or finger decompression followed by chest tube placement.
- (3) Administration of high-flow oxygen and observation.
- (4) Perform a chest X-ray before any intervention.
- (5) Question not attempted

142. In a 50-year male patient, who received ICD for a diagnosis of haemothorax, there was around 150 ml whitish milky discharge from ICD on 4th day. Patient is stable and recuperating well. Next step in management of suspected injury is all, EXCEPT -

- (1) Rule out oesophageal injury.
- (2) Angioembolisation is treatment of choice.
- (3) A trial of non-operative management is warranted.
- (4) Dietary modification is cornerstone of treatment.
- (5) Question not attempted

143. Type 2 respiratory failure occurs in all, EXCEPT -

- (1) Spinal cord injury
- (2) Abdominal compartment syndrome
- (3) Fat embolism
- (4) Flail chest
- (5) Question not attempted

144. Management strategy for ARDS management is -

- (1) Restrictive fluid resuscitation
- (2) Avoid intubation as long as possible
- (3) Ensure strict hypocapnia
- (4) Early steroid use
- (5) Question not attempted

145. Important attribute of high-quality CPR is -

- (1) Depth of compression is more important than rate.
- (2) AED should only be used after at least one full cycle of CPR.
- (3) A thorough assessment of pulse, breathing and movements to be done before starting CPR.
- (4) Hands only CPR is an acceptable method.
- (5) Question not attempted

146. The rationale for thoracic aortic cross clamping during resuscitative thoracotomy is

- (1) To reduce the pressure over heart
- (2) To redistribute the blood to brain and myocardium
- (3) To arrest the intra-thoracic bleeding
- (4) To avoid formation of thoracic aortic aneurysm
- (5) Question not attempted

147. Shock in trauma is best described as

- (1) Hypotension is an essential feature.
- (2) Tachycardia is observed in almost all patients in shock.
- (3) Generalised state of inadequate delivery of oxygen to tissues.
- (4) Decreased urine output is an early feature.
- (5) Question not attempted

148. Which is not a cause for obstructive shock ?

- (1) Tension pneumothorax
- (2) Cardiac tamponade
- (3) Pulmonary embolism
- (4) Aortic dissection
- (5) Question not attempted

149. Shock in trauma is best co-related with

- (1) Base deficit
- (2) Shed blood volume
- (3) Cardiac output
- (4) Blood pressure
- (5) Question not attempted

150. After a motor vehicle crash, a 30-year-old man has a heart rate of 70 beats per minute and a blood pressure of 80/40 mmHg. His extremities are warm. These findings are best explained by-

- (1) spinal shock
- (2) septic shock
- (3) neurogenic shock
- (4) hypovolemic shock
- (5) Question not attempted

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113. Type 3 respiratory failure occurs in all EXCEPT:
- (1) Spinal cord injury
 - (2) Abdominal compartment syndrome
 - (3) Fat embolism
 - (4) Tension pneumothorax
 - (5) Question not attempted
114. Management strategy for ARDS management is:
- (1) Restrictive fluid resuscitation
 - (2) Avoid intubation as long as possible
 - (3) Positive end expiratory pressure
 - (4) Early steroid use
 - (5) Question not attempted
115. Important attribute of high quality CPR is:
- (1) Depth of compression is more important than rate
 - (2) AED should only be used after at least one full cycle of CPR
 - (3) A thorough assessment of pulse, breathing and movements to be done before starting CPR
 - (4) Hands only CPR is an acceptable method
 - (5) Question not attempted
116. The rationale for thoracic aortic cross clamping during resuscitative thoracotomy is:
- (1) To reduce the pressure over heart
 - (2) To redistribute the blood to brain and myocardium
 - (3) To arrest the intra-thoracic bleeding
 - (4) To avoid formation of thoracic aortic aneurysm
 - (5) Question not attempted
117. Shock in trauma is best co-related with:
- (1) Base deficit
 - (2) Shock blood volume
 - (3) Cardiac output
 - (4) Blood pressure
 - (5) Question not attempted
118. Which is not a cause for obstructive shock?
- (1) Tension pneumothorax
 - (2) Cardiac tamponade
 - (3) Pulmonary embolism
 - (4) Aortic dissection
 - (5) Question not attempted
119. Shock in trauma is best co-related with:
- (1) Base deficit
 - (2) Shock blood volume
 - (3) Cardiac output
 - (4) Blood pressure
 - (5) Question not attempted
120. After a motor vehicle crash a 30-year-old man has a heart rate of 70 beats per minute and a blood pressure of 80/40 mmHg. His extremities are warm. These findings are best explained by:
- (1) Spinal shock
 - (2) Septic shock
 - (3) Neurogenic shock
 - (4) Hypovolemic shock
 - (5) Question not attempted

