



قائمة الاسئلة

التخدير السريري (2) - المستوى الثالث - قسم تخدير - كلية الطب والعلوم الصحية - برامج العلوم الطبية التطبيقية - الفترة الثالثة - درجة الامتحان (40)

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- 1) True statement regarding neuro-axial opioids for labor and delivery is:
 - 1) - Opioids should never be used as a sole agent
 - 2) - Most common side effect is fetal bradycardia
 - 3) - Intrathecal morphine is associated with quick peak in concentration and early onset maternal respiratory depression
 - 4) Systemic absorption is similar to intramuscular (IM) administration
- 2) Iatrogenic contributions to maternal supine hypotension syndrome can be minimized by
 - 1) - Left hip elevation
 - 2) Left-uterine displacement
 - 3) - Regional anesthesia
 - 4) - General anesthesia
- 3) All these features are compatible with diagnosis of preeclampsia except:
 - 1) - After 20 weeks of gestation
 - 2) - SBP >than 140 mm Hg or DBP > than 90 mm Hg on two occasions at least 4 h apart
 - 3) - Proteinuria (>300 mg/d or protein/creatinine ratio greater than 0.3)
 - 4) Tonic-clonic seizure
- 4) In Pathophysiology of preeclampsia one is false:
 - 1) - Increase thromboxane A2 (TXA2) & decrease prostacyclin PGI2
 - 2) - decrease Nitric oxide & increase endothelin-1
 - 3) increase intravascular volume
 - 4) - All answers are false
- 5) The definitive treatment of preeclampsia is:
 - 1) Delivery of the fetus and placenta
 - 2) - Antihypertensive drugs & Magnesium sulfate
 - 3) - Corticosteroids if the fetus is viable & 33 weeks of gestation or less
 - 4) - Bed rest, sedation
- 6) Regarding Anesthetic Management of Sever preeclampsia one is true:
 - 1) - If GA muscle relaxant dose should increased
 - 2) - RA can be done even if plt<100000
 - 3) Both spinal and epidural anesthetics are reasonable choices for CS
 - 4) - Correction of hypertension is not priority
- 7) Regarding heart disease & pregnancy: patients who get benefit from the reduced systemic vascular resistance (SVR) are all the following except :
 - 1) - Mitral regurge
 - 2) - Aortic regurge
 - 3) - Congestive heart failure
 - 4) Aortic stenosis
- 8) Regarding Amniotic fluid embolism one is false:
 - 1) Occur only during normal vaginal delivery or CS
 - 2) - Various PG & leukotrienes in amniotic fluid play a role in the genesis of this syndrome
 - 3) - Sudden tachypnea, cyanosis, shock, & generalized bleeding are the classic signs & symtopms
 - 4) - Deferential diagnosis include : septicemia , hepatic rupture or cerebral hemorrhage
- 9) Postpartum hemorrhage occur more in all these conditions except:
 - 1) - A prolonged third stage of labor
 - 2) - Multiple gestations





- 3) - Forceps delivery & Preeclampsia
4) + Tocolytic drugs
- 10) Regarding umbilical cord prolapse one is false:
1) - Low birth weight is predisposing factor
2) - Diagnosis confirmed with presence of sudden fetal bradycardia or profound decelerations
3) - treatment could be immediate steep Trendelenburg or knee–chest position
4) + manual pushing of the presenting fetal part back up into the pelvis has no role in treatment
- 11) Young pregnant women with Breech presentation, her GA is 36 week. which statement is wrong in approaching such case
1) + External cephalic version may be attempted only if GA 34 week or less
2) - If External cephalic version failed epidural anesthesia will increase success more than 75%
3) - If placental abruption & umbilical cord compression, necessitating immediate CS
4) - This condition increase the incidence of cord prolapse more than tenfold
- 12) In multiple gestation one is true:
1) - Hypotension from aortocaval compression, is not common particularly after RA
2) + RA may shorten the interval between the birth of the first & second infants
3) - The first infant is often more depressed & asphyxiated than the second
4) - Multiple gestation often complicated by postdate pregnancy
- 13) You see a pregnant women came from Saada diagnosed as a case of Prolonged premature ROM. Clinically she is in shock state and exhibit tenderness to palpation. her lab. Result showed picture of DIC but no vaginal bleeding. This scenario goes with:
1) - Placenta previa
2) + Abruptio Placentae
3) - Preeclampsia
4) - Chorioamnionitis
- 14) The regional or neuraxial technique that would not be expected to provide appropriate analgesic benefit during the first stage of labor is
1) - Lumbar epidural
2) - Lumbar sympathetic block
3) - Paracervical block
4) + Pudendal nerve block
- 15) Anesthesia mortality risk is least in:
1) - cardiovascular diseases
2) - hemorrhage
3) - hypertensive disorders of pregnancy
4) + anesthesia related
- 16) All the following statement are true in approaching pregnant women except:
1) - Back examination is important for RA
2) - All pregnant women consider as full stomach & need rapid sequence intubation
3) + Anesthesia service will be needed intra-operatively only
4) - Airway edema in pregnancy is common so one should expect difficult airway
- 17) All these drugs can be used safely for labor & vaginal delivery except:
1) + NSAID
2) - Fentanyl
3) - Meperidine
4) - Promethazine
- 18) Regarding management of complications of RA during normal vaginal delivery, one is false:
1) - Hypotension treated by IV fluid & vasopressor drugs
2) - intralipid 20% is the treatment of unintentional intravascular injection





- 3) - Unintentional intrathecal injection treated by Epinephrine & vasopressin
- 4) Epidural blood patch is the 1st line treatment for Postdural puncture headache (PDPH)
- 19) All these are immediate or emergent indications for delivery necessity either by GA or RA except:
- 1) - Fetal distress
- 2) Breech presentation
- 3) - Impending maternal death
- 4) - Genital herpes with ruptured membranes
- 20) The correct respiratory physiologic change associated with pregnancy is
- 1) - Increase in arterial pH
- 2) - Increase in HCO₃
- 3) - Increase in PaCO₂
- 4) Increase in tidal volume
- 21) All the following labs can be normal in pregnancy except:
- 1) - Leukocytosis (up to 21,000/ μ L)
- 2) - A 10% decrease in platelet count
- 3) - Increase free T₄, free T₃, but TSH remain normal
- 4) Proteinuria (>300 mg/d) in urine analyses
- 22) In parturient, oxygen deprivation can result from all the following except:
- 1) - Umbilical cord compression & prolapse
- 2) Mother hypertension
- 3) - Placental abruption
- 4) - Severe maternal hypoxemia, or hypotension
- 23) A 4-year-old child weighing 16kg is scheduled for hernia repair under general anesthesia. Assuming he was NPO for 8 hours, his total fluid deficit will be about.....(ml):
- 1) - 380
- 2) 420
- 3) - 460
- 4) - 500
- 24) The total dose of midazolam may be given as premedication is
- 1) - 0.2 mg/kg maximum 10 mg
- 2) - 0.2 mg/kg maximum 20 mg
- 3) - 0.5 mg/kg maximum 15 mg
- 4) 0.5 mg/kg maximum 20 mg
- 25) A newborn baby 37 weeks of gestation has a heart rate of 90 bpm, is crying, is pink with blue extremities, and shows some flexion. Her Apgar score would be
- 1) - 6
- 2) 7
- 3) - 8
- 4) - 9
- 26) After initial evaluation of the baby described above, the next step in managing her would be
- 1) provide positive-pressure ventilation
- 2) - Chest compressions
- 3) - Warming blanket
- 4) - Cardiology consult
- 27) Which of the following statements about pediatric airway is true?
- 1) - More caudal position of larynx as compared to adult
- 2) More acute angulation of epiglottis
- 3) - Glottic opening is the narrowest part of airway
- 4) - Longer trachea as compared to adults





- 28) Hypertrophic pyloric stenosis is associated with
- 1) - Metabolic acidosis
 - 2) Metabolic alkalosis
 - 3) - Hyperkalemia
 - 4) - Hyperchloremia
- 29) Which of the following heart rates is inappropriate for the age?
- 1) 50 bpm at 12years of age
 - 2) - 120 bpm for a neonate
 - 3) - 100 bpm for a 1-year-old
 - 4) - 80 bpm for a 3-year-old
- 30) The age at which the glomerular filtration rate in a child is same as in adult is
- 1) - 6 months
 - 2) - 1 year
 - 3) - 1.5 years
 - 4) 2 years
- 31) Normal 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
- 32) The recommended size of an endotracheal tube for a 1year old child is
- 1) - 2
 - 2) - 3
 - 3) 4
 - 4) - 5
- 33) As compared to a 10-year- old child, a 1 year- old child will have higher
- 1) Oxygen consumption
 - 2) - Functional residual capacity
 - 3) - Tidal volume
 - 4) - Vital capacity
- 34) In the premature newborn, the glottis is at which level relative to the cervical spine
- 1) C3
 - 2) - C4
 - 3) - C5
 - 4) - C6
- 35) A 5-month-old infant is scheduled for an elective operative reduction of a right inguinal hernia. Spinal anesthesia is performed . The first sign of a high spinal block in this patient would be
- 1) - Hypotension
 - 2) - Tachycardia
 - 3) Hypoxia
 - 4) - Asystole
- 36) with which of the following congenital anomlies is persistent right to left intercardiac shunting of the blood Most likely ?
- 1) - TEF
 - 2) - Gastroschisis
 - 3) - omphalocele
 - 4) CDH
- 37) At what maximum inspiratory pressure should an endotracheal tube leak in a child?
- 1) - 5 to 15 cmH2O





- 2) 15 to 25 cmH₂O
3) 25 to 35 cm H₂O
4) None of the above
- 38) The spinal cord of newborns extends to the
- 1) L1 vertebra
2) L2 - L3 vertebra
3) L4 - L5 vertebra
4) S1 vertebra
- 39) Anomalies and features associated with Down syndrome include
- 1) Smaller tracheas
2) Atlanto- occipital instability
3) Thyroid hypofunction
4) All of the above
- 40) Which of the following is the most important extrinsic influence of CBF:
- 1) Temperature.
2) Viscosity.
3) Respiratory gas tension.
4) Autonomic influence.
- 41) How much oxygen the brain consumed of total body oxygen consumption at rest?
- 1) five %
2) ten %
3) twenty%
4) twenty five %
- 42) all are branches of internal carotid artery, except:
- 1) Anterior cerebral artery
2) posterior cerebral artery
3) middle cerebral artery
4) Anterior communicating artery.
- 43) normal cerebral perfusion pressure is:
- 1) 50-100 mmHg.
2) 80-100 mmHg.
3) 60-160 mmHg.
4) 50-150 mmHg.
- 44) The normal glucose consumption in brain is:
- 1) 5mg/100g/min.
2) 3-4ml/100g/min.
3) 5ml/100g/min.
4) 50ml/100g/min
- 45) Sitting position in the cranial surgery can increase the risk of:
- 1) pneumocephalus
2) venous air embolism
3) all of above
4) non of above
- 46) in a patient with history of epilepsy, avoid the use of:
- 1) etomidate
2) propofol
3) thiopental
4) non above
- 47) The normal average cerebral blood flow (CBF) in adult humans is





- 1) 50 mL / 100 / g / min
 - 2) 5 mL / 100 / g / min
 - 3) 50 L / 100 / mg / min
 - 4) 50 mL/ 100 /mg / min
- 48) Which of the following measures is used to measure the intracranial pressure
- 1) blood pressure
 - 2) lateral ventriculothoracostomy
 - 3) pulse oximeter
 - 4) ABG
- 49) What is the role of hyperventilation in managing increased intracranial pressure
- 1) Decrease cerebral blood flow
 - 2) Increase cerebral blood flow
 - 3) Reduce CSF production
 - 4) Improve brain oxygenation
- 50) all can cause focal ischemia in the brain,except:
- 1) head trauma
 - 2) vascular stenosis
 - 3) vascular occlusion
 - 4) cardiac arrest
- 51) the effect of hyperventilation in managing elevated intracranial pressure is :
- 1) Decrease cerebral blood flow
 - 2) Increase cerebral blood flow
 - 3) Reduce CSF production
 - 4) Improve brain oxygenation
- 52) Autoregulation
- 1) is a central mechanism controlling ICP
 - 2) prevents a fall in cerebral blood flow (CBF) when there is a fall in arterial BP
 - 3) causes cerebral arterial dilatation when the arterial BP falls
 - 4) is unaffected by volatile inhalational agents
- 53) Midazolam is The benzodiazepine of choice in neuroanesthesia because
- 1) it has long half-life
 - 2) it has short half-life
 - 3) it has middle half-life
 - 4) non above
- 54) Most general anesthetics drugs have favorable effect on the central nervous system by on of the following
- 1) increase electrical activity
 - 2) Reduce Electrical activity
 - 3) no change on electrical activity
 - 4) none above
- 55) The edema which happen in disrupted blood brain barrier is
- 1) cytotoxic edema
 - 2) vasogenic edema
 - 3) systemic edema
 - 4) none above
- 56) Which part of the brain consumes the most oxygen and glucose?
- 1) Gray matter
 - 2) White matter
 - 3) Cerebellum Pons
 - 4) Non above

