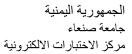


قائمة الاسئلة

إدارة مجري الهواء - ()- المستوى الثالث -قسم تخدير - - كلية الطب والعلوم الصحية البرامج التطبيقية - الفترة الأولى- درجة الامتحان (70) د/ احلام عبدالرقيب عبدالواسع السويدي

- 1) Difficult intubation concept mean:
 - 1) + intubation with more than 3 attempts
 - 2) intubation with more than 8 attempts
 - 3) intubation with more than 7 times attempts
 - 4) intubation with more than 10 attempts
- 2) cormack lehane scoring grade 4
 - 1) + no epiglottis is seen
 - 2) only epiglottis seen
 - 3) all vocal cord is seen
 - 4) half of vocal cord is seen
- 3) A failed intubation should be followed by identical repeated attempts:
 - 1) 1
 - 2) + 0
- 4) THE BEST POSITION FOR ENDOTRACHEAL INTUBATION IS
 - 1) + SNIFFENING POSITION
 - 2) PRONE POSITION
 - 3) RECUMBENT POSITION
 - 4) SEMI SITTING POSITION
- 5) The best confirmation of tracheal placement of a tracheal tube:
 - 1) pulse oxymetery
 - 2) + capnograghy
 - 3) ECG
 - 4) GASTROSCOPY
- 6) awake intubation is assisted by nerve block
 - 1) + TRUE.
 - 2) FALSE.
- 7) Bag and mask ventilation (BMV) is the first step in airway management in patients undergoing rapid sequence intubation
 - 1) TRUE.
 - 2) + FALSE.
- 8) Nasotracheal intubation is high risk for nose bleeds
 - 1) + TRUE.
 - 2) FALSE.
- 9) simple triple airway maneuvers are:
 - 1) + head tilt-chin-lift -jaw thrust
 - 2) jaw thrurst only
 - 3) head tilt- only
 - 4) jaw thrust only
- 10) pre-oxygenation
 - 1) + increase functional residual capacity
 - 2) reduce functional residual capacity
 - 3) increase oxygen demand
 - 4) leadinging to brain anoxia
- 11) Das difficult intubation guidelines plan D:
 - 1) laryngoscopy

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- 2) supraglottic airway device
- 3) final attempts mask ventilation
- 4) + cricothyroidtomy vs tracheostomy
- 12) nerve supply of larynx:
 - 1) + recurrent laryngeal nerve
 - 2) illioinguinal nerves
 - 3) inferior intercostal nerve
 - 4) illio hypogastric
- 13) Disadvantages OF LMA:
 - 1) + They may cause laryngospasm
 - 2) They may cause paralysis of bronchus
 - 3) they may cause paralysis of vocal cord
 - 4) they may cause tracheomalasia
- 14) O in lemon airway assesment mean
 - 1) look exernally
 - 2) patient is ok
 - 3) + obesity
 - 4) obtunded patient
- 15) Mallampati classification class 3 is
 - 1) a- only hard palate visible
 - 2) + b-soft palate and uvula
 - 3) c- soft palate ,uvula, fauces
 - 4) d-pillars only
- 16) From predictor of difficult laryngoscope is small mouth opening
 - 1) + TRUE.
 - 2) FALSE.
- 17) rapid sequence intubation when succinylcholine is contra indication we used
 - 1) a-vecuronium
 - 2) b-succinylcholine
 - 3) + c-rocuronium
 - 4) d-atracurium
- 18) complication of long term intubation is
 - 1) + a-tracheal stenosis
 - 2) b- inhance power of chest muscle
 - 3) c-easily weaning
 - 4) d- decrease chance of ventilator associated pneumonia
- 19) from clinical manifestation of upper air way obstruction
 - 1) + stridor
 - 2) normally breathing
 - 3) warm and pink
 - 4) good air entry
- 20) Evalute the 3-3-2 rule which of the following is ture:
 - 1) two finger mouth opening
 - 2) two finger mentum to hyoid
 - 3) three finger floor of mouth to thyroid cartilage
 - 4) + three finger mouth opening
- 21) advantage of lma is
 - 1) + simple to use
 - 2) high risk for aspiration

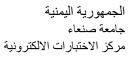


- 3) more invasive
- 4) for long and major surgery
- 22) high pressure cuff s of ETT associated with
 - 1) high risk of aspiration
 - 2) + more ischemic damage tracheal mucosa
 - 3) suitable for long intubation period
 - 4) less ischemic damage tracheal mucosa
- 23) from commonly used larygoscope
 - 1) + curved macintosh
 - 2) LMA
 - 3) BOUGI
 - 4) STYLLATE
- 24) deep extubation refers to:
 - 1) removing the tube in complete anesthesthic state and on mechanical ventilation
 - 2) + removing the tube whilst the patient still fully anesthetized with spontaneousely breathing
 - 3) removing the tube whilst the patient still fully anesthetized with assisted breathing
 - 4) removing the tube in full y awake and consiouse patient
- 25) which of the following protect the trachea from aspirations and stomach contents
 - 1) oropharyngeal airway
 - 2) nasopharyngeal air way
 - 3) + cuffed endotracheal tube
 - 4) all the above
- 26) the jaw thrust maneuver for opening the airway has the advantage of the head tilt -chin lift maneuver in that
 - 1) + it is easier to perform
 - 2) it permits the use of either an oropharngeal or naso pharyngeal air way
 - 3) it must performed with neck manipulation
 - 4) it more closely approximate the natural air way anatomy
- 27) how long does it take hypoxia to begin to cause ir-reversable brain damage
 - 1) immediatelly
 - 2) 1 mint
 - 3) + 5 mint
 - 4) hypoxia alone doesnot cause ir-reversable brain injury
- 28) An oropharyngeal airway is indicated for apatient who is unconsiouse with agag reflex
 - 1) TRUE.
 - 2) + FALSE.
- 29) you should suction the patients ETT for no longer than
 - 1) 20 second
 - 2) 30 second
 - 3) + 14 second
 - 4) non of the above
- 30) what does BVM stand for
 - 1) bougi valved mask
 - 2) bi-ventilatory management
 - 3) + bag valve mask
 - 4) non of the above
- 31) Adecision to intubate should be based on which essential criteria
 - 1) failure to maintain or protect the air way
 - 2) failure of ventilation or oxygenation
 - 3) patients antacipated clinical course and likihood of deterioration



- 4) + all the above
- 32) which of the following is correctly paired
 - 1) moans = mnemonic for difficult extra -glottic device placement
 - 2) rods=mnemnic for difficult cricothyrotomy
 - 3) + lemon= mnemonic for evalution of difficult direct laryngoscopy
 - 4) help= mnemonic for difficult crico thyrotomy
- when using rapid sequence intubation to place an endotracheal tube which of the following medication should be used for paralysis
 - 1) propofol
 - 2) etomidate
 - 3) + rocuronium
 - 4) thiopental
- which should be avoided when intubating acase of asthma or status asthmatics
 - 1) + thiopental
 - 2) ketamine
 - 3) propofol
 - 4) non of the above
- 35) what is gold stander for confirmation of endotracheal tube placement
 - 1) aspiration technique
 - 2) chest and gastric auscultation
 - 3) + fiberoptic scope can be passed through the endotracheal tube to identify tracheal rings
 - 4) end tidal carbon dioxide color change
- 36) you can safely manage the airway in apatient with suspected cervical spine injury by using
 - 1) chin lift
 - 2) direct tongue depression
 - 3) head tilt
 - 4) + jaw thrust
- 37) difficulty with cricothyrotomy can be anticipated with all of the following except
 - 1) prior neck surgery
 - 2) hematoma, tumor, abscess on the neck
 - 3) scarring from radiation on the neck
 - 4) + class 111or class 1v mallampati
- 38) you attempt to ventilate the patient with A BVM(bag valve mask) and notice resistance, the chest doesnot rise during your ventilation what should you do
 - 1) + repostion the air way by bringing the head back to neutral position and re-open the the airway and attempts ventiation
 - 2) stop ventilation
 - 3) do cpr
 - 4) all the above
- which of the following is contra indicated in patient who has sustained brain injury with basal head fracture and rhinorrhea
 - 1) insertion of oral airway
 - 2) jaw thrust maneuver
 - 3) mouth to mask ventilation
 - 4) + insertion of a nasal air way
- while you are performing artificial ventilations by BVM ON PATIENT, HE VOMITS WHAT SHOULD YOU DO
 - 1) + roll the patient on to side to allow for drainage of vomits
 - 2) continue ventilations with increase force to prevent aspiration immediately stop ventilation s and

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being chest compressions

- 3) stop ventilations and wait for advanced life support to arrive
- 4) waiting for help