



قائمة الاسئلة

إدارة مجري الهواء - ()- المستوى الثالث -قسم تخدير - - كلية الطب والعلوم الصحية البرامج التطبيقية - الفترة الأولى- درجة الامتحان (70)

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- 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 oxymetry
 - 2) + capnography
 - 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 thrust 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





- 2) - supraglottic airway device
 - 3) - final attempts mask ventilation
 - 4) cricothyroidotomy vs tracheostomy
- 12) nerve supply of larynx:
- 1) recurrent laryngeal nerve
 - 2) - ilioinguinal nerves
 - 3) - inferior intercostal nerve
 - 4) - ilio 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 tracheomalacia
- 14) O in lemon airway assesment mean
- 1) - look externally
 - 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 cuffs 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 laryngoscope
- 1) curved macintosh
 - 2) - LMA
 - 3) - BOUGI
 - 4) - STYLLATE
- 24) deep extubation refers to:
- 1) - removing the tube in complete anesthetic state and on mechanical ventilation
 - 2) removing the tube whilst the patient still fully anesthetized with spontaneously breathing
 - 3) - removing the tube whilst the patient still fully anesthetized with assisted breathing
 - 4) - removing the tube in fully awake and conscious patient
- 25) which of the following protect the trachea from aspirations and stomach contents
- 1) - oropharyngeal airway
 - 2) - nasopharyngeal airway
 - 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 oropharyngeal or nasopharyngeal airway
 - 3) - it must be performed with neck manipulation
 - 4) - it more closely approximates the natural airway anatomy
- 27) how long does it take hypoxia to begin to cause irreversible brain damage
- 1) - immediately
 - 2) - 1 minute
 - 3) 5 minutes
 - 4) - hypoxia alone does not cause irreversible brain injury
- 28) An oropharyngeal airway is indicated for a patient who is unconscious with gag reflex
- 1) - TRUE.
 - 2) FALSE.
- 29) you should suction the patient's ETT for no longer than
- 1) - 20 seconds
 - 2) - 30 seconds
 - 3) 14 seconds
 - 4) - none of the above
- 30) what does BVM stand for
- 1) - bougie valved mask
 - 2) - bi-ventilatory management
 - 3) bag valve mask
 - 4) - none of the above
- 31) A decision to intubate should be based on which essential criteria
- 1) - failure to maintain or protect the airway
 - 2) - failure of ventilation or oxygenation
 - 3) - patient's anticipated clinical course and likelihood 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=mnemonic for difficult cricothyrotomy
 - 3) lemon= mnemonic for evaluation of difficult direct laryngoscopy
 - 4) - help= mnemonic for difficult crico thyrotomy
- 33) 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
- 34) 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) reposition 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
- 39) 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
- 40) 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

