



Part 2 Fellowship Examination in Critical Care Medicine 2017 -PAPER 2

College of Critical Care Medicine

(under auspices of Critical Care Education Foundation)

Examination Endorsed by the International Board of Medicine & Surgery (IBMS), USA

SECTION A (5 marks each)													
Q. 1.	While inserting a central venous catheter, your resident doctor gets a needle stick injury. Outline the steps you will take at this stage?												
Q. 2.	For each of the following organism, List the most appropriate antibiotic(s) of choice for treatment of infection resulting from these organism. <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Pathogen</th> <th>Antibiotic(s) of choice</th> </tr> </thead> <tbody> <tr> <td>A. Candida glabrata</td> <td></td> </tr> <tr> <td>B. Listeria monocytogenes</td> <td></td> </tr> <tr> <td>C. Multiresistant Acinetobacter</td> <td></td> </tr> <tr> <td>C. Mycoplasma pneumoniae</td> <td></td> </tr> <tr> <td>E. Vancocymcin Resistant Enterococcus (VRE)</td> <td></td> </tr> </tbody> </table>	Pathogen	Antibiotic(s) of choice	A. Candida glabrata		B. Listeria monocytogenes		C. Multiresistant Acinetobacter		C. Mycoplasma pneumoniae		E. Vancocymcin Resistant Enterococcus (VRE)	
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Q. 3.	Critically evaluate the utility of monitoring procalcitonin (PCT) levels for the diagnosis and management of sepsis in the ICU.												
Q. 4.	Compare and Contrast Critical illness polyneuropathy from Critical Illness Myopathy.												
Q. 5.	List 4 clinical signs of cerebellar dysfunction.												

SECTION B (5 marks each)	
Q. 6.	A 43 year male is admitted to ICU from OT following a Renal Transplant. After adequate initial graft functioning for 12 hours, he then becomes anuric. Outline your approach to establish cause for anuria in this patient?
Q. 7.	List the likely causes of sudden respiratory distress in a woman in labour, who has no previous history of cardiac or respiratory disease.
Q. 8.	List the indications for dialysis in the ICU setting?
Q. 9.	A 42 year old patient had undergone thyroid resection for toxic nodular goitre. Soon after transfer to ICU, he develops fever (38.5°C), BP 180/60 with tachycardia (145 beats/min) and is hyper-reflexic. <ol style="list-style-type: none"> a. Give the most likely diagnosis. b. List your immediate pharmacological management
Q.10.	Comment on the usefulness of measuring serum Lactate in critically ill patients?



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SECTION C (10 marks each). **Answer any 4**	
Q.11.	<p>Following data is of a 38 year male admitted to your ICU following isolated severe traumatic brain injury. An External Ventricular Drain (EVD) is inserted. He is heavily sedated and unresponsive. The monitor displays the following values:</p> <ul style="list-style-type: none">• Cerebral perfusion Pressure (CPP) = 45mmHg• Intracranial Pressure (ICP) = 35mmHg• Rectal Temperature = 38.8°• On Ventilator (Assist control): FiO₂ 30%, Tidal volume 450 ml, RR 18/min, ABG is pH 7.38, PCO₂: 45 mmHg, PO₂: 120 mmHg, HCO₃: 26 mEq/L• S. Na=155 mEq/L, K= 4.1 mEq/L, Chlorides= 114 mEq/L, S.Glucose= 280 mg/dL <p>Based on these data, what therapeutic interventions would you perform in this patient? (Give your reasons).</p>
Q.12.	<p>A 68 year male is admitted with ARDS secondary to severe acute necrotizing pancreatitis.</p> <p>a) Outline your plans for establishing enteral nutrition in this patient (mention your nutritional targets).</p> <p>b) List the complications that need to be considered with the use of enteral nutrition.</p> <p>c) When might you consider starting parenteral nutrition in this patient?</p>
Q.13.	<p>Outline the causes, consequences and management of adrenal insufficiency in the critically ill</p>
Q.14.	<p>a) List the causes of Hypomagnesemia</p> <p>b) List possible ways in which Hypomagnesemia can present (when will you suspect).</p> <p>c) How will you manage a patient with hypomagnesemia?</p>
Q.15.	<p>51 yr diabetic woman is admitted with drowsiness and severe breathlessness since few hrs. On admission her blood sugar is 800 mg/dL Sr. HCO₃ is 8. Her Sr. Sodium is 120 mEq/L.</p> <p>a). Explain Hyponatremia in this patient.</p> <p>b). What is the corrected sr. sodium in this patient?</p> <p>c). Discuss treatment plan regarding fluid management and glucose control in first 24 hrs.</p>

SECTION D (10 marks)	
Q.16.	<p>A. Define the following terms:</p> <ol style="list-style-type: none">1. Intra-abdominal Hypertension (IAH)2. Abdominal Compartment Syndrome (ACS) <p>B. List the steps required to measure the intra-abdominal pressure (IAP) via a catheter inserted in the bladder.</p>

Recheck: (1) You must put your Roll number on each answer sheet.

(2) Answer Numbers are correctly written in appropriate section.