



**Part 2 Fellowship Examination in Critical Care Medicine 2017 -PAPER 1**

**College of Critical Care Medicine**

(under auspices of Critical Care Education Foundation)

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

<b>SECTION A (5 marks each)</b>	
Q. 1.	<u>Outline</u> Brugada's Criteria (algorithm) to differentiate ventricular tachycardia (VT) from SVT on ECG.
Q. 2.	<u>Discuss</u> the role of cardio-selective Beta-blockers in patients with severe heart failure?
Q. 3.	<u>List</u> the uses of End-Tidal Carbon Dioxide measurement in Intensive Care practice.
Q. 4.	A 50 yr chronic alcoholic with liver cirrhosis is admitted to ICU for acute decompensation. <u>List</u> the clinical signs and symptoms of portal hypertension that can be present in such patients.
Q. 5.	A 46-year-old man presents with acute severe asthma and has a respiratory arrest. He is immediately intubated and ventilated. Within minutes of ventilation, his BP is 70 mmHg systolic. <u>List</u> the likely causes of this patient's hypotension.

<b>SECTION B (5 marks each)</b>	
Q. 6.	<u>List</u> the hematological and biochemical picture of Disseminated Intravascular Coagulation (DIC).
Q. 7.	<u>Critically evaluate</u> indications for using albumin in critically ill patients.
Q. 8.	A 26-year-old male is on ventilator after craniotomy for a diffuse axonal head injury. Next day he is noted to have urine output of 200ml/hr. <u>Outline</u> your approach to management of this polyuria.
Q. 9.	Meta-analysis of various studies has shown that severe ARDS patients (P/F ratio < 200) benefit from higher PEEP settings. <u>List</u> the disadvantages of excessive PEEP in such patients.
Q.10.	<u>List</u> the signs of a traumatic <u>complete</u> spinal cord transaction at C4.



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SECTION C (10 marks each). <b>**Answer any 4**</b>	
Q.11.	<p>A 42-year-old previously healthy female was admitted to the ICU within 1 hour after sustaining burns involving 50% total body surface area.</p> <p><u>Discuss</u> your initial fluid resuscitation plan for this patient under following heading:</p> <ul style="list-style-type: none"><li>a) Type of fluid,</li><li>b) Rationale for your choice and</li><li>c) Estimation of the fluid requirements.</li></ul>
Q.12.	<p>A 58-year-old man with chronic obstructive pulmonary disease (COPD) presents with acute respiratory failure. <u>Outline</u> your principles of management including mechanical ventilation (invasive and non-invasive) during his stay in ICU.</p>
Q.13.	<p>A 31-year-old male is brought after road traffic accident while driving a car, resulting in a severe neck injury, and fractured lower left ribs. He is hypotensive and has a painful distending abdomen.</p> <p><u>Discuss</u> your initial management.</p>
Q.14.	<p>A 55-yr-old lady has developed atrial fibrillation with fast ventricular rate in the ICU. <u>Outline</u> your approach to management of this patient under following headings:</p> <ul style="list-style-type: none"><li>a) possible causes</li><li>b) complications if untreated</li><li>c) treatment options</li></ul>
Q.15.	<p>A 52-yr-old chronic alcoholic (for past 25yrs), is admitted to ICU with restlessness, abdominal distension and profuse sweating. His systolic B.P. is 80 mmHg, pulse rate is 140/min. After initial resuscitation, a nasogastric tube is inserted which drains 1 liter of blood.</p> <p><u>Discuss</u> immediate and long term management plans for this patient.</p>

SECTION D (10 marks)	
Q.16.	<p>A 57-yr-old hypertensive, diabetic man is shifted to ICU following uneventful coronary artery bypass operation (CABG). One hour after admission to ICU he is noted to have a sudden acute fall in systolic blood pressure to 60 mmHg systolic.</p> <ul style="list-style-type: none"><li>a) <u>List</u> all the possible causes for his hypotension.</li><li>b) <u>Outline</u> principles of management for each cause.</li></ul>

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

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