

Part 2 Fellowship Examination in Critical Care Medicine 2019

PAPER 1

College of Critical Care Medicine

(under auspices of Critical Care Education Foundation)

1. Answer only information that is **relevant to the question and to write legibly**.
 - a. **Questions in Section A Short Notes. Each question carries 5 marks only.** You should not take more than 5 minutes per question in these sections. Normally one side of a fool-scape paper is enough as long paragraphs are not expected.
 - b. **Questions in Section B are Long Notes. Each question carries 10 marks only.** You should not take more than 10 minutes per question in these sections. Normally 2 side of a fool-scape paper provided is enough as long paragraphs are not expected. **Choose ANY 4 out of 5 Choices in this section.**
 - c. **Section C: Question carries 10 Marks.** Normally 2 side of a fool-scape paper provided is enough
2. **START ALL QUESTIONS ON A NEW PAGE**
3. **Record your candidate ROLL number on top.**

SECTION A (5 marks each)

Q. 1.	54- year man with anterior wall MI has undergone coronary angioplasty with medicated stent. On discharge 2 D echo shows EF of 35% and his renal function tests are normal. Write a prescription which will be of long-term benefit to him. (with rationale for each)?														
Q. 2.	<u>Critically evaluate</u> role of vasopressin in septic shock under following headings: a) Rationale for its use b) Advantages c) Disadvantages														
Q. 3.	<u>List</u> an antidote for overdose with each of the following agents: <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">a) Benzodiazepines</td> <td style="text-align: center;">b) Beta-blockers</td> <td style="text-align: center;">c) Paracetamol</td> </tr> <tr> <td style="text-align: center;">d) Opiates</td> <td style="text-align: center;">e) Bupivacaine</td> <td style="text-align: center;">f) Diltiazem</td> </tr> <tr> <td style="text-align: center;">g) Heparin</td> <td style="text-align: center;">h) Organophosphate</td> <td style="text-align: center;">i) Digoxin</td> </tr> <tr> <td style="text-align: center;">j) Isoniazid</td> <td></td> <td></td> </tr> </tbody> </table>			a) Benzodiazepines	b) Beta-blockers	c) Paracetamol	d) Opiates	e) Bupivacaine	f) Diltiazem	g) Heparin	h) Organophosphate	i) Digoxin	j) Isoniazid		
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Q. 4.	<u>Classify</u> hemolytic anemias with diagnostic features of each?														
Q. 5.	45-year male, on ventilator is recovering from septic shock in your ICU. You are unable to start him on enteral nutrition because of colonic pseudo-obstruction (Ogilvie's syndrome). <u>Outline</u> your approach to management of Ogilvie's syndrome?														
Q. 6.	<u>Critically evaluate</u> role of "balloon tamponade" in patients with variceal bleeding?														
Q. 7.	24-year recently married female complains of swollen left upper limb. Venous doppler is consistent with deep vein thrombosis (DVT). a) What blood investigations would you do to find the etiology for DVT? b) What will be your treatment plan for her?														
Q. 8.	46-year woman with acute MI develops cardiac arrest. <u>Comment</u> on the role of end tidal carbon dioxide (ETCO ₂) during cardiac arrest?														
Q. 9.	62-year male, known case of alcoholic liver disease is admitted with grade III hepatic encephalopathy. <u>Outline</u> the approach to managing his encephalopathy?														
Q.10.	<u>List</u> the advantages of early tracheostomy in critically ill patient?														

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SECTION B (10 marks each. (Answer any 4 of the 5 Questions))

Q.11.	29-year female with 32 weeks pregnancy is admitted with severe respiratory distress due to suspected H1N1 influenza A infection. Her respiration is 36/min and SpO ₂ is 86% on 15 L/min O ₂ . a) <u>Briefly discuss</u> the approach to diagnosis of H1N1 pneumonia? b) <u>Outline</u> your management strategy in this patient?
Q.12.	33-year man is admitted with severe abdominal pain, fever and hypotension. His initial work up confirms the diagnosis of acute pancreatitis. <u>Outline and justify</u> your management with regards to <u>nutrition</u> in this patient?
Q.13.	48-year male with polytrauma is on ventilator for 1 month. He had a stormy ICU course but now is in recovering phase. Initial few attempts to wean him from ventilator have failed. How will you approach this “Difficult to wean” patient in terms of its causes and management?
Q.14.	Code blue has been activated for a 45-year man in the ICU for Pulseless Electrical Activity (PEA). <u>Discuss</u> the causes and management for PEA?
Q.15.	67-year male, chronic smoker, undergoes coronary artery bypass surgery. He is ventilated overnight with PEEP of 10 and FiO ₂ of 60%. Next morning ABG shows PaO ₂ of just 65 mmHg on current ventilatory settings. <u>Outline</u> your diagnostic and therapeutic approach to hypoxia in this patient?

SECTION C (10 marks)

Q.16.	67-year diabetic and asthmatic man is on ventilator for ARDS secondary to severe necrotizing pancreatitis. He is noted to be hypotensive despite IV fluids, antibiotics and escalating vasopressor support. <u>Outline</u> your approach to hypotension in this patient in terms of etiology and management for each?
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Recheck: (1) You have to put your Roll number on each answer sheet.

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

GLOSSARY OF TERMS

1. **Critically evaluate:** Evaluate the evidence available to support the hypothesis.
2. **Outline:** Provide a summary of the important points.
3. **List:** Provide a list.
4. **Compare and contrast:** Provide a description of similarities and differences (e.g., Table form).
5. **Management:** Generic term that implies overall plan. (includes diagnosis as well as treatment).
6. **Discuss:** Explain the underlying key principles. (this may include controversies /pros and cons).