



## Part 1 Primary Examination in Critical Care Medicine 2016 -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

#### Instructions: Read the Instructions carefully

1. Read the questions carefully and thoroughly. Candidates are advised to include in their answer only information that is relevant to the question and to write legibly.
2. **Short Notes in Section A and B: Each question carries 5 marks only.**
  - a. You should not take more than 5 minutes per question in these sections.
  - b. Normally one side of a fool-scape paper provided is enough as long paragraphs are not expected.
3. **Questions in Section C (Each question carries 10 marks only) and D: Each MCQ carries 1 mark only.**
  - a. You should not take more than 10 minutes per question in section and 1 minute per question in Section D.
  - b. Normally 2 side of a fool-scape paper provided is enough as long paragraphs are not expected.
  - c. **Section C has extra question. Choose ANY 4 out of 5 Choices below. DO NOT ANSWER ALL 5 QUESTIONS. Only first 4 will be marked.**
4. **Start all questions on a NEW Page**
5. It is not required to rewrite the question in your answer book. **CLEARLY write the ANSWER NUMBER** before your answer.
6. The questions in each section are worth equal marks.
7. Record your candidate ROLL number on top of each answer sheet paper (approx. 15 pages) in space provided.
8. Candidates fail or loose marks in a questions for one or more of the following reasons:
  - a. Insufficient knowledge of the topic in question.
  - b. Insufficient detail and/or depth of the answer.
  - c. Lack of specificity and precision in the answers
  - d. Poorly structured answer.
  - e. Failure to answer the question as asked.
  - f. Omission of all or part of the question.
9. The candidate has to demonstrate performance consistent with that of a competent senior registrar.

#### GLOSSARY OF TERMS

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



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<b>SECTION A (5 marks each)</b>	
Q. 1.	List anticonvulsants with their doses, which can be used for treatment of Eclampsia?
Q. 2.	Enumerate the Clinical and Laboratory predictors of poor/unfavorable outcome in anoxic coma?
Q. 3.	Tabulate the distinguishing features of “Structural” versus “Metabolic” encephalopathy?
Q. 4.	Enumerate various clinical strategies to protect against “Contrast induced Kidney Injury”?
Q. 5.	List the modern criteria for initiation of Renal Replacement therapy in the ICU patient?

<b>SECTION B (5 marks each)</b>	
Q. 6.	What are various clinical and laboratory features of severe malaria?
Q. 7.	Describe Level III ICU?
Q. 8.	Write a short note on Tumor Lysis syndrome?
Q. 9.	Comment on the modification to the standard CPR techniques in 24 weeks pregnant patient with cardiac arrest?
Q.10.	Outline your approach to a patient producing 4.5 L urine per day?

<b>SECTION C: ANSWER ANY 4 ONLY (10 marks each)</b>	
Q.11.	A. List laboratory findings in a patient of Myxedema Coma? B. Outline the management of Myxedema coma.
Q.12.	A. List the causes of hypocalcaemia with metabolic acidosis. B. What are the indications of IV calcium administration in the ICU?
Q.13.	Comment on the Diagnosis and Management of “ <b>Non-convulsive</b> ” <b>Status Epilepticus</b> ?
Q.14.	List the common errors in the practice of use of Antibiotics in ICU?
Q.15.	A. How will you differentiate ‘Myasthenic crisis’ from ‘Cholinergic crisis’? B. Outline the management of Myasthenic crisis?

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<b>SECTION D (10 marks)</b>	
<b>1</b>	A urine specific gravity of 1030 is seen in: A. Diabetes mellitus B. Diabetes insipidus C. Psychogenic polydypsia D. Pregnancy E. High-carbohydrate diet
<b>2</b>	Which of the following is the most potent stimulus for hypothalamic production of arginine vasopressin (ADH)? A. Hypertonicity B. Hyperkalemia C. Hypokalemia D. Hypotonicity E. Intravascular volume depletion
<b>3</b>	78 yr female presents after an embolic stroke (CVA) with severe, continuous pain on the right side. She describes the pain as burning as if she had been bathed in acid. Where is the most likely site of the recent embolic CVA? A. Frontal lobe B. Hypothalamus C. Pons D. Temporal lobe E. Thalamus
<b>4</b>	36 yr man is being evaluated for left hand weakness. He has atrophy of the first dorsal interosseous muscle (ulnar side). This may indicate damage to spinal roots? A. C5 and C6 B. C6 and C7 C. C7 and C8 D. C8 and T1 E. T1 and T2
<b>5</b>	A patient has a BP of 200/120, headache, nausea, and right sided limb weakness. Which category of hypertension BEST describes this presentation? A. Hypertensive emergency B. Hypertensive urgency C. Uncomplicated hypertension D. Transient hypertension E. Hypertensive encephalopathy.
<b>6</b>	Acute hyperkalemia is associated with which of following ECG changes? A. Prominent U waves B. QRS widening C. T-wave flattening D. A decrease in the PR interval E. Prolongation of the ST segment
<b>7</b>	All the following are complications during hemodialysis EXCEPT A. Fever B. Hyperglycemia C. Disequilibrium syndrome D. Muscle cramps E. Hypotension
<b>8</b>	67 yr woman presents with blurry vision and weakness since 4 months. Her symptoms are always worse in evenings and better in the mornings. The most likely site of her pathology is? A. Anterior horn cell B. Neuromuscular junction C. Sensory ganglion D. Parasympathetic ganglia E. Sympathetic chain
<b>9</b>	26 yr female presents with symptoms consistent with hypovolemia soon after completing a marathon. All the following lab results would be expected EXCEPT? A. Blood urea nitrogen/creatinine ratio >20 B. Urine sodium <20 mmol/l C. Urine osmolarity <200 mosmol/l D. Urine specific gravity >1.015 E. Elevation in hematocrit
<b>10</b>	The pH of a blood sample with a bicarbonate of 24 mmol/L and a PaCO <sub>2</sub> of 80 mmHg is: A. 7.10 B. 7.30 C. 7.40 D. 7.50 E. 7.60

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

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



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**SECTION D Answers:**

MCQ 1	
MCQ 2	
MCQ 3	
MCQ 4	
MCQ 5	
MCQ 6	
MCQ 7	
MCQ 8	
MCQ 9	
MCQ 10	