



Part 2 Fellowship Examination in Critical Care Medicine 2014 -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.	How can you differentiate structural from metabolic encephalopathy?
Q. 2.	Outline the management for a patient of myxedema coma.
Q. 3.	Describe details for conducting the apnea test in a patient with suspected brain death?
Q. 4.	a) List the causes of Metabolic Acidosis with Normal anion gap. b) Outline management of patients with Renal Tubular Acidosis.
Q. 5.	a) What is peripartum cardiomyopathy (PPCM)? b) Outline the treatment of PPCM?

SECTION B (5 marks each)	
Q. 6.	A 58 year male with chronic respiratory illness seeks your advice as to whether he should undergo a lung transplant which is now started in India. What are the indications and contraindications for lung transplantation?
Q. 7.	a) What is Hospital acquired pneumonia? b) Outline empirical antibiotic plan for a 60 yr diabetic with cerebral hemorrhage in ICU who develops left lower lobe pneumonia on 7 th day of ventilation?
Q. 8.	a) List the biochemical characteristics of SIADH? b) What are treatment options for SIADH?
Q. 9.	a) List groups for B-lactum antibiotics with examples in each? b) Describe the concept of Time dependent and concentration dependent antibiotics.
Q.10.	Discuss the possible mechanisms for the development of renal failure in a patient with severe liver disease?

Please TURN THE PAGE to see remaining questions.....



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SECTION C (10 marks each. Answer any 4)	
Q.11.	51 yr diabetic woman is admitted with drowsiness and severe breathlessness since few hrs. On admission her blood sugar is 800 mg/dL Sr. HCO ₃ is 8. Her Sr. Sodium is 120 mEq/L. a). Explain Hyponatremia in this patient. b). What is the corrected sr. sodium in this patient? c). Discuss treatment plan regarding fluid management and glucose control in first 24 hrs.
Q.12.	34 yr male was ventilated for 2 weeks for severe asthma. During this period he received bronchodilators, steroids and muscle relaxants. ICU stay was stormy with development of Ventilator Associated Pneumonia that was successfully treated with amikacin & piperacillin. His asthma & VAP have resolved but repeated weaning attempts have failed. Power in all 4 limbs is poor (2+). a) List the possible reasons for quadriparesis in this patient? b) List all the factors that could have contributed to this presentation?
Q.13.	50 yr male is admitted following a convulsion and altered sensorium. Family denies any prior seizure. CT brain is normal. No other history available. Outline your approach to this patient (differential diagnosis, management)?
Q.14.	56 yr male operated for Ca-esophagus 3 days back is currently on parenteral nutrition (TPN). He is found to be breathless. All investigations (including X-ray) are normal except for significant hypokalemia and hypophosphatemia. a). <u>Explain</u> the mechanism for these electrolyte disturbances? b). Outline your management strategy to treat this problem? c). List various measures that could have prevented this problem?
Q.15.	a) Define symptomatic (unstable) bradycardia? b) Discuss AHA guidelines for management of symptomatic bradycardia?

SECTION D (10 marks)	
Q.16.	50 yr man is brought to ICU with hypotension due to cardiac tamponade. You have to do emergency Pericardiocentesis as a life saving procedure. Describe Pericardiocentesis under following headings: 1) Preparation 2) Position of patient 3) Actual steps of Pericardiocentesis and 4) Complications.

**Recheck: (1) You have to put your Roll number on each answer sheet.
(2) Answer Numbers are correctly written in appropriate section.**