



**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**

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 and D: Each question carries 10 marks only.**
  - a. You should not take more than 10 minutes per question in these sections.
  - 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 othe the 5 Choices.**
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 you 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 / junior consultant, i.e. demonstrate the ability for safe, effective, independent practice as an Intensivist.

**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.	a) List the indications for intracranial pressure (ICP) monitoring in traumatic brain injury? b) What are the limitations of intracranial pressure monitoring?
Q. 2.	a) List the types of Diabetes Insipidus? b) How will you manage a 40 yr male weighing 60 kg with Serum sodium of 170 mEq/L?
Q. 3.	List the pre-conditions that must be met prior to determination of brain death by clinical examination.
Q. 4.	A patient is admitted to ICU with severe symptomatic hypercalcaemia. a) List the manifestations of hypercalcemia. b) It is found to be due to metastatic carcinoma breast. How should the hypercalcaemia be treated?
Q. 5.	List the drugs used in acute management of hypertension in pre-eclampsia ( <u>with their doses</u> ).

<b>SECTION B (5 marks each)</b>	
Q. 6.	Outline the role of urinary electrolytes in the assessment of the critically ill patient.
Q. 7.	MRI of leg in a 54 yr diabetic male has confirmed Necrotizing Fasciitis. Outline the specific management plan after initial resuscitation.
Q. 8.	a) List the problems that can occur when a patient is fed after a period of prolonged starvation. b) Outline the principles of management for each of the problem.
Q. 9.	List the guidelines recommended "to prevent" Ventilator associated pneumonia (VAP).
Q.10.	Critically evaluate strategies that have been used for the prevention of Acute Kidney injury (AKI) associated with the administration of iodinated radiocontrast medium.

<b>SECTION C (10 marks each. <u>Answer any 4</u>)</b>	
Q.11.	Outline the causes, consequences and management of adrenal insufficiency in the ICU.
Q.12.	31 yr old female with 33 weeks pregnancy is suspected to have HELLP syndrome. a) What are the diagnostic criteria and complications of HELLP syndrome? b) Outline management strategy in this patient.
Q.13.	A 62 yr woman is still not awake 6 hours after clipping of a cerebral aneurysm for Grade 1 Subarachnoid Haemorrhage (SAH). List the potential causes and outline your management strategy.
Q.14.	a) List the causes of Hypomagnesemia b) List possible ways in which Hypomagnesemia can present (when will you suspect) c) How will you manage a patient with hypomagnesemia?
Q.15.	Compare and contrast the advantages and disadvantages of enteral feeding via a nasogastric tube, a PEG and a percutaneous feeding jejunostomy.

<b>SECTION D (10 marks)</b>	
Q.16.	With regards to <b>Arterial Blood Pressure monitoring in the ICU:</b> a) What is Flush test? b) Comment on over-damping and under-damping & how will you correct each? c) What additional information can you obtain from arterial waveform other than BP measurement? d) What are the guidelines to remove arterial line?

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

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