



**Part 1 Primary Examination in Critical Care Medicine 2015 -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.	A. What are the common organisms responsible for acute bacterial meningitis in adults? B. What is the role and dose of steroids in treatment of acute bacterial meningitis?
Q. 2.	List pupillary abnormalities and possible causes, that can help in localization/ diagnosis in a comatose patient?
Q. 3.	A. Define Diabetes Insipidus. B. Discuss water deprivation test?
Q. 4.	A. List the conditions that predispose to development of thyroid storm in an ICU patient? B. What are the laboratory findings specific to Thyroid storm?
Q. 5.	A. Define serum Anion Gap? B. Explain Delta Anion gap? C. Classify the types of abnormal serum Anion Gap and give 2 examples in each group?

<b>SECTION B (5 marks each)</b>	
Q. 6.	Outline your approach to a patient presenting with Serum Potassium of 2.0 mEq/L, HCO <sub>3</sub> of 32 mEq/L and noted to be hypertensive?
Q. 7.	Discuss the role of Magnesium Sulphate in patients with eclampsia?
Q. 8.	A. How is Creatinine Clearance measured in the laboratory (parameters measured & formula used)? B. How is Creatinine Clearance calculated (give formula) at the bedside?
Q. 9.	Outline your management of a 35 year old man who is diagnosed to have severe Falciparum malaria.
Q.10.	List the changes that occur in the urine and in the plasma in a patient with renal dysfunction?

<b>SECTION C: ANSWER ANY 4 ONLY (10 marks each)</b>	
Q.11.	A 48 year male is admitted with 2 episodes of seizures since 1 day. He is hypertensive, diabetic and epileptic since many years. He had recently visited his family physician for cough and mild fever. A. Comment the possible causes of his getting seizures at this time? B. Despite phenytoin and lorazepam, he continues to convulse. Outline your management of the patient at this stage?
Q.12.	Outline your approach to evaluation and management of oliguria that develops in a 40 year male admitted to your ICU with severe community acquired pneumonia?
Q.13.	A. In which situations is “informed consent” needed in hospitalized patients? B. List the General principles related to “informed consent” ?
Q.14.	A. List the clinical and biochemical features that distinguish diabetic ketoacidosis (DKA) from the hyperosmolar hyperglycemic state (HHS). B. Outline the treatment for a 62 yr female presenting with altered sensorium secondary to HHS.
Q.15.	A. List the criteria for initiation of Renal Replacement Therapy (RRT) in the ICU? B. List various modes of RRT. C. What are the major disadvantages of peritoneal dialysis in adults with renal failure?



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<b>SECTION D (10 marks)</b>			
<b>1</b>	Which of the following is incorrectly paired?  A. Conn's syndrome and metabolic alkalosis B. Uretero-colic anastomosis and hyperchloremic acidosis C. Shock and metabolic acidosis D. High altitude and respiratory acidosis E. Pancreatic fistula and metabolic acidosis	<b>6</b>	In a patient with acute renal failure, the urine Osmolarity is 600 mOsm/L & the Urinary Na < 20 mEq/L. This most likely indicates?  A. Acute Glomerulonephritis B. Pre-renal cause C. Post-renal obstruction D. Acute interstitial nephritis
<b>2</b>	Overwhelming Post Splenectomy Infection (OPSI) is most commonly due to?  A. Mycobacterium B. Gram negative rods C. Gram positive capsulated cocci D. Anaerobes	<b>7</b>	Spinothalamic tract transmits all the following sensations except?  A. Touch B. Temperature C. Pain D. Proprioception
<b>3</b>	Patient presents with contralateral weakness and sensory loss (that is worse in face and arm more than legs), homonymous hemianopia and aphasia. Select the site of lesion that best explains the symptom.  A. Internal carotid artery. B. Middle cerebral artery (MCA) C. Mid basilar artery D. Anterior cerebral artery E. Penetrating branch of MCA	<b>8</b>	Regulation of Serum K <sup>+</sup> at the level of the nephron is principally at the level of:  A. Proximal convoluted tubule. B. Loop of Henle C. Distal convoluted tubule and cortical collecting duct D. Medullary collecting duct.
<b>4</b>	Which one of the following is used in the diagnosis of Myasthenia gravis?  A. Gallamine B. Edrophonium C. Atropine D. Succinyl choline	<b>9</b>	The following antibiotic has good activity against anaerobic bacteria:  A. Vancomycin B. Aztreonam C. Imipenem D. Trimethoprim
<b>5</b>	Cerebral perfusion pressure (CPP) is calculated as?  A. ICP - MAP B. Systolic pressure – ICP C. MAP - ICP D. Diastolic pressure – ICP	<b>10</b>	Which of the following is not an ethical principle?  A. Non-maleficence B. Beneficence C. Autonomy D. Benevolence E. Social justice.
<p><b>Recheck: (1) You have put your Roll number on each answer sheet.</b>  <b>(2) Answer are Numbered correctly &amp; written in appropriate section.</b></p>			