

1. *Indication for AMIODARONE in cardiac arrest algorithm?*

Within the **VT/VF pulseless arrest algorithm**, the dosing is as follows:

300mg IV/IO push → (if no conversion) 150 mg IV/IO push → (after conversion) Infusion #1 360 mg IV over 6 hours (1mg/min) → Infusion #2 540 mg IV over 18 hours (0.5mg/min)

(ACLS guidelines 2016)

2. Contribution of SIGGARD-ANDERSON ?

- Measurement of BASE EXCESS ?BASE DEFECIT in 1948.

(MILLER 7th edition)

3. Guide for adequacy of Pre-Oxygenation?

- End Tidal Oxygen \geq 90%. (MILLER 7th edition)

4. Recommended force for CRICOID PRESSURE?

- 30 N (MILLER 7th edition)

5. What is CORMACK-LEHANE classification of 3a and 3b?

- 3a- Epiglottis can be lifted from the Posterior Pharyngeal Wall.
- 3b- Epiglottis cannot be lifted from the Posterior Pharyngeal Wall.

(MILLER 7th edition)

6.What is INTER-VENTRICULAR INTERDEPENDANCE?

- Dysfunction of one ventricle secondary to DISORDER OF OTHER VENTRICLE.

(The ICU Book- PAUL MARINO).

7.Where is FORAMEN of MONRO located?

- **Monro foramen** -is the short passage that connects the third ventricle of the with the lateral ventricles of the cerebral hemispheres.

8.What is ‘ROBINHOOD Phenomenon’ in anaesthesia?

Vasoconstriction caused by hypocapnia or a suitable anaesthetic agent such as thiopentone will cause a reduced blood flow to the normal responsive regions of the brain resulting into redistribution of blood to ischemic regions. This is called, “Robin Hood Phenomenon” or the “inverse- steal”. Thus the inverse steal redistributes more CBF to ischemic areas

9.What does ‘ phase 0 ‘ of a capnogram represents?

- INSPIRATION phase.

(www.capnography .com)

10.What is LARSON maneuver ?

- **apply firm cephalad and medial pressure** in the laryngospasm notch located between mastoid and the ascending ramus of the mandible (either one side or both sides) to relieve LARYNGOSPASM.

