II round

CLINICAL SCIENCE

- Each team will be getting 3 questions
- 30 sec to answer
- 5 mark for correct answer
- No negative mark
- First answer will be taken into account
- Other team can answer – 3 mark (if not answered by primary team)

Team A

- Each of the following treatments might be useful in restoring a prolonged prothrombin time (PT) to the normal range **EXCEPT**

- A. Recombinant factor VIII
- B. Vitamin K
- C. Fresh frozen plasma (FFP)
- D. Cryoprecipitate

Team B

- Hetastarch exerts an anticoagulative effect through interference with the function of

- A. Antithrombin III
- B. Factor VIII
- C. Fibrinogen
- D. Prostacyclin

Team C

- Which of the measures below does **NOT reduce the incidence** of transfusion-related acute lung injury (TRALI)?

- A. Exclusion of female donors
- B. Use of autologous blood
- C. Leukocyte reduction
- D. Use of blood less than 14 days old

Team D

- Anticoagulation with low-molecular-weight heparin (LMWH) can be best monitored through which of the following laboratory tests?

- A. Activated partial thromboplastin time (aPTT)
- B. Anti-Xa assay
- C. Thrombin time
- D. Reptilase test

Team E

- The rationale for storage of platelets at room
- Temperature (22° C) is

- A. There is less splenic sequestration
- B. It optimizes platelet function
- C. It reduces the chance for infection
- D. It decreases the incidence of allergic reactions

Audience

- Dr. Jean Baptiste Denis first attempted blood transfusion in 1667. His patient received blood from:

- A. A slave
- B. A cow
- C. A lamb
- D. Dr. Denis himself
- E. A horse

- Amazingly, Dr. Jean Denis, the court physician to Louis XIV, first transfused blood from a lamb into a patient, who benefited from the transfusion

Team A

- q-SOFA assessment score includes all EXCEPT

- Respiratory rate ≥ 22/min
- Change in mental status
- Systolic blood pressure ≤ 100 mmHg
- Heart rate ≥ 120/min

Team B

- According to AKIN criteria, stage 3 is defined as?
- Change in SCr>0.3 mg/dL Urine Output <0.5 mL/kg/hr × 6 hr
- Change in SCr2-3 × baseline Urine Output <0.5 mL/kg/hr × 12 hr
- Change in SCr>3 × baseline Urine Output <0.3 mL/kg/hr × 12 hr
- Change in SCr>3 × baseline Urine Output<0.3 mL/kg/hr × 24 hr

- Change in SCr>3 × baseline Urine Output <0.3 mL/kg/hr × 12 hr
- Acute Kidney injury network

Team C

- The Murray scoring system includes the following criteria for the development of ALI/ARDS except

- a. scoring of hypoxemia,
- b. scoring of respiratory system compliance
- c. serum lactate
- d. chest radiographic findings

Team D

- Berlin Questionairre is used for assessment of

- A. Functional Capacity
- B. Obstructive Sleep apnea
- C. DVT risk assessment
- D. PONV risk

Team E

- According to Roizen's criteria for adequate preoperative preparedness of a patient with Phaeochromocytoma. All of the following is true EXCEPT

- A. BP< 160/80 mmHg.
- B. Orthostatic hypotension not less than 80/60mmHg.
- C. No more than 5 VPCs in a minute
- D. No new ST-T changes on the ECG over the last week.

Audience

- SMART COP score is done for assessing severity of
  - Acute Coronary Syndrome
  - PNEUMONIA
  - Acute Kidney Injury
  - ARDS

S	• Systolic blood pressure < 90mmHg (1 point)
M	• Multilobar CXR involvement(1 point)
A	• Albumin < 3.5 g/dL (1 point)
R	• Respiratory rate ≥ 30/min or (≥ 25/min if pt. ≤ 50 yrs. old) (1 point)
T	• Tachycardia (≥ 125 bpm) (1 point)

C	•Confusion (new onset) (1 point)
O	•Oxygen saturation < 90% (or ≤ 93% mmHg if pt. ≤ 50 yrs. old) OR PaO_2 ≤ 60 mmHg (or ≤ 70 mmHg if pt. ≤ 50 yrs. old) OR PaO_2 / FiO_2 < 250 (or < 333 if pt. ≤ 50 yrs. old) (2 points)
P	•pH < 7.35 (2 points)

0-2 Points	3-4 Points	5-6 Points	7+ Points
• Low risk of needing IRVS	• Moderate risk of needing IRVS	• High risk of needing IRVS	• Very high risk of needing IRVS

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MEDICAL MNEMONICS

Severe CAP is classified at score of 5 or more.

Mnemonic: "SMART COP"

Team A

- Which is **NOT a potential complication of a stellate** ganglion block?

- A. Recurrent laryngeal nerve paralysis
- B. Subarachnoid block
- C. Brachial plexus block
- D. Increased heart rate

Team B

- An analgesic effect similar to the epidural administration of 5 mg of morphine could be achieved by which dose of intrathecal morphine?

- A. 0.05 mg
- B. 0.3 mg
- C. 1 mg
- D. Morphine should not be injected into the intrathecal space

Team C

- Complex regional pain syndrome type I (reflex sympathetic dystrophy [RSD]) is differentiated from complex regional pain syndrome type II (causalgia) by knowledge of its

- A. Etiology
- B. Chronicity
- C. Type of symptoms
- D. Rapidity of onset

- Important landmarks for performing a sciatic nerve

block (classic approach of Labat) include

- A. Iliac crest, sacral hiatus, and greater trochanter
- B. Iliac crest, coccyx, and greater trochanter
- C. Posterior superior iliac spine, coccyx, and greater
- trochanter
- D. Posterior superior iliac spine, greater trochanter and sacral hiatus

Team E

- Which motor response from peripheral nerve stimulation is **INCORRECTLY paired with the appropriate** nerve?

A. Musculocutaneous nerve—flexion of the forearm at the elbow

B. Radial nerve—extension of all digits as well as the wrist and forearm

C. Ulnar nerve—abduction of the thumb

D. Median nerve—flexion of the wrist, pronation of the forearm

Audience

- How was first spinal anesthesia checked ?
- How long PDPH lasted ?
- What was the proposed cause for headache then ?

- 16 August 1898-the first spinal
  Hildebrandt performed spinal on Bier
  Bier-performed perfect spinal to Hildebrandt with 5mg cocaine

- Tested spinal-compression of
  and traction on the testicles and a sharp blow to the shin with an Iron hammer

- Bier's headache lasted nine days. Tobacco smoked to celebrate the success of spinal was concluded to be the reason for headache