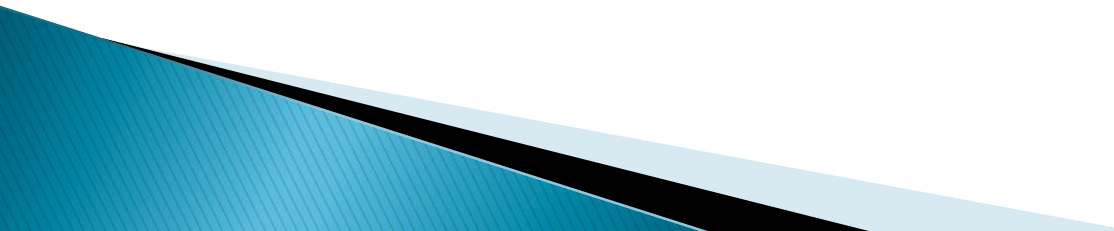
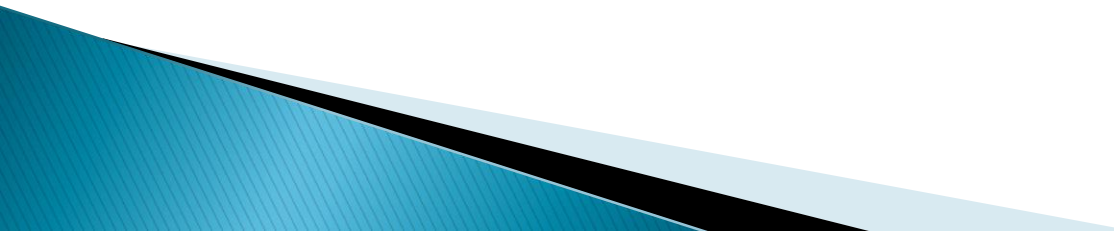


# II round

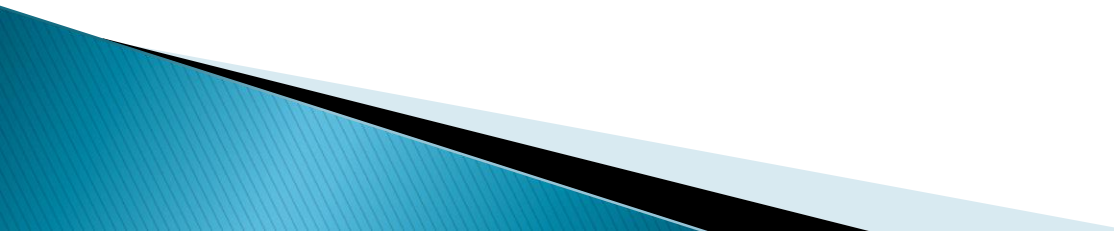
CLINICAL SCIENCE

- ▶ 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)
- 

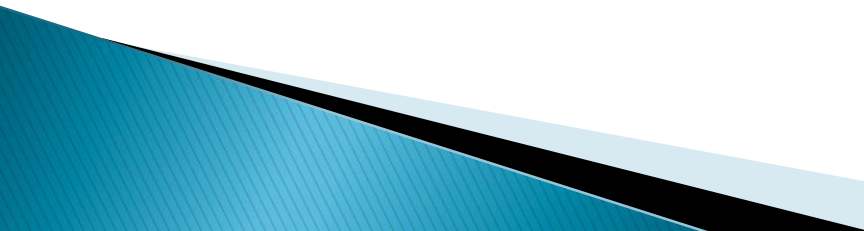
# Team A

- ▶ 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
- 

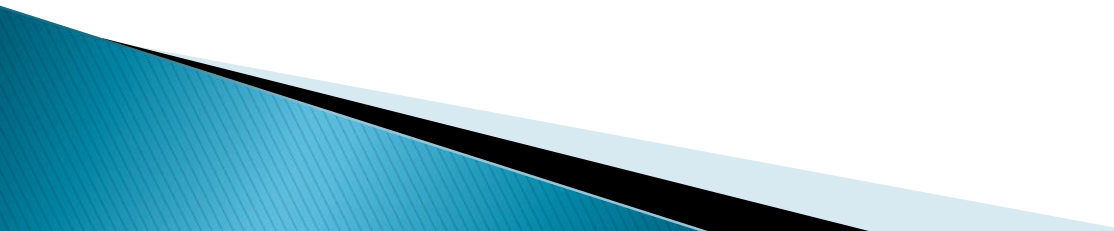
# Team C

- ▶ 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
- 

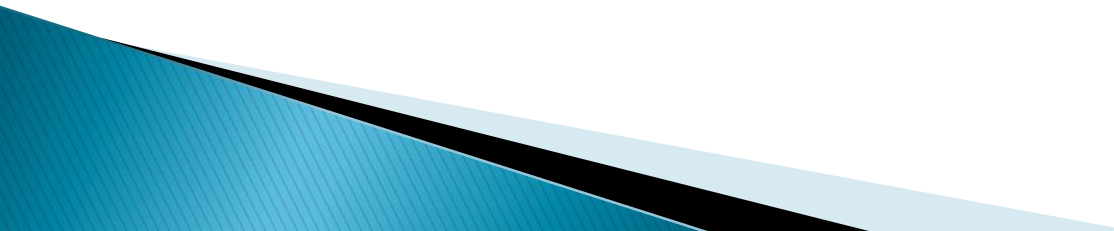
# Team D

- ▶ 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**
- 



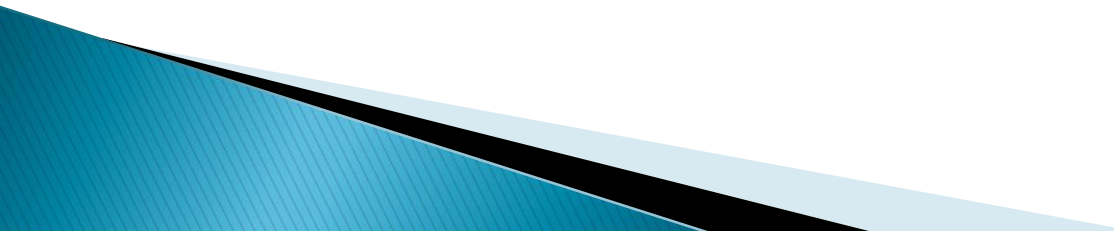
- ▶ Amazingly, Dr. Jean Denis, the court physician to Louis XIV, first transfused blood from a lamb into a patient, who benefited from the transfusion

# Team A

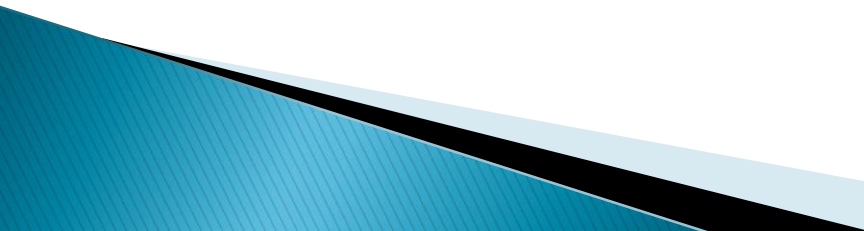
- ▶ q-SOFA assessment score includes all EXCEPT
  - ▶ Respiratory rate  $\geq 22$ /min
  - ▶ Change in mental status
  - ▶ Systolic blood pressure  $\leq 100$  mmHg
  - ▶ Heart rate  $\geq 120$ /min

# Team B

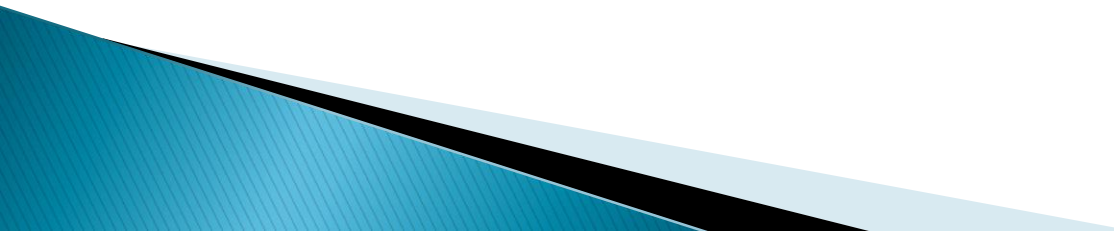
- ▶ According to AKIN criteria, stage 3 is defined as?
- ▶ Change in SCr > 0.3 mg/dL    Urine Output < 0.5 mL/kg/hr × 6 hr
- ▶ Change in SCr 2–3 × baseline    Urine Output < 0.5 mL/kg/hr × 12 hr
- ▶ Change in SCr > 3 × baseline    Urine Output < 0.3 mL/kg/hr × 12 hr
- ▶ Change in SCr > 3 × baseline    Urine Output < 0.3 mL/kg/hr × 24 hr

- ▶ Change in SCr  $> 3 \times$  baseline      Urine Output  
 $< 0.3 \text{ mL/kg/hr} \times 12 \text{ hr}$
  - ▶ 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 Questionnaire 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 Pheochromocytoma. 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  $\geq 30$ /min or ( $\geq 25$ /min if pt.  $\leq 50$  yrs. old) (1 point)

T

- Tachycardia ( $\geq 125$  bpm) (1 point)

C

- Confusion (new onset) (1 point)

O

- Oxygen saturation < 90% (or  $\leq 93\%$  mmHg if pt.  $\leq 50$  yrs. old) OR  $\text{PaO}_2 \leq 60$  mmHg (or  $\leq 70$  mmHg if pt.  $\leq 50$  yrs. old) OR  $\text{PaO}_2 / \text{FiO}_2 < 250$  (or  $< 333$  if pt.  $\leq 50$  yrs. old) (2 points)

P

- pH < 7.35 (2 points)

0-2 Points

- Low risk of needing IRVS

3-4 Points

- Moderate risk of needing IRVS

5-6 Points

- High risk of needing IRVS

7+ Points

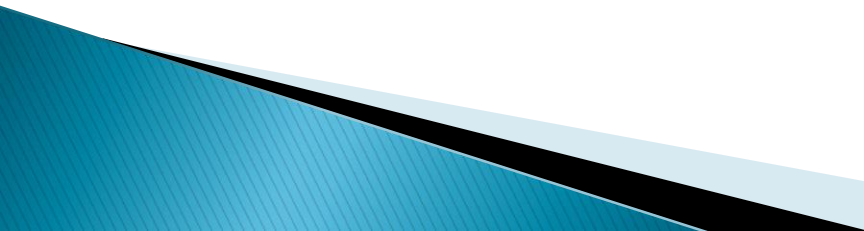
- Very high risk of needing IRVS

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

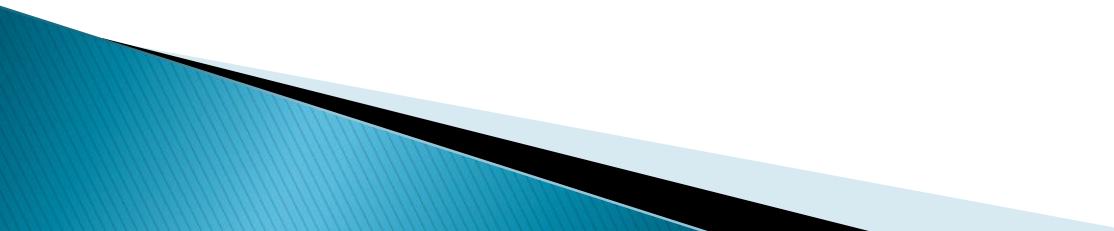
block (classic approach of Labat) include

- ▶ 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