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PROVISIONAL ANSWER KEY (CBRT)

Name of The Post Associate Professor, Anaesthesiology, General State Service, Class-1

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Instructions / સૂયના

Candidate must ensure compliance to the instructions mentioned below, else objections shall not be considered: -

- (1) All the suggestion should be submitted in prescribed format of suggestion sheet Physically.
- (2) Question wise suggestion to be submitted in the prescribed format (Suggestion Sheet) published on the website.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key (Master Question Paper), published herewith on the website. Objections should be sent referring to the Question, Question No. & options of the Master Question Paper.
- (4) Suggestions regarding question nos. and options other than provisional answer key (Master Question Paper) shall not be considered.
- (5) Objections and answers suggested by the candidate should be in compliance with the responses given by him in his answer sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed.
- (6) Objection for each question shall be made on separate sheet. Objection for more than one question in single sheet shall not be considered & treated as cancelled.

ઉમેદવારે નીયેની સૂયનાઓનું પાલન કરવાની તકેદારી રાખવી, અન્યથા વાંધા-સૂયન અંગે કરેલ રજૂઆતો ધ્યાને લેવાશે નહીં

- (1) ઉમેદવારે વાંધા-સૂચનો નિયત કરવામાં આવેલ વાંધા-સૂચન પત્રકથી રજૂ કરવાના રહેશે.
- (2) ઉમેદવારે પ્રશ્નપ્રમાણે વાંધા-સૂચનો રજૂ કરવા વેબસાઇટ પર પ્રસિધ્ધ થયેલ નિયત વાંધા-સૂચન પત્રકના નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂચનો રજૂ ન કરતા તમામ વાંધા-સૂચનો વેબસાઈટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્ર માં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સુયન ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે જે પ્રશ્નના વિકલ્પ પર વાંધો રજૂ કરેલ છે અને વિકલ્પ રૂપો જે જવાબ સૂચવેલ છે એ જવાબ ઉમેદવારે પોતાની ઉત્તરવહીમાં આપેલ હોવો જોઈએ. ઉમેદવારે સૂચવેલ જવાબ અને ઉત્તરવહીનો જવાબ ભિન્ન હશે તો ઉમેદવારે રજૂ કરેલ વાંધા-સૂચન ધ્યાનમાં લેવાશે નહીં.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂચન પત્રક વાપરવું. એક જ વાંધા-સૂચન પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂચનો ધ્યાને લેવાશે નહીં.

001.	In which flow meter arrangement from upstream to downstream as given below, there is leas likely possibility of occurrence of hypoxic mixture in case of a leak:		
	(A) Air, N2O, O2, with leak in N2O flow meter		
	(B) O2, Air, N2O, with leak in air flow me	eter	
	(C) N2O, AIR, O2 with leak in oxygen flo		
	(D) Air, O2, N2O with leak in air flow me	ter	
002.	Variable bypass vaporizer output varies s		
	(A) Fresh gas flow rate	(B) Temperature	
	(C) Change in altitude above sea level	(D) Intermittent backpressure	
003.	Cutaneous infiltration to block intercosto	brachial nerve anesthetizes which dermatome:	
	(A) C7	(B) C8	
	(C) T1	(D) T2	
004.	Carotid body chemoreceptors communica	te to the respiratory centre via which nerve:	
	(A) Spinal accessory nerve	(B) Glossopharyngeal nerve	
	(C) Trigeminal nerve	(D) Hypoglossal nerve	
005.	Functional residual capacity is determined by which of the following capacities:		
	(A) Inspiratory reserve volume + tidal volume + expiratory reserve volume		
	(B) Expiratory reserve volume+ residual volume		
	(C) Inspiratory reserve volume + residual volume		
	(D) Residual volume + tidal volume		
006.	Performing an infra-clavicular brachial plexus block would deposit local anesthetics at which level of the plexus?		
	(A) Trunks	(B) Divisions	
	(C) Cords	(D) Roots	
007.	Which statement best describes volume to	argeted, controlled mandatory ventilation:	
	(A) Time triggered, pressure limited, flow cycled		
	(B) Patient triggered, flow limited, time cycled		
	(C) Time triggered, volume limited, time cycled		
	(D) Time triggered, flow limited, volume cycled		
008.	Air leak in ventilator circuit can be best s	een in:	
	(A) Flow – time scalar	(B) Volume – time scalar	
	(C) Pressure – time scalar	(D) None of the above	
009.	Following is true regarding recommended time interval between coronary revascularizatio and elective non cardiac surgery:		
	(A) Elective surgery can be scheduled after 12 weeks of placement of drug eluting stent		
	(B) Elective surgery should be withheld fo	r at least 6 months after angioplasty without stenting	
	(C) Elective surgery should be scheduled 12 months after placement of drug eluting stent		
	(D) Elective surgery should be withheld for 12 months after angionlasty without stenting		

- 010. Which of the following is false regarding ASRA guidelines in patients receiving low molecular weight heparin requiring epidural catheter placement:
 - (A) Therapeutic dose of LMWH should be withheld for 12 hours before epidural catheter placement
 - (B) A platelet count is advisable prior to neuraxial block for patients receiving LMWH for greater than 4 days
 - (C) Post operative therapeutic LMWH can be restarted after 4 hours of epidural catheter removal and at least 24 hours after catheter placement, whichever is greater
 - (D) Anti factorXa activity should be checked in elderly patients or patients with renal insufficiency who are receiving higher therapeutic dose of LMWH
- 011. Following is true regarding metabolic equivalent (MET) except:
 - (A) It indicates functional or exercise tolerance in an individual
 - (B) Oxygen consumption in resting state in a 70 kg, 40 year old male is about 3.5 ml /kg/min or 4 METS
 - (C) Ability to perform 4 METs of activity correlates with better perioperative outcome
 - (D) Ability to perform vigorous activities like swimming, jogging indicate >6 METS functional capacity
- 012. Which of the following is false regarding esmolol:
 - (A) It is a selective beta -1 receptor blocker
 - (B) It has an elimination half life of about 9 minutes
 - (C) Peak effect after loading dose are seen in 1-2 minutes
 - (D) It may be useful in the management of supraventricular arrhythmias
- 013. Pulse pressure is:
 - (A) Higher in peripheral arteries than in aorta
 - (B) High in low cardiac output states
 - (C) Not dependent on compliance of arterial tree
 - (D) The difference between mean arterial pressure and diastolic pressure
- 014. Which of the following is false regarding neuromuscular junction:
 - (A) Botulinum blocks the post junctional acetylcholine receptors to cause muscle paralysis
 - (B) The post junctional membrane is thrown into folds
 - (C) The acetylcholine receptor is made up of 5 protein subunits
 - (D) The two alpha subunits of acetylcholine receptors have to be activated for the channel to open
- 015. Following is true regarding a normal cardiac cycle:
 - (A) The duration of QRS complex depends on the heart rate
 - (B) The atrial contraction amounts to only about 25% of ventricular filling
 - (C) Ejection occurs throughout the systole
 - (D) The QT interval is equal to the period of ventricular diastole

016.	Which of the following best describes the of from lateral (radial side) to medial (ulnar states)	order of structures found just proximal to the wrist, side)?	
	(A) Radial artery, radial nerve, median nerve, ulnar artery, ulnar nerve		
	B) Radial nerve, radial artery, median ner	rve, ulnar artery, ulnar nerve	
	(C) Radial artery, radial nerve, median ne	rve, ulnar nerve, ulnar artery	
	(D) Radial nerve, radial artery, median ne	rve, ulnar nerve, ulnar artery	
017.	Which of the following best describes the o	concept of physiologic dead space?	
	(A) Alveoli that are not perfused		
	(B) It is any part of tidal volume that does not participate in gas exchange		
	(C) Fraction of tidal volume that remains in the conducting airways		
	(D) None of the above		
018.	According to the zone theory of lung per characterized by:	fusion as described by West, alveoli in zone 3 are	
	(A) Alveolar pressure > pulmonary arteria	l pressure	
	(B) Alveolar pressure > pulmonary venous pressure		
	(C) Pulmonary arterial pressure > alveolar pressure		
	(D) Pulmonary venous pressure = alveolar pressure		
019.	Following is true regarding oxygen saturation except:		
	(A) High SaO2 cannot differentiate hyperoxic and normoxic conditions		
	(B) Hb oxygen saturation is the major determinant of oxygen content in the blood		
	(C) Functional oxygen saturation is the amount of oxy-hemoglobin as a fraction of oxy and deoxy- hemoglobin		
	(D) The relationship of SaO2 and PaO2 is linear		
020.	A fully filled E sized oxygen cylinders will have a pressure of:		
	(A) 1900 psig	(B) 745 psig	
	(C) 625 psig	(D) 610 psig	
021.	Considering the Mapleson circuits and their relative efficiency with respect to prevention of rebreathing CO2, which of the following statements regarding spontaneous ventilation is TRUE?		
	(A) A>DFE>BC	(B) DFE>A>BC	
	(C) BC>DFE>A	(D) DFE>BC>A	
022.	Potential difficulty in bag mask ventilation	can be seen in all of the following patients except:	
	(A) Body mass index less than 26	(B) Lack of teeth	
	(C) Beard	(D) History of snoring	
023.	Mallampati class III indicates visibility of:		
	(A) Soft palate, fauces, uvula and tonsillar pillars		
	(B) Hard palate only		
	(C) Soft palate, fauces and portion of uvul	a	
	(D) Soft palate and base of uvula		

024.	Which of the following shuts off or proportionately decreases the flow of other breathing gases as the oxygen supply pressure decreases?		
	(A) Diameter index safety system	(B) Pin index safety system	
	(C) Inspiratory check valve	(D) Fail-safe valve	
025.	Typical mixed venous oxygen saturation	in a healthy adult is:	
	(A) 25%	(B) 40-50%	
	(C) 65-80 %	(D) More than 94%	
026.	Pulse oximetry illuminates tissue samples with two wavelengths of light in order to calculate oxygen saturation. These wavelengths are nm:		
	(A) 540 and 780	(B) 660 and 940	
	(C) 720 and 960	(D) 480 and 720	
027.	All of the following conditions are high except:	risk for reduction in serum levels of ionized calcium	
	(A) Hypothermia		
	(B) Liver transplantation		
	(C) After 2 units blood transfusion in any patient		
	(D) Hyperventilation		
028.	Following are the criteria for determining brain death, except:		
	(A) Apnea test		
	(B) GCS less than 8		
	(C) Absent cranial nerve reflexes		
	(D) Lack of spontaneous movements other than spinal reflexes		
029.	The following factors influence carbon monoxide production except:		
	(A) Dryness of absorbent	(B) Indicator added to the absorbent	
	(C) Type of absorbent	(D) Fresh gas flow rate	
030.	Following is true about post tetanic count stimulation:		
	(A) PTC>/= 1 indicates intense block that occurs 3-6 min after intubating dose of non-depolarizing muscle relaxant		
	(B) Deep neuromuscular block shows a PTC of 0		
	(C) PTC of 0 indicates recovery from neuromuscular block		
	(D) Tetanic stimulation should ideally not be performed more often than every 6 minutes		
031.	The measurement of core body temperature is obtained via all the routes except:		
	(A) Pulmonary artery	(B) Tympanic membrane	
	(C) Skin	(D) Nasopharyngeal	
032.	A proper sized classic LMA for children between 10 to 20 kg would be:		
	(A) Size 1	(B) Size 2	
	(C) Size 3	(D) Size 4	

033.	The following are consensus criteria for diagnosis of acute kidney injury:		
	(A) RIFLE criteria	(B) AKIN criteria	
	(C) KDIGO criteria	(D) All of the above	
034.	According to ACLS 2015 guidelines, all of the following factors indicate that a patient with tachycardia is unstable except:		
	(A) Decreased pulse pressure	(B) Altered mental status	
	(C) Chest pain	(D) Cold clammy extremities	
035.	For using automated external defibrillator (AED) in pediatric patient, all of the following is true, except:		
	(A) Pediatric dose attenuator should be used wherever available		
	(B) AED is preferable over manual defibrillators in pediatric patients		
	(C) Adult AED pads can be used in pediatric patients if they do not overlap each other		
	(D) Antero posterior placement of pads can	be considered in small children	
036.	In a CO2-absorbent canister, the greatest amount of carbon monoxide is produced by which of the following volatile agents?		
	(A) Sevoflurane	(B) Halothane	
	(C) Isoflurane	(D) Desflurane	
037.	The National Institute for Occupational Safety and Health (NIOSH) recommendation for trace gas levels limit in operating-room concentration of nitrous oxide to ppm:		
	(A) 10	(B) 25	
	(C) 50	(D) 100	
038.	Cardiac output can be monitored by all the following methods except:		
	(A) Partial CO2 rebreathing	(B) Central venous pressure monitoring	
	(C) Analysis of arterial pressure waveform	(D) Thermo-dilution technique	
039.	Following is true about sensory evoked potential monitoring:		
	(A) Cortical responses are very resistant to the anesthetic drugs		
	(B) Subcortical (spinal and brainstem responses) are more resistant to the effects of anesthetic drugs		
	(C) Inhaled anesthetics have lesser effect on sensory evoked responses than intravenous anesthetics		
	(D) All of the above		
040.	All of the following drugs can cause hyperkalemia except:		
	(A) Angiotensin converting enzyme inhibitors		
	(B) Succinylcholine		
	(C) Insulin therapy		
	(D) Spironolactone		
041.	Following is a synthetic oxygen carrier:		
	(A) Hespan	В НВОС	
	(C) Dextran	(D) Cryoprecipitate	

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	(C) Decreased venous return	(D) Decreased inferior caval pressure
	(A) Increased intrathoracic pressure	(B) Increased central venous pressure
050.	Following changes are seen in raised intra-abdominal pressure except:	
	(D) Pain is strictly along the affected dermatome	
	(C) Sudomotor changes like edema and sweating	
	(B) Vasomotor features like skin color changes and temperature asymmetry	
	(A) Sensory symptoms like allodynia and hyperasthesia	
049.	Pathological features of complex regional pain syndrome include all of the following, except:	
	(C) 0.03 mg/kg	(D) 1.2 mg/kg
	(A) 0.3 mg/kg	(B) 3 mg/kg
048.	The ED 95 dose of rocuronium is:	
	(C) 1.44	(D) 2.5
	(A) 0.45	(B) 0.65
047.	The blood gas partition coefficient at 37 de	egree Celsius for Desflurane is:
	(C) Hemodialysis	(D) None of the above
	(A) A high dose of cholinesterase inhibiter	(B) A high dose of gamacyclodextrin
046.	Intense neuromuscular block of rocuronium	n or vecuronium can be reversed by:
	(C) Class III - 1000 - 1500 ml	(D) Class IV - 30 - 40% of blood volume
	(A) Class I - 750 - 1000 ml	(B) Class II - loss of 15 - 30% of blood volume
045.	Following is true about blood loss according to American College of Surgeons classification of acute hemorrhage:	
	(C) Anion gap lactic acidosis	(D) None of the above
	(A) Metabolic alkalosis	(B) Hyperchloremic non gap metabolic acidosis
044.	Administration of large volumes of normal	saline can lead to:
	(D) None of the above	
	(C) Both (A) and (B)	
	(B) Hypothermia resulting from transfusio	n of blood
	(A) Low levels of 2, 3-DPG in packed red b	
043.	A rightward shift of the oxy-hemoglobin dissociation curve may be related to	
	(D) Pulmonary artery pressure should be artifact caused by positive pressure ve	measured at the end of expiration to obviate the entilation
	(C) Continuous free aspiration of blood f indicates a well placed catheter	rom the lumen of catheter after balloon occlusion
	(B) The pulmonary artery diastolic pressure in a properly placed catheter	e is higher than pulmonary capillary wedge pressure
	(A) Placement in zone 2 of the lung is ne balloon occlusion	cessary for accurate and continuous reading after

All of the following is true about a pulmonary artery catheter except:

042.

- 051. All of the following is true for preoperative polysomnography in obese patient with suspected obstructive sleep apnea except:
 - (A) It cannot differentiate central sleep apnea from obstructive sleep apnea
 - (B) It can help titrate positive airway pressure therapy
 - (C) It detects associated EEG and ECG changes
 - (D) It helps detect associated hyperventilation, hypoxia and assessment of severity of OSA
- 052. What is the recommendation by American heart association regarding End tidal CO2 monitoring during resuscitation:
 - (A) ETCO2 of 5 to 10 mmHg during chest compressions is a reliable marker of adequate compressions
 - (B) ETCO2 of more than 10 mmHg indicates possibility of return of spontaneous circulation
 - (C) Rise of ETCO2 to 30 to 40 mmHg is a reliable marker of adequacy of chest compressions
 - (D) ETCO2 of more than 10 mmHg is reliable marker of adequacy of chest compressions
- 053. According to typical color coded categories for triage classification, RED color indicates:
 - (A) A patient who has no spontaneous ventilation or circulation, or having slim chance of survival regardless of care given
 - (B) For life threatening shock or hypoxia where patient is likely to survive if immediate care is given
 - (C) Patients with injuries having systemic implications but are not yet in life threatening shock or hypoxia, are likely to withstand 45-60 minutes wait without immediate risk
 - (D) Patients with localized injuries without systemic implications who are unlikely to deteriorate for several hours
- 054. The Berlin definition for acute respiratory distress syndrome classifies ARDS as:
 - (A) Mild ARDS: ratio of arterial PaO2/FIO2 is 300-500
 - (B) Moderate ARDS: ratio of arterial PaO2/FIO2 is 200 -300
 - (C) Mild ARDS: ratio of arterial PaO2/ FIO2 is 200-300
 - (D) Moderate ARDS: ratio of arterial PaO2/ FIO2 is 300-500
- 055. Following is true regarding point of care ultrasound in pneumothorax:
 - (A) A "sea-shore" sign revealing granular artifacts in lung in M mode indicate pneumothorax
 - (B) Presence of "lung sliding sign" is indicative of pneumothorax
 - (C) "Stratosphere" sign revealing parallel lines artifact in M mode indicates pneumothorax
 - (D) None of the above
- 056. Following is true regarding interpretation of bi-spectral index:
 - (A) BIS of 80 to 100 during general anesthesia appears to ensure adequate unconsciousness with a hypnotic opioid anesthetic
 - (B) BIS of 100 correlates with isoelectric EEG
 - (C) Infusion of inj. Esmolol can decrease BIS index during adequate clinical anesthesia
 - (D) N2O in concentration of 50 -70 % profoundly impact BIS index

057.	Treatment of malignant hyperthermia includes all the following except:		
	(A) Discontinuation of triggering agent		
	(B) Dantrolene 2 mg/kg IV may be repeated every 5 min till 10 mg/kg		
	(C) Soda bicarbonate 2-4 meq/ kg		
	(D) Hypoventilate the patient to prevent	CO2 washout	
058.	Following can be used for one lung vent	ilation except:	
	(A) Robert Shaw double lumen tube	(B) Bronchial blocker	
	(C) Combitube	(D) Carlen's tube	
059.	The Pin Index for Nitrous Oxide is:		
	(A) 1, 5	(B) 2, 5	
	(C) 7	(D) 3, 5	
060.	Following are the key components of ERA	S (enhanced recovery after anesthesia) protocol except:	
	(A) Reduced fasting duration		
	(B) Carbohydrate loading		
	(C) Use of intraoperative opioids for good analgesia		
	(D) Avoidance of prophylactic NG tubes and drains		
061.	For a flow meter with a rotating float, th	ne reading is taken at:	
	(A) Upper rim of float	(B) At the centre of the float	
	(C) At the lower rim of the float	(D) None of the above	
062.	Following is true about Mapleson D system:		
	(A) A long Mapleson D, with aluminium APL valve can be used for anesthesia in MRI		
	(B) Lacks system is a modification of Mapleson D system		
	(C) Fresh gas flows of 4 to 5 times of the minute ventilation are required for spontaneous ventilation		
	(D) It is the most efficient system during spontaneous breathing		
063.	Following is true about Murphy's eye of an endotracheal tube:		
	(A) Its area is about 60 % of the cross sectional area of the endotracheal tube		
	(B) It may mask a right mainstem bronchial intubation		
	(C) It is a hole on the endotracheal tube wall on the side of the bevel		
	(D) Tubes having Murphy's eye are called Magill's or Magill's type tube		
064.	Following is true about the ideal intra-cuff pressure of an endotracheal tube:		
	(A) Should be 15-20 cm H2O		
	(B) Changes in the muscle tone of trachea do not cause any change in the cuff pressure		
	(C) Nitrous oxide can cause the cuff pressure to increase		
	(D) A cuff pressure adjusted to just abolish the audible leak at the peak inspiratory pressure i sufficient to prevent aspiration in low pressure high volume cuff		
065.	End tidal to arterial CO2 gradient will b	e increased in all of the following except:	
	(A) Right to left shunt	(B) Increased patient dead space	
	(C) Pulmonary embolism	(D) Hyperventilation	

066.	For non invasive arterial blood pressure m	onitoring:	
	(A) An undersized cuff will give falsely low reading		
	(B) For every 20 cm of vertical height above or subtracted from the pressures observed.	e or below the heart level, 7.5 mm Hg must be added eved	
	(C) The cuffs circumference should be 40 t limb	o 50 % of the circumference of the midpoint of the	
	(D) As the site of cuff placement becomes decreases and diastolic increases	s more and more peripheral, the systolic pressure	
067.	Arterial cannulation for invasive blood pro	essure monitoring can cause complications like:	
	(A) Distal ischemia	(B) Arterial embolization	
	(C) Infection	(D) All of the above	
068.	Following is true regarding different hemo	globin and pulse oximeter reading:	
	(A) Pulse oximeter over read by the percentage of HbCO present in the blood		
	(B) In Presence of Methemoglobin, pulse below 85%	oximeters give falsely low reading for saturations	
	(C) HbCO has adifferent absorption spectrum from oxyhemoglobin		
	(D) Meth-hemoglobin absorbs more light in infrared band used by pulse oximeters		
069.	For the pressure gauge of a nitrous oxide cylinder which of the following is true?		
	(A) It will start showing decrease after the cylinder is half empty		
	(B) It will start showing decrease after all the liquid has evaporated and only gaseous state remains		
	(C) It will not show any change till the cylinder is completely empty		
	(D) The decline in pressure is directly proportional to the decline in weight of the cylinder		
070.	In chest radiograph left atrial enlargement in mitral stenosis is seen as:		
	(A) Straightening of left heart border	(B) Double density sign	
	(C) Elevation of left mainstem bronchus	(D) All of the above	
071.	Following are synthetic opioids except:		
	(A) Butorphanol	(B) Pentazocine	
	(C) Codeine	(D) Meperidine	
072.	Gama cyclodextrin antagonizes the neuromuscular blockade by:		
	(A) By nicotinic anticholinesterase action		
	(B) By acting as chelating agent by binding with non-steroidal neuromuscular blocking agents		
	(C) By forming tight complexes with steroidal neuromuscular blocking drug		
	(D) By hydrolyzing non-steroidal neuromuscular blocking drugs		
073.	The central venous pressure waveform in atrial fibrillation will show:		
	(A) Cannon a wave	(B) Loss of a wave	
	(C) Attenuation of y decent	(D) Absent C wave	
074.	Desflurane vaporizer is an electrically heater	ed vaporizer which is thermostatically controlled to:	
	(A) 30°C at atmospheric pressure	(B) 22° C at atmospheric pressure	
	(C) 52°C at 2 atmospheric pressure	(D) 39° C at 2 atmospheric pressure	

Propofol infusion syndrome occurs after infusion of propofol:		
(A) At more than 5 mg/kg /hour for more than 2 hours		
(B) At more than 5 mg/kg /hour for more than 2 days		
(C) After any duration and dose		
(D) None of the above		
Which of the following is an opioid antagonist?		
(A) Nalmefene	(B) Nalbuphine	
(C) Pentazocine	(D) Butorphanol	
Which of the following opioid consistently shown to have potentially fatal interaction with monoamine oxidase inhibitors?		
(A) Morphine	(B) Meperidine	
(C) Butorphanol	(D) Codeine	
The dibucaine number of 50 to 60 indica	ates what type of butyryl cholinesterase?	
(A) Homozygous typical	(B) Homozygous atypical	
(C) Heterozygous typical	(D) Heterozygous atypical	
Following is true about the relationship of functional residual capacity to closing capacity:		
(A) Airway closure can occur at or above FRC in older age		
(B) In youth, airway closure occurs earlier in expiration at higher lung volumes		
(C) COPD has no effect on the lung volume at which airway closure occurs		
(D) Both FRC and closing capacity are less in supine than in upright position		
The rise in intraocular pressure after su	accinylcholine usually lasts for:	
(A) About 6 minutes	(B) About 2-4 minutes	
(C) About 10-15 minutes	(D) About 20 minutes	
Following conditions show up-regulation of acetylcholine receptors except:		
(A) Burns	(B) Prolonged immobility	
(C) Spinal cord injury	(D) Myasthenia gravis	
Following are steroidal muscle relaxants except:		
(A) Rapacuroium	(B) Pancuronium	
(C) Vecuronium	(D) Cisatracurium	
Mechanism of action of dantrolene sodium in malignant hyperthermia is:		
(A) Direct muscle action	(B) Blocks neuromuscular transmission	
(C) Inhibits Ca ⁺⁺ release	(D) None of the above	
Work of breathing may be expressed as	:	
(A) Work = volume X force	(B) Work = pressure X volume	
(C) Work = force X distance	(D) Work = resistance X volume	
Ozone depleting potential is maximum with which of the following inhaled agent:		
(A) Halothane	(B) Isoflurane	
(C) Sevoflurane	(D) Desflurane	
	(A) At more than 5 mg/kg /hour for more (B) At more than 5 mg/kg /hour for more (C) After any duration and dose (D) None of the above Which of the following is an opioid anta (A) Nalmefene (C) Pentazocine Which of the following opioid consister monoamine oxidase inhibitors? (A) Morphine (C) Butorphanol The dibucaine number of 50 to 60 indicated in the dibucaine number of 50 to 60 indicated in the dibucaine number of 50 to 60 indicated in the relationship (A) Airway closure can occur at or above (B) In youth, airway closure occurs early (C) COPD has no effect on the lung volution of the intraocular pressure after standard in the property of the pr	

086.	Following administration of soda bicarb for the treatment of acidosis, there can be adverse effects like:		
	(A) Excess CO2 production		
	(B) Can cause hyperosmolar hypernatremia		
	(C) There may be overcorrection t	owards metabolic alkalosis	
	(D) All of the above		
087.	According to Holiday and Segar, a	25 kg patient will require how much maintenance fluid:	
	(A) 40 ml /kg/hour	(B) 80 ml/hour	
	(C) 25 ml/hour	(D) 65 ml/hour	
088.	Modified Cormack –Lehane score classification for laryngoscopic views has:		
	(A) 3 grades	(B) 4 grades	
	(C) 5 grades	(D) 6 grades	
089.	All of the following factors affect of	epidural local anesthetic distribution except:	
	(A) Volume	(B) Level of injection	
	(C) Dose of injection	(D) Speed of injection	
090.	Clinical assessment for the sympathetic autonomic nervous system can be done by:		
	(A) Heart rate response to Valsalva	a maneuver (B) Heart rate response to deep breathing	
	(C) Blood pressure response to sus	tained hand grip (D) Cannot be tested clinically	
091.	When given in more than 1 MAC, in cerebral blood flow?	which volatile anesthetic agent shows the maximum increase	
	(A) Halothane	(B) Isoflurane	
	(C) Enflurane	(D) Desflurane	
092.	Following is true about epileptoge	nic activity of etomidate:	
	(A) Myoclonus after etomidate is associated with epileptiform activity on EEG		
	(B) It can be used to activate seizure foci for intraoperative EEG localization		
	(C) It has no association with seizure duration during Electro-convulsive therapy		
	(D) All of the above		
093.	Which of the following statements is true regarding using Succinylcholine for myasthenia gravis patient?		
	(A) Cannot be given in these patients		
	(B) Should be given in less than normal dose for tracheal intubation		
	(C) Needs to be given in more than normal dose for tracheal intubation		
	(D) None of the above		
094.	Following criteria are considered f	or neonatal APGAR score except:	
	(A) Heart rate	(B) Blood pressure	
	(C) Reflex irritability	(D) Color	
095.	The definitive treatment of HELL	P syndrome is:	
	(A) Seizure prophylaxis	(B) Platelet transfusion	
	(C) Steroids	(D) Delivery of fetus regardless of gestational age	

096.	Following are the physiological changes in pregnancy except:			
	(A) Increase in intravascular fluid volume by 35%			
	(B) Increase in cardiac output by 40%			
	C) Increase in PaCO2 by 10 mm Hg			
	(D) Reduction in functional residua	l capacity		
097.	The most common type of tracheo	esophageal fistula is:		
	(A) Esophageal atresia without fistula			
	(B) Esophageal atresia with proximal fistula			
	(C) Esophageal atresia with distal fistula			
	(D) Esophageal atresia with proximal and distal fistula			
098.	Separation anxiety begins at about	Separation anxiety begins at about what age:		
	(A) 2-3 months	(B) 2-3 years		
	(C) 3-4 months	(D) 8-10 months		
099.	Plateau pressure measured after ins	piratory pause is generally considered to be equivalent to:		
	(A) The total pressure measured by ventilator incorporating resistive and elastic pressures of the lung			
	(B) Pressure existing in airways due	e to frictional resistance to gas flow		
	(C) Alveolar pressure			
	(D) None of the above			
100.	Pulmonary vascular resistance is lowest at:			
	(A) Functional residual capacity	(B) Residual volume		
	(C) Total lung capacity	(D) All of the above		
101.	Allergic reactions are more common in which type of local anesthetics:			
	(A) Amide type local anesthetics cause more allergies than ester type of local anesthetics			
	(B) Both esters and amides are equally prone to cause allergic reactions			
	(C) Ester type of local anesthetics cause more allergies than amide type of local anesthetics			
	(D) Local anesthetics do not cause allergic reactions			
102.	Ventilator associated pneumonia is:			
	(A) Any pneumonia developing 24 hours after initiation of mechanical ventilation			
	(B) Any pneumonia developing 12 hours after initiation of mechanical ventilation			
	(C) Any pneumonia developing 48 hours after initiation of mechanical ventilation			
	(D) Community acquired pneumonia diagnosed after initiation of mechanical ventilation			
103.	Which of the following anti-thyroid drug prevent peripheral conversion of T4 to T3:			
	(A) Propyl-thiouracil	(B) Radiocontrast dye ipodate		
	(C) Propranolol	(D) All of the above		
104.	Unilateral recurrent laryngeal nerve injury affecting abductor fibers after thyroidectomy can cause:			
	(A) Airway obstruction	(B) Risk of aspiration		
	(C) Hoarseness of voice	(D) All of the above		

105.	45 years old female patient underwent total thyroidectomy. 24 hours later she developed circum oral tingling, muscle cramping and positive Chvostek sign. Most likely diagnosis is:		
	(A) Injury to recurrent laryngeal nerve	(B) Hypercalcemia	
	(C) Myxedema	(D) Hypoparathyroidism	
106.	Airway obstruction immediately post extubation after thyroidectomy can occur due to all of the following except:		
	(A) Hypoparathyroidism	(B) Tracheomalacia	
	(C) Bilateral recurrent laryngeal nerve pa	lsy (D) Rapidly expanding tracheal hematoma	
107.	Glucagon stimulation test is used in the dis	agnosis of:	
	(A) Diabetes mellitus	(B) Medullary carcinoma of thyroid	
	(C) Pheochromocytoma	(D) Malignant hyperpyrexia	
108.	Phenoxybenzamine was used for preop patient. Which of the following statements	perative alfa blockade in a pheochromocytoma is true:	
	(A) No risk of orthostatic hypotension		
	(B) It is a competitive alfa -2 receptor bloc	eker	
	(C) It may lead to severe hypotension due to vascular unresponsiveness after tumor resection		
	(D) It has a shorter duration of action as c	ompared to prazocin	
109.	Which oral hypoglycemic agents delay car	bohydrate absorption from the gut?	
	A) Alfa glucosidase inhibitors	(B) Sulfonylurea	
	(C) Bi-guanides	(D) Glitazones	
110.	Child Pugh's scoring system to assess the severity of liver disease includes all of the following criteria except:		
	(A) Serum transaminases	(B) Ascites	
	(C) Encephalopathy	(D) International normalized ratio	
111.	Dynamic hyperinflation in mechanically ventilated COPD patients may be diagnosed by:		
	(A) Expiratory flow not reaching the baseline before initiation of next breath as seen on flow time scalars		
	(B) A sudden rise in ETCO2		
	(C) A fall in peak pressure		
	(D) All of the above		
112.	Cerebral perfusion pressure is:		
	(A) Difference between intracranial pressure and CSF pressure		
	(B) Difference between mean arterial pressure and intracranial pressure		
	(C) Difference between systolic blood pressure and CSF pressure		
	(D) CSF pressure + mean arterial pressure		
113.	Mannitol used for reduction of raised intracranial pressure:		
	(A) Has duration of action of about 20 minutes		
	(B) Is given in the dose of 0.25 to 0.5 mg/kg	g IV	
	(C) Acts by increasing the serum osmolari	ty	
	(D) Is safe in patients with limited cardiac reserve		

- 114. Corticosteroids are least effective in reducing intracranial pressure due to:
 - (A) Patients with closed head injury causing raised intracranial pressure
 - (B) Patients with pseudotumorcerebri
 - (C) Patients with raised ICP due to brain tumors
 - (D) All of the above
- 115. Paradoxical air embolism is:
 - (A) Embolism of air in dural venous sinuses
 - (B) Right ventricular outflow obstruction due to air lock
 - (C) The passage of air from right to left circulation due to septal defects
 - (D) Embolised air entering pulmonary artery
- 116. According to Glassgow Coma Scale, withdrawal to painful stimulus by pain indicates best motor response of:
 - (A) 1

(B) 2

(C)3

- **(D)** 4
- 117. The statistical test to estimate the difference in quantitative parameter between two independent groups in a population is:
 - (A) Independent sample t test

(B) Mann whitney U Test

(C) Wilcoxon signed rank test

- (D) All of the above
- 118. Validity of a test in any clinical research is:
 - (A) The extent to which the test measures what we actually wish to measure
 - (B) Indicates whether the measuring instrument provides accurate and consistent results
 - (C) Both (A) and (B)
 - (D) None of the above
- 119. Heart block with progressive prolongation of PR interval until a beat is entirely blocked (dropped beat) is called
 - (A) 1st degree heart block

(B) 2nd degree Mobitz type 1 block

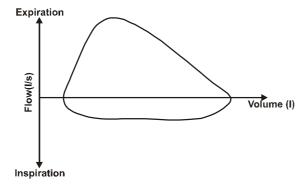
(C) 2nd degree Mobitz type two block

- (D) 3rd degree heart block
- 120. Unstable wide complex regular tachycardia is best treated by:
 - (A) Injxylocard

(B) Synchronized cardioversion with 100 J

(C) Injamiodarone

- (D) Synchronized cardioversion with 50 J
- 121. Study the following flow volume loop and identify the pathology:



- (A) Extrathoracic obstruction (variable)
- (B) Intrathoracic obstruction (variable)

(C) Fixed obstruction

(D) None of the above

122.	The most important concern in ventilation of asthmatic individual during surgery is:		
	(A) Spontaneous ventilation should be encouraged		
	(B) Sufficient time must be provided for exhalation during controlled ventilation		
	(C) Target P _a CO ₂ should be 30 mm Hg		
	(D) P max should be monitored		
123.	The paradigm shift in the management of blood sugar level after NICE-SUGAR trial 2009 in critically ill patient supports:		
	(A) Blood sugar range of 80-120 $\mathrm{mg}\%$	(B) Blood sugar range 140-180 mg%	
	(C) Blood sugar range 120-140mg%	(D) None of the above	
124.	Model for End Stage Liver Disease (MELD) score used to predict morbidity and mortality in hepatic pathology patients undergoing non liver transplant surgery includes all of the following except:		
	(A) PT/INR	(B) Bilirubin level	
	(C) Creatinine level	(D) Serum proteins	
125.	In pharmacological stress testing one of the following is NOT used:		
	(A) Dobutamine	(B) Dipyridamole	
	(C) Milrinone	(D) Regadenosone	
126.	Following biomarker is used to determine whether the symptoms of patients such as dyspnea on exertion are of cardiac origin:		
	(A) A type natriuretic peptide	(B) B type natriuretic peptide	
	(C) Creatinine kinase MB	(D) Myoglobin	
127.	If emergency defibrillation is necessary in a patient with a CIED (permanent cardiac pacemaker or ICD that is turned off), All of the following are true except:		
	(A) An effort should be made to keep the defibrillation current away from the pulse generator and lead system		
	(B) Transcutaneous cardiac pacing or temporary transvenous pacing may be required		
	(C) Programming to asynchronous mode is recommended		
	(D) All sources of EMI should be eliminated and the magnet be removed to reactivate the antitachycardia capabilities of the device		
128.	Which one of the following is the most sensitive test to diagnose venous air embolism?		
	(A) Esophageal stethoscope	(B) End tidal nitrogen level	
	(C) End tidal carbon dioxide level	(D) Doppler ultrasonic transducer	
129.	All of the following are major goals during multi-organ retrieval of a brain dead patient except:		
	(A) Oxygenation and perfusion of the organs to be retrieved should be optimized		
	(B) Vasoconstrictor drugs should be used when considering pharmacologic treatment of hypotension		
	(C) Inspired oxygen concentration and ventilatory parameters should be adjusted in an attempt to maintain normoxia and normocapnia		

	(D) Diabetes insipidus frequently o	ccurs in brain-dead patients, should be treated	
130.	All of the following drugs are known to provoke mediator release to cause a life threatening carcinoid crisis except:		
	(A) Succinylcholine	(B) Mivacurium	
	(C) Atracurium	(D) Vecuronium	
131.	Following is not True for anesthsesia in patient of Zenker's diverticulum:		
	(A) There can beregurgitation of food contents and the risk of aspiration		
	(B) There can be leakage around the endotracheal tube cuff		
	(C) General anesthesia is induced in the head-up position withoutcricoid pressure		
	(D) Insertion of a nasogastric tube should be done to reduce the size of diverticulum		
132.	The single most important factor determining survival after cardiac arrest due to Ventricular fibrillation (VF) is		
	(A) Time between arrest and the fi	rst defibrillation attempt	
	(B) The energy used for defibrillati	ion	
	(C) Time between arrest and starting of chest compression		
	(D) Cause of VF		
133.	All of the following are involved in	MEN 1 syndrome except:	
	(A) Pituitary gland	(B) Thyroid gland	
	(C) Pancreas islet cells	(D) Parathyoid gland	
134.	Which one of the following is safe in acute porphyria attacks?		
	(A) Thiopental	(B) Ketamine	
	(C) Propofol	(D) Etomidate	
135.	Ramping position in airway management of obese patient should achieve following:		
	(A) Sternal notch should be in line with cricoid cartilage		
	(B) Auditory meatus should be in line with sternal notch		
	(C) Cricoid cartlage should be in line with the auditory meatus		
	(D) None of the above		
136.	In obese patient, all of the following drug loading doses should be given according to the total body weight except:		
	(A) Propofol	(B) Succinyl choline	
	(C) Midazolam	(D) Fentanyl	
137.	Life-threatening signs of hypermagnesemia may be temporarily ameliorated with:		
	(A) IV calcium administration	(B) Forced saline diuresis	
	(C) Loop diuretic	(D) None of the above	
138.	Henderson-Hasselbalch equation explains:		
	(A) The relationship of the CO2/HCO3 buffer system to pH		
	(B) Relationship of pKa and pH		
	(C) Calculation of the pH of a solution containing the acid and one of its salts		
	(D) All of the above		

139.	Dialysis disequilibrium syndrome is marked by nausea, headaches, fatigue which may progress to seizures or coma. The condition is thought to result from:		
	(A) Rapid changes in pH and solute concentrations in the central nervous system		
	(B) Raised ICP		
	(C) Rapid rate of dialysate infusion		
	(D) All of the above		
140.	One of the following is NOT included in	the diagnostic features of metabolic syndrome:	
	(A) Random plasma glucose level ≥ 200 mg/dL		
	(B) Abdominal obesity (waist girth > 40 inches in men, >35 inches in women)		
	(C) Serum triglyceride level ≥ 150 mg/dL		
	(D) Serum high-density lipoprotein chole	esterol level < 40 mg/dL in men, <50 mg/dL in women	
141.	Glycine containing irrigating fluids magexcept:	y cause all the following complications during TURP	
	(A) Hyperglycemia	(B) Hyperammonemia	
	(C) Transient blindness	(D) Seizures	
142.	Preoperative medical management of a patient with pheochromocytoma includes:		
	(A) α blocker followed by β blocker	(B) β blocker followed by α blocker	
	(C) Combined α and β blocker	(D) None of the above	
143.	One of the following is not true about local anesthetic action in pediatric population:		
	(A) Diluted solutions of local anesthetics provide the same quality of nerve blockade		
	(B) Onset time is shortened		
	(C) Large dose of local anesthetic is required as compared to adults		
	(D) Duration of blockade is reduced		
144.	How much is the total CSF space and to	otal daily CSF production respectively?	
	(A) 150 ml, 450 ml	(B) 150 ml, 150 ml	
	(C) 300 ml, 450 ml	(D) None of the above	
145.	Following is the difference between junctional and extrajunctional acetyl choline receptor:		
	(A) Extra- junctional receptor consists of two $\alpha 1$ -subunits and one each of the $\beta 1$ -, δ -, and γ subunits		
	(B) Junctional receptor consists of two $\alpha 1$ -subunits and one each of the $\beta 1$ -, δ -, and γ - subunit		
	(C) Extra- junctional receptor consists of two $\alpha 1$ - subunits and one each of the $\beta 1$ -, δ , and a subunits		
	(D) None of the above		
146.	A leftward shift of Frank Starling's curve indicates:		
	(A) Enhancement of inotropic state	(B) Decreased inotropic state	
	(C) Myocardial depression	(D) None of the above	
147.	Cardiac muscle cells contain following types of intercellular junctions:		
	(A) Gap junctions	(B) Spot desmosomes	
	(C) Sheet desmosomes	(D) All of the above	

148.	Enhanced recovery after surgery (ERAS) protocols for NBM guidelines allow patients to have:			
	(A) Clear fluids till 2 hrs before surgery	(B) Clear fluids till 6 hrs before surgery		
	(C) Clear fluids till 4 hrs before surgery	(D) None of the above		
149.	This system at the gas pipeline inlet minimizes wrong gas pipeline connections which is used at pressure less than 200 psig:			
	(A) Diameter index safety system	(B) Pin index safety system		
	(C) Pneumatic safety system	(D) None of the above		
150.	Variable orifice flow meter tube is also known as:			
	A) Thorpe tube	(B) Anesthesia tube		
	(C) Float	(D) Bobbin		
151.	Advantage of CO ₂ absorbent containing li	Advantage of CO ₂ absorbent containing lithium hydroxide monohydrate is:		
	(A) Produce less heat	(B) Generates endothermic reaction		
	(C) Is more effective	(D) All of the above		
152.	This test performed during pre-anesthesia	checkout procedure is known as universal leak test:		
	(A) Positive pressure leak test	(B) Negative pressure leak test		
	(C) Pethick's test	(D) None of the above		
153.	Where is the major site of extra hepatic metabolism of propofol?			
	(A) Kidney	(B) Lung		
	(C) GI tract	(D) Gall bladder		
154.	The major metabolic pathway of ketamine to produce metabolite noeketamine involves following reaction:			
	(A) Hydroxylation	(B) N- demethylation		
	(C) Conjugation	(D) None of the above		
155.	Ratio of receptor specificity for the $\alpha 2:\alpha$	1 receptor of dexmedetomidine is:		
	(A) 1600:1	(B) 220:1		
	(C) 600:1	(D) None of the above		
156.	Mechanism of action of gabapentin is:			
	(A) It blocks voltage-gated calcium channels by binding to the $\alpha 2-\delta$ subunit thereby reducing calcium influx			
	(B) COX-2 inhibition			
	(C) It blocks NMDA receptor			
	(D) None of the above			
157.	Which is the process by which drug passes through skin after application of transdermal patch			
	(A) Osmosis	(B) Diffusion		
	(C) Iontophoresis	(D) None of the above		
158.	•	I tracheal intubation within 60 to 90 sec is:		
	(A) 0.9-1.2 mg/kg	(B) 2.0 mg/kg		
	(C) 0.6 mg/kg	(D) None of the above		
	\ / * * * • • •	· / · · · · · · · · · · · · · · · · · ·		

159.	All of the following undergo ester hydrol	iysis except:	
	(A) Atracurium	(B) Cis-atracurium	
	(C) Mivacurium	(D) Gantacurium	
160.	All of the following are side effects of sugammadex except:		
	(A) Anaphylaxis	(B) Coughing	
	(C) Parosmia	(D) Neuropathy	
161.	What property of local anesthetic appears to determine its intrinsic anesthetic potency?		
	(A) Hydrophobicity	(B) Physicochemical property	
	(C) Molecular weight	(D) pKa	
162.	Which of the following gives qualitative assessment of plasma cholinesterase activity?		
	(A) Dibucaine number	(B) Fluride number	
	(C) Plasma cholinesterase level	(D) Both (A) and (B)	
163.	All of the following factors are considered in Johns Hopkins surgical risk classification (2005) except:		
	(A) Invasiveness of procedure		
	(B) Blood loss		
	(C) Risk to the patient independent of an	nesthesia	
	(D) Comorbidities of patients		
164.	All of the following herbs except one, which are used as alternative medicine increase the risl of bleeding:		
	(A) Ginger	(B) Ginkgo	
	(C) Ginseng	(D) Kava	
165.	The acupuncture point for prevention of postoperative nausea and vomiting which is located between the palmarislongus and flexor carpi radialis muscle tendons, 4 cm proximal to the distal wrist crease and 1 cm below the skin is called:		
	(A) P6	(B) P5	
	(C) PV2	(D) None of the above	
166.	In a healthy, non obese adult with maximal pre oxygenation, the time for oxyhemoglobin to desaturate below 80% takes:		
	(A) 3 Min	(B) 5 Min	
	(C) 7 Min	(D) 9 Min	
167.	Minimum alveolar concentration of anesthetic gases is a measure of:		
	(A) Anesthetic potency	(B) Early induction and recovery	
	(C) Absorption in anesthesia circuit	(D) All of the above	
168.	Nitrous oxide should be avoided in all of the following except:		
	(A) Patient with pneumothorax		
	(B) Patient posted for intraocular sulphur -hexafluoride injection		
	(C) In suspected air embolism		
	(D) All of the above		

169.	Modified Bromage scale score of 3 indicates:		
	(A) No motor block		
	(B) Complete motor block of limb		
	(C) Inability to raise extended leg, ability to move knees and feet		
	(D) Inability to move extended leg and knees but able to move feet		
170.	All of the following statements about LMA ProSeal are true except:		
	(A) It is a reusable first-generation SGA that incorporates a posterior cuff		
	(B) It incorpo-rates a gastric drainage tube that allows for gastric access with an orogastric tube		
	(C) It has an incorporated bite block		
	(D) It has a fixation tab		
171.	ASA physical status 6 is:		
	(A) Moribund patient who is not expec	eted to survive without operation	
	(B) Declared brain dead organ donor		
	(C) Patient with severe systemic illness which has constant threat to life		
	(D) Patient with mild systemic illness		
172.	What is the difference between transfusion associated circulatory overload (TACO) and transfusion related acute lung injury (TRALI)?		
	(A) BNP is elevated in TACO but not in TRALI		
	(B) Evidence of left heart failure is present in TRALI		
	(C) CVP might be high in TRALI but not in TACO		
	(D) All of the above		
173.	The ratio of the density of a local anes-	thetic solution to the density of CSF is called as:	
	(A) Baricity	(B) Molarity	
	(C) Osmolarity	(D) None of the above	
174.	Which maneuver used during extubation of difficult airway?		
	(A) Chnady's maneuver	(B) Bailey maneuver	
	(C) BURP maneuver	(D) None of the above	
175.	The effect of intrathecal opioid is a result of:		
	(A) Direct spinal cord dorsal horn opioid receptor activation		
	(B) Cerebral opioid receptor activation after CSF transport		
	(C) Peripheral and central systemic effects after vascular uptake		
	(D) All of the above		
176.	The most common organisms responsi	ble for postspinal bacte-rial meningitis is:	
	(A) Streptococcus viridians	(B) Staphylococcus aureus	
	(C) Streptococcus thermophilus	(D) None of the above	

177.	What is the success rate of epidural blood patch?		
	(A) 50%	(B) 60%	
	(C) 70%	(D) 90%	
178.	During fibreoptic bronchoscopy the only three orifice structure one will come across is:		
	(A) Rt upper lobe bronchus	(B) Lt upper lobe bronchus	
	(C) Rt lower lobe bronchus	(D) Lt lower lobe bronchus	
179.	Which of the following is Not a contraindication to autologous blood transfusion?		
	(A) Evidence of infection and risk of bacteremia		
	(B) Scheduled surgery to correct aortic stenosis		
	(C) Unstable angina		
	(D) Uncontrolled diabetes mellitus		
180.	In patients on aspirin therapy, which of the	e following coagulation test is abnormal?	
	(A) Prothrombin time	(B) PTTK	
	(C) Fibrinogen level	(D) None of the above	
181.	All of the following are true in the treatme	nt of heamolytic transfusion reaction except:	
	(A) Stop transfusion and administer fluids		
	(B) Acidification of urine		
	(C) Administer frusemide		
	(D) Send patient's urine and blood for example (D)	mination	
182.	In all of the following conditions PCWP> LVEDP except:		
	(A) Ventilation with PEEP	(B) Non-West zone III PAC placement	
	(C) Mitral valve disease	(D) Aortic regurgitation	
183.	All of the following reflex should be absent	to declare the diagnosis of brain stem death except:	
	(A) Pupillary light reflex	(B) Corneal reflex	
	(C) Oculo-cardiac reflex	(D) Oculo- vestibular reflex	
184.	Hypothermia during cardiopulmonary bypass for cerebral protection has all of the following effects except:		
	(A) Favorable balance between oxygen supply and demand		
	(B) Increased excitotoxic neurotransmitter release		
	(C) Decreased blood brain barrier permeability		
	(D) Decreased inflammatory response		
185.	All of the following factors may influence the magnitude and direction of physiologic change occurring with aortic cross-clamping except:		
	(A) Level and duration of aortic cross clamp (B) Vasodilator use		
	(C) Temperature	(D) Mean arterial pressure	

186. All of the following are recommendations of brain trauma fo hyperventilation as a mean to reduce raised ICP except:		e e		
	(A) Hyperventilation is recommended as a tem-porary measure for the reduction of elevated ICP			
	(B) Hyperventilation should be avoided during the first 24 hours after injury when CBF is often critically reduced			
	(C) If hyperventilation is used, brain tissue PO2 measurements are recommended to monitor oxygen delivery			
	(D) Hyperventilation should be used routinely in the management of all the patients with traumatic brain injury			
187.	What is the appropriate sensory level of	regional anesthesia for TURP surgery?		
	(A) T_{10}	(B) T ₈		
	(C) T ₆	(D) T ₁₂		
188.	Following may be an anesthesia concern in a patient with acromegaly posted for trans- sphenoidalhypophysectomy:			
	(A) Large tongue	(B) Micrognathia		
	(C) Proptosis	(D) All of the above		
189.	Features of hyper-osmolar non ketotic hyperglycemic coma include all of the following except:			
	(A) Hyperglycemia, generally more than 600 mg/dl			
	(B) Raised serum osmolarity			
	(C) Severe metabolic acidosis			
	(D) Mental obtundation			
190.	Strongest predisposing factor for post operative delirium and cognitive dysfunction in geriatric patients is:			
	(A) Regional anesthesia	(B) Non cardiac surgery		
	(C) Hearing deprivation	(D) Pre existing dementia		
191.	The most common cause of perioperativ	e visual loss after spine surgery in prone position is:		
	(A) Ischemic optic neuropathy	(B) Cortical blindness		
	(C) Retinal ischemia	(D) Posterior reversible encephalopathy.		
192.	Following statement is true regarding high risk factors for bone cement implantation (BCIS) syndrome:			
	(A) A previously instrumented femoral canal has higher risk.			
	(B) Use of long stem prosthesis has higher risk.			
	(C) Traumatic fractures have higher risk than pathological fractures.			
	(D) Amount of cement used has no bearing on the risk of BCIS.			
193.	Jet ventilation used during bronchoscopy or panendoscopy can have all the following disadvantages except:			
	(A) Barotraumas	(B) Cannot measure ETCO2		
	(C) Can only be used supraglotically	(D) It is suboptimal for use in obese patients		
	(C) Can only be used supraglotically	(D) It is suboptimal for use in obese patien		

	(A) 60 % helium and 40% oxygen	(B) 50 % helium and 50% oxygen		
	(C) 80 % helium and 20% oxygen	(D) 70 % helium and 30% oxygen		
195.	While giving a retrobulbar block, a patient suddenly becomes apnoic and unconscious. The most likely diagnosis is:			
	(A) Retrobulbar hemorrhage.			
	(B) Local anesthetic systemic toxicity.			
	(C) Globe perforation.			
	(D) Brainstem anesthesia due to retrogra	de spread along the optic nerve sheath.		
196.	During a laparoscopic surgery, all the following signs hint towards the possibility of subcutaneous emphysema except:			
	(A) Increased PETCO2.	(B) Increase peak airway pressure.		
	(C) Subcutaneous swelling and crepitus.	(D) Normal SPO2 on pulse oximeter.		
197.	Following is a disadvantage of gasless lap	Following is a disadvantage of gasless laparoscopy:		
	(A) Does not maintain renal and splanchnic circulation.			
	(B) Has more risk in patients with cardiopulmonary morbidities than laparoscopy using CO2.			
	(C) Higher incidence of port site metastasis after laparoscopic surgery in cancer.			
	(D) Compromises surgical exposure and increases technical difficulty.			
198.	During an uneventful CO2 pneumoperitoneum, partial pressure of arterial carbondioxide progressively increases to reach a plateau by what time after start of CO2 insufflation:			
	(A) 5 - 10 minutes.	(B) 10 - 15 minutes.		
	(C) 15 - 30 minutes.	(D) 34 - 45 minutes.		
199.	The following is False regarding anesthes	ia management in Jehova's witness:		
	(A) Acceptable anesthetic techniques to reduce blood loss include deliberate hypotension, deliberate hypothermia, and hemodilution			
	(B) Most Jehovah's Witnesses do not accept synthetic colloid solutions, dextran, erythropoietin, desmopressin and preoperative iron			
	(C) Some Jehovah Witnesses accept autologous banked blood or cell-saver blood and blood removed at the beginning of surgery and returned in a closed loop			
	(D) While obtaining informed consent, it is crucial to precisely document what interventions are acceptable to crystallize and clearly communicate the patient's desires and to provide legal documentation for the anesthesiologist			
200.	If a senior anaesthesiologist delegates his task to his junior, nursing staff or to any doctor, ther for their wrong doings, the senior anaesthesiologist is responsible. This is known as:			
	(A) Res IpsaLouitor	(B) Vicarious liability		
	(C) Criminal negligence	(D) Good Samaritan lawp		

Heliox mixture used in the management of stridor has the following composition

194.