



Part 1 Primary Examination in Critical Care Medicine 2017 -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

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 is enough as long paragraphs are not expected.
3. **Questions in Section C: Each question carries 10 marks only.**
 - a. You should not take more than 10 minutes per question in these sections.
 - b. Normally 2 side of a fool-scape paper provided is enough as long paragraphs are not expected.
 - c. **Section C has 1 extra question. Choose ANY 4 out of 5 Choices below.**
4. **Section D: Each MCQ carries 1 mark only (total 10 Marks). Section D must be returned with the answersheet.**
5. **Start all questions on a NEW Page**
6. Do not rewrite the question in your answer book. **CLEARLY write the ANSWER NUMBER** before you answer.
7. The questions in each section are worth equal marks.
8. **Record your candidate ROLL number on top of each answer sheet paper (approx. 15 pages) in space provided.**
9. The candidate must 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 (eg. Table form).
- **Management:** Generic term that implies overall plan. (includes diagnosis as well as treatment).
- **Discuss:** Explain the underlying key principles. (this may include controversies and/or pros and cons)

CHECK LIST

	Important instruction	Sign if understood
1	Write legibly. No marks if Examiner cannot understand. Avoid abbreviations not clearly explained in beginning of your answer. <i>eg. The patient may have raised intracranial pressure (ICP)...subsequent ICP use in answer OK</i>	
2	Section C has 1 extra question. <u>Choose ANY 4 out of 5 Questions.</u>	
3	Start all questions on a NEW Page	
4	Write the ANSWER NUMBER before you answer.	
5	The questions in each section are worth equal marks.	
6	Record your candidate ROLL number on top of each answer sheet	



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SECTION A (5 marks each)	
Q. 1.	List “ Respiratory Physiological changes” during 3 rd trimester of pregnancy, that can influence management of these patients in emergency?
Q. 2.	List the indications of EEG (electroencephalogram) monitoring in patients with status epilepticus.
Q. 3.	a. Describe Glasgow Coma Scale (GCS). b. What is locked-in-syndrome?
Q. 4.	List the advantages of continuous renal replacement therapy (CRRT) in patient with acute renal failure.
Q. 5.	Define and classify Diabetes Insipidus. How do you calculate Sr. Osmolality?

SECTION B (5 marks each)	
Q. 6.	List the causes of normal anion gap metabolic acidosis.
Q. 7.	Discuss “Insulin Therapy” in patients with Diabetic ketoacidosis (DKA).
Q. 8.	What are the guideline for administration of MgSO ₄ (with doses) in patients with Eclampsia?
Q. 9.	Write a short note on cryptococcal meningitis in patients with HIV.
Q.10.	a. List causes of hypercalcemia in critically ill patient. b. What is the diagnostic biochemical picture of primary hyperparathyroidism?

SECTION C: ANSWER ANY 4 ONLY (10 marks each)	
Q.11.	a. List various possible causes of oliguria in critically ill patients? b. Comment on the Role of “Low Dose dopamine” as a nephroprotective agent in current practice.
Q.12.	a. Describe various complications that can occur in a patient with acute subarachnoid hemorrhage (SAH)? b. Critically evaluate the role of surgery as a treatment option in SAH.
Q.13.	a. What are the causes of coma ? b. Describe features of metabolic encephalopathy.
Q.14.	a. Classify hyponatremia based on measured Sr. Osmolality and give examples of each. b. Enumerate the criteria for the diagnosis of syndrome of inappropriate antidiuretic hormone (SIADH).
Q.15.	a. Define septic shock. b. Critically evaluate role of “Fluid Therapy” in treatment of septic shock, as per surviving sepsis campaign.



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SECTION D (10 marks)			
1	Lumbar puncture should be preceded by CT or MRI in all the following subsets of patients with suspected meningitis EXCEPT: A. Depressed consciousness B. Focal neurological abnormality C. Known CNS mass lesion D. Positive Kernig's sign E. Recent head trauma	6	All the following are direct actions of parathyroid hormone (PTH) EXCEPT: A. Increased calcium resorption from bone B. Increased calcium resorption from kidney C. Increased calcium resorption from GI tract D. Increased synthesis of 1, 25 dihydroxy vitamin D E. Decreased phosphate resorption from kidney
2	A patient with Sjogren's syndrome has following lab findings: Sr. Na:139, Sr. K: 3.0, Sr. Cl:112, Sr. HCO ₃ :15, Ur. Na:25, Ur. K:30, Ur. Cl:20, Ur. Ph:6.1. most likely diagnosis is: A. RTA type I B. RTA type II C. RTA type IV D. Chronic diarrhea E. Lactic acidosis	7	59 yr with diabetes & dyslipidemia is posted for colonoscopy for suspected Ca colon. His labs show: Sr. Na: 125, Sr. osmolality:270, Ur. Na:12 Most likely cause for his hyponatremia is: A. Diabetes Insipidus B. Hyperglycemia C. Hyperlipidemia D. Hypovolemia E. SIADH
3	The most sensitive test to detect diabetic nephropathy in the emergency department is: A. Serum creatinine level B. Serum Urea C. ABG D. Renal ultrasound E. Urine albumin	8	When given as a first line of agent for invasive aspergillosis, Voriconazole commonly causes all the following sideeffects EXCEPT: A. Renal toxicity B. Drug-drug interaction C. Photosensitivity skin rashes D. Visual disturbances E. Hepatotoxicity
4	In the inpatient setting extended spectrum B-Lactamase (ESBL) producing gram negative infections most likely occur after frequent use of which of the following class of antibiotics? A. Carbapenems B. Macrolides C. Third generation cephalosporins D. Quinolones E. Aminoglycosides	9	In patients with symptomatic chronic hyponatremia, correction must take place in a controlled fashion. Overaggressive correction can lead to? A. Acute renal failure B. Coma and quadriplegia C. ARDS D. Fulminant hepatic failure E. Life threatening cardiac arrhythmias
5	All the following complications occur during dialysis EXCEPT? A. Anaphylactoid reaction B. Fever C. Hyperglycemia D. Hypotension E. Muscle cramps	10	All the following are known complications of Methimazole EXCEPT: A. Agranulocytosis B. Rash C. Arthralgia D. Hepatitis E. Insulin resistance

Recheck: (1) You have put your Roll number on each answer sheet.

(2) Answers are Numbered correctly & written in appropriate section.



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SECTION D Answers:

MCQ 1	
MCQ 2	
MCQ 3	
MCQ 4	
MCQ 5	
MCQ 6	
MCQ 7	
MCQ 8	
MCQ 9	
MCQ 10	