

EM.MED/D/17/52/I

Time : 3 hours

Max. Marks : 100

Important instructions:

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

Write short notes on:

- a. How do you predict difficult airway by LEMON and MOANS assessment methods? (2+2)+3+3
 - b. Rapid sequence intubation in unstable cervical spine.
 - c. Supraglottic airways.
- a. Diagram depicting anatomy of subclavian vein relevant to its venous access 3+2+3+2
 - b. Indications of central venous catheterization in Emergency Department.
 - c. Complications of central venous catheterization
 - d. Complications of peripheral venous access
- a. Conduction pathways of the heart 4 + 4 +2
 - b. Normal ECG waves and intervals.
 - c. List the causes of QT interval prolongation
- a. Explain normal oxygen dissociation curve. 4+3+3
 - b. Factors causing shifts in oxygen dissociation curve
 - c. Clinical applications of central venous oxygen saturation
- a. Regulation of acid-base balance by kidneys 4+2+4
 - b. Normal anion metabolic acidosis
 - c. High anion gap metabolic acidosis.
- a. Enumerate sedation agents for procedural sedation 3+3+4
 - b. Discuss any three sedation agents
 - c. Monitoring a patient during procedural sedation
- a. Describe various volumes given by a spirometer 3+3+4
 - b. Define anatomic, physiologic and mechanical dead spaces
 - c. Clinical importance of various dead spaces during invasive ventilation

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| 8. | a. Non-invasive arterial blood pressure monitoring | 3+4+3 |
| | b. Invasive arterial blood pressure monitoring | |
| | c. Non-invasive cardiac output monitoring | |
| 9. | a. Anatomic changes in pregnancy affecting airway management during pregnancy | 2+4+4 |
| | b. Physiological changes in pregnancy relevant to resuscitation. | |
| | c. Discuss briefly special steps of cardiopulmonary resuscitation during pregnancy. | |
| 10. | a. Vaughan-Williams classification of anti-arrhythmic agents | 3+4+3 |
| | b. Discuss briefly about class I anti-arrhythmic agents | |
| | c. Discuss briefly about class III anti-arrhythmic agents | |

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