

Rajiv Gandhi University of Health Sciences, Karnataka

Fellowship Examination – 18-Feb-2025

Time: Three Hours**Max. Marks: 100 Marks****PAEDIATRIC INTENSIVE CARE - PAPER – II****QP Code: 4144**

Your answers should be specific to the questions asked.

Draw neat, labeled diagrams wherever necessary.

Answer All The Questions**10 X 10 = 100 Marks**

1. During the transport of an intubated, ventilated patient, the end-tidal carbon dioxide (ETCO₂) trace on the transport monitor indicates that CO₂ is no longer detectable. List the possible causes and outline your response.
2. Critically evaluate the role of EEG and Evoked Potentials in the critically ill.
3. How can the 'central tendency' of data be measured. How is the 'degree of dispersion' is described.
4. Outline the causes and principles of management of ventricular fibrillation.
5. **Management of Septic shock**
6. In relation to therapeutic plasmapheresis.
 - a. Describe the principles involved
 - b. What are the prerequisites for plasmapheresis to be effective
 - c. Give six indications for its use.
 - d. List three types of potential complications or adverse effects associate with this therapy and give one example of each.
7. Outline your principles of management of status epilepticus.
8. Outline the information that may be useful in determining the prognosis of a comatose survivor of a cardiac arrest.
9. The mortality in patients with ARDS has only shown a gradual decline over the last two decades. Outline why the observed decline in mortality has not been greater in magnitude.
10. With respect to haemodynamic monitoring in the critically ill patient.
 - a. Define fluid responsiveness.
 - b. Outline the physiological basis and the limitations of the following methods of assessment of fluid responsiveness in a patient on mechanical ventilation.
 - i. Passive leg raise
 - ii. Central venous pressure
 - iii. Pulse pressure variation

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