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Errata:

SK Anesthesia **(1st Edition)**

Part 1 of 1

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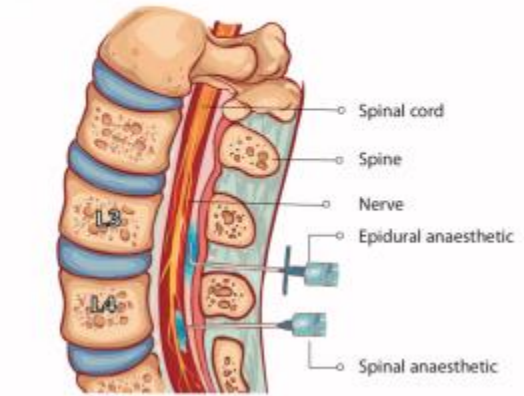
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Page# / Question	Key	Explanation
Page 285 – Q 14	C	
Q18	FRC vol	
Q23	A > B	

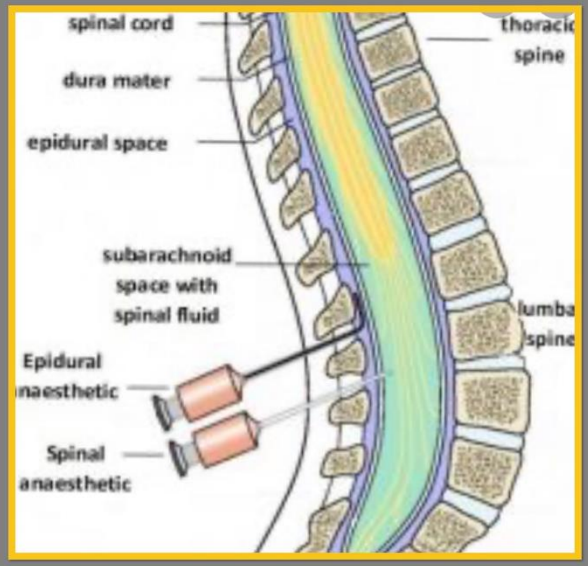
12TH Feb 2014

Page# / Question	Key	Explanation
Q1		<p>Spinal vs. epidural administration</p> <p>As illustrated below, a spinal anesthetic is injected into the subarachnoid space and an epidural is injected into the epidural space.</p> 

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		 <p>In epidural anesthesia dura matter is no pierced</p>
Q10	Key is correct	
Q15		↓ Na ⁺ retention > ↑ immunosuppression by dexamethasone
Q34	A	
Q54	A+B	
Q56		antiepileptics stopped and patient should be fits free for 2 years
Q60	C	
Q69	A	(gate control theory of pain)
Q71	KEY IS CORRECT	

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Page 105 September 2019

Page# / Question	Key	Explanation
Q.2		HIV patient _____ floor: 1% hypochlorite, instruments: 2% glutaraldehyde
Q.12	A	Micturation centre= pons, micturition reflex= sacral spinal cord, micturition inhibited= midbrain, voluntary control= pudendal nerve, loss of pain sensation= sympathetic cut, atonic bladder= parasympathetic cut which leads to overflow dribbling
Q.13		parathyroid gland arterial supply
Q.14	B	
Q.15	poor recall	Ref. first aid Oxygenated blood coming from IVC goes to RA and is shunted to LA through fossa ovale thus left heart is more oxygenated than right heart, IVC has more oxygenated blood than SVC
Q.17	key correct	max carbs in rice>wheat, .highest mineral content= soyabean, .lowest mineral=tubers

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Q.20	D	
Q.27	. key correct	phase 2 block occurs after repeated doses or prolonged infusion of succinylcholine (Ref. morgan, muscular blockade chapter)
Q.31		Rifampin> INH (group discussion)
Q.32	C	(group discussion)
Q.40	C	by lacrimal nerve the smallest branch of ophthalmic div of trigeminal nerve
Q52		antidote of paracetamol
Q.53	A	A Micturation centre= pons, micturition reflex= sacral spinal cord, micturition inhibited= midbrain, voluntary control= pudendal nerve, loss of pain sensation= sympathetic cut, atonic bladder= parasympathetic cut which leads to overflow dribbling
Q.54	C	if specified for UTI pseudomonas then ciprofloxacin Pseudomonas most sensitive to? Ceftazidime>gentamicin(Ref. koda kimble & young's applied therapeutics) ref given in asad ali post on FB group In the given options ticarcillin is the answer

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Q.55	B	
Q.65		Hypothalamus
Q.70		half life 2min, steady state 9min
Q.74		early= type 3, delayed/strong= type 1
Q.84	A	
Q.85	C	
Q.86	B	
Q.87	poor recall	Crossed lesion= brainstem Uncrossed lesion= internal capsule/ forebrain
Q.88	B	anterior surface of heart is RV
Q.89	C	

Page 110 april 2019

Page# / Question	Key	Explanation
Q.3		right lateral
Q.15	D	
Q.26		deviation of mouth towards left
Q.36		activated in lungs= angiotensin 1, converted in lungs= angiotensin 2 (group discussion)
Q.38	A	all sensations from fingertips are carried by A beta except fast pain which is carried by A delta
Q.39	controversial	According to references, for rate

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		control of AFib beta blocker>CCBs, and for rhythm control Amiodarone, and if there is structural heart disease or heart failure along with A fib then Digoxin But many seniors say that at our level DOC for A fib is Digoxin
Q.43		immediate- FFPs, late= vitamin k
Q.49		poor recall
Q.51		to be more accurate __0.8g/kg/day approx. 1g/kg/day
Q.57		o+ 38%, o- 7% total o= 45 to 47% (there is another MCQ in which o positive % is asked) Source : google
Q.58		A>C, for children= penicillin
Q.67	A>B	
Q.68	B	don't confuse yourself with atropine, most probably its poor recall and such options don't come in exam
Q.71		onset 30 to 45 min , peak 1 to 3 hours (Ref. table in chapter name <u>adjuncts</u> in Morgan)
Q.80		damage to
Q.81		cerebellum A
Q.82	A	
Q.85		aet = cut
Q.89	fluid replacement	(Ref. morgan perioperative Care,

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		3 ml ringer lactate for 1ml blood loss) just remember this line do not confuse yourself with different blood loss classifications, Dr. KIM simplified it in this way that, roughly upto 20 to 30% of blood loss this 3 ml for 1ml blood loss formula should be applied ie 3times R/L but if in options there is simple ringer and 3times N/S is given then prefer 3 time N/S and if no 3times mentioned in any of the options neither with ringer nor normal saline then again ringer should be preferred, however this question appeared in my exam and 3 times ringer was given in the options)
Q.90		intercostal
Q.95		pasteurization> ethylene oxide (Ref. comprehensive respiratory therapist exam review 5 th ed) ref given by Dr. KIM
Q.104	A	dicumrol (life warfarin)
Q.105	D	(group discussion)
Q.106		PTH (group discussion)
Q.115		A artery of pleura = which pleura

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Page# / Question	Key	Explanation
Q.1	C	
Q.2	A	
Q.9	C	
Q.13	A	poor recall
Q.18	A>B	not sure kindly confirm
Q.46	B	
Q.44		key correct igM
Q.48	E	
Q.52		if cardiovascular stability needed such as in aortic aneurysm repair or IHD CHF the prefer etomidate
Q.61	A	
Q.64	A	epinephrine
Q.82	B	key correct
Q.89	D	
Q.104	D	
Q.115	C	
Q.119	effected = effective	
Q.120	D	
Q.125	key correct	Desmin_____ protein made by muscle Vimentin_____ fibroblast intermediate filament Keratin_____ epithelial malignancy (group discussion)

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Q.131		primary exposure _____ igM Secondary/pre exposed antibody _____ igG Ref. First Aid
Q.132	A	
Q.135	C	Hypernatremia, hypokalemia, hypocalcemia, hypomagnesemia, volume expansion, metabolic alkalosis
Q.138	A	
Q.153		aet = in Phenobarbitone or thiopentone is contraindicated in acute intermittent porphyria but it can be given in porphyria cutanea tarda (Ref. Ajay Yadav
Q.154	B	
Q.156		cephalosporin >penicillin, for children= penicillin
Q.158	D	
Q.160	B	
Q.164	B	REM=ach, NREM=serotonin
Q.165	A	carbs50-60, lipids25-30, protein10-20%
Q.171		hyper = hypo
Q.173	A	Pneumotaxic center (upper pons) it inhibit inspiration, regulate inspiratory volume an resp rate Apneustic (upper pons) prolongs inspiratory gasp
Q.181	A	caused by paracetamol,

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		progression by diuretics, contraindicated in liver disease= pentazocine
Q.186		for deliberate hypotension nitroglycerine is used

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Page# / Question	Key	Explanation
Q.2	B	
Q.7	C+A	
Q.11	B	middle plus upper drains to superior pulmonary vein, and lower drains to inferior pulmonary vein
Q.12	A	
Q.14	poor recall	Heat production in excess of resting heat during contraction= initial heat Heat before contraction=activating heat Heat during contraction= shortening heat (Ref. guyton) just type initial heat on FB group and you can find different questions related to heat there
Q.22		Hypotension/pseudomonas producing shock__endotoxin

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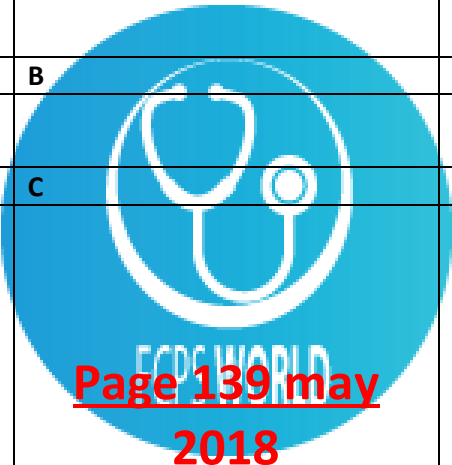
		Bleeding/ bruise/ diarrhea/ food poisoning/shigella/staph food poisoning__ enterotoxin Toxic shock syndrome__ erythrogenic toxin> exotoxin Streptococcal toxic shock syndrome__ erhythrogenic (first aid) or pyogenic exotoxin (Davidson) (group discussion)
Q.30	poor recall	Source of PE or site where that thrombus developed__ femoral vein Site of DVT__ popliteal artery>femoral Site of PE in lungs__ pulmonary artery
Q.41		Increased capillary oncotic pressure (group discussion)
Q.46		prime action__ reduction in glucose level or increased utilization by tissues Immediate action__ potassium entry into cells Intermediate action__ protein synthesis Delayed action__ lipogenesis
Q.58	A	
Q.93	A	

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Page 136 07march 2018 paper 2

Page# / Question	Key	Explanation
Q.5	C	
Q.30		Tube/laminar flow/slow rate__ flow depends upon viscosity and poiseulles law is applied Orifice/turbulent flow/ high rate/ constriction/ flow depends upon density and graham's law for turbulent flow is applied
Q.38	B	
Q.46		cephalosporin> penicillin, for children__ penicillin
Q.58	C	
 <u>Page 139 may 2018</u>		
Page# / Question	Key	Explanation
Q.2		multination = myelination
Q.3		multination = myelination
Q.4		250ml/min
Q.7		shrink, swell then lyse (group discussion)
Q8		controversial Majority says its short neck But some say its due to

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		angulation
Q.10		intermitochondrial membrane
Q.17	B	controversial but according to references and discussion with seniors I think pethidine is the answer
Q.29		glycopyrrolate is quaternary amine and it doesn't cross BBB thus no CNS S/E
Q.39		S1 root
Q.41	A	
Q.57		Source of PE or site where that thrombus developed__ femoral vein Site of DVT__ popliteal artery>femoral Site of PE in lungs__ pulmonary artery
Q61		Increased capillary oncotic pressure (group discussion)
Q.84		bisoprolol> metoprolol
Q.93		1% hypochlorite
Q.111	B	
Q.118	B	
Q.142		vecuronium
Q.144	B	Sequence Intravenous/ intra-arterial> tracheal> intercostal > paracervical> epidural> brachial> sciatic> subcutaneous (Ref. local anesthetics Morgan 5 th edition)

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Page 148 5th September 2018

Page# / Question	Key	Explanation
Q.3		(read this topic in detail from baha al sheikh or equipment in anesthesia and critical care, as it is a repeated tested topic of cpsp) S
Q.5	B	key correct (its pressure of oxygen)
Q.33	C	
Q.35	A	
Q.74	A	
Q.82	A	(upper border of rib and lower border of Intercostal space)
Q.93	A	
Q.96		transverse = traverseS
Q.114		depends upon whole scenario (If there is history of burn in sibling and he died under GA then it should be hyperkalemia, but if they say there is family history of death under GA then its malignant hyperthermia)
Q.147		C>A
Q.154	A	
Q.149	A	
Q.163		controversial According to Ref given by asad ali in fb group its morphine

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Q.164		controversial According to different references its pethidine (choose whatever seems correct to you)
Q.170	B	
Q.172	B	
Q.174	C	
Q.180	E	
Q.190	B	
Q.196	B	

Page 159 november 2018

Page# / Question	Key	Explanation
Q1	A	(half life is 3 to 5 hours approx. 200min)
Q7	A	
Q8	A	
Q.13	B	
Q.18	A	
Q.19	A	
Q.59	C	
Q.60	A	multiplied= subtracted
Q.62	C	
Q.63		common hepatic> right hepatic
Q. 66		0.7 (read this topic from smith or morgan)
Q.67	A	

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Q.68	A	
Q.69	A	
Q.75	A	
Q.80	A	
Q.83		closed= opened 8mmHg
Q.84	B+C	
Q.87		septic shock
Q.91	B	
Q.92	B	poor recall
Q.100	B	
Q.105	B	
Q.112	B	
Q120	B	
Q.130		isovolumetric relaxation comes after
Q.140		controversial but majority says short neck
Q.142	A	
Q.152	B	
Q.154		prime action__ reduction in glucose level or increased utilization by tissues Immediate action__ potassium entry into cells Intermediate action__ protein synthesis Delayed action__ lipogenesis
Q.163	A	
Q.173	A	
Q.174	B+A	
Q.177	A	

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Q.176	B	
Q.179	C	

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Page# / Question	Key	Explanation
Q.1		Golgi complex
Q.2	B	
Q.3	C>B	
Q.9	A	
Q.17	D	
Q.19		FiO ₂ should be less than 0.5 and safe range is 0.35 to 0.45 (ref given by someone on fb group and its also written in morgan)
Q.24	C	
Q.24	B	
Q.28	A	
Q.50	B	
Q.52	D>A	
Q.66	C	
Q.81	D	
Q.85	D	
Q.93		1% hypochlorite
Q.96		morphine ___ fentanyl cause early respiratory depression (ref given by asad ali on fb group)
Q.110	C	(total vol 1590L , pressure remains same till 400L after that it gradually drops, when the last drop of nitrous oxide liquid evaporates the tank is approx

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		16% full. The pressure fall will depend upon size of tank and rate of flow) Search "mapleson D" in fcps anesthesia group and you will find this original question in comment section
Q.114	C	
Q.118	C	
Q.119	A	
Q.141		ADH V1 __ IP3 ADH V2 __ cAMP
Q.142	B>A	
Q.147	E	cylinder contains almost 600L of oxygen if it is providing gas at 10L/min then 600 divided by 10= 60min there is a table given in morgan in 2nd chapter in which volume and pressures of different cylinders are written
Q.148		cartilage = collagen
Q.151	C	C PR interval
Q.152		rifampin> INH
Q.153		cisatracurium > succinylcholine (cisatracurium release no histamine, succinylcholine release some histamine but it can be safely used in asthmatics) Ref. morgan muscular blockade chapter
Q.154	D	(brain can use ketones but RBCs can't)

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Page 180 3rd may 2017 morning

Page# / Question	Key	Explanation
Q.9	C	
Q.11	D	
Q14	D	
Q.20	B+C	
Q.23	B	
Q.26		Permanent coma__ thalamus Deep coma__ locus ceruleus (group discussion)
Q.28	A	
Q.49	C	
Q.53	A	
Q.55	A	
Q.59	C	
Q.66	D	dark skin don't give wrong reading in capnography but nail varnish can give wrong reading
Q.79	C	
Q.82	B	
Q.89		It has shortest half life but its level return back to normal quickly and is present when rest of factors are not present
Q.93	D	
Q.100	B	
Q.103	C	
Q.106	D	
Q.107	D	v/q reduced to zero__ shunting v/q increases to infinity __ dead space

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		so here answer should be dead space or none of above
Q.111	B	

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Page# / Question	Key	Explanation
Q.2	C	ref. Kaplan (gen pharmacologyS
Q.16	A	
Q.17		Alveolar ventilation= (tidal vol – vol of distribution) multiply Respiratory Rate A= (350-100) multiply 18 =250 multiply 18 = 4500ml =4.5L
Q.19		In upper most part both ventilation and perfusion is reduced Perfusion is more decreased as compared to ventilation so v/q increases thus__ dead spacing
Q.26	B	
Q.29	B	
Q.37	A	Male 60%, female 50%, neonate 70% (google)

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Q.39		RBCs shrink swell and then lyse (Dr. Atif/ Dr. Amanullah)
Q.43	B	
Q.45	B	
Q.49	B	
Q.53	B	
Q.55	A	
Q.62	C	
Q.65		Above clavicle C3, below clavicle C4 (first aid ref. given in group discussion)
Q.72		mnemonic 1yr C_ capitulum 3yr R_ radius 5yr I_ internal/medial epicondyle 7yr T_ trochlea 9yr O_ olecranon 11yr L_ lateral epicondyle
Q.87	D	
Q.95	poor recall (All of above)	
Q.108	A	
Q.114	A	
Q.120	E	(factor 2, AT3, protein S)
Q.124	C	(lente, semilente, glargine___ long acting), NPH_ intermediate acting, ultralente_ longest
Q.130		remember! Orthostatic hypotension or dizziness is the S/E not only hypotension
Q.139	A	(child) do confirm it by seniors
Q.141	B	

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Q.142	B	
Q.143	A	
Q.145		B and most potent is thioridazine (group discussion)
Q.151	C	
Q.161	1% hypochlorite	
Q.165		key correct but the unit is psi instead of kpa Hospital pipeline __ 50psi Machine__ 45psi (ref. morgan)
Q.167	B	
Q.168	B	
Q.160	key correct	Potency/MAC__ oil/gas partition coefficient Speed of induction and recovery__ blood/gas partition coefficient
Q.173	key correct	it is the most potent anticonvulsant
Q.177	key correct	
Q.178	key correct	
Q.186	A	
Q.189	key correct	
Q.190	A	

Page 204 nov 2017

Page# / Question	Key	Explanation
Q.2	C	
Q.3		bisoprolol>metoprolol

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Q.5	key correct	Nissle granules synthetizes proteins Highest in RER, absent in aon hillock
Q.26	key correct	
Q.30	key correct	NIOSH safe levels 25ppm of NO 2ppm Halothane 0.5ppm Halothane if NO is being simultaneously used (ref morgan)
Q.33	B	
Q.42	key correct	All others induce p450 but valproic acid inhibit p450
Q.49	poor recall	Pasturization> ethylene oxide
Q.57	B	
Q.59	key correct	
Q.62	A	
Q.66	C	
Q.68	key correct	More pka__ slower onset More lipid soluble__ more potent__ more toxic More protein bound__ more duration of action
Q.71	C	
Q.73	key correct(Jejunum)	But more water loss and electrolytes imbalance occurs due to ileal resection (its another mcq)
Q.78	B	
Q.85	450	

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Q.88	D>A> procainamide	
Q.94	C	as it is 0.02%
Q.95	B	
Q.100	C	
Q.104	key correct	
Q.113	B+A	
Q.114	C	or subglottis
Q.128	B	(biphasic when given repeated doses, its another mcq)
Q.127	poor recall	Ref. first aid Oxygenated blood coming from IVC goes to RA and is shunted to LA through fossa ovale thus left heart is more oxygenated than right heart, IVC has more oxygenated blood than SVC
Q.132	key correct	RR increases so CO2 decreases
Q.140		amiodarone for VT Digoxin for A fib Adenosine for SVT
Q.144	A+C	
Q.157	A+C	correct, B wrong
Q.168	C	
Q.171	key correct	Staging__ invasion/extent of spread/ most important factor for malignancy Grading_ differentiation/ degree of anaplasia

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Page 216 september 2016 paper1

Page# / Question	Key	Explanation
Q.12		digoxin toxicity is caused by hypokalemia Digoxin toxicity causes hyperkalemia
Q.13		Humidity__ convection ETT/ breathing__ evaporation Through surface/contact/ patient lying on table heat loss through table__ conduction Through skin ie without toughing any surface__ radiation In uncovered in OT (radiation+ conduction) Maximum heat loss__ conduction How can the heat losses be minimized during surgery__ by humidifying inspired air Blood is warmed at 37°C__ to promote L to R shift and to prevent R to L shift (as R shift cause easy O2 unloading in tissues)
Q.18		1% hypochlorite
Q.24	B	(if written athlete __ then SV or CO is increased on rest)
Q.26	A	Aldosterone causes secretion of K ⁺ and H ⁺ while reabsorption of Na ⁺

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Q.27	key correct	Heme to hemopexin Hemoglobin to haptoglobin
Q.53	A	Chin to sternal notch/ anterior triangle C2 to c3 Inferior to clavicle to manubrium C3 to C4 Occipital area C1
Q.57		lorazepam
Q.60		. by 1 minute apnea __ conscious patient __ 6mmHg of CO2 raised In anesthetized patient __ 10 to 12mmHg of CO2 raised
Q.66	C	
Q.68	C	seems to be more closer option
Q.78	C	
Q.87	A+C	
Q.88	B	

Page 221 november 2016

Page# / Question	Key	Explanation
Q.7	(8 to 9)	
Q.9	key correct	
Q.10	A Ref given by asad ali on fb group Buprenorphine is partial agonist	

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	and act as antagonist in presence of full agonist, so it will precipitate withdrawal but only in relatively high dose Otherwise naloxone will be the answer	
Q.11	B	
Q.18	poor recall	Dopamine converted to nor epinephrine by dopamine beta hydroxylase Nor epinephrine is converted to epinephrine by PNMT phenyl etholamine N-methyltransferase
Q.23	pansystolic	
Q.25	bupivacaine safe dose with epinephrine 225mg Without epinephrine 150mg 26. key correct Zero twitch__ 100% block 1 twitch __ 90% block 2 twitches __ 80% block 3 twitches __ 75% block 4 twitches __ 60 to 70% block	
Q.27	A	
Q.29	2.7exactly	
Q.33	1 st order elimination	Half life is constant Rate of elimination is directly proportional to plasma level, higher the amount present more rapid will be the elimination Eg. a drug having half life of 1hour, 100mg in plasma__ reduces to 50mg in 1 hour (so 50mg is eliminated) while in next

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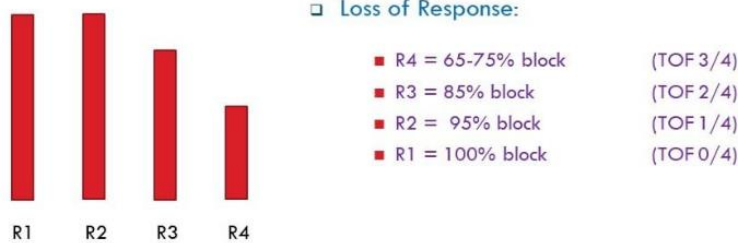
		half life 1 hour 50mg__ will be reduced to 25mg (so only 25mg is eliminated) Thus higher the dose, greater will be the rate of elimination
Q.36	A	
Q.39	A	
Q.43		terbutaline Causes hypoglycemia in fetus and Maternal hyperglycemia and hypokalemia
Q.47	C	
Q.48	C	Most sensitive to ceftazidime> gentamycin In UTI__ ciprofloxacin Not used for pseudomonas__ vancomycin
Q.50	B	
Q.51	controversial B?	
Q.30	C	
Q.62	A	
Q.68	C	
Q.70	B	
Q.83	D	Length 4-5cm Infront of C4,C5,C6
Q.85	D	

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TOF Interpretation

Train of Four Response (R)



Page 226 may 09 2016 morning paper 1

Page# / Question	Key	Explanation
Q.3	key correct	(CRITOL mnemonic)
Q.4	B	
Q.21	D	Midclavicular line____ visceral pleura6th ICS parietal pleura8th ICS Midaxillary line _____ visceral pleura8th ICS parietal pleura10th ICS Paravertebral line____ visceral pleura10th ICS parietal pleura12th ICS
Q.29	B	
Q.32	glutathione> vit E> vit C> vit A	

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Q.36	A+B	
Q.39	B	
Q.42	B	
Q.60	what doesn't decrease	
Q.62	key correct	
Q.68	A	(old age) Lung compliance increases, VC decreases, TLC same, residual vol increases
Q.69	A+B	
Q.70	A	

Page 232 morning 9th may 2016

Page# / Question	Key	Explanation
Q.7	A	(lateral pterygoid prevent TMJ dislocation)
Q.12	key correct	
Q.13	B	
Q.22	B	
Q.29	key correct	
Q.30	B	
Q.33	B	(different answers by different seniors but I will stick with R/L)
Q.35	A	
Q.40	A key correct	(memorize all the factors which increase or decrease dead space) Tracheostomy decreases dead space
Q.48	A	$pO_2 = (ATM - H_2O)$ multiply

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		FiO2(oxygen) pO2 = (450-47) multiply 0.21 pO2 = 403 multiply 0.21 pO2 = 84.6
Q66	mmHg units	
Q.68	B	
Q.81	controversial	
Q.82	A (leptin)	
Q.86	key correct	Sevoflurane 160 Isoflurane 240 Halothane 243 Desflurane 681 (ref Morgan)
Q.90	C	
Q.94	B+A	
Q.96	key correct	Procaine can be used for MH susceptible patients
Q.97	A	(succinylcholine 0.5min> rocuronium 1.5min)

Page 238 april 2016 paper 2

Page# / Question	Key	Explanation
Q.10	B	mnemonic for sequence KG-LUC (hypokalemia>hyperglycemia>hyperlipedemia>hyperuricemia>hypercalcemia)
Q.16	key correct	there are 3 types of O cylinders Polarographic (Clarke electrode)

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		Galvanic fluid (fuel cells) Paramagnetic
Q.20	A	Longest acting__ doxacurium Shortest acting __ succinylcholine> rocuronium (ref morgan)
Q.25	key correct	625-700L volume 700/6L=116min approx. 114min
Q.26	A	
Q.36	B	group discussion)
Q.37	B	
Q.40	key correct RV=20-25ml/kg	
Q.44	A	
Q.45	key correct	
Q.46	blood= alveolar air	v/q increased__ decreased perfusion__ decreased gaseous exchange__ pO2 pCO2 of alveolar gas remains same as that of humidified inspired air v/q decreased__ decreased ventilation__ decreased gaseous exchange__ pO2 pCO2 of blood will be same as that of venous blood (BRS physiology)
Q.50		regenerates glutathione (first aid)
Q.52	B	
Q.58	key correct	
Q.61	B	
Q.64	B	
Q.68	C	

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Q.74	key correct	(ref given by Dr. KIM on fb group)

Page 243 31st December 2015

Page# / Question	Key	Explanation
Q.9	D	
Q.14	key correct	
Q.15	key correct	Chronically 10mmHg of pCO ₂ is raised so it is chronic Resp Acidosis thus it will increase 4mEq/L, thus closest option is 3
Q.22	bisoprolol>metoprolol	
Q.42	key correct	In UMN lesion the upper half of the face is spared, while in LMN lesion half face upper + lower both areas are affected
Q.46	key correct	Initially resp alkalosis (hyperventilation) then compensatory metabolic acidosis While in acetazolamide there is only metabolic acidosis
Q.56	B>C	
Q.57	key correct	Thus para central lesion will cause loss of sensation of lower limbs
Q.57	k efflux > Cl influx	

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Apply Compensation

Metabolic Acidosis	Pco ₂ should ↓ by 1.2 mm for each 1 mEq ↓ plasma Hco ₃
Metabolic Alkalosis	Pco ₂ should ↑ by 0.6 mm for each 1 mEq ↑ plasma Hco ₃
Acute Resp. Acidosis	Plasma Hco ₃ ↑ by 1 mEq / L for each 10 mm ↑ Pco ₂
Chronic. Resp. Acidosis	Plasma Hco ₃ ↑ by 4 mEq / L for each 10 mm ↑ Pco ₂
Acute. Resp. Alkalosis	Plasma Hco ₃ ↓ by 1 mEq / L for each 10 mm ↓ Pco ₂
Chronic Resp Alkalosis	Plasma Hco ₃ ↓ by 4 mEq / L for each 10 mm ↓ Pco ₂

Question states that bicarb is increased so it is metabolic alkalosis, 0.6 pCO₂ should be increased for 1mEq rise in HCO₃⁻, so here 10mEq/L rise in HCO₃ will raise 0.6 multiply 10 = 6mmHg of pCO₂ so the closest option is 7

Page 246 anesthesia FCPS 2011

Page# / Question	Key	Explanation
Q.1		memorize definitions of critical temperature, critical pressure, boiling temperature
Q.4	D	
Q.5	C	inhibit conversion of cAMP to

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		AMP
Q.8	key correct	t branching point the air sticks to one side thus there is un equal distribution of air in alveoli it is coanda effect Study it from <u>gas laws pdf provided on FCPS anesthesia part 1 FB group</u> , and give a read to my pdf of Gas Laws, I have added all the stories which I made to memorize these laws for myself “ Gas Laws Made Funny by Dr. Shamail Fatima”
Q.9	key correct	key correct, laminar flow in a tube is directly proportional to pressure difference or inversely to viscosity
Q.19	key correct	
Q.23	key correct	Occipital vein → posterior auricular → external juglar vein
Q.25	Etomidate	
Q.29	key correct	NSAIDs block TXA2 formation thus increase the risk of bleeding cant be given in oozing wounds while it can be given in diabetic patient having hemicolectomy
Q.35	key correct	Both IPPV and $\uparrow v/q$ cause \uparrow dead space
Q.56	B	
Q.52	B	if 3 times R/L in options then prefer that

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Q.71	key correct	Lingual nerve = lingual vein
Q.73	A	
Q.77		dibucaine> cocaine > bupivacaine
Q.78	poor recall	Suxamethonium stimulates nicotinic receptors in parasympathetic and sympathetic ganglia and muscarinic receptors in SA node of heart, can increase or decrease heart rate. Low doses can produce negative inotropic and chronotropic effects, but higher doses usually increase heart rate and contractility and elevate circulating catecholamines (Ref. Morgan 6 th edition, muscular blockade chapter)
Q.79		bradycardia (Ref. Smith and Aitkenhead)
Q.82		key correct, both prilocaine and benzocaine causes methemoglobinemia
Q.83		12 hours
Q.89	key correct	SpO2 → pO2 100 → 100 75 → 40 50 → 25 Spo2 90% is between 75 and 100 so pO2 should also be in between them (this is how I solved this question if you have a

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		better logic then do share it with me and others)
Q.90	key correct	(>50%) (group discussion)
Q.92		parasympathetic → B?
Q.101	B	
Q.104	key correct	<p>Laudanosine</p> <p><input type="checkbox"/> <input type="checkbox"/> laudanosine is a tertiary amine</p> <p><input type="checkbox"/> <input type="checkbox"/> Breakdown product of atracurium and cis atracurium hofmann degradation</p> <p><input type="checkbox"/> <input type="checkbox"/> Toxic amount is produced when an extremely large amount of atracurium is given or patient has hepatic failure</p> <p><input type="checkbox"/> <input type="checkbox"/> It cause CNS excitation, precipitation of seizures and elevation of MAC</p> <p><input type="checkbox"/> <input type="checkbox"/> the amount of laudanosine produced by cisatracurium is much less than atracurium</p> <p>Ref. Morgan</p>

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Page 253 12th November 2014

Page# / Question	Key	Explanation
Q.7	C	definitive → AFB Diagnostic → PCR Initial → CXR
Q.22		epithelium
Q.29		CMV> hep B> hep C
Q.35	A	Premalignant lesion → pleomorphism Premalignant condition → ↑n/c Malignancy → mets > invasion > pleomorphism (group discussion)
Q.39		bar body absent in turner and present in klinefelter syndrome
Q.59		MHC CLASS 2
Q.64		after 24 HOURS

Page 255 FCPS Anesthesia Paper 2

Page# / Question	Key	Explanation
Q.32		QRS complex → PR interval

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Page 258 17th August Anesthesia paper 1

Page# / Question	Key	Explanation
Q.8	C	Diseased & non diseased → case control Exposed & non exposed → cohort Study
Q.27		muscles of mastication → trigeminal ???
Q.29	B	

Page 260 paper 2 anesthesia dec 31st 2015

Page# / Question	Key	Explanation
Q.1	B	12 hours
Q.3		key correct, physostigmine CNS, neostigmine/ pyridostigmine don't cross BBB
Q.7		Mendelson or ZE syndrome
Q.17	B	
Q.19		trypsinogen

Page 261 25th may 2010 paper 1 and 2

Page# / Question	Key	Explanation
Q.5		key correct, vasodilation → ↓ preload

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Q.11		① in kidney
Q.25		IN liver
Q.21	B	
Q.91	D	
Q.124	Ascending > Descending	
Q.154	A+C	
Q.156	B	
Q..162	A	
Q.170	B	

Page 272 26th march 08

Page# / Question	Key	Explanation
Q.1	A	
Q.6		hypokalemia cause dig toxicity Dig toxicity causes hyperkalemia
Q.15	C	
Q.19	C	
Q.24		drug to be given = caused by
Q.29	key correct	Bp increase after >1500ml blood loss 0.5 L blood loss+ 30min → heart rate slightly increases
Q.33	B+C	
Q.52		primary release → A(thyroxine)
Q.64	A	
Q.65	A	
Q.36		ACE inhibitor

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Q.71	A	
Q.75		the rate of pressure fall is dependent on the rate flow Ref mcgraw hill review
Q.87	1% hypochlorite	
Q.91	B	
Q.94	key correct	
Q.99	E	
Q.105		. poor recall read capnography topic from BAHA AL SHEIKH as it is repeatedly tested topic of cpsp
Q.120		poor recall 4 to 5cm length, C3 to C6
Q.121		right crus of diaphragm
Q.139	C	
Q.160	all... poor recall	

61. A nitrous oxide tank contains gas at a pressure of 750 psi. When the last drop of liquid nitrous oxide evaporates

- (A) the pressure will fall rapidly
- (B) the rate of pressure fall is dependent on the rate of flow
- (C) the pressure will begin to rise as the gas expands
- (D) the pressure will be zero
- (E) the pressure will remain at 750 psi until the tank is empty

(D)

(E)

65. In t
area

(A)

(B)

(C)

(D)

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61. (B) When the last drop of nitrous oxide liquid evaporates, the tank is approximately 16% full. The pressure fall will depend on the size of the tank and the rate of flow. (5:622)

$$^{\circ}\text{C} = (^{\circ}\text{F} - 32) \times 5 / 9$$

$$^{\circ}\text{F} = (^{\circ}\text{C} \times 9 / 5) + 32$$



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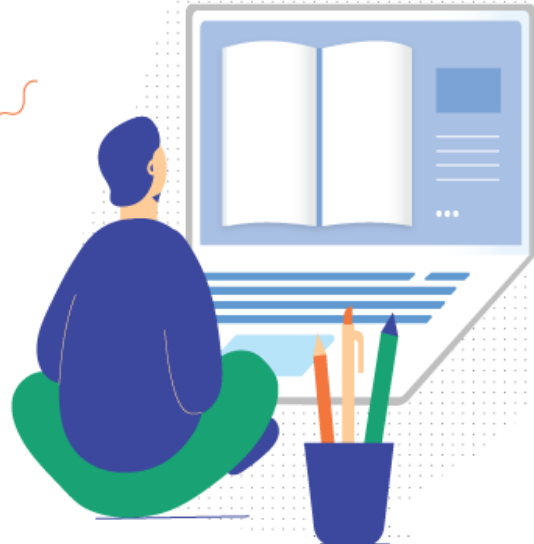
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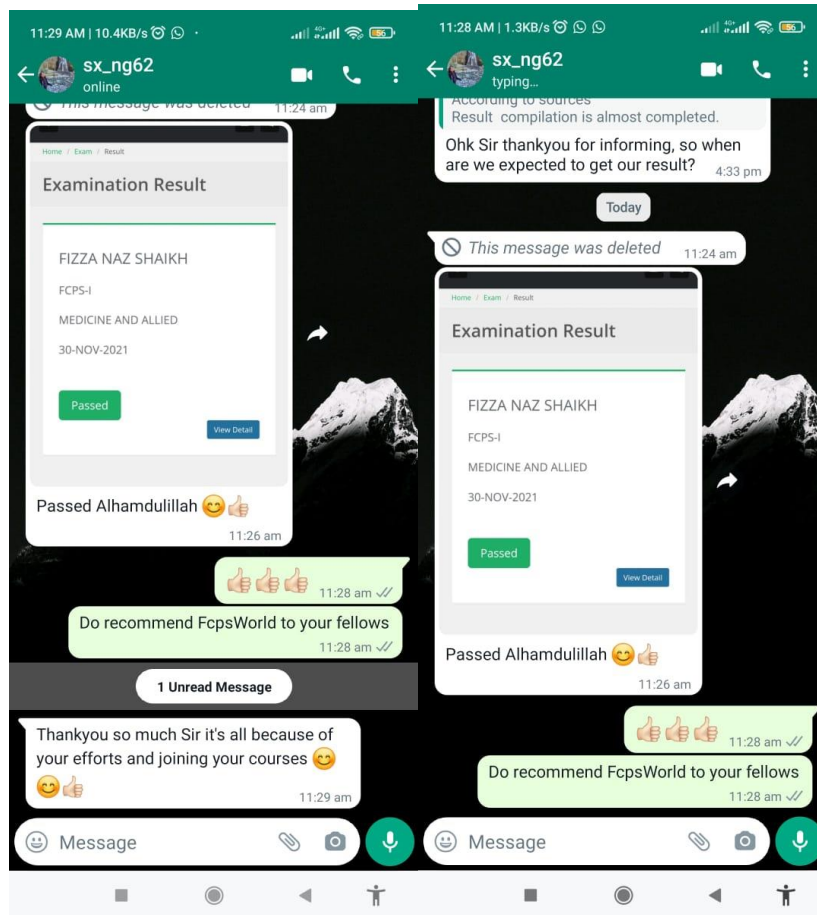


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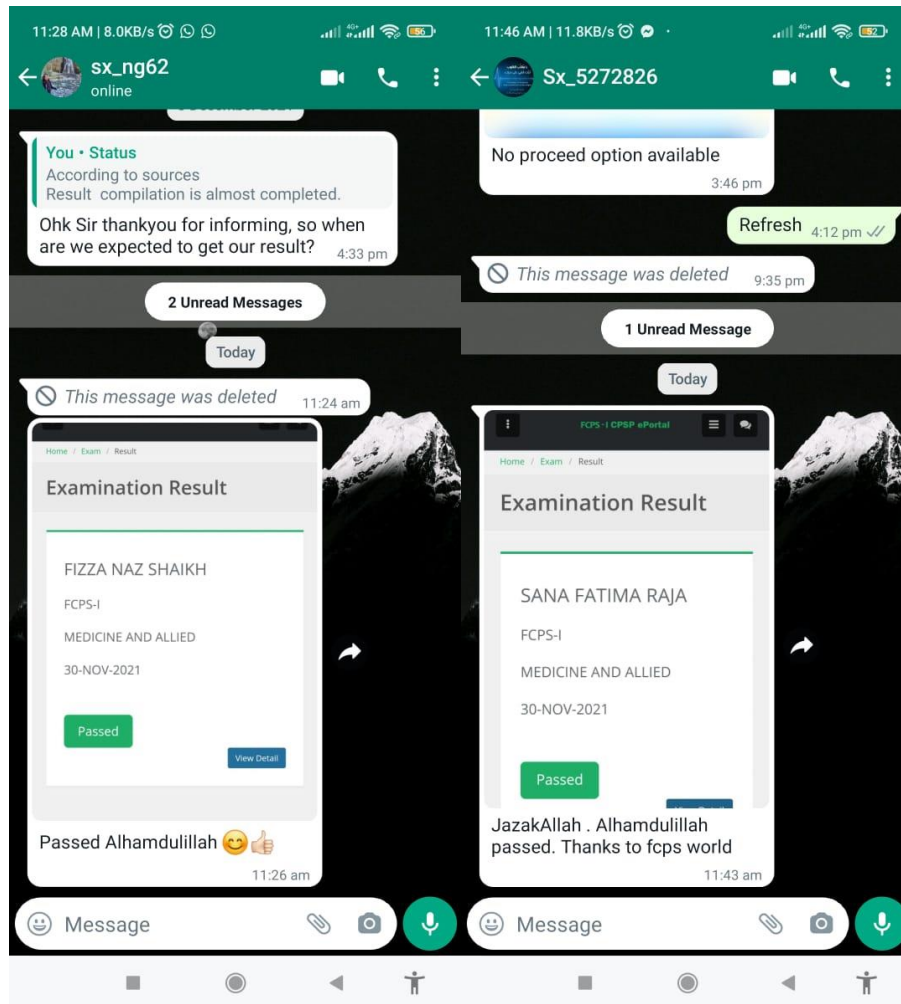


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- ✓ Hostel Facility is also available

