Correction file

1st month :
Question 6 : (branch 2): this is laryngeal view (Cormack-Lehane classification) not Mallampati.
Answer is 3 (true) as we can only see the epiglottis.

3rd month :
Question 1: 2- pic 2&3, 3- pic 4, 4- pic1.
Question 10 :(branch 3): sevoflurane not isoflurane.
Question 12 : (branch 2): 4th answer is the best.

4th month :
Question 7 : (branch 1): end is A not E.

5th month :
Question 3 : (branch 4) : preformed N-shaped non-cuffed ETT, 5 mm.
Question 13 : (branch 1) : none, propofol isn't C/I in this case.
Question 13 : (branch 2) : ketamine true but propofol is also a bronchodilator.
Question 15 : (branch 2) : 2 not 1.

6th month :
Question 6 : (branch 4) : ketamine not thiopental.

Fawaz Almadi & Yazid Alrwashdeh

021 Anastethia miniOSCE

1st semester

the first month

By

Mohamad Al sa'ed
Salih Al-Qaderi
Waseem Hamzeh
Amro Qashou
Hashem Al Jaafari
Fares Al Shobaki

Q1)

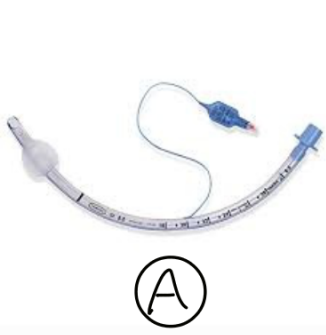
What is the name of this mask? Mapelson F system /Jackson Rees' modification of the Ayre's T piece

What is it used for?

For what group age of people? Pediatrics

-It provides visual evidence of breathing during spontaneous ventilation
-It provides a degree of CPAP during spontaneous ventilation and positive end-expiratory
pressure (PEEP) during IPPV.
-It provides a convenient method of assisting or controlling ventilation.

Q2)



Mention 3 scenarios you would prefer to use B over A:

1) Doesnt require muscle relaxation
2) Doesn't require neck mobility
3) Less tooth and laryngeal trauma

Q3)Pictures for:

A)Propofol B)Ketamine C)Medazolam D)Morphine

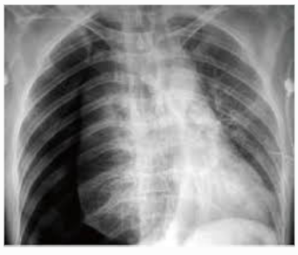
Which drug is a NMDA agonist None

Which causes pain on induction Propofol

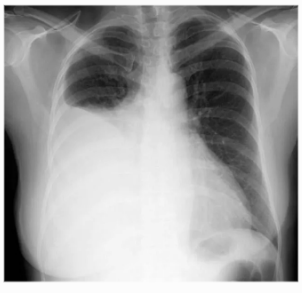
Which has anterograde amnesia property Medazolam

Best drug for iv induction of anesthesia Propofol

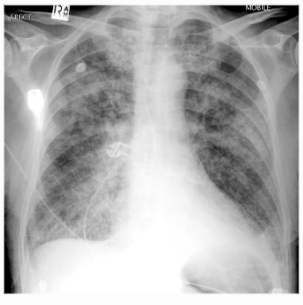
Q4)chose the right management for each picture (you can use the same choice twice)



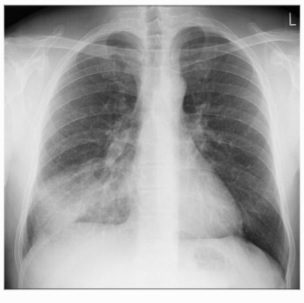
chest drain



chest drain



Diuretics or antibiotics not sure (this is ards)



Antibiotics

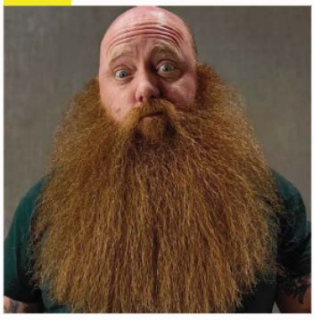
Q5)what does normal saline consist of and in what

NA+ /// CL-

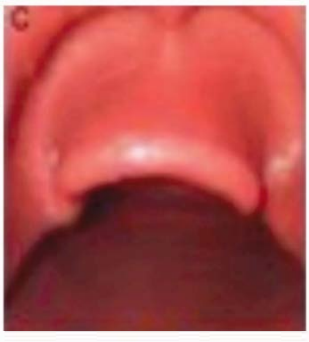
consentrations and percentages? Na+ ------>154mmol/L
Cl- -------> 154 mmol/L

What osmolarity? 308

Q6) the man in the picture was obese



Mention 2 reasons why this man maybe hard to intubate



1-The man's beard
2-Obesity
3-Short neck

What is the score of this picture on mallampati score

3 on the mallampati

Q7)this picture was taken from a 60kg male patient
We want to use lidocaine 2% with a maximum dose of 4mg/kg

What is the proper volume of the drug to give the patient? 12 ml

Why do we give epinephrine in related scenarios? And do we use it in this case? Epinephrine is a vasoconstrictor and it delays the absorption of those drugs,becuase their therapeutic index is narrow,and no we dont give it in this situation

Q8)chose the proper type of shock for each of the following cases:

1)septic shock 2)tension shock 3)anaphylactic shock 4)severe gastroenteritis

1)Distributive shock 2)Obstructive shock 3)Distributive shock

4)Hypovolemic shock

Q9)select the proper type of anesthesia for each of the following surgeries:

1)vaginal prolapse 2)total abdominal hysterectkmy 3)pus removal from perenium 4)laproscopic surgery

1) GA with LMA 2)GA with ETT 3) Spinal Anasthesia 4)GA

Q10)

They showed a closer pic about anesthesia machine, had other parts numbered but use this for reference;

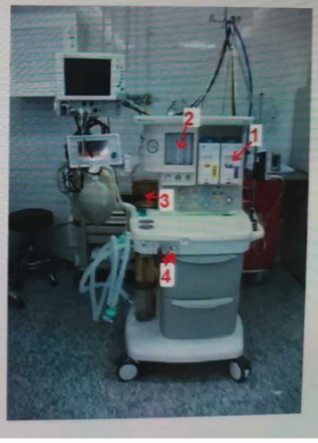
Which of the following parts:

1 - Allows deliver of 35L/min flow of oxygen at a 4-bar pressure? 4

2 - Needs to be opened all the way when spontaneously breathing? 1

3 - Inspiratory port for a closed circuit? 3

4 - Shows measured flow of medical gases? 2



Q11)4yo child with hard iv access was meant to have an iv access procedure

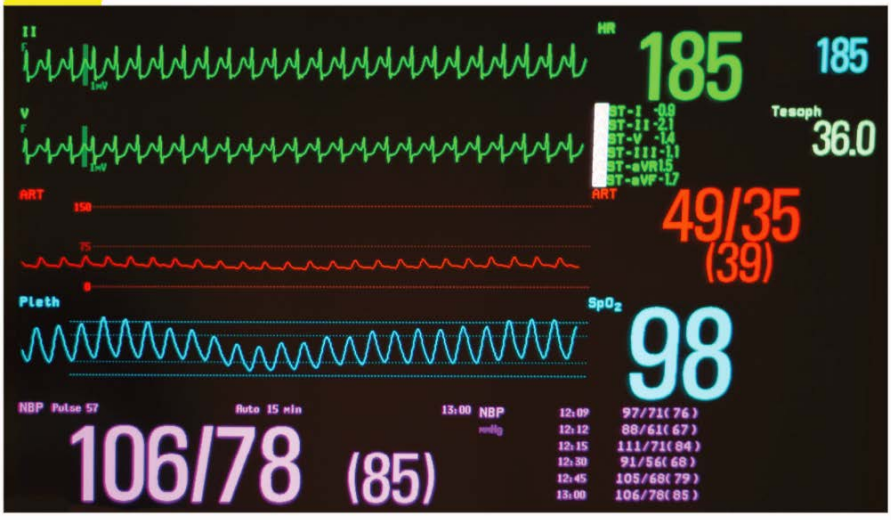
Mention 2 ways by which you can reduse his anxiety? 1-Bring his family 2- give him toys

How to induce anesthesia in this case? Inhalational anasthesia

What to do next? based on the context of the question and guidelines

What is the proper size of his ETT 5

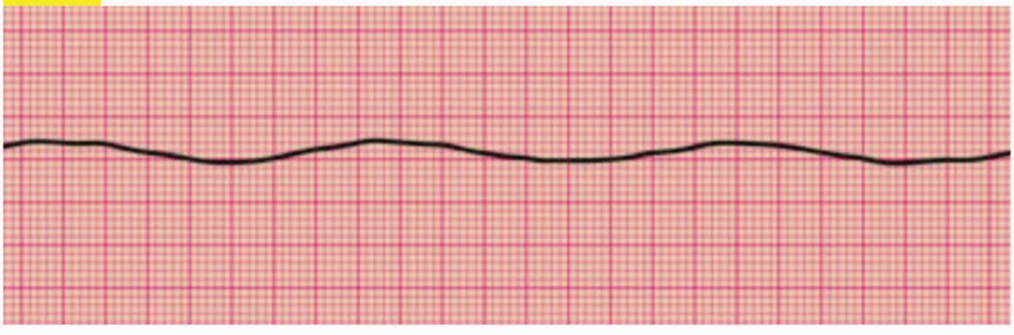
Q12)



Mention 2 abnormalities in this picture? 1)Tachycardia 2)Hypotension

What to do for the patient in this case? IV fluid

Q13)

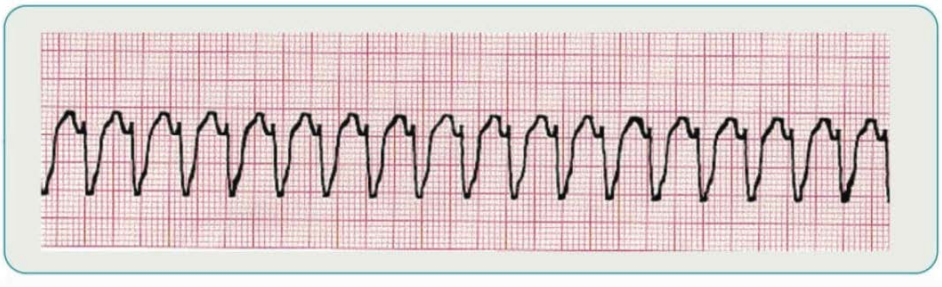


What is the name of this ecg pattern? Asystole

What are the next 3 steps?

1-DC shock + chest compressions 2- 1mg Adrenaline 3-Recheck the system

Q14)



Management? (we dont remember if this was the exact pic in the exam) but this is Vtach management of vtach:(based on the guidlines):IF unstable :- synchronized DC shock up to 3 time
IF stable:-(pulseless) 1 shock then resume CPR for 2 minutes (give amiodarone 300m IV ,adrenaline1 mg after 3rd shock, if not pulseless (based on guidelines)

Q15)pain score

answers:- 4 ///// 8 ///// 6 //// 1

021 Anastethia miniOSCE

1st semester

the Second month

By

Mohamad Al sa'ed

Fahed Aletan

Q1)

A- Identify the following parts:-

Low resistance syringe

Epidural needle

Catheter

Bacteriostatic filter to prevent infection

B- Mention two complications of using this procedure:-

1-Epidural hematoma 2-Peripheral nerve injury

C- Name 2 drugs that can be used in this procedure:-

1-Lidocaine 2-Bupivacaine

Q2)

A)what is the following machine?

Defibrillator

B)Which type is the preferable type to use?

Biphasic Defibrillator

C)why did you choose this type?

1)less electrical energy requirement(more efficient)

2)fewer chances of burn

Q3)

-True or False based on the photo above:-

1-Anemic hypoxia:- True

2-Histotoxic hypoxia:-False

3-Circulatory hypoxia:-True

4-Hypoxic hypoxia:-False

Q4)

What are four clinical indicators that a paralyzed patient doesn't have enough hypnosis?

1-Hypertension

2-Tachycardia

3-Dilated pupils

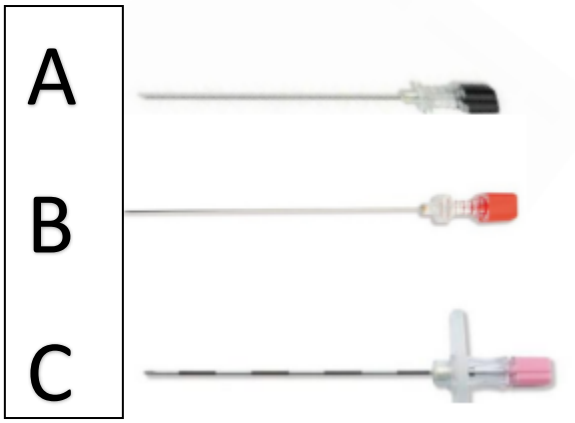
4-Lacrimation

Q5)

1-Which one is a 25 gauge needle?

B

2-Which one depends on a loss of resistance technique?



C

3-Which one has a lower risk for PDPH?

C

4-Which one is a quincke needle?

A&B

Q6)

What's the blood volume of the following demographics?

1-Men:- 70-75

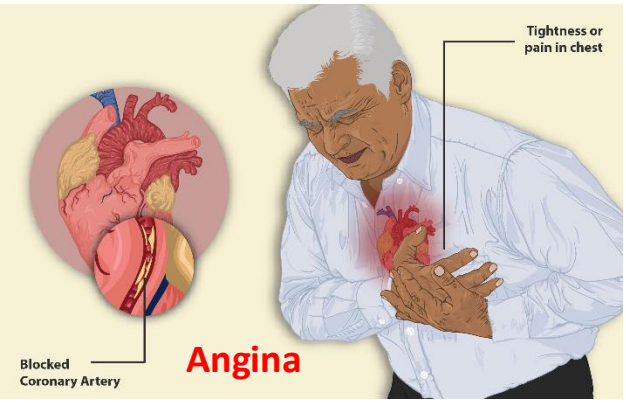
2-Women:- 65

3-Infants:-80

4-Neonates(25 days): 85

Q7)

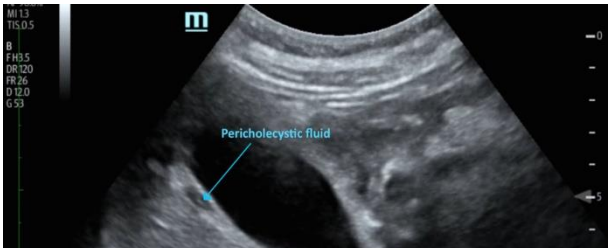
Choose the correct type of pain:- (Nociceptive/Neuropathic)



Nociceptive pain

Neuropathic pain

Nociceptive pain



Nociceptive pain

Q8)

A patient presenting with swelling in the face and neck, and he takes cefazolin:

1-whats the diagnosis??

Anaphylactic shock

2-What needs to be done in this case?

1- Stop exposure to the trigger.
2- IV access

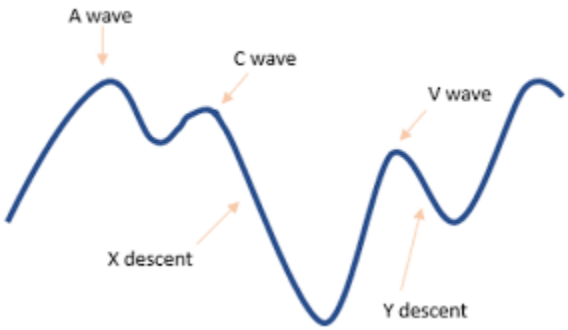
3-whats the appropriate medication to be given in this case?

Epinephrine

Q9)

Answer the questions based on this CVP waveform:-

-Identify:-



1-X descent: Atrial relaxation

2-Y descent:- ventricular filling

-What are 2 complications of a central ver

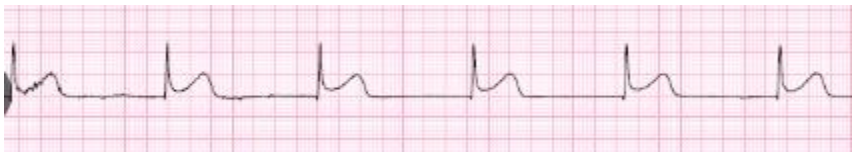
1- Pneumothorax

2-Air embolism

Q10)

A 55 year old women with a long term hx of Mi , presented with a low pressure and confusion.

This is her ECG



1-Whats her Heart rate?

40-50 BPM (the image might not be very accurate but just notice the ST elevation and the bradycardia)

2-Do you give this patient treatment and why?

Yes, the pt is unstable , she's having an Mi and she's bradycardic

3-what's the appropriate action to take?

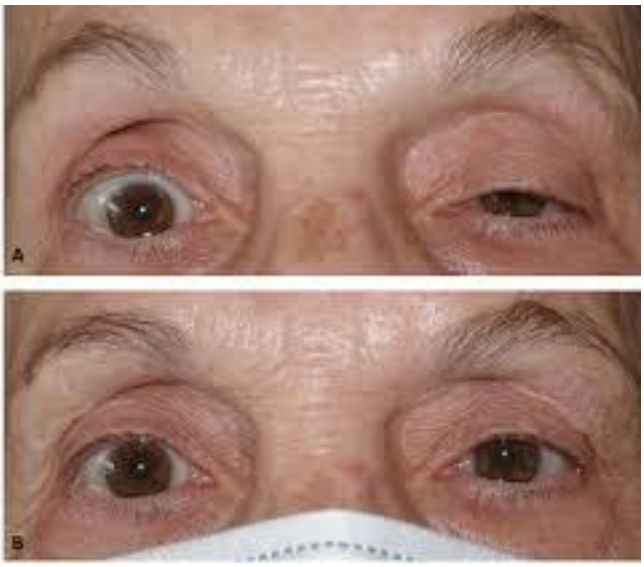
Give atropine 500mcg

4-alternative drug?

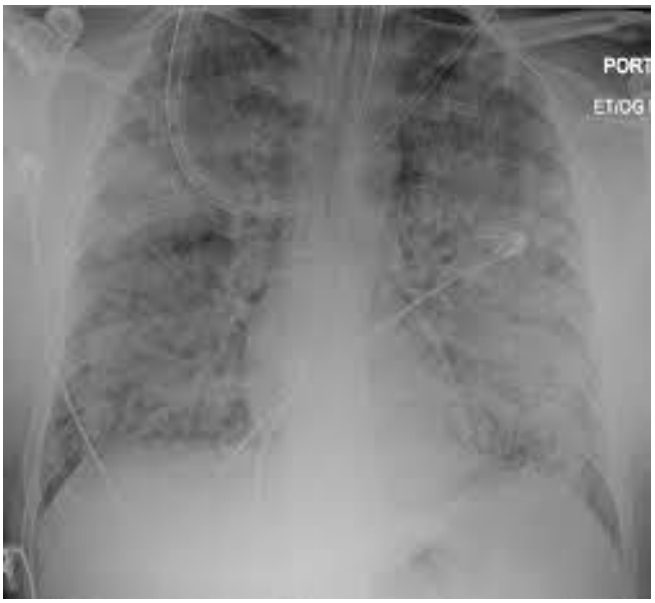
Isopernaline

Q11)

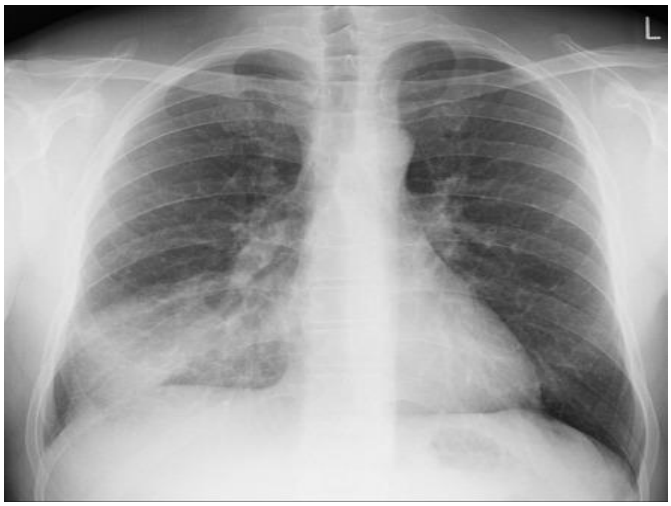
Match the correct type of respiratory failure with the following images (RF Type 1, RF Type 2, RF Type 3)



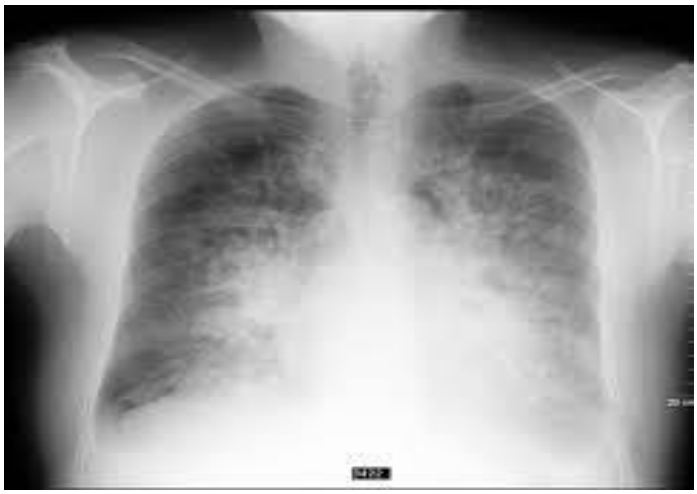
Myasthenia Gravis: RF type 2



ARDS:RF type 1



Pneumonia:RF type 1



Cardiogenic Pulmonary edema :RF type 1

Q12)

Jordan University Hospital
Department of Anesthesia
Anesthesia Management Record

1- Pre-Operative Assessment Note

Patient seen in Pre-operative Anesthesia Clinic? YES ✓NO

A- History

Previous Anesthetic: Yes
Complications: No
Allergies: None
Cardiovascular: No Chest pain or dyspnea - good exercise tolerance - No palpitation - Hypertension on Rx
Respiratory: No Cough or sputum - No URTI - X-smoker > 10Yr
Weight: 72 kg Height: 175 cm
Other: - No Hx of alcohol ingestion - Insured - lives in Amman
Medications: - Hyoten 50mg X 1

B- Physical Examination

Vital Signs:
BP 135/85
Pulse 60/min
Temp 36.6°
R/R 14/min
Pulse ——
Cardiovascular: Regular S1 S2 No murmurs
Respiratory: Good B/L entry / No added sounds
Airway: IMV assessment: Free; Mouth Opening: ok; Tracheal Shift: No; Mallampati class: II; Thyromental Distance: 7Cm; Teeth: ok; Other: ——
Other: - Good Venous accessibility - No Spinal Column deformity noticed

The aspects of preoperative assessment are normal, the Mallampati score of the patient is 3:-

1-What's the ASA risk class of this patient?

ASA2

2-What do you expect to see by Pharyngeal view?

Base of Uvula, soft and hard palate

Q13)

Match each of the following photos to the appropriate answer

-General anasthesia for mandibular surgery:

-Hernia repair in a 25 year old male:-

-Laparoscopic cholycystectomy:-

-Nasal septal surgery:-

Q14)

-What is the expected proper endotracheal tube size?

Non cuff:-5

Cuff:4.5

-Calculate the maintenance fluid (mL/hr):

50

-Calculate the Blood volume:-

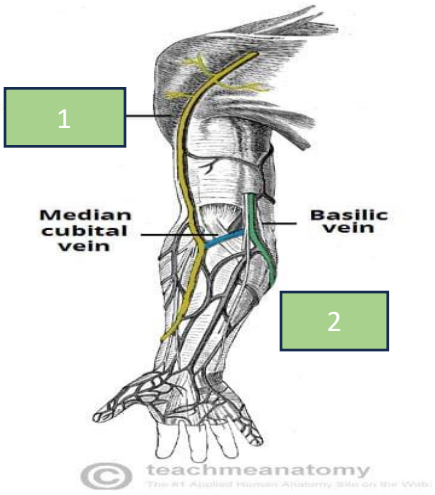
1200


University Hospital
Department of Anesthesia
Anesthesia Management Record
Patient Name: XXX
Age: 4 Sex: ♂
Hospital No.: XX.XXXX
Date: 6/4/2017
1- Pre-Operative Assessment Note
Patient seen in Pre-operative Anesthesia Clinic? ✓ YES ☐ NO
A- History
Previous Anesthesia: NO
Complications: —
Cardiovascular: free
Weight: 15 kg Height: 91 cm
Other: - Active
Respiratory: free
Allergies: —
- fasting for 6 hours.
Medications:

-What is the preoperative management for this patient?

Oral midazolam

Q15)

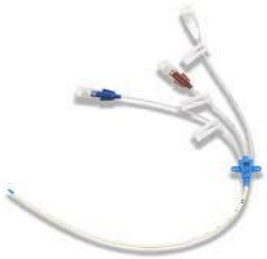


-Identify 1 and 2:-

1-Cephalic vein

2-Basilic vein

-Give 2 indications for the lower photo:



It's a central catheter

1-Difficult Peripheral IV access

2-Hemodialysis

021 Anastethia miniOSCE

1st semester

the third month

By

Ibrahim Sudqi
Wesam Al-Owaidi
Mohammad Alsamarat
Mohammad Abu-Khdear
Mohammed Atwan
Yahya Mohammad
Bara Ahmad
Mohammad Al-Sa'ed
Eman Amjad

Q1:-

Match the following endotracheal tubes with each of the following cases:-

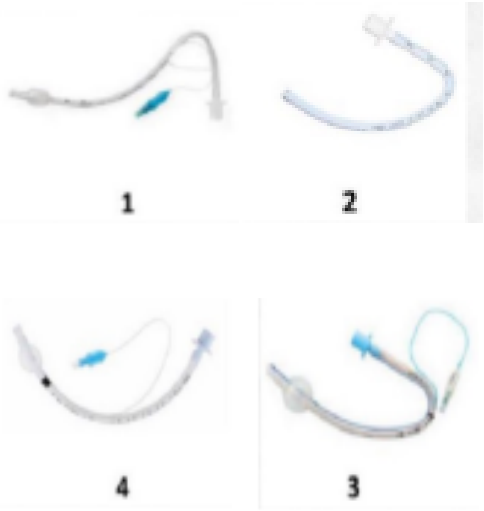
1-Hernia surgery: pic 4

2-Nose job: pic 3

3-Hysterectomy: pic 3

4-Submandibular abscess: pic 2

ANSWERS



Q2:-

Regarding this picture, answer the following questions:-

1- **What is the Mallampati score? 3**
2- **What is the ASA score? 2**
3- **What 2 modalities of anesthesia can be used? Spinal & Epidural**

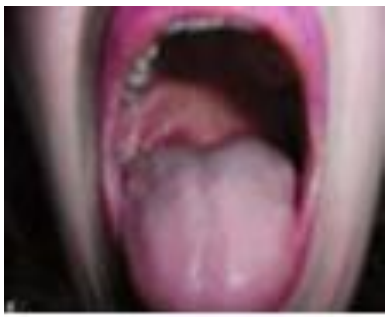
Hospital note:-

Note: Patient refused G.A

-Old ischemic heart

-Ex smoker

-Controlled diabetes



Q3:-

Select the appropriate drug in each of the following

1- Competitve Non depolarizing agent:- Rocuronium

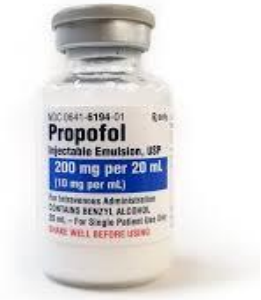
2-Antidote:- Neostigmine, Sugammadex

3-Competitive depolarizing agonist:- Succinylcholine

4-Direct depolarizing muscarinic antagonist:- none

Q4:-

Select the appropriate answer depending on these pictures:-



A B C D

1- Acts on GABA receptor:- A,B, and D

2- Most potent cardiac depressor:- B

3- Most potent bronchodilator:-C

4- Considered an anti emetic drug:- B

Q5:-

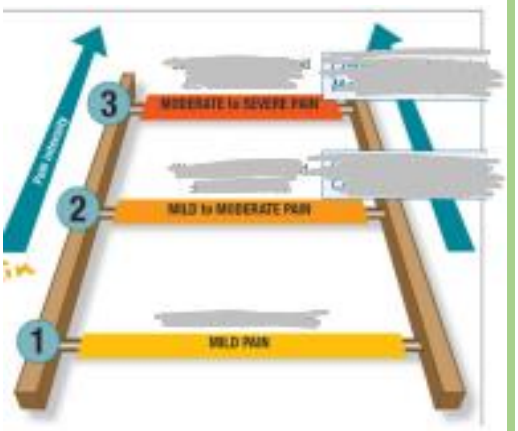
Select the appropriate severity of pain in which each of these drugs can be used:

1-Voltarine: mild to moderate

2-Morphine: Severe

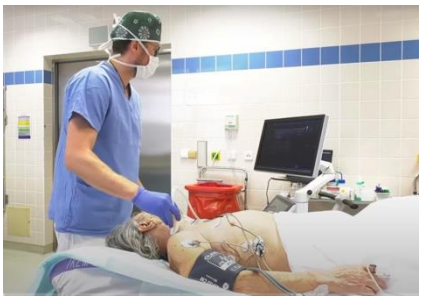
3-Paracetamol: All

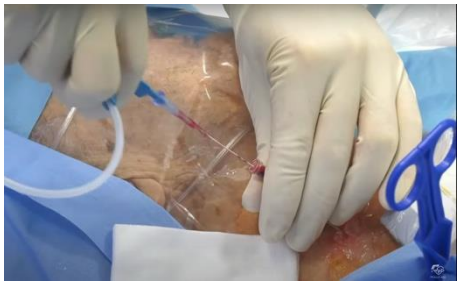
4-Tramadol: Moderate

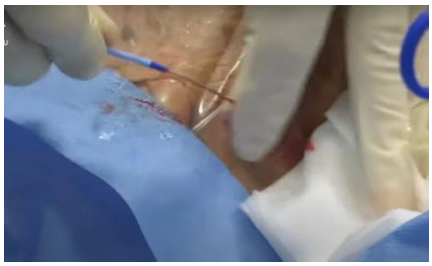


Q6:-

Regarding Central line steps , Number these pictures in the right order:





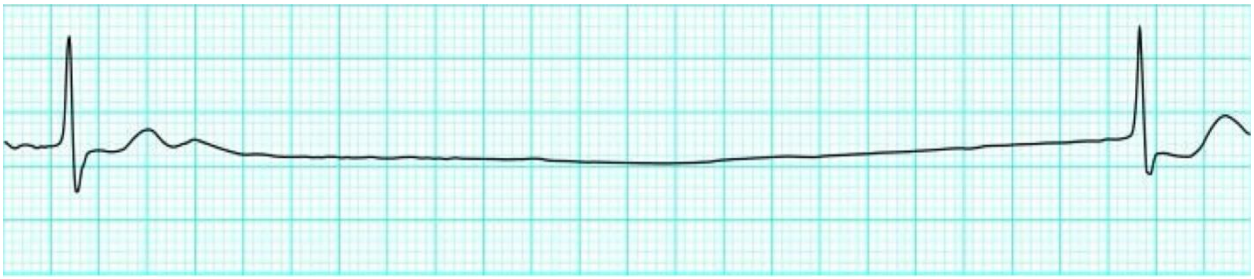


(was 4 pictures)

https://youtu.be/O75D99DxWmM?si=OvAf-iCJ1_AZ8j4R (from this video maybe)

Q7:-

Regarding this ECG with long case scenario , answer the following:-



1-What is the abnormal finding?

Bradycardia(Ventricular pause >3 sec)

2-Does it need treatment or no? and why?

Yes, because it can lead to cardiac arrest(signs of shock in past papers)

3-If atropine doesn't work, what alternative you give?

Isoprenaline

4-What is the non invasive alternative? Transcutaneous Pacing

---

Q8:-

A 6 Yr old patient (weighs 20kg) did a tonsillectomy, after 2 days the patient came back with bleeding, answer the following questions:-

1-What is the type of ETT used?

Preformed nasal tube (Non-cuffed)

2-What is the fluid requirement for this patient?

60 (not sure) + blood loss

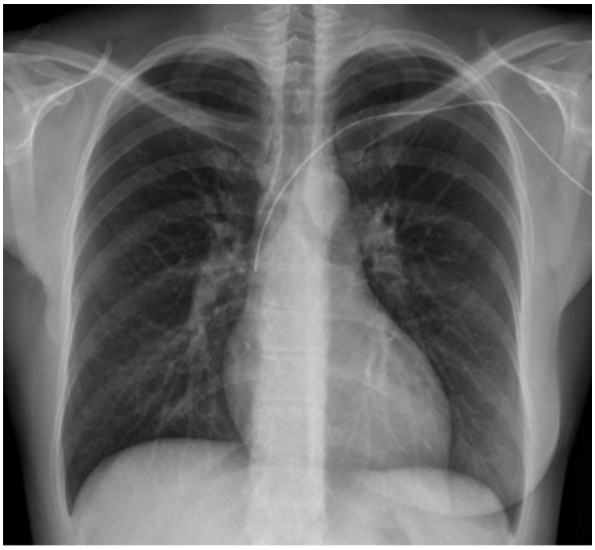
3-Whats the appropriate type drugs used for induction of Anesthesia? Succinylcholine + Rocuronium (Emergency)

3-What is the most important complication that could happen related to emergence from anesthesia?

Aspiration

Q9:-

Answer the questions regarding the following picture:



1-Where is it inserted?

Left subclavian vein

2-How to know that it is correctly inserted?

the tip of the central

line is at the same level of the to Carina (+- 2 cm (not sure))

3-What is the complication and treatment for this complication?

Pneumothorax, Needle chest decompression

Q10:-

1-What's the name of this device?

Vaporizer

2-Which one used for induction?

Sevoflurane

3- Which one has the lowest Saturated Vapour Pressure?

Isoflurane

4-Which one needs to be attached to electricity? Desflurane

Q11:-

Choose the correct class of hypovolemic shock in each of the following:-

1-10%: class 1

2-Lethargia: class 4

3-25 ml/h urine output: class 2

4-130 HR : class 3

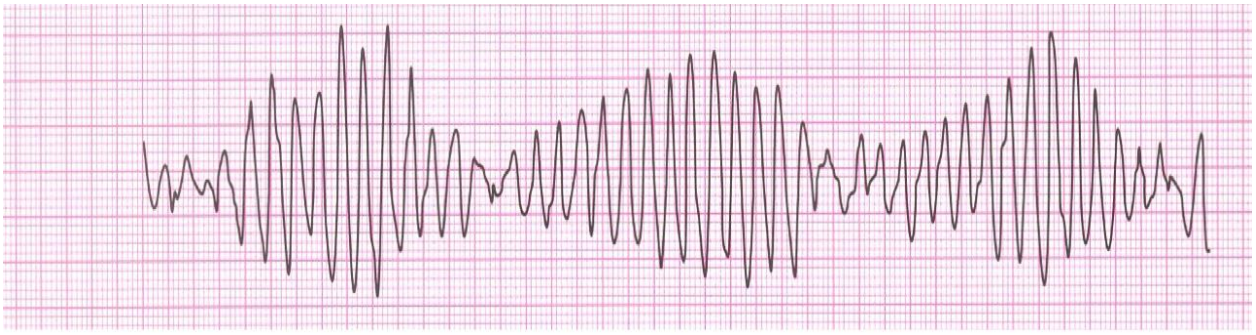
Q12:-

Answer the questions regarding the following picture:-

1- What is the right position? Sniffing position
2- What you can do if can't see ?
   1) Change blade size or type
   2) jaw thrust maneuver
   3) check adequacy of laryngeoscope light
   4) maybe use a fibro-optic bronchoscopy
3- What is the ETT depth in adults?
   21-24 cm

Q13:-

1) what is this rhythm? **Polymorphic VT(Torsades de pointe)**



2) What are the 4 orders that the leader should give for the teamwork?(Patient's ECG after ROSC)

1-Start chest compressions 2-Charge 3- Clear 4- Deliver(with max energy) (I think also giving adrenaline and amiodarone)

Q14:-

What is the presentation of each of the following pictueres:-

1)HR = 98  , SpO2 = 97%

Normal o2 sat and HR

2)HR=52  , SpO2= 97%

Bradycardia

3)HR= 120 (not sure but was high) , SpO2 = 91%

Low o2 sat? with tachycardia

Q15:-

4 ABGs pictures with questions such as (normal , acidosis, alkalosis, compenstated / decompenstated …etc)

1st picture :PH was 7.2, and a bicarbonate level that showed metabolic acidosis and co2 was normal
2nd picture :PH, CO2 ,and HCO3- were all normal
3rd picture: it was compensated respiratory acidosis (CO2 around 50 , not sure if compensated or not)
4th picture:Respiratory acidosis

بالتوفيق في امتحاناتكم جميعا

021 Anastethia miniOSCE

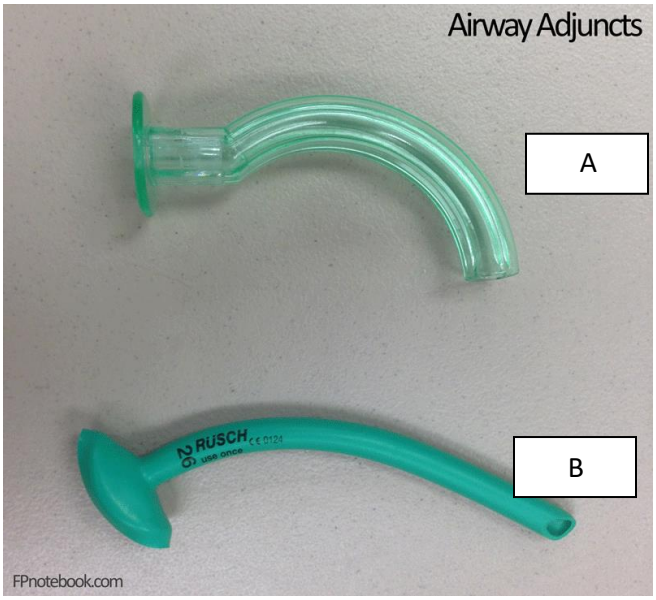
1st semester

Final month

By

محمد زيدان
Qusai Soman
Ammar Ismail
Mohammad Hamam
Younes Hamam
Zaid Samarat
Kareem Awad

Q1:-



1- How to check for the proper size?

A-**(Oral) must equal the distance between the tip of the lip and the mid way point between the angel of mandible and the tragus**

B-(Nasal)must equal the distance between the tip of the the lip and the tragus

2- How to insert:

A-(Oral)insert first half while it facing upward then rotate it while continue insertion

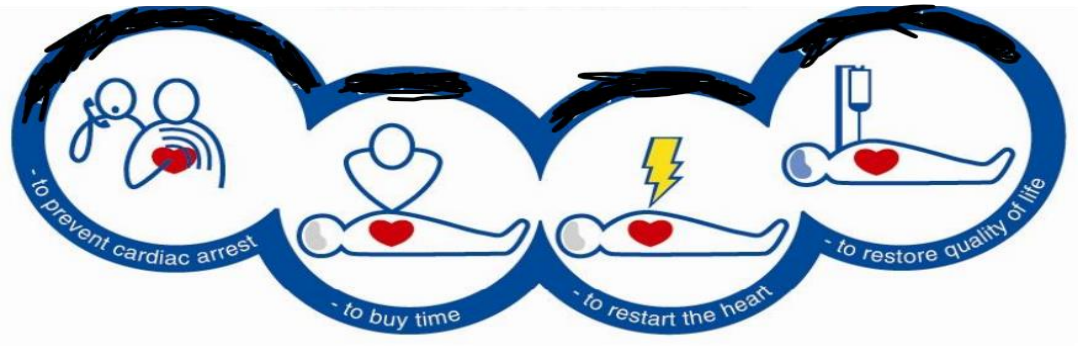
B- (Nasal)insert it directly without going upward (parallel to the palate)

Q2-

The proper airway tube for patient 2 y/o?

- **laryngeal mask, laryngeal tube & endotracheal tube**

Q3-



A- what is it and define it?

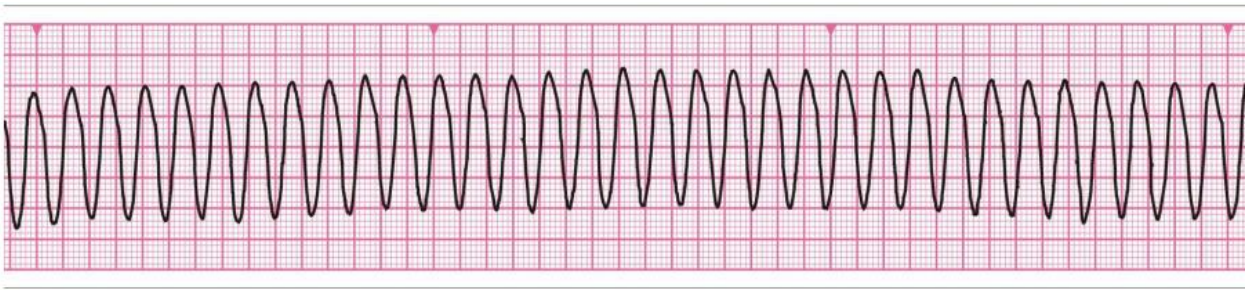
The chain of survival is a chain of events that must occur in rapid succession to maximize the chances of survival from sudden cardiac arrest

B-what is the second and third steps stand for?

2nd: early CRP

3rd: early defibrillation

Q4-



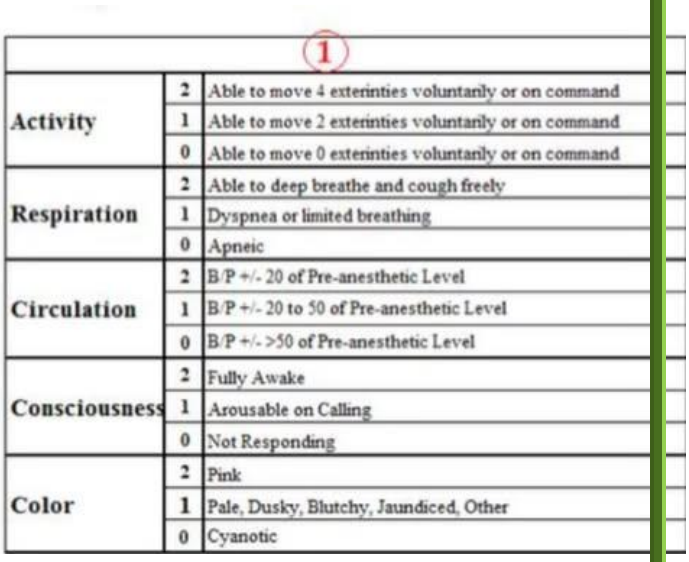
A- what us that rhythm?

VT

B- what is the steps between 2nd stop of chest compression to the start of the 3rd one?

Check the rhythm, shockable, continue chest compression and charge the defibrillator on maximum voltage, when it ready deliver the shock then continue chest compression

Q5:-

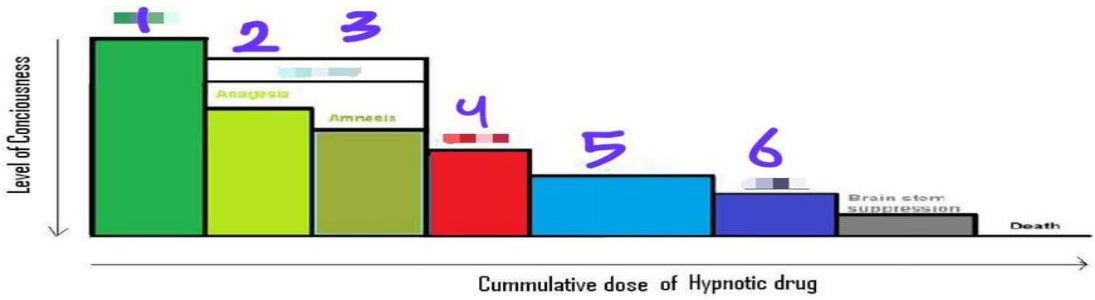


		1
Activity	2	Able to move 4 exterinties voluntarily or on command
	1	Able to move 2 exterinties voluntarily or on command
	0	Able to move 0 exterinties voluntarily or on command
Respiration	2	Able to deep breathe and cough freely
	1	Dyspnea or limited breathing
	0	Apneic
Circulation	2	B/P +/- 20 of Pre-anesthetic Level
	1	B/P +/- 20 to 50 of Pre-anesthetic Level
	0	B/P +/- >50 of Pre-anesthetic Level
Consciousness	2	Fully Awake
	1	Arousable on Calling
	0	Not Responding
Color	2	Pink
	1	Pale, Dusky, Blutchy, Jaundiced, Other
	0	Cyanotic

According to this table what is the score for each (the right column was blurred):

1- able to move 2 limbs on command**(1)**
2- BP +-20 of pre anaesthetic level **(2)**
3- arousable on calling **(1)**
4- Pale**(1)**

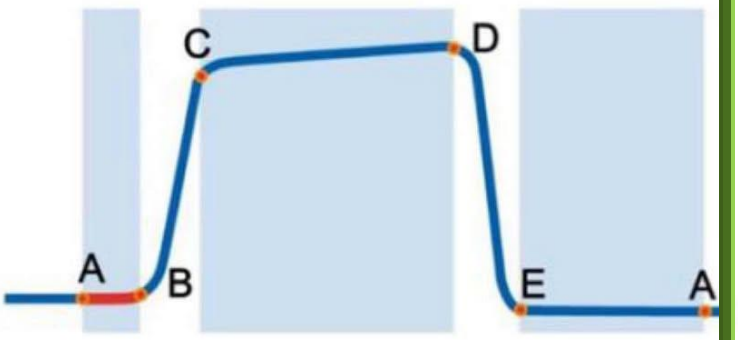
Q6-



1- in which phase do nausea and vomiting usually occur? **4**
2- in which phase there is irregular breathing? **4**
3- in which phase does the amnesic effect start? **3**
4- in which phase does hypnosis occur? **5**

Q7:-

According to the pic :-



1- what is the beginning and end of inspiration ?
Beginning is D , End is E
2- what is the beginning and end of expiration? **Beginning is A, End is D**
3- what is etco2 ? **D**

Q8:-

A shocked child comes to ER after RTA

1- mention 2 causes for the patient's cardiac arrest?

Bleeding (hypovolemic shock) and pneumothorax after rib fracture (obstructive shock)

2- mention to steps to save the patient?

Stop the bleeding, give IV fluids and blood

Q9:-

1-Which one is an amide?

Both

2-Which one is indicated in iv?

Lidocaine

3-Which one has longer action?

Bupivacaine

Q10:-

Remifentanyl /// Morphine /// Precedex(dexmeditomidine)/// Fentanyl /// Tramadol

1-Which of these isn't an opioid? **Precedex(dexmedetomidine)**

2-Which is given mainly be infusion? **Remifentanyl (Precedex can be aswell)**

3-Which one is the most common **Post-op? Morphine**

4-Which one is least potent? **Tramadol**

5-?

Q11:-The question was to compare Sevoflurane vs Isoflurane:-

1-Which of the following is connected to electricity? **None**

2-MAC for each one?

Isoflurane:- 1.15% in adults at 1 atm pressure at sea level.

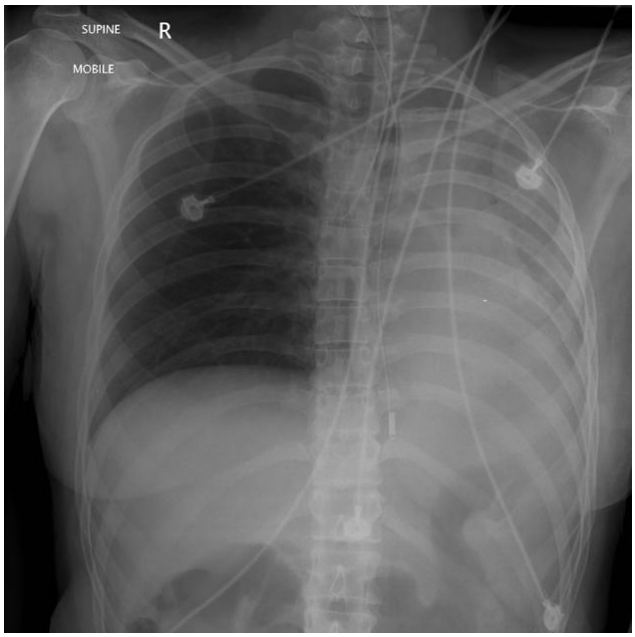
Sevoflurane:- 2.0% in adults at 1 atm pressure at sea level.

Q12:-

What is shown in this CXR? And whats the initial management?

1-**this is Right endobronchial intubation**

2-**Pull the tube back slightly to ensure it is positioned centrally in the trachea, +- 2cm from Carina.**

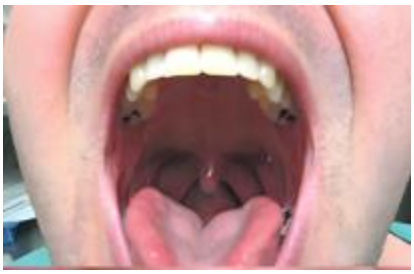


Q13:-

Mallampati score:- 1

ASA score:-2

Hospital note stating that he has Controlled DM and HTN, nothing else is important



Q14:- Masks:- (We are not sure about this question)

1- **Face mask** → Asthma attack **(Need bronchodilator)**
2- **Non rebreather mask** (Can't remember case)
3- **ETT** (Emergency case O2 sat 80%)
4- **VENTURI** (?) not sure

Q15:- machines (We couldn't remember)

بالتوفيق جميعا

021 Anastethia miniOSCE

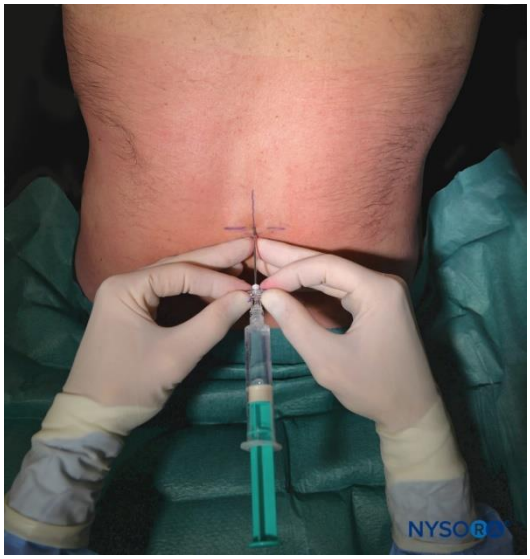
2nd semester

the first month

By

Tareq Hajeer
Ahmad Allaham
Ahmad derbashi

Q1:-



1-What is the type of this Anesthesia?

regional anesthesia (Epidural)

2-if it was given in the infrascapular region, What is the level?

T7

3-What are the structures that the needle passes through to reach the injection site?

1- Skin

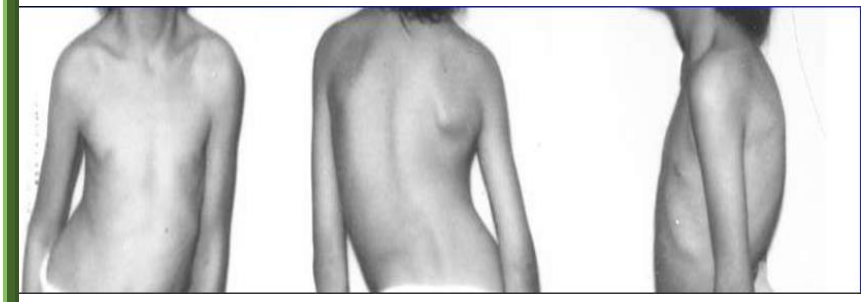
2- Subcutaneous tissue

3- Supraspinous ligament

4- Interspinous ligament

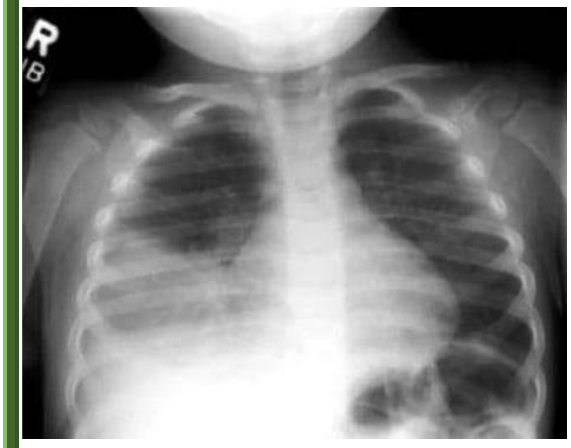
5- Ligamentum flavum

Q2:-What is the type of Respiratory failure in the following Pictures:-

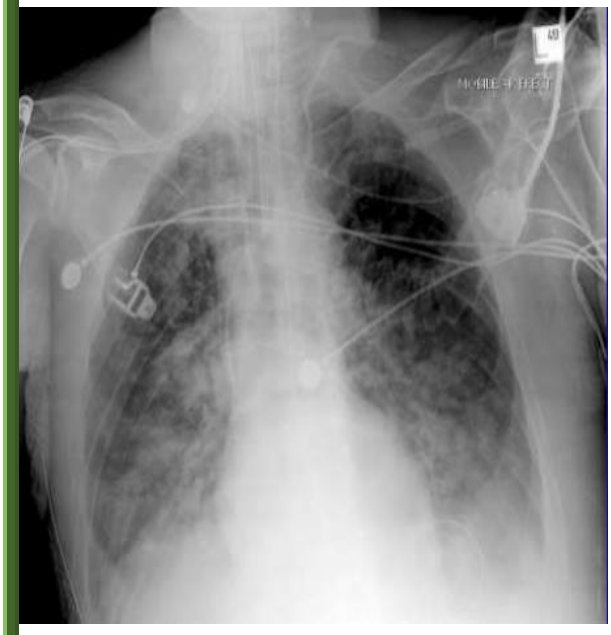


Kyphoscoliosis → Type 2 (Hypercapnic) Respiratory Failure

asthma or COPD exacerbation Type 2 RF



Pneumonia:-Type 1 (Hypoxemic) Respiratory Failure



ARDS (Acute Respiratory Distress Syndrome) → Type 1 (Hypoxemic) Respiratory Failure

Q3:- **A 4-year-old child requires an anesthesia plan for a tonsillar abscess drainage, but IV access could not be established, he had been fasting for 6 hours and he weighs 20kgs, Answer the following:-**

1-What type of anesthesia should be used?

-inhalational induction with sevoflurane

2-What are the possible complications?

- **Airway obstruction**
- **Aspiration risk**
- **Difficult intubation**
- **Laryngospasm**
- **Bleeding**

(From chatgpt)

3-How do you calculate the fluid deficit?

Maintenance fluid requirement (using the 4-2-1 rule):

- **First 10 kg → 10 × 4 = 40 mL/hr**
- **Next 10 kg → 10 × 2 = 20 mL/hr**
- **Total maintenance rate = 60 mL/hr**

Fluid deficit = Maintenance rate × fasting hours

60 mL/hr × 6 hours = 360 mL

4-What type of endotracheal tube should be used, and what is its appropriate size?

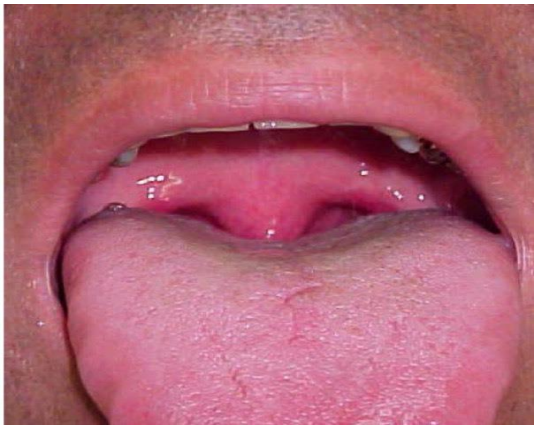
Non-Cuffed ETT, 5 mm

Q4:- **A 54-year-old male patient with controlled hypertension requires an assessment based on the provided larynx and pharyngeal images. Answer the following:**

1-What is the ASA classification of this patient? **3?**

2-Layrngeal view? 2??

3-Pharyngeal view? 3?



4-What is the appropriate endotracheal tube (ETT) size for this patient?

8?

Q5:- Regarding the inhaled anesthetic agents, answer the following:

A

B

C

1. **Which agent is the least potent?**

C

2. **Which agent requires electricity for administration**

C

3. **Which agent has the lowest MAC?**

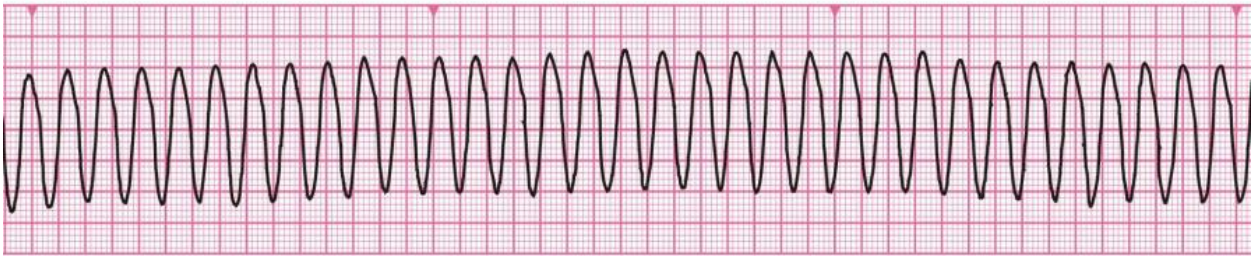
A

4. **Which device contains Sevoflurane?**

B

Q6:-

A collapsed patient, and the cpr leading started Chest compressions



1-Whats the diagnosis?

Ventricular Tachycardia

2-Calculate the HR:- depends on the specific image from the question

3- What should the CPR leader do?

Continue the CPR for 2 minutes, then assess the rhythm, if it persists as VT, shockable rhythm, a shock should be given, then restart CPR for 2 minutes if no signs of life were returned.

Q7:- A patient who had a myocardial infarction (MI) 2 months ago and received a stent presents now with chest pain, confusion, and a blood pressure of 77/58 mmHg. Answer the following:

1-What is the treatment for this patient?

Q8:-

A woman presents to the ER with hypotension and itching after taking an antibiotic for pneumonia. Answer the following:

1. **What is the diagnosis?**

- **anaphylaxis**

2. **What other symptoms might present?**

- **Skin reactions: Urticaria (hives), angioedema (swelling of lips, face, or throat).**
- **Respiratory symptoms: Dyspnea, wheezing, stridor, or laryngeal edema.**
- **Gastrointestinal symptoms: Nausea, vomiting, abdominal pain, or diarrhea.**
- **CNS symptoms: Confusion, dizziness, or loss of consciousness in severe cases**

3. What are the treatment options?

Treatment: ABC's

Stop the exposure to the trigger while assessing the patient's airway and hemodynamic stability is equal to therapy .

1. Airway: Lip and tongue swelling, called angioedema, as well as pharyngeal and glottic swelling may compromise the airway.
   a. For signs of impending airway compromise, securing an endotracheal tube early is a priority.
   b. Supplemental O2 and continuous monitoring are necessary.
2- IV access should be emergently obtained and normal saline administered to raise BP.

3- Epinephrine injection(0.01-0.5 mg IV or IM) depending on the severity, with repeat dosing every 5-15 minutes as needed. A drip(IV Infusion) can be prepared for refractory response.

Epinephrine is the primary vasopressor of choice; however, others may be added to maintain MAP >65 mm Hg.

4. Albuterol is a bronchodilator for bronchospasm and can be given as a nebulizer.

5*. Both H1 and H2 antihistamines.

6*. Consider steroid for airway edema and severe reactions: hydrocortisone, dexamethazone.

Q9:- Regarding the following pictures,answer the following questions:-

1-Which one is naturally occurring?

Codeine

2-Which one is 100 times stronger than morphine?

Fentanyl

3-Which one has a nicotinic anticholinergic effect?

Mepiridine

Q10:- The question presents the following NMBA (Neuromuscular Blocking Agents): Rocuronium, Neostigmine, Suxamethonium, and Cisatracurium. Answer the following: (The question had images of the drugs)

1. **Which one should be given in emergency to a patient with pseudocholinesterase (pAchE) deficiency?**

Rocuronium and Cisatracurium

2. **Which one is augmented by atropine?**

Neostigmine

3. **Which one does not work competitively on its receptor**

Suxamethonium (Succinylcholine)

Q11:- Drug X is a new local anesthetic(and you are given the drug image) and a concentration of 2%. Answer the following:

1. **What is the concentration of the drug in mg/ml?**

20 mg/mL

2. **If the patient weighs 60 kg, and the maximum dose is 4 mg/kg, how much should you administer in mL?**

12 mL

3. **What can be used to enhance the effectiveness of the drug**

Epinephrine

Q12: Regarding the following image, answer the questions:

1-Why do we use it?

For patients on Long term oxygen therapy

2-what type of device is it?

Variable-Flow Oxygen Delivery Device

3-Why do we consider it this way?

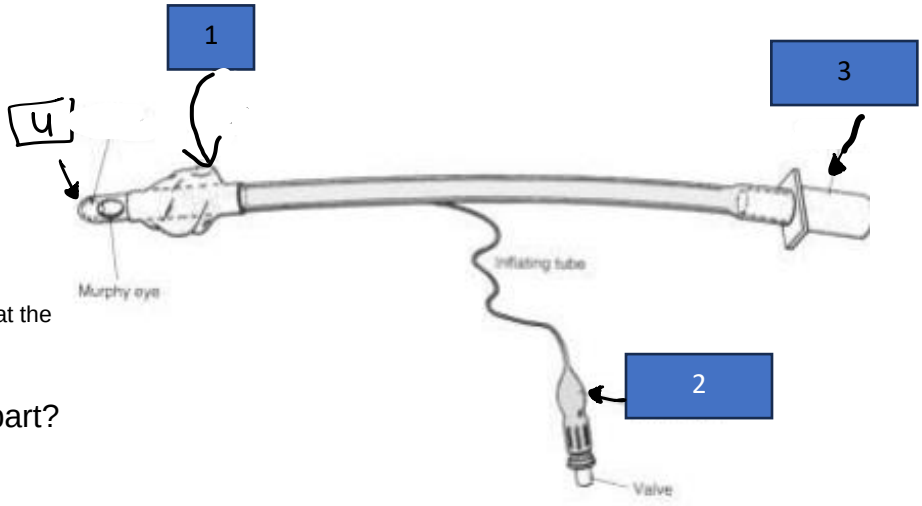
because the oxygen concentration delivered to the patient depends on the flow rate and the patient's respiratory pattern???

Q13:-:- Regarding these pictures answer the following

1-Which one is contraindicated in egg allergy?
Propofol

2-Which one acts as a bronchodilator?
Ketamine

Q14:- Regarding this picture:-



1-What is the pressure of 1 ?

15-22 mmhg

2-What is the function of part 2 ?

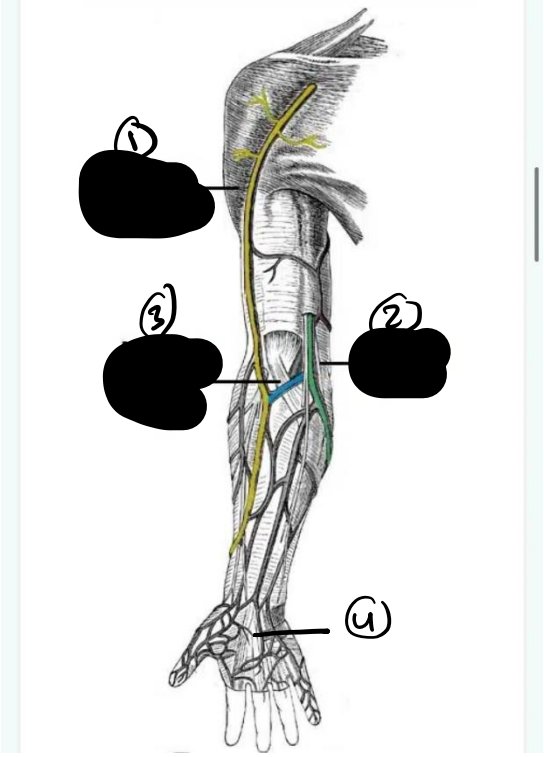
this is the pilot balloon, being inflated assures that the cuff is also inflated with no defects in it

3-What is the function of the blue part?
radioopaque on x ray

4-What is the external diameter of part 3 ?

15 mm

Q15:-Regarding this picture, answer the following questions:-



1- What is the best site for cannulation?

4

2-Which one continues as the axillary vein?

1

3- What is the worst site for cannulation?

3

4-Which one is the basillic vein?

2

021 Anastethia miniOSCE

2nd semester

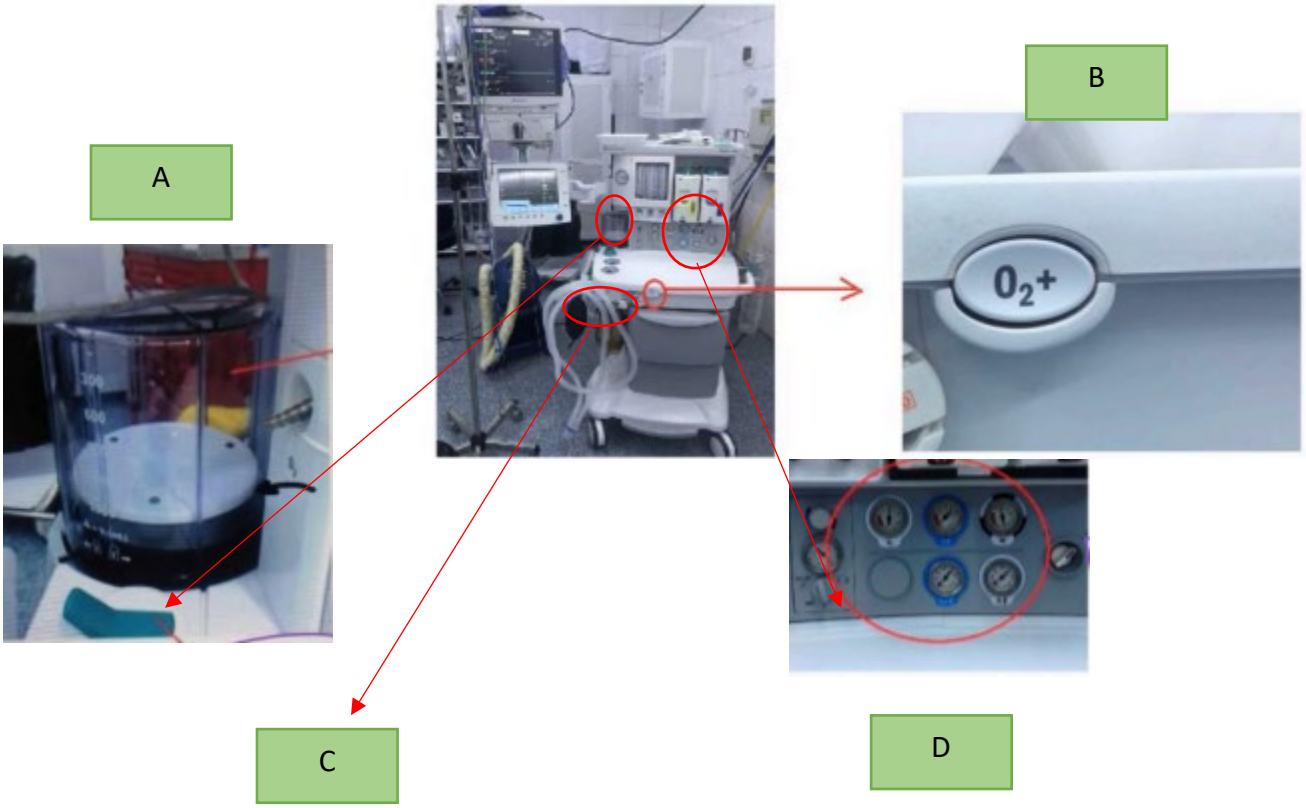
the second month

By

Faten AlDra'awi
Raghad Alasaly
Hussam daraghmeh
Laith shammout
Malek albosta
Mohamad alsaed

Q1:-

Name the following parts of this machine:-



A:- **Switch between ventilator and manual/spontaneous closed circuit circulation**

B: **o2 flush**

C: **fresh gas outlet (sorry for the bad image)**

D: **Gas supply pressure monitor**

Q2:-

1-Which of these drugs is a non-competitive agonist?

Succinylcholine

2-Which one is degraded in the blood by the body's Ph and Temp.?

Cisatracurium

3-which one is used for rapid induction for someone with pseudocholinesterase deficiency?

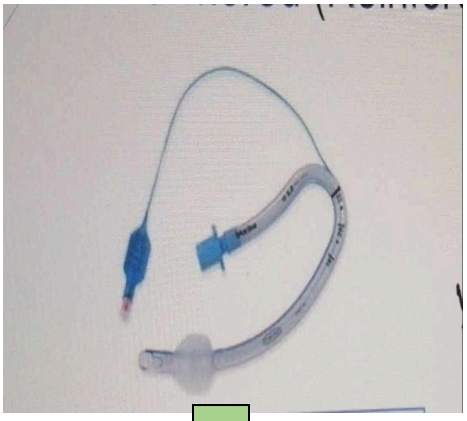
Rocuronium

4-Which one is augmented by concomitant atropine?

Neostigmine???

Q3:-Match the following pictures with each type of surgery:-

A



B

C

D

A: LMA B: Cuffed ETT C: double lumen ETT D: non cuffed ETT (not sure)

1-left lung resection

C

2- Dilatation and curettage procedure:

A

3-Diagnostic Laparotomy

B

4-Emergency for hematuria after lower abdominal trauma

B

Q4:- Patient brought to the ER with visible bleeding, he lost around 3L of blood, answer the following questions:-

1-What is the class of hypovolemia here?

Class IV

2-What is his HR?

>140

3-What is his urine output?

Negligible

4-What is the treatment?

Blood transfusion

Q5:- (Picture of a baby with a central line) it had nothing relevant to it

4 year old child with IV access, 16 kg, surgery for hypospadias repair, answer the following questions:-

1-what is the best drug for induction?

Propofol (since iv is established, not sure)

2-What is the tube size and depth for this patient when put on intubation?

Cuffed ETT

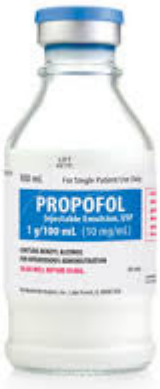
Size is 5 mm

Depth is 14 cm

3- What is the best mode of perioperative pain control?

Caudal block

Q6:-



1-Which one has anti emetic properties?

Propofol

2-Which one is an NMDA agonist?

NONE

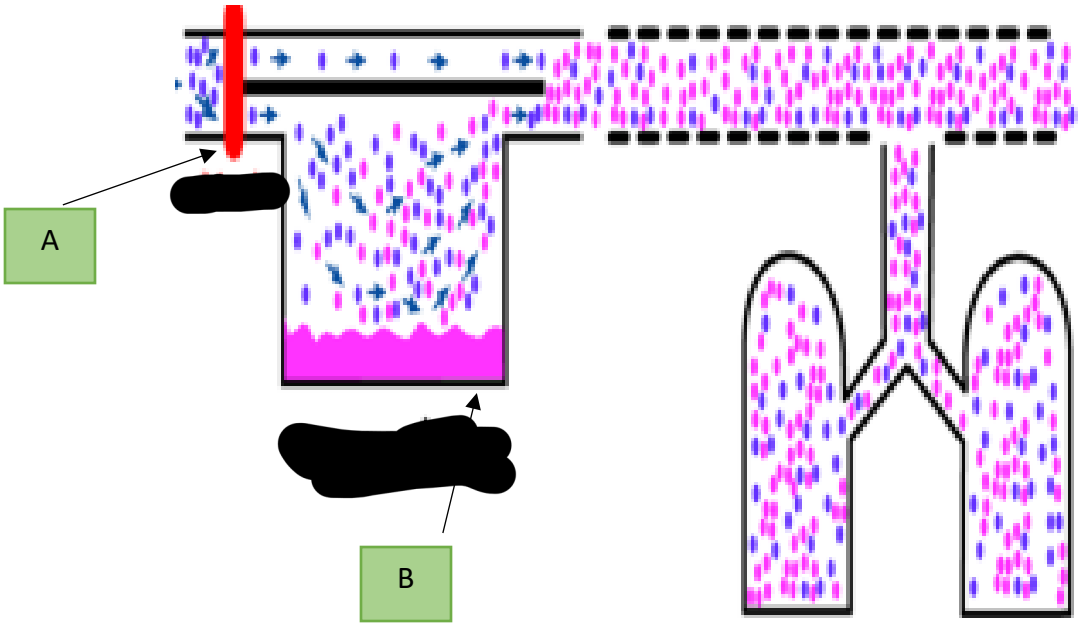
3-Which one causes anterograde amnesia?

Midazolam

4-Which one causes Nausea and vomiting ?

Thiopental

Q7:-



1-What is the name of part A?

Splitting Valve

2-What is the function of part B?

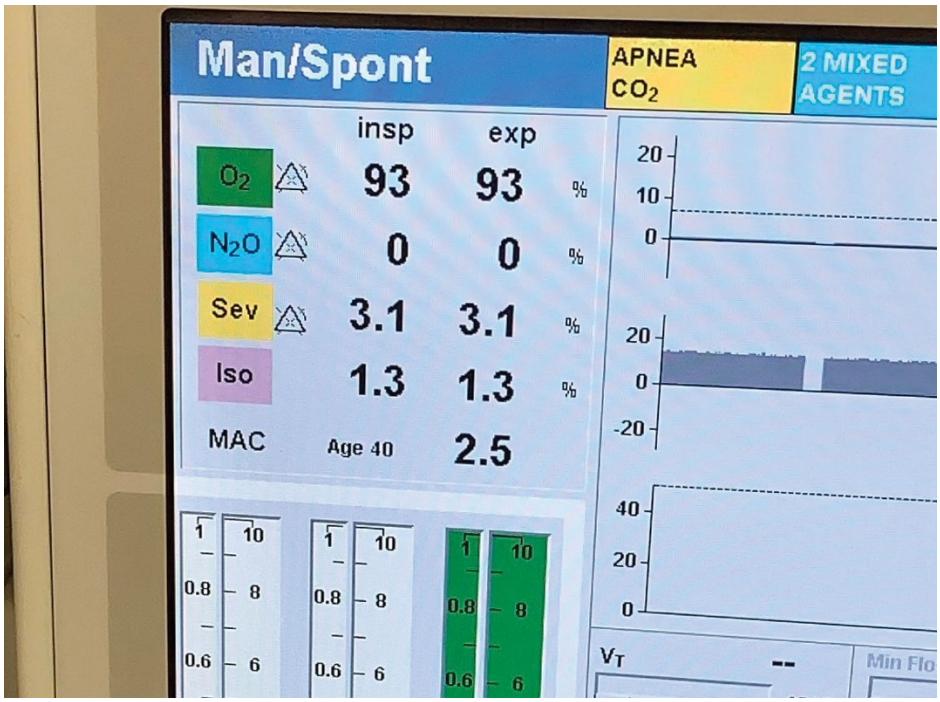
Vaporizer: contains anesthetic agents in a liquid form.

3-What is the MAC of sevo?

3.1/2 = 1.5

4-Why is the MAC 2.5?

Additive MAC of 2 mixed agents?



Q8:-

Patient had Epidural Anesthesia :-

1-What does this patient have?

PDPH (Post dural puncture headache)

2-What are the risk factors?

- **young**
- **tall**
- **female**
- **sharp needles**
- **large diameter low gauge needles**
- **less experiecned anesthetists**

3-What is the pathophysiology?

Puncture of the dura during epidural anesthesia, loss of CSF , and thus intracranial hypotension

Q9:- (It was a picture of Anesthesia monitor showing capnography readings suddenly dropping to zero)

1-Give differentials to why this happened?

- **ETT disconnection/Extubation**
- **Airway obstruction or kinking**
- **Cardiopulmonary arrest**
- **equipment malfunction or disconnection**

2-What is your immediate next step?

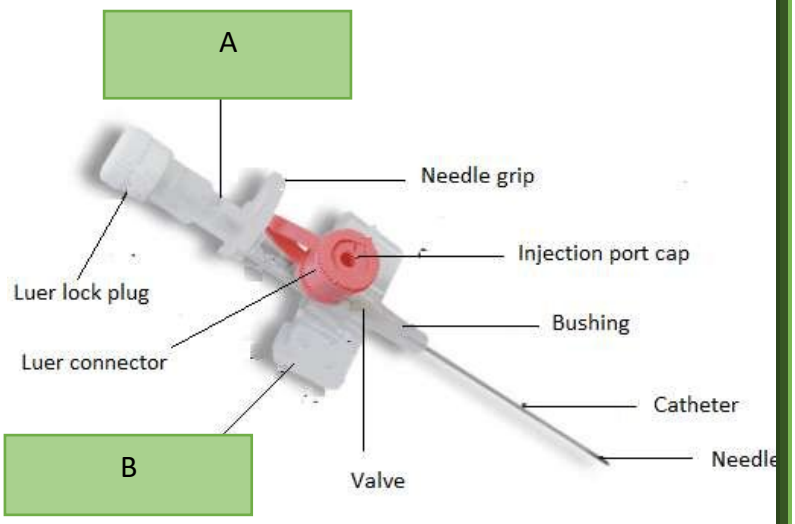
This patient could be in cardiac arrest, before starting CPR we need to make sure that his airway and circulation are good, and also check the ETT connection, and all other tubes connection.

If there is no circulation and breathing you start CPR (According to guidelines)

Q10:-

1-Whats the gauge of this cannula?

20G



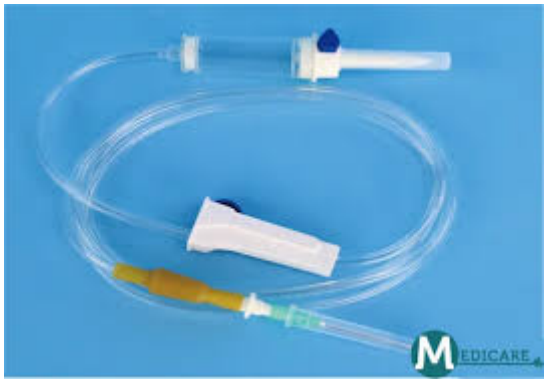
2-What is the names of part A and B?

A:- Flashback chamber

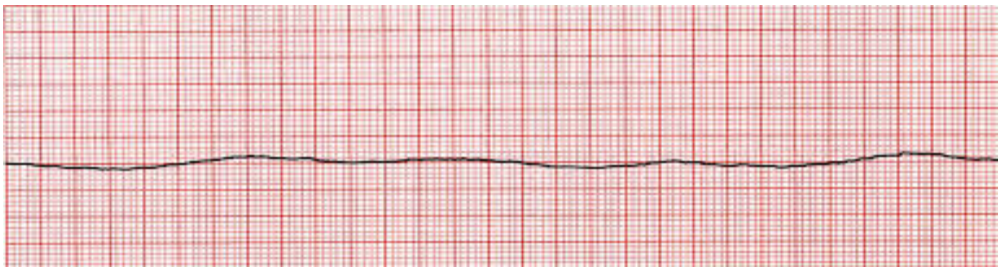
B:Cather wings

3-What is the function of the 2nd pic?

This is a roller clamp , to control the the IV flow



Q11:-Regarding the following ECG, answer the questions below:-



1-What is the diagnosis?

Asystole

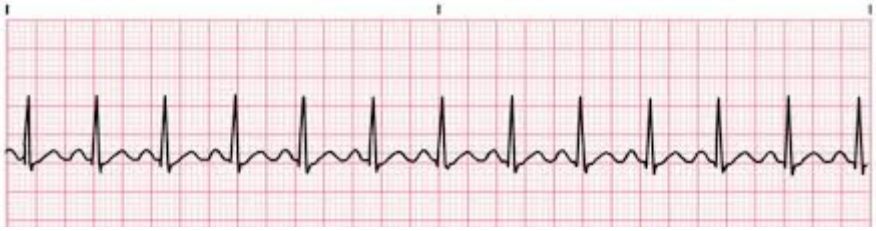
2-Can you shock this patient?why?

No, this is a non-shockable cardiac arrest, DC shocks are usually to stop a heart that's beating too much or (fibrillating) to the point where it cant pump blood

3-What are your immediate steps after first dose adrenaline injection until restart chest compression?

Reassess rhythm and circulation, check for return of spontaneous circulation, maintain good airway and IV access

Q12:-46 year old male presented to the ER with blood pressure of 75/40, he had a UTI 1 week ago, this is his ECG:-



1-What is his ECG findings?

Sinus tachycardia

2-What to do next?

-the students had 2 answers:-

- **Treat this as an unstable tachycardia, so DC shock up to 3 times if unsuccessful Amiodarone 300 mg iv over 10-20 min(ALS guidelines)**
- **Treat this as septic shock, so you give iv fluids, iv antibiotics, and vasopressins**

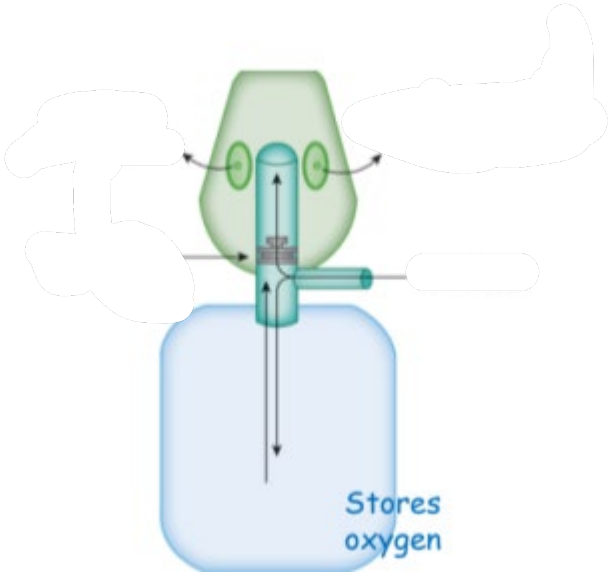
3-Why did you do those steps:-

-if first answer:- because this is an unstable tachycardia, (tachycardia with shock)

-if 2nd answer:- patient has a septic shock (hx of UTI 1 week ago, low bp , and his tachycardia is sinus tachycardia)

Q13:-

A



B

C

D

1-Which of the following operates based on the Bernoulli principle?

D

2-Which device can achieve 80–90% FiO_2?

C

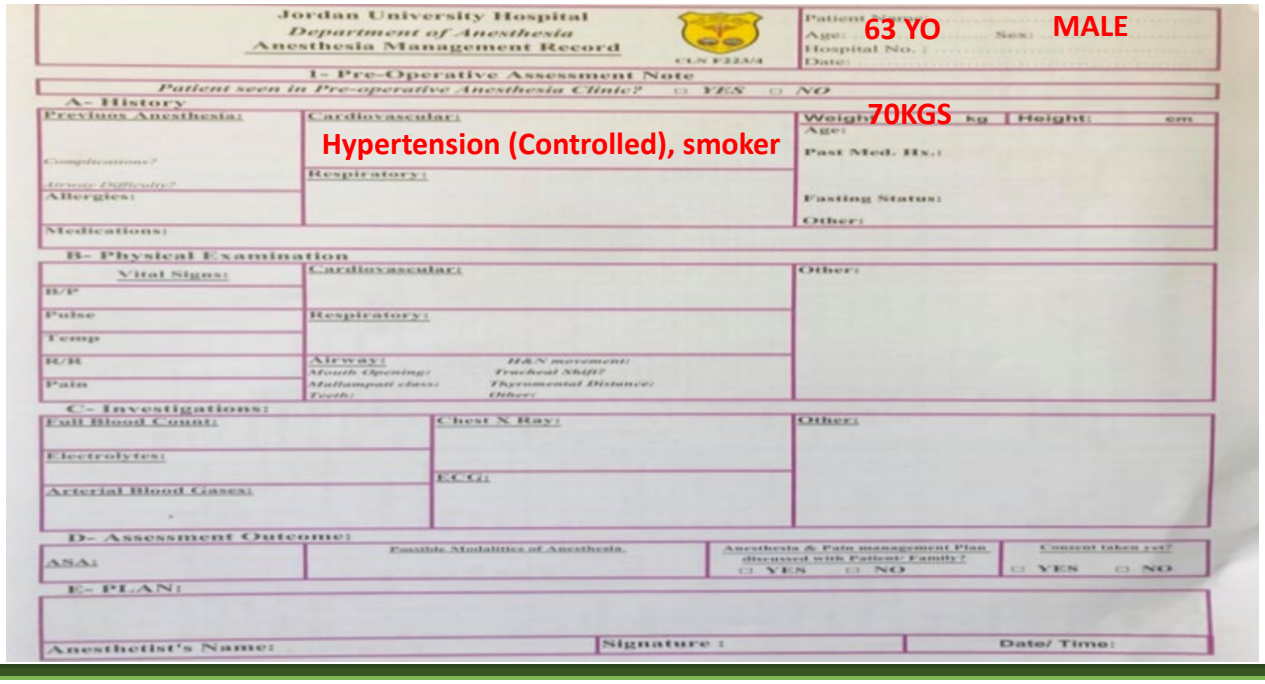
3-Which device delivers 25–40% FiO_2 at 5 L/min?

A

4-Which device has a maximum FiO_2 of 60%?

In slides A and D have a maximum of 60% Fio2

Q14:-



Jordan University Hospital
Department of Anesthesia
Anesthesia Management Record

63 YO MALE

I- Pre-Operative Assessment Note

Patient seen in Pre-operative Anesthesia Clinic? ☐ YES ☐ NO

A- History

Previous Anesthesia:
Allergies:
Medications:
Cardiovascular:
Hypertension (Controlled), smoker
Respiratory:
Weight: 70KGS kg Height: cm
Age:
Past Med. Hx.:
Fasting Status:
Other:

B- Physical Examination

Vital Signs:
B/P
Pulse
Temp
H/R
Pain
Cardiovascular:
Respiratory:
Airway:
Other:

C- Investigations:

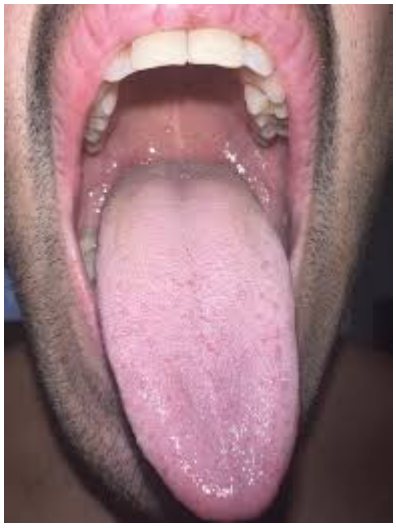
Full Blood Count:
Electrolytes:
Arterial Blood Gases:
Chest X Ray:
ECG:
Other:

D- Assessment Outcome:

ASA:
Possible Modalities of Anesthesia
Anesthesia & Pain management Plan discussed with Patient/ Family? ☐ YES ☐ NO
Consent taken ??? ☐ YES ☐ NO

E- PLAN:

Anesthetist's Name:
Signature :
Date/ Time:



1-What is his ASA score?

2

2-What is his Mallampati score?

4

3-What is his laryngeal view score?

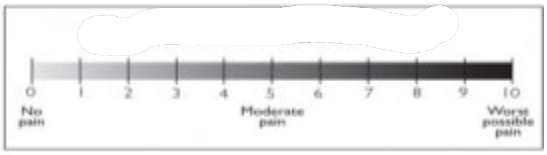
3

4- what is his ETT size?

8 mm (there were choices from 1-8)

Q15:-

Name the following pain scores:-



Numerical rating scale

Visual analog scale

Verbal rating scale

Wong baker FACES rating scale

بالتوفيق جميعا

021 Anastethia miniOSCE

2nd semester

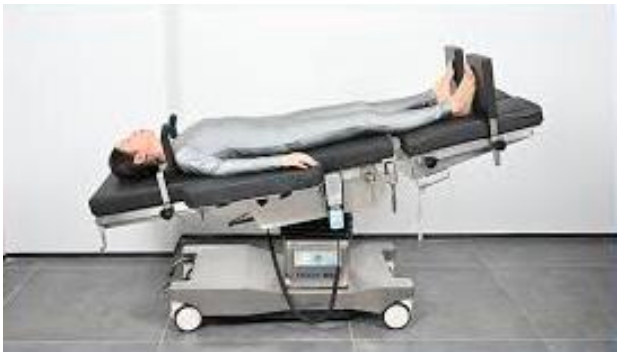
the fourth month

By

Malak Abd-Alhadi

yomna khlil

Q1



- what is the name of this position ?
  trendelenburg position
- Mention three indications
  Central line placement
  Gyn surgeries ?
  Lower abdominal surgeries?

Q2

write the normal Values for each of the following

- Mallampati score : **I or II**
- Thyromental distance : **6 cm**
- Mouth opening : **3 fingers of patient's own (4cm)**
- Neck movement : **>35 cm**

Q3

4 years old child his weight is 12 kgs is in hospital for a hydrocele reduction procedure.

- Mention 4 things you will discuss with the parents in induction :
  Upper respiratory tract infection in the previous days
  Pain control methods

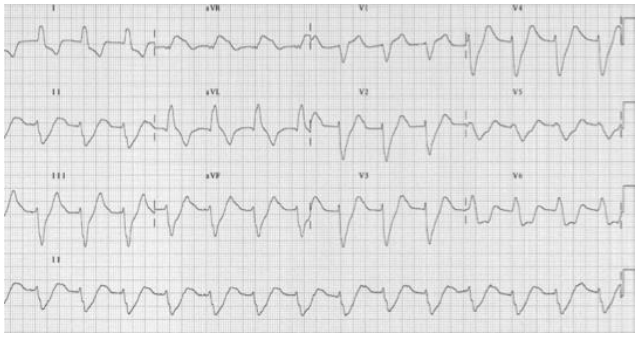
Fasting hours

Preoperative anexiety control method

- What is his hourly fluid maintenance: **44ml/h**
- What is the best choice for pain management in this case ?
  Caudal block

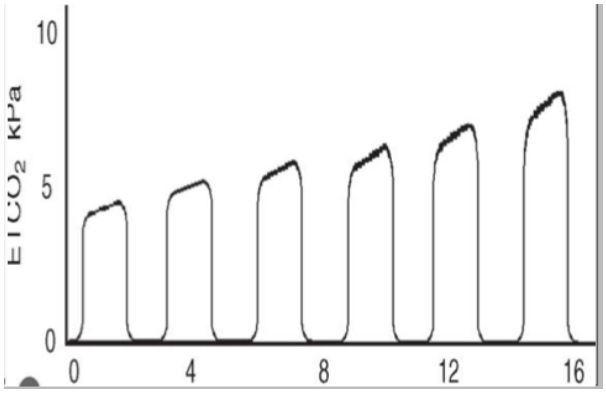
Q4

56 years old male patient comes to the ER with chest pain radiating to the jaw, the patient underwent cath stenting in our hospital several months ago due to an MI, the patient is hypotensive confused and unstable



- Does the patient require any treatment for his tachycardia ?
  Yes
- What is first management ?
  Amidrone 300 mg
  Synchronized DC shock
- Why ?
  The patient is unstable and at risk of cardiac arrest

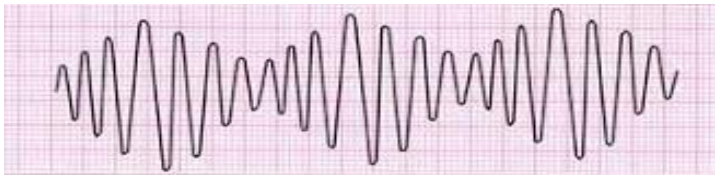
Q5



- What is the name of this sign ? **Stepladder sign (breath by breath increase in end tidal CO2)**
- Mention 2 possible causes : **Malignant hyperthermia**
  ETT obstruction, extubation
- What would you do?
  Adminster Dentrolene
  Cooling measures, cold fluids, bladder and gastric lavage

Q6

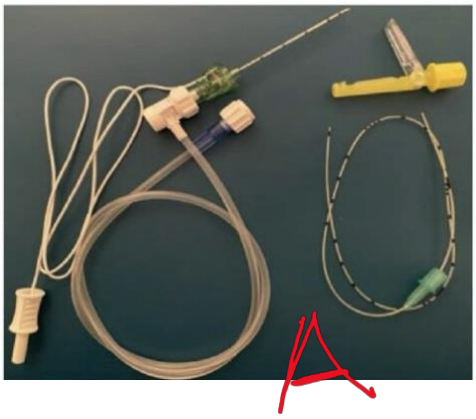
A patient became pulseless and this what his monitor is showing :



- What is this arrhythmia ? **Torsades de pointe (polymorphic ventricular tachycardia)**
- Mention one evidence based procedure you would perform in this case: **cpr, defibrilate**
- As CPR team leader mention the steps you will do from the end of the first cycle until the end of the second (in order) :

Stop compressions — look at the monitor to assess rhythm — feel for pulse — resume compressions — charge defibrillator — clear — deliver shock

Q7



- Write the name for each of the needles
  A : **regoinal block anesthesia needle**
  B : **spinal**
  C : **epidural**

- Which of the needles would you use for the anesthesia of the following procedures :
  Finger something : **A**
  Shoulder surgery : **A**
  Upper abdominal surgery : **C**
  Hernia repair: **C**
  Knee replacment : **B**

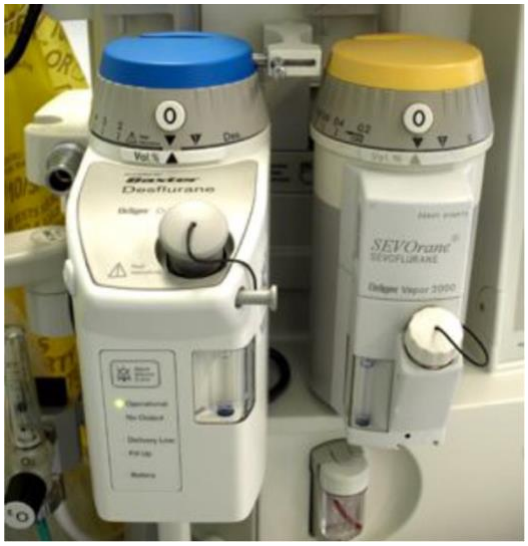
Q8

In the beginning of the surgery of a 24 year old patient anesthesia started and a prophylactic dose cefazolin was administered this is how the monitor looked like shortly after

- What is happening ? **Anaphylactic shock**
- What are the two most important things to do ? **Stop the offending agent**
  Vasopressors (epinephrine) and fluids

Q9

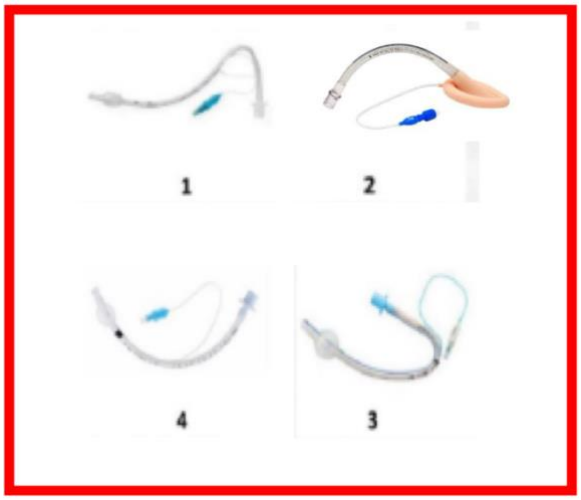
Iso + deslurane vaporizors



- What is the MAC of the desflurane vaporizer shown in the picture? **Zero**
- What is the MAC for Isoflurane vaporizer shown in the picture ? **Zero**
- Which agent has the higher boiling point ? **Iso**
- Which one needs to be connected to electricity? **Desflurane**

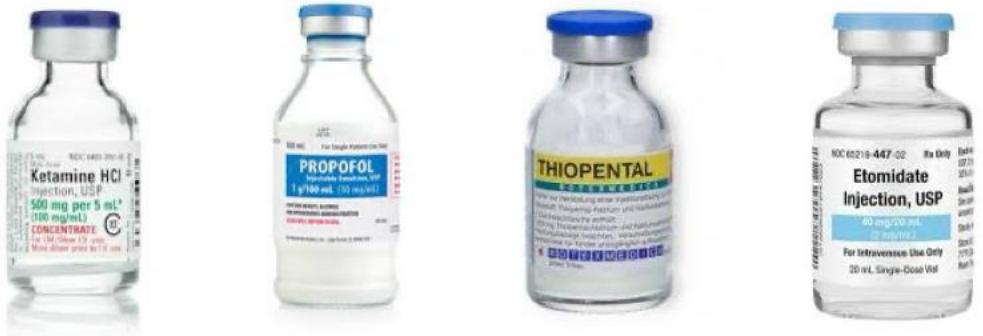
Q10

Choose the correct intubation for each patient



- Cystectomy in a 50 years old male
  ETT 4
- A woman with endometrial thickining
  LMA 2
- Nasal septal defects
  South endotracheal tube 3
- Maxillary or tonsilar procedure
  North endotrecheal tube 1

Q11



- Wich casese direct catocholamines release ?

None

- Wich has antiemitc properties ?
  Propofol
- Wich cases pain on induction ?
  Propofol + etomidate
- Which creates the kind of anesthesia where the patient may appear conscious but they’re unaware of their surroundings ?
  Ketamine
- Which works on the GAPA receptor ?
  Thiopental, etimodate, propofol

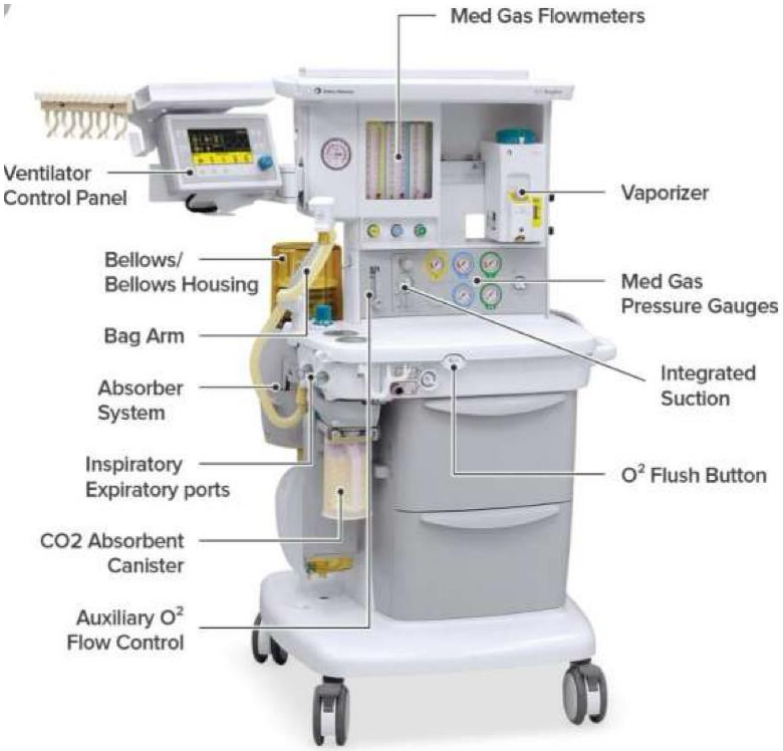
Q12

- Which cases Histamine release ? **A,C,D**. (According to chat gpt only morphine)
- Which affects the NMDA receptor ? **None**
- Which one is 10 times more potent than morphine? **Fentanyl**
- Which administration participates lung edema? **Naloxone**

- Which is mainly metabolized by plasma esterases ?
  <u>Remifentanil</u>

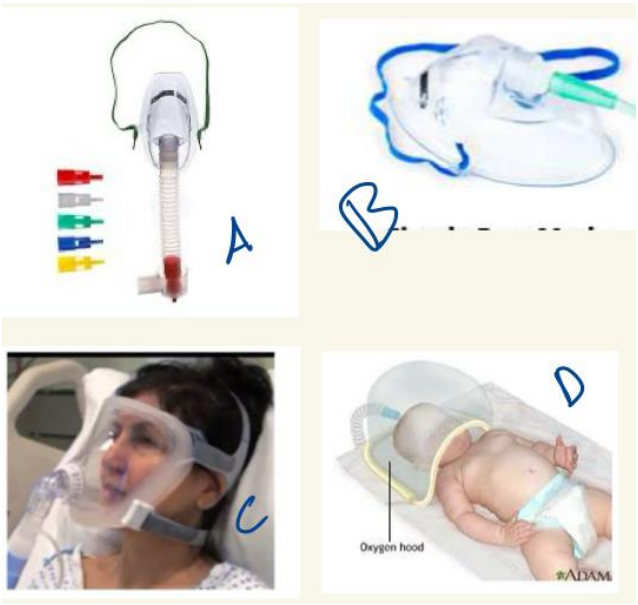
Q13

Anestethia machine question



Q14

- Which delivers Fio2 25-40% on 5l/m ?
  B
- Which delivers 80-90 Fio2 ?
  D
- Which is considered a fixed performance equipment ?
- **A and C**
- Which depends on bernoulli principle?
  A

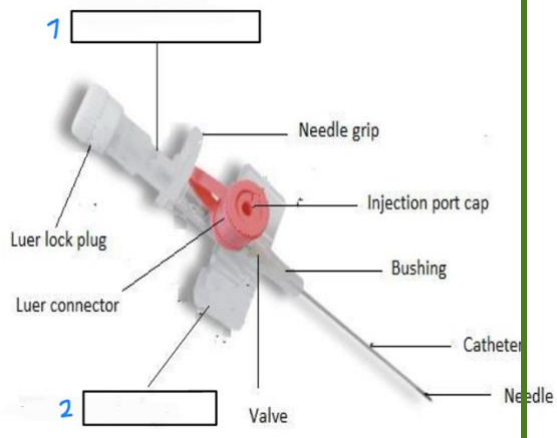


Q15

- Identify the following components 1,2

1 **flowback chamber**

2 **catheter hub & wings**



- What is this vein ? **Cephalic vein**
- Where does it empty ? **Axillary vein**