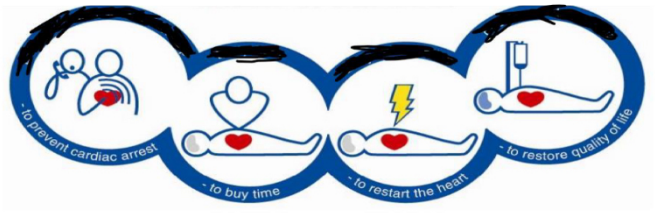
Anesthesia mini-OSCE
First month

2025-2026

Q1)



A- what is it and define it?

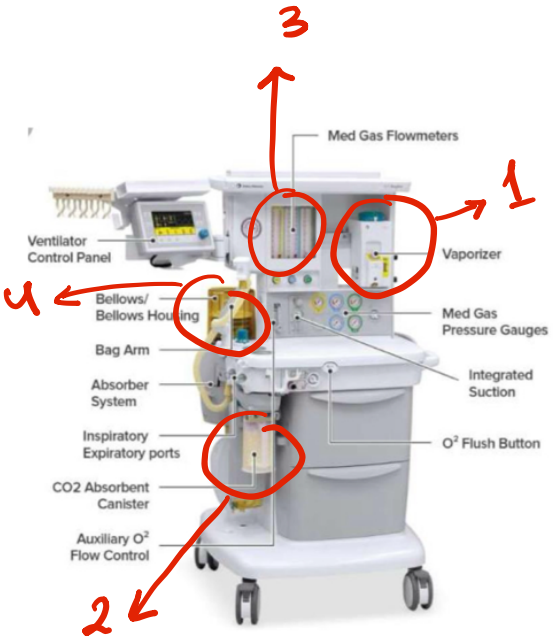
The chain of survival is a chain of events that must occur in rapid succession to maximize the chances of survival from sudden cardiac arrest

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

2nd: early CRP

3rd: early defibrillation

Q2)

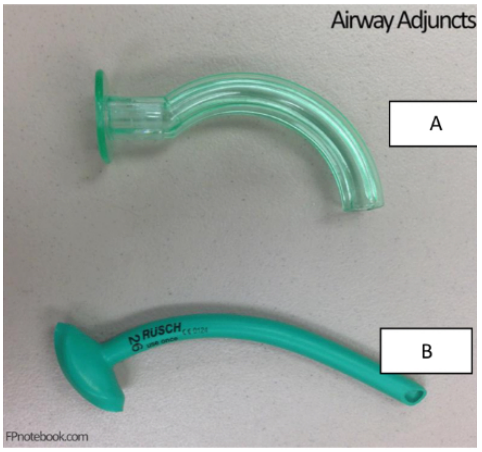


1. Which part converts the liquid to vapor : 1
2. Which part determines the fresh gas flow : 3
3. Prevents gas rebreathing : 2
4. Gives negative pressure: (None (probably))

Q3) a case about a man who came to the ER after a RTA , with rib fractures and hyper-resonance and absent breathing sounds over the chest , very low BP.

1. What is the type of the shock : obstructive
2. What is the underlying cause : pneumothorax
3. What is the immediate management: needle decompression
4. What investigations would you ask for after the patient stabilizes : chest X ray , or any other possible answer.

Q3)

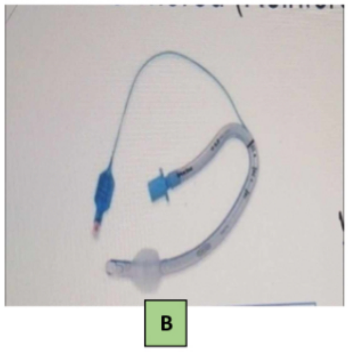


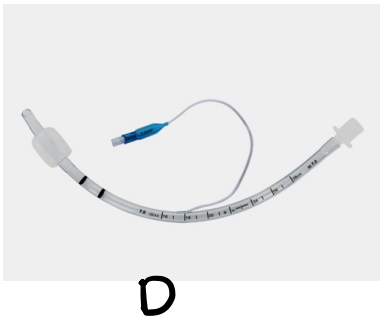
How to insert:

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)

Q4) which tube is the best for each procedure:





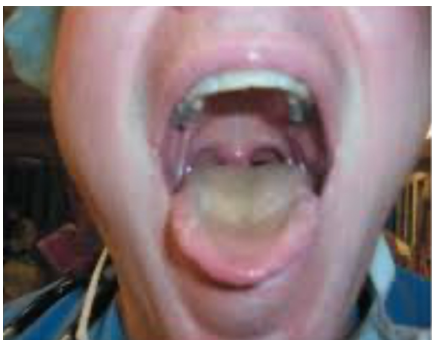
1. Dilatation and curettage : A
2. Hernia surgery : D
3. A patient in ICU with difficult breathing and snoring: C
4.nasal septum deviation surgery: B

Q5) according to this scale

1. Able to move 2 limbs : 1
2. Arousable on calling : 1
3. Pale : 1
4.BP + 20 mmhg : 2

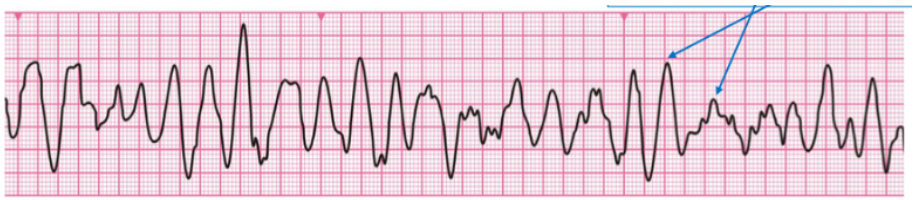
Activity	
●	Able to move spontaneously or on command four extremities
●	Able to move voluntarily or on command two extremities
●	Unable to move any extremities
Respiration	
●	Able to deep breath and cough freely
●	Dyspnea, shallow or limited breathing
●	Apneic
Circulation	
●	BP + 20 mm Hg of pre-sedation level
●	BP + 20 - 50 mm Hg of pre-sedation level
●	BP + 50 mm Hg of pre-sedation level
Consciousness	
●	Fully awake
●	Arousable on calling
●	Not responding
Skin color	
●	Normal
●	Pale, dusky, blotchy, jaundiced, other
●	Cyanotic

Q6) a non smoker patient with asthma no cardiovascular diseases not obese , with the following pharyngeal view :



1. ASA score : 2
2. Mallampati : 3
3. The normal mouth opening should be more then: 3 or 4 cm ?
4.the thyromental distance should be more than : 6 cm

Q7)



1. What is your diagnosis: coarse ventricular fibrillation
2. What are the next steps after the assessment of this rhythm:

1. **Deliver a shock** (immediately).
2. **Resume CPR for 2 minutes** — *do not delay for rhythm or pulse check.*
3. During CPR:
   - Give **adrenaline 1 mg IV/IO** after the **3rd shock**, then every **3–5 minutes**.
   - Give **amiodarone 300 mg IV/IO** after the **3rd shock**,
4. After 2 minutes of CPR → **Reassess rhythm** and **repeat cycle**.

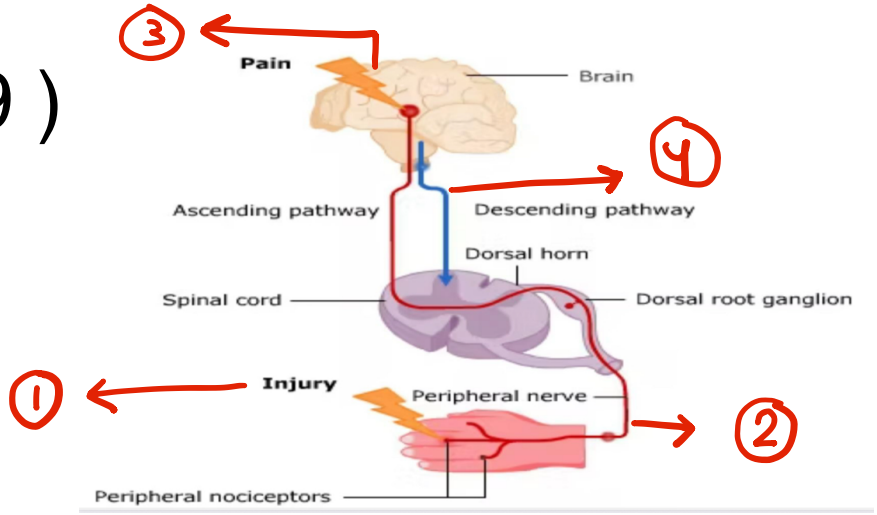
Q8) a monitoring screen showing temperature of 33 c :

1. Give 2 possible causes of this hypothermia:

1. The room temperature is low
2. Any other possible answers (excessive bleeding)

2. What is the effect of hypothermia on recovery : it delays the recovery
3. How to prevent its occurrence: Bair hugger of warm IV fluids

Q9)



1. Transduction : 1
2. Transmission : 2
3. Perception : 3
4.pain modulation: 4

Q10)

1. Which one has the highest tendency to evaporate: **A**
2. Least bad smell : **c**
3. MAC of 2 : **c**
4. Used in intracranial surgeries : **B**

Q11)

1. How to calm this child before surgery : bringing his parents or giving him midazolam
2. The patient refused IV cannulation , what is the best choice for induction: inhalational (sevoflurane)
3. The patient is 4 years old, what is the size of endotracheal tube : Non cuffed 5 mm , cuffed 4.5 mm

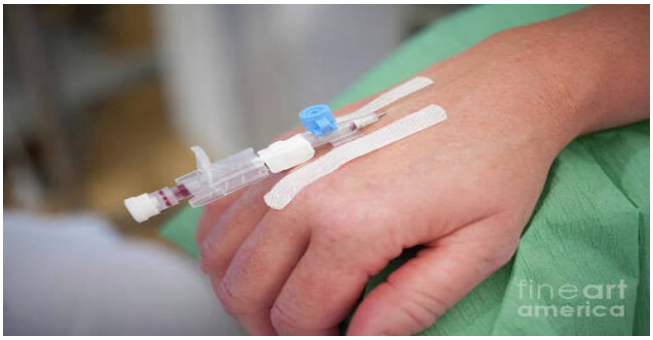
Q12) match each drug with it's anti-tode :

1. Cisatracurium : neostigmine only
2. Atracurium : neostigmine only
3. Succinylcholine: (neostigmine or non ???)
4. Rocrunium : neostigmine and suggmedex

Q13)

1. What is the name of this equipment: spinal needle
2. What is the use of the smaller one : introducer
3. Where it's inserted : L3-L4
4. In which surgeries it's used: below umbilicus like CS

Q14)



1. What is the Gauge of this cannula : 22
2. Where it's inserted : dorsum of the hand (or metacarpal vein ??)
3. What is its function: Fluid delivery (or any other possible answers)

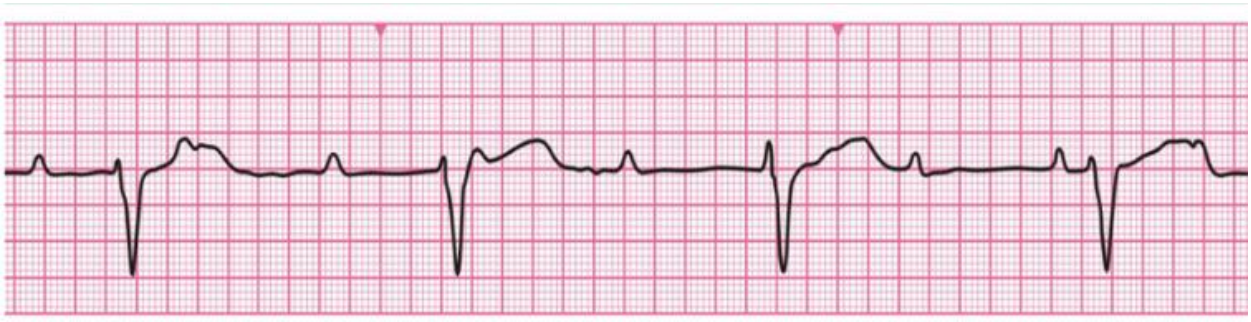
Q15) a 15 kg child

Deficit = 50 ml / hr

1- You are giving a (CPR) course , what instruction you should give to the part have a high quality CPR ?

- Answer : • Compressions
- • Centre of chest
- • 5-6 cm depth
- • 2 per second (100-120 min-1)

QA 68 year old patient came to the ER , she was unconscious , YOU have this ECG

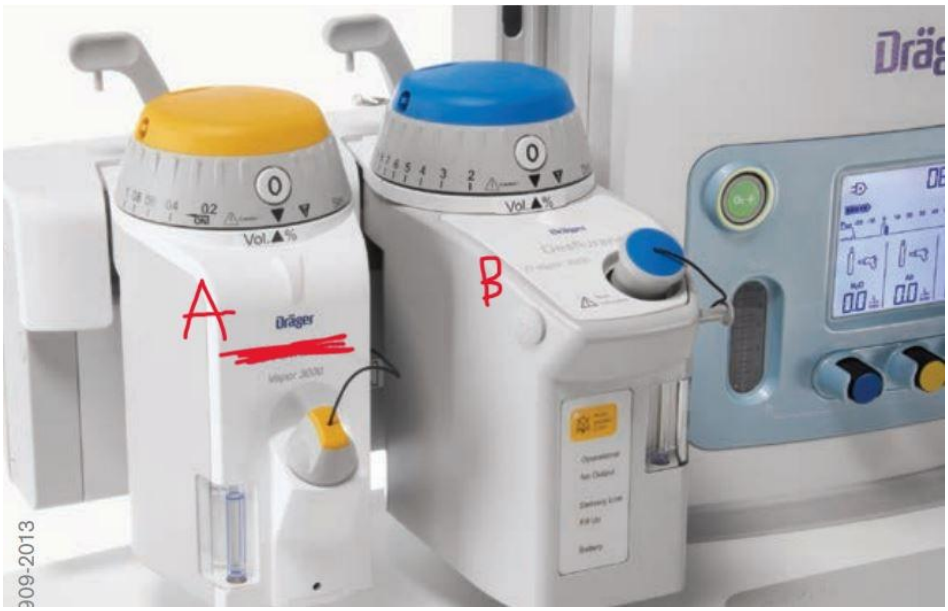


1- What Is the first procedure you should do here ?
Start CPR 30:2

2- If you were a leader for the CPR team what is the first 3 step you should tell them to do?

- Start CPR 30:2
  - Give adrenaline 1 mg IV as soon as intravascular access is achieved
  - Continue CPR 30:2 until the airway is secured – then continue chest compressions without pausing during ventilation

Question 3 Answer these questions depending on the picture in front of you



1- What is the MAC of (A) if we induce it as 4% of its volume
Answer : 2
2- When Agent A is preferred on Agent B ?
We use it as an induction inhalational agent

3- Which vaporizer need electricity ?
B
4- What advantage does agent B has on agent A ?
LOW SOLUBILITY RAPID ONSET AND OFFSET

Question 4

1- What is the best properties of vein for cannulation ?

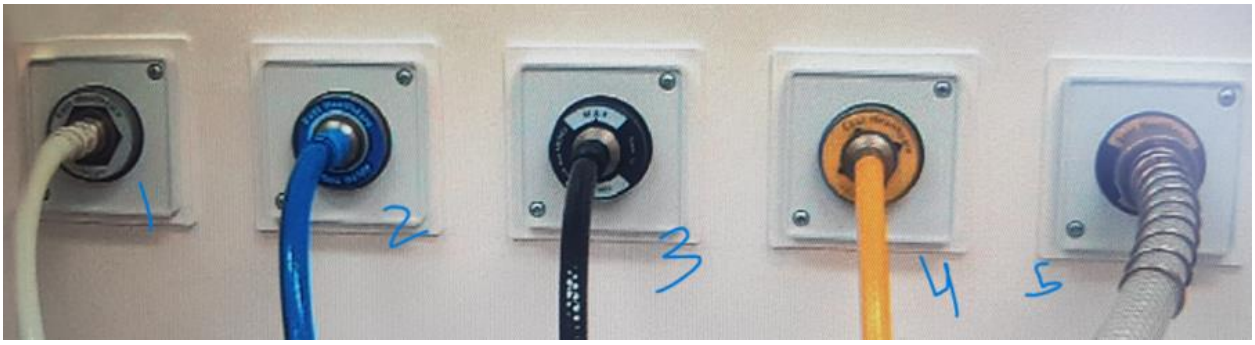
large in diameter and straight course

2- Give 2 predicted complications of cannulation ?
Phlebitis , Hematoma Infiltration Extravasation ,Peripheral nerve palsy , Skin and soft tissue necrosis , Cellulitis

Question 5
(there were a paper show 4 operations , what are the operations that you should use muscle relaxant and what are the operations that you should not use muscle relaxant ?
Herniotomy: we use muscle relaxant (not sure because we can use regional anesthesia)
Endoscopy : we don't have to use muscle relaxant
Hysterectomy : we use muscle relaxant
sleeve gastrectomy : we use muscle relaxant

Question 6
(picture show 4 drugs)?
We use (flumazenil) for ? revere the effect **benzodiazepines.**
we use (neostigmine) for ? reverse the effect of non depolarizing muscle relaxant and phase 2 of succinylcholine
we use (naloxone) ? as antidot for opioid
there was a fourth one but I forgot it

question 7 : depending on the picture answer these questions



1- Which are the pipes that use a 4 bar pressure ?
   1,2,3
2- Which one of these use negative pressure ?
   4
3- Which one of the is a medical air
   3
4- Which one of these pipes use different diameter index system ?
   all of them

question 8 : depending on this picture answer what is the most appropriate ETT for each operation :

gastric sleeve surgery for 53 year old patient :

B

Colon resection for 48 year old patient :

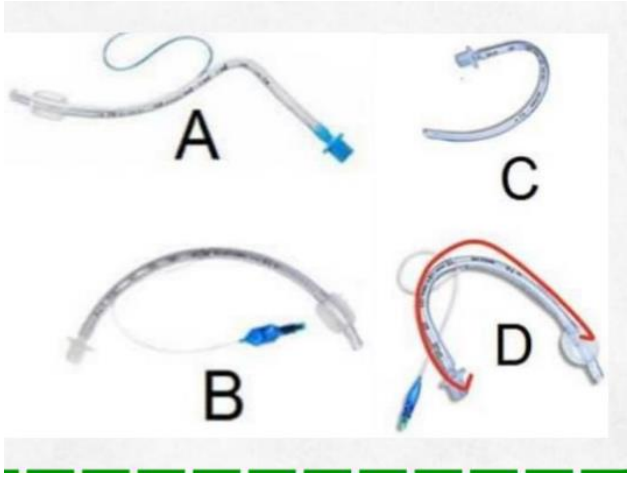
B

Maxillary surgery for 21 year old patient

D

Tonsillectomy for 3 year old patient

C

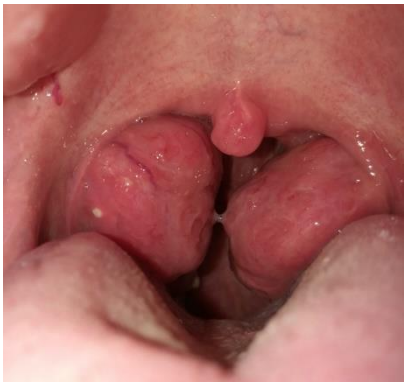


Question 9 :

Parents of 4 years old patient came to your clinic to make pre – anesthetic evaluation before a tonsillectomy operation for there son , answer these questions

1- What are the risks that you should discuss with the parents ?

risk of aspiration and risk of difficult airway intubation (not sure)



2- What is the most appropriate ETT tube to use ?
   N shaped type
3- What analgesics you gave to the patient for Perioperative pain control ?
   Morphine , Fentanyl

Question 10
A 64 year old patient came to make a cholecystectomy as she had cholecystitis , she was ill in the morning of the day of operation , after 30 minute of starting the operation the systolic BP reach 84 and (I think the HR was high) we gave here **Phenylephrine but the SBP still 84**

1- What is the type of this shock ?

Septic shock

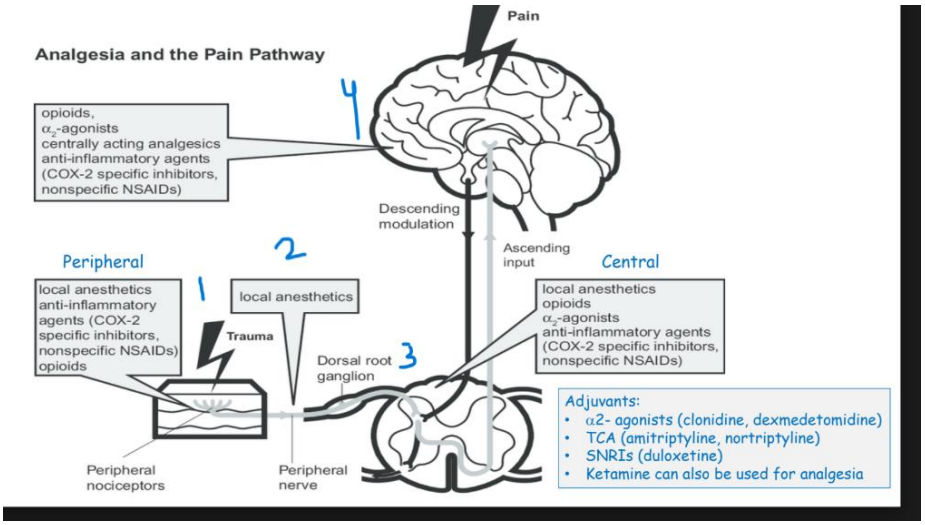
2- What vasopressor you should gave to the patient ?

Noradrenaline

Question 11 (picture of monitor show low O2 saturation and high heart rate and lono ETC02 AND RR was shown in the monitor

1- What are the abnormal finding here
2- What you should do in this case ?
   Treat the cause of low o2 saturation and start oxygenation and gave him IV fluid

Question 12

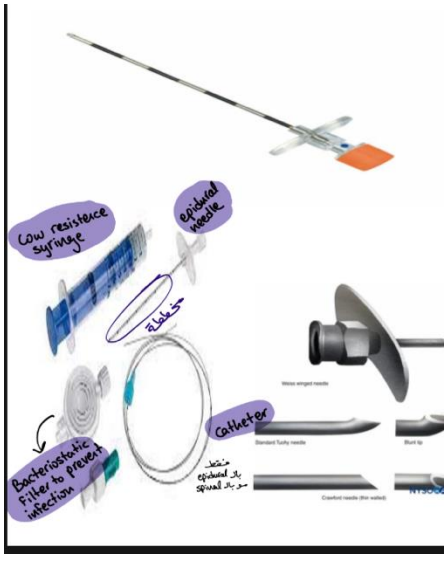


this picture was shown and other picture show 4 drugs (dexmedetomidine , ketamine(I think) , vecuronium. Fourth drug that I meet it for the first time in the exam)

we use dexmedetomidine : 1,3,4
ketamine ; 4
, vecuronium : 2
4th ?????/

Question 13

1- A picture show (filter) and you need to identify it
2- Location of using this type of anesthesia
   Epidural
3- Contraindication :
   Patient refusal Local infection at the site
   Coagulopathy :Platelets < 75 □ INR > 1.3
   Severe hypovolemia ↑ICP Fixed C.O. States:
   severe AS or MS and HOCM □ LA allergy
   Question 14 picture show nasal cannula , venturi mask , face mask , bag mask



1- Which one has fixed oxygen flow : venturi
2- Which one can give 100 o2 flow : bag mask
3- Which one increase Fio2 by 2% : nasal cannula
4- ????

Question 15

Patient was admitted to the ER after motorcycle accident he lost 0.5 of blood he was restless and his urinary out put was 2 and his SBP was(I don't remember)

Answers depending on this table

Class of hypovolemia *depending on*

Blood loss : 1

Consciousness: 3

Urinary output :2

Clinical indices: Extent of blood loss				
Class of hypovolaemia	**1 Minimal**	**2 Mild**	**3 Moderate**	**4 Severe**
% blood loss	10 %	20 %	30 %	> 40 %
Volume loss ml	500	1 000	1 500	> 2 000
Heart rate beats min^{-1}	normal	100 - 120	120 - 140	> 140
Arterial pressure mm"Hg"	normal	Orthostatic hypotension	SBP < 100	SBP < 80
Urinary output ml hr^{-1}	1 ml kg^{-1} hr^{-1}	20 - 30	10 - 20	Nil
Level of consciousness	Normal	Normal	Restless	Impaired
State of peripheral circulation	Normal	Cool and pale	Cold and pale slow capillary refill	Cold & clammy peripheral cyanosis

Done by :Suhaib Abweini

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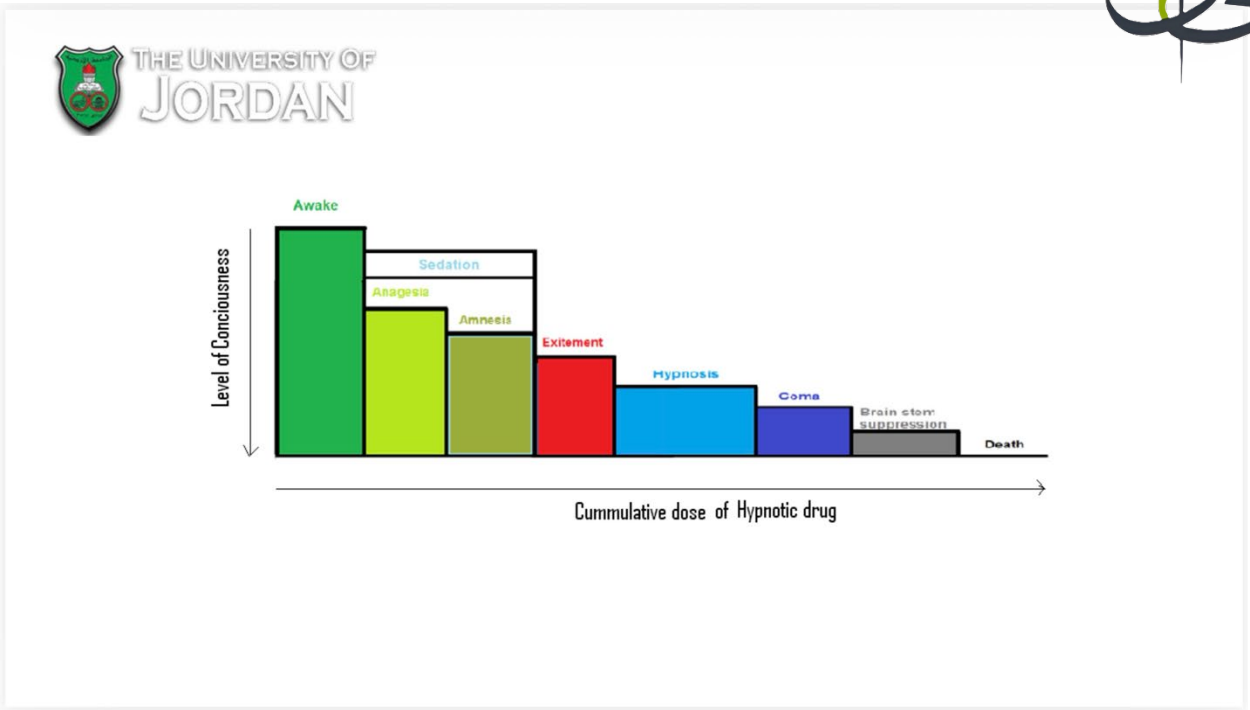
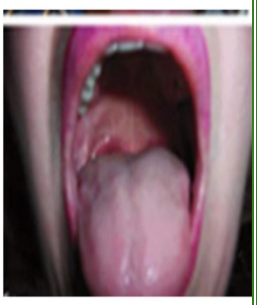
-Q1:

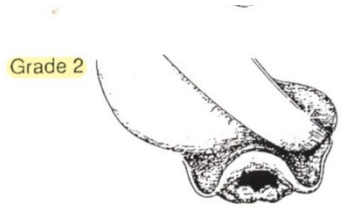


1- Begins with irregular breathing: Excitement.
2- Retching and vomiting: Excitement.
3- Amnesia: Conscious sedation.
4- Hemodynamic instability: Medullary suppression.



Q2: patient ate mansaf one hour before syrgery (controlled hypertension + ex-smoker):

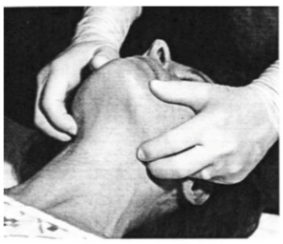
1- Fasting hours required: 8 hours
2- Mallampati score: 3
3- Laryngeal view score: 2
4- ASA: 2



Q3: Match the type of tube with the surgery:

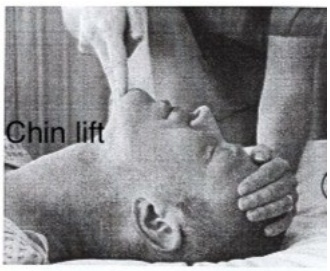
1- Mandible surgery: N-shaped tube.
2- Thyroglossal duct cyst: *N- shaped* tube.
3- Endoscopy for cystic stones: LMA.
4- Anal examination under GA: LMA.

Q4: Look at the pictures:

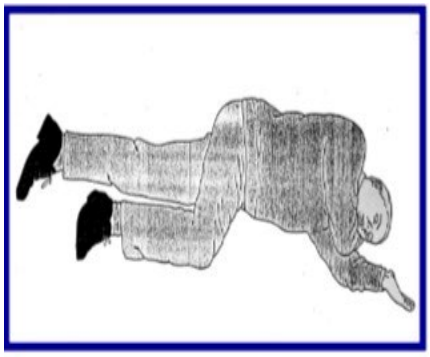


1- The maneuver: Jaw thrust.
2- Describe it: push the angle of the mandible upward and forward.

3- The maneuver: head tilt – chin lift
4- The mechanism: moving the tongue forward to maintain airway patency.



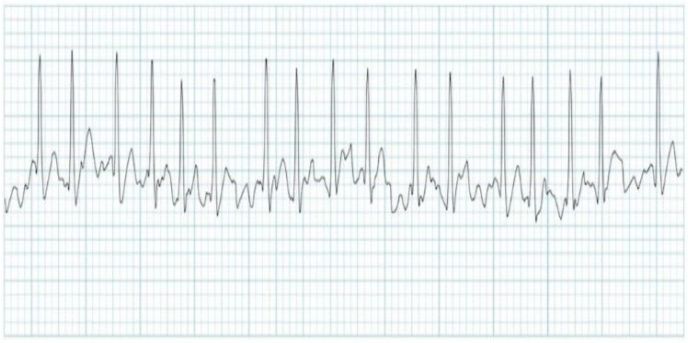
Q5: Describe the position shown in the picture:



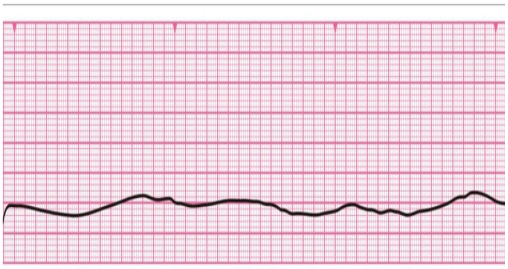
1- When to apply: when spontaneous breathing and circulation are restored.
2- Position name: recovery position.
3- Two functions : prevent aspiration and maintain patent airway.

Q6: A patient was admitted to the ICU yesterday and ECG was done (picture 1). he became deteriorated today and another ECG was done (picture 2):

A



B



1- Your diagnosis for picture A: Atrial fibrillation
2- Management of picture B: classic management of non-shockable rhythms.

Q7: A picture that contains 4 drugs propofol (A), thiopental (B), ketamine (C), midazolam (D):

1- Acts on GABA receptor: A,B and D.
2- Antiemetic: A.
3- Irritation on injection: A.
4- Acts at excitatory receptors: C.

Q8: A picture of desflurane and isoflurane vaporizers:

1- Write the dose of given desflurane in MACs: 0.6 (the dial was on 4)
2- Which one requires electrical evaporizers: desflurane.
3- Write the dose of given isoflurane in MACs or what is the MAC of isoflurane (not sure from the phrasing): 4.2 (the dial was on 5) or 1.2
4- The highest boiling point: isoflurane.

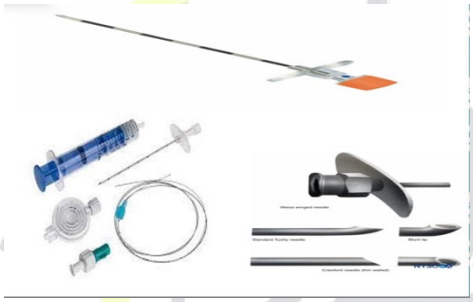
Q9: A picture contains ringer lactate (A) and Normal saline (B):

1- Slight hypoosmolarity: A.
2- Hyperosmolarity: B.
3- Colloids: neither.
4- Balanced: A.
5- Causes metabolic acidosis: B

Q10: A 4 year old child who wheighs 16 kg is scheduled for surgery and has IV secured access

1- The best induction agent: IV propofol
2- Calculate his maintenance: 52 ml/hour
3- The medication of use for postoperative pain: acetaminophen or NSAIDs.

Q11:

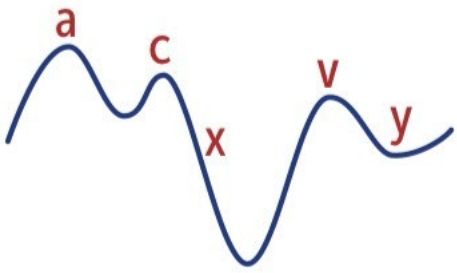


1- Indications: With GA for Thoracic epidural for thoracic surgery and Abdominal surgery, Hip and leg surgery, Labour epidural for analgesia, Post-op analgesia and Chronic Pain treatment.
2- Drugs used: Lidocaine and bupiviacaine.

Q12: A patient came to the emergency with high fever, suprapubic pain showing signs of shock

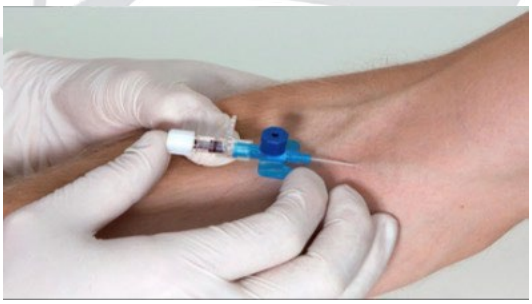
1- The type of shock: Distributive (septic).
2- The underlying cause: UTI.
3- Investigations: blood culture, CBC, serum lactate, and urine analysis.
4- Management: broad spectrum antibiotics, IV fluids, and norepinephrine.

Q13: Look at the picture and answer the following questions:



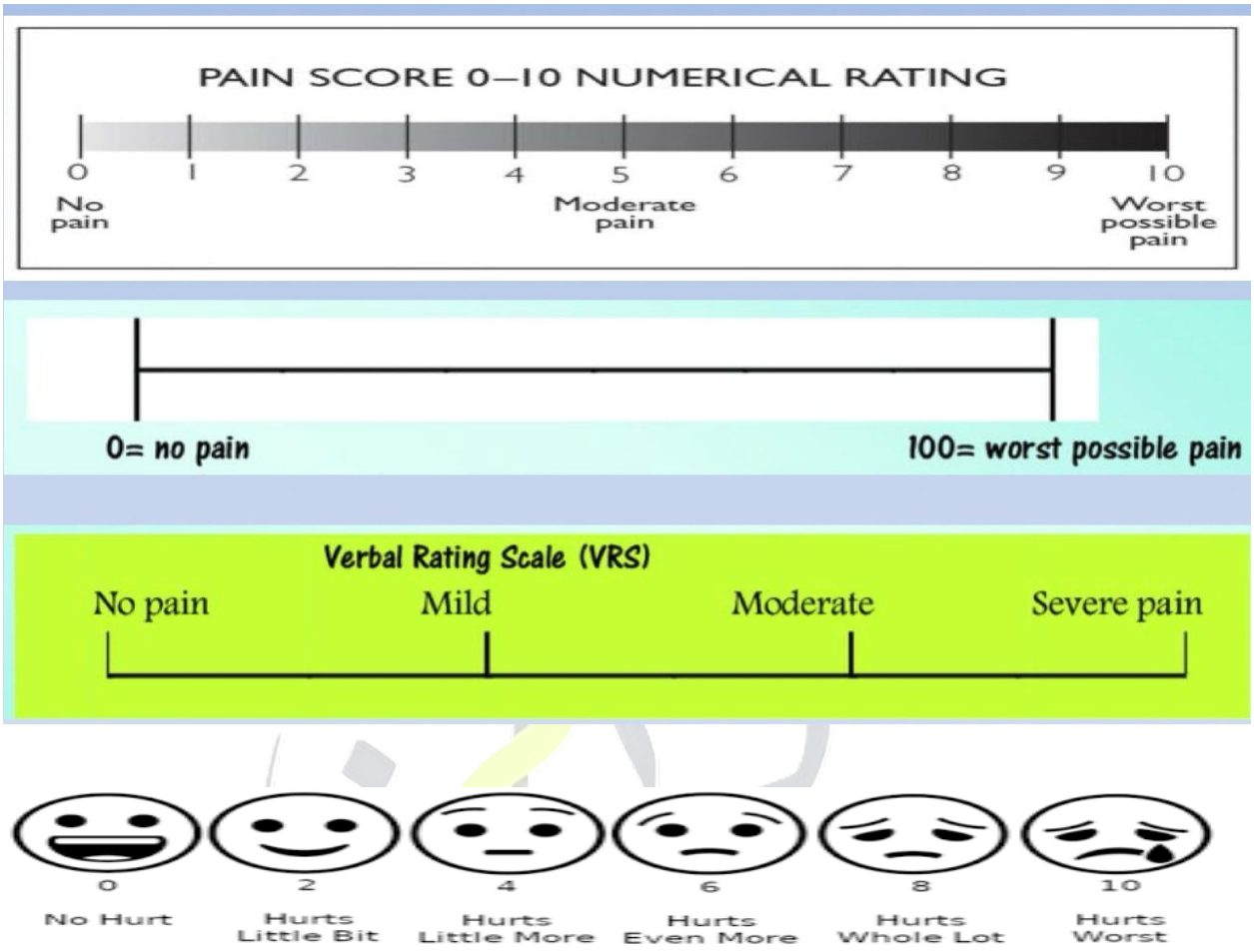
1- C: early ventricular contraction/ tricuspid closure.
2- X: atrial relaxation.
3- V: atrial filling.
4- Y: ventricular filling/ atrial emptying.
5- Atrial fibrillation: absent a wave.
6- Hypovolemic: all waves will be diminished.

Q14: Look at the picture and answer the following questions:



1- Complications: phlebitis, hematoma, extravasation,skin necrosis....
2- What is the date to replace it: 3 days.

Q15: Look at the pictures and answer the following questions:



A: numerical rating scale.

B: visual analogue scale.

C: verbal rating scale.

D: Faces rating scale.

Anesthesia 4th month Exam

Lecture 1: Introduction to Anesthesia + Pre-Operative

No questions

Lecture 2: Cannula

Cannula gauge (Blue cannula)

Type of cannula and why we use it :) من برا المادة جابه الدكتور

Triple Shock Cannula

Lecture 3: Airway Management

Laryngoscope (how to insert it and what airway tube we use)

Lecture 4: BLS

NEWS score only

Lecture 5: ALS

Read ECG, it was afib

Lecture 6: IV drugs

We get asked about propofol, why we use it, side effects and its family (Phenol)

Lecture 7: Inhalation anesthesia

What substance in this vaporized based on color (Desflurane, Sevoflurane, Isoflurane)

Lecture 8: Fluid management

Why we use: Packed blood cells, Fresh Frozen Plasma, Platelets and Cryoprecipitate

Lecture 9: pain حذفوها النا

Lecture 10: Neuromuscular drugs

Drug and antidote

Lecture 11: Respiratory Failure حذفوها النا

Lecture 12: Regional Anesthesia

Spinal and epidural needle, details about them, which one get inserted into dure.

Lecture 13: Hypoxia

Oxygen delivery systems, why we use this type like partial rebreather system, which one has FiO2 of 100% and so on

Lecture 14: Anesthesia Equipment

No questions

Lecture 15: Monitoring in Anesthesia and Intensive Care

Monitor picture, what is abnormal, what u do to the patient to get back to the normal

Lecture 16: Anesthesia for Trauma and emergency cases

ما درستها فما بعرف بس غالبا لا ما اجا اشي منها

Lecture 17: Shock

Ovarian cancer case, I think it was PE shock, we got asked about what is the type of shock, what is the investigation and management u do and I think the cause not sure.

Lecture 18: Pediatric Anesthesia

No questions

Anesthesia mini-OSCE

First month- second semester

2025-2026

First question

How do you use this?
Explain all the steps

Second question

- which one is hypotonic? D5W
- which one has 0.9 NaCl? Normal saline
- which one is balanced? Ringer lactate
- which one is crystalloid? All

Third question
2 pic for 2 kids with blue cannulas (1: 6-year old, eyes are open and cannula is on the forearm, 2: 3-year old, eyes are closed and cannula is on the arm):
- which one receives a higher flow?
(1):The 6-year-old child

- explain your answer.
Bc he has larger veins with larger diameters, and larger diameter is associated with a higher flow

Fourth question
A 48-year-old male underwent right lung surgery (forgot what it exactly was). Shortly after the surgery, he developed sudden severe shortness of breath and sharp right-sided chest pain. HR= 122 bpm and BP of 85/— mmHg(hypotensive). On physical examination, there were decreased breath sounds over the right lung. The nurse mentioned that the right chest tube was not oscillating and that there was no blood drained.

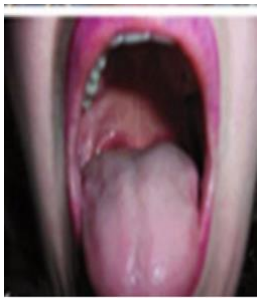
- type of shock
obstructive shock

- the cause
Pneumothorax

- what would be your first management
Needle decompression

- mention one investigation you would ask for
chest X-ray

Fifth question



This patient came to your anesthesia clinic for pre op evaluation

- mention one reason for difficult intubation
micrognathia (small chin)

- what is the mallampati class in the second pic
3

- what does the letter O indicate in LEMON method
obstruction (by an abscess, nodule…)

- how much is the distance between thyroid notch and mandible to indicate difficult intubation
less than 6 cm

Sixth question

- what is the family of the drug
Phencyclidines

- mention its effects on consciousness
causes dissociative amnesia (pt appears to be awake with open eyes but he is not)

- mention 1 relative contraindication for its use
space occupying lesions in brain

Seventh question

(1). **(2).** **(3).** **(4)**

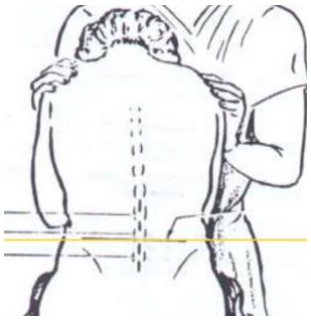
- what are the organic gases among these
1+2+4

- which one reacts with the absorber to give CO
1

- which one is best for an intracranial surgery
2

- which one should be heated (not sure)
1

Eighth question



- what is the type of anesthesia used here
spinal anesthesia

- on which level of spinal cord does the yellow line pass
L4/L5

- which landmark do we look for here at the yellow line level
iliac crest

Ninth question
Chain of survival pic ((ما عليها ولا كتابة
- what is this and define it
the chain of survival, a sequence of events that should be done to minimise the chances of developing cardiac arrest and enhance the survival if it occurred

- what are the numbers of the rings that show evidence based steps. And what are they
2 and 3 (2: perform CPR to buy time, 3: early defibrillation to restart the heart)

- ring 3 is used in which types of cardiac arrests
cardiac arrest with shockable rhythm (v fib or pulseless v tach)

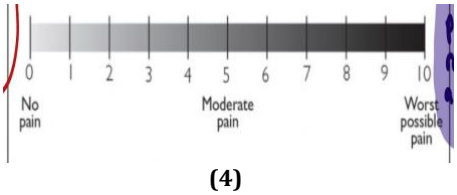
- ناسية اذا في فرع رابع

10th question

(1)

(2)

(3).



(4)

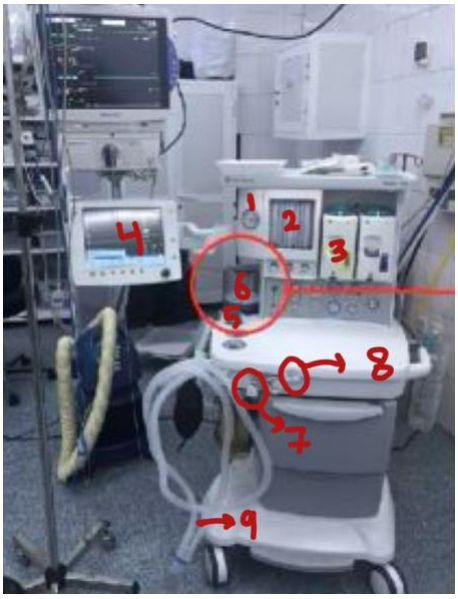
- which one is used for somatic pain assessment in adults
1+3+4

- neuropathic pain assessment in adults
1+3+4

- used in children
2+4

- in unconscious pts
None

11th question



- Where do you attach mapelson system
7

- what gives a high fresh gas flow

8

- what monitors pressure in airways and tubing system
1
- what gives the pt a positive ventilation pressure
6

12th question

- what is this
BP cuff for non invasive BP monitoring

- what would happen if it was of a smaller size than what it should be
falsely high BP

- mention one invasive device that has the same function
arterial line

- ناسية اذا في فرع رابع

13th question

Pic of a 6 year old crying baby: this child is planned for a hernial repair surgery and IV access was done:

- mention 2 drugs that can reduce his anxiety
IV midazolam, IM ketamine

- mention 1 way to reduce his pain post op
Caudal block

- proper size of ETT
5mm (if cuffed)
- mention the drug used for induction of anesthesia in this pt
IV propofol (since he has an IV access)

14th question

Pic of asystole/fine v fib (كان فيها تموجات شوي مشflat line), you are the team leader and your team checked his airway, attached him to the monitor, did an IV access and prepared his meds and started chest compressions:

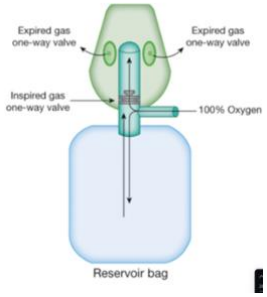
- What is the first order you give when you arrive
Complete chest compressions and give IV adrenaline

- What are the meds they prepared
-adrenaline

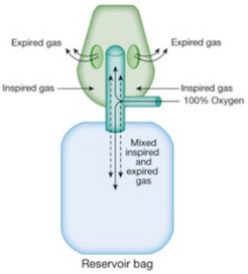
15th question

(1).

(2).



(3).



(4)

- which one has room air entrapment
Venturi (not sure) (2)

- which one is used to deliver fixed FiO2
Venturi (2)

- one with the highest o2 flow
non rebreather (3)

- which causes eye dryness due to leakage
All

-لا تنسونا من صالح دعواتكم-

Anaesthesia exam

Sixth month

By **Yasmeen Hamdan**

Question 1

1-Identify each vaporizer

A- sevoflurane
B- desflurane

2-Mention 2 differences between the vaporizers

1-color?
2– b is electric and give high temperature

Question 2

Pictures : Rocuronium, susccinylcholine, cisatracuriuom, neostagmine

1-can cause muscirinc activation

Neostagmine

2-fastest onset

Succinylcholine

3- doesnt relay on renal excretion

Cisatracurum

4-have compititive effect property: Rocuronium, cisatracuriuom

Question 3

160m, 130kg patient, free medical history in preop. Assesment clinic

1- asa score

2? Maybe 3

2- clear fluid fasting time

2 hours

3-what risk might she have for anasthesia

Difficult intubation because she is obese , aspiration

4-should u give her metoclopromide and why

Yes, risk of aspiration, it decrease LES tone

Question 4

Pictures of opioids
Morphine, fentanyl, remifentanyl

1-its metabolism affected by pseudocholinestarase deficiency
Non
2- cause nausea and vomiting
All
3-cause hypotension
All
4- can cause bradycardia: all

Question 5

Monitor with tachycardia, hypotension, high etco2 and fever, patient has rigid jaw

1-most common cause plus additional deferential

Malignant hyperthermia

Hypovolemic shock from bleeding?or hyperthyroid storm?

2- receptor affected in this condition

Ryr1 receptor

3-treatment

Dantrolene

Question 6

1-what its called
Simple face mask

2-what type
Variable performane

3-highest fio2 it can give
60%

4-mention 2 disadvantages for it
1-patient cant eat and drink
2-risk of rebreathing

Question 7

1-last part punctured before arriving the wanted space
Dura

2-mention 3 factors influencing the block height
1-Position of the patient
2-spicific gravity
3-volume of drugs and csf

Question 8

1-whats the function of it

Monitors the level of consciousness of the patient.

2-How does it work

Eeg?

3-goal for general aneasthesia

40-60

Question 9

Patient with ACS on ACEI suddenly felt chest pain, o2 sat 75% hypotensive and has stridor

1-mention 4 possible causes of cardiac arrest

1- acute coronary syndrome (MI)

2-hypoxia

3-hypoperfusion?

4- airway obstruction because he has stridor?

Any other possible answer

2-Assesement you want to do for the patient

Ecg, x ray

Any other possible answer

Question 10

Picture for adult who has blue cannula on his hand attached to medication syringe

1-whats the gauge of the cannula

22

2- is it appropriate for his age?

No its used for children?

3- whats its function(or is it functioning?)

medication and fluid?

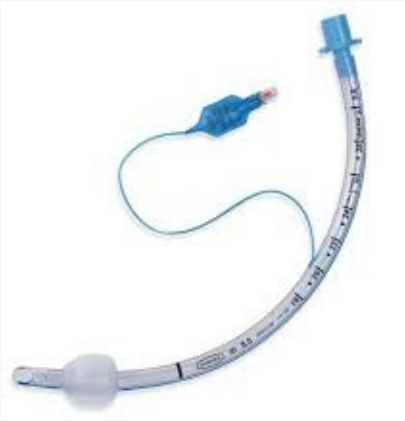
Question 11

1-which one is supraglottic
LMA

2-which one is used in sublingual drainage
N shaped tube

3-Used in hysteroscopy
LMA

4-used in cystoscopy
LMA



Question 12
8 yo child came after traffic accident, emergency, he is wearing c collar

1-ett tube size
6 non cuffed 5.5 cuffed

2-most appropriate induction
Inhalational agent, sevoflorane ? Maybe RSI

3-most important thing to asses
Fasting time and risk of aspiration, fluid status, any airway obstruction
Any other possible answer

Question 13

70 kg patient, his anterior torso is burnt

1-scale to assess percentage of burn

Rule of nine

2-whats the percentage

18%

3-how many fluid in first hour based on parkland formula

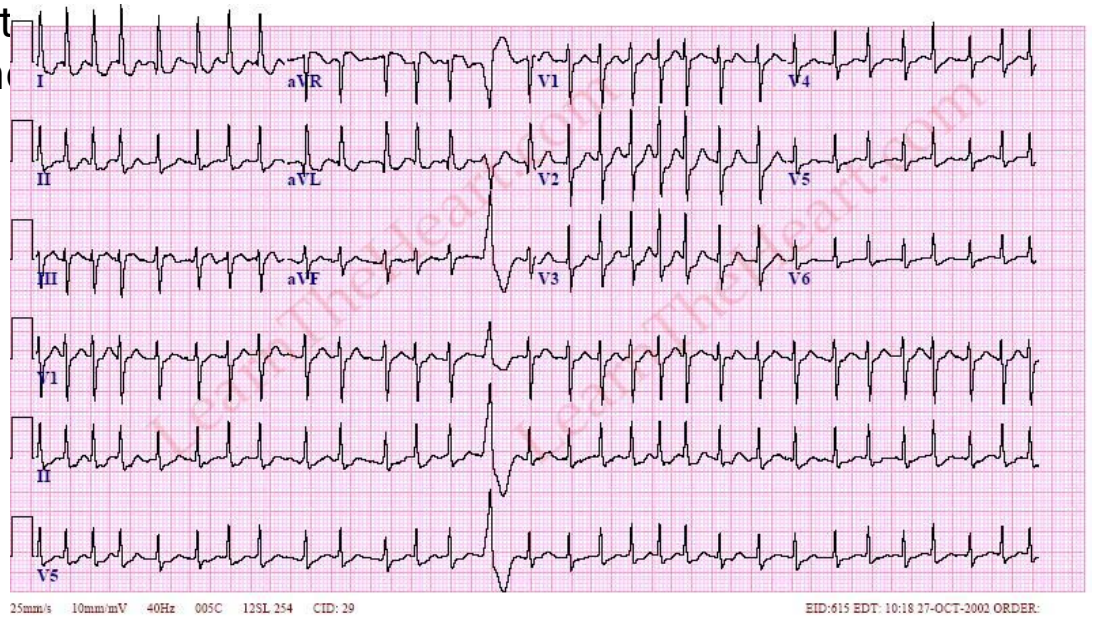
2.5 L?

4- appropriate type of fluid

Crystalloid

Question 14

Unstable (hypotensive maybe not sure) patient went
through cardiac surgery and catheterization , attach



1-type of arrythmia ?

Narrow complex tachyarrhythmia, irregular (afib)

2-management for the patient

Synchronized dc shock 3 attempts

2-why

Unstable (I forget why)

Question 15
I didn’t find the exact photo

1-patient monitor

D

2-machine monitor

B

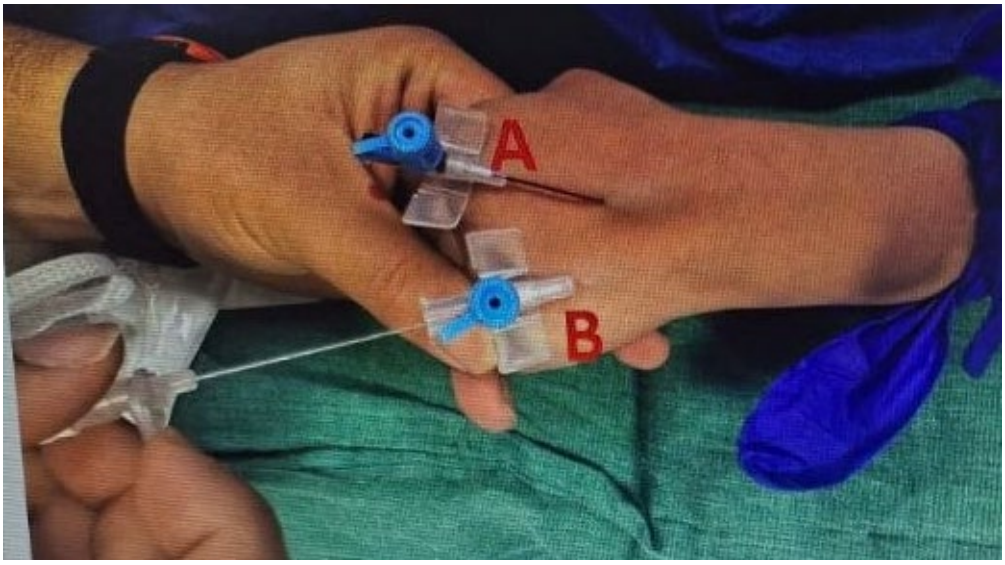
3-give positive pressure

A

4-prevent rebreathing of co2

C

Q1:



1. Describe the insertion process of cannula A
2. What is your concern about cannula B?

Q2: A 25-year-old male is brought to the emergency department after a road traffic accident. He is conscious but appears distressed. On examination, he showed the followin

Airway: talking but in pain

Breathing:respiratory rate 28/min, reduced breath sounds on the left side

Circulation: pulse 110 beats/min, blood pressure 95/60 mmHg

Disability: GCS 15

Exposure: bruises over the chest

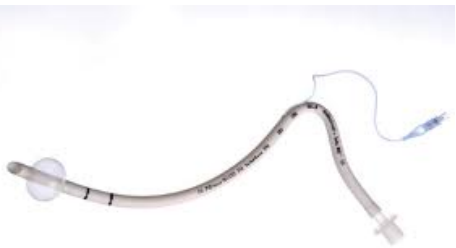
His chest X-ray is shown below.

1.what does ATLS stand for?

2. Which part of the primary survey is affected in this patient?

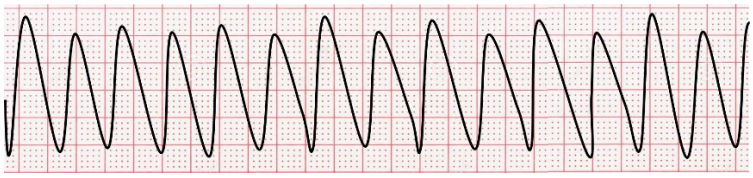
3. What is the likely diagnosis?

Q3:



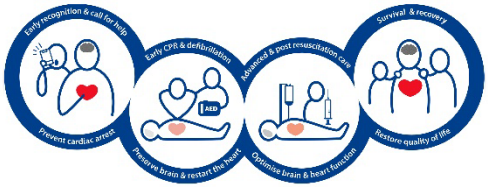
1. which is used in hernia surgey under GA?
2. Which is used in anal examination?
3. Which is used after total laryngectomy?
4. Wisdom teeth removal?

Q4: pt with recent MI in ICU found unresponsive by staff BLS started and pt intubated you are called as part of resuscitation team and u arrive to scene:



1. Type of cardiac arrest?
2. What are your immediate nest 3 steps in order?

Q5:

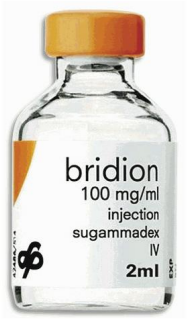


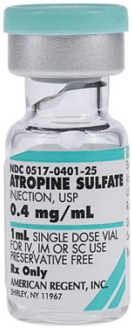
1. What are steps 1 and 4?
2. Which steps are evidence based?

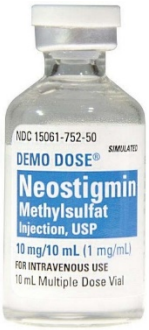
Q6:

1. lowest boiling point?
2. Used in neurosurgery/intracranial surgery?
3. Electric vaporizer
4. Used in induction

Q7:

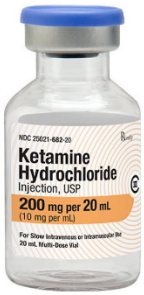






1. Reverses all non depolarizing muscle relaxants:
2. Competitive antagonist of non depolarizing NMBA:
3. Directly blocks nicotinic receptors:
4. Causes bradycardia:

Q8:



1. Which is a natural opioid?
2. Which work on mue receptors?
3. Which work on Kappa receptors?
4. which work on Sigma receptors?

Q9:

1. work under 4 bar pressure?
2. Work on negative pressure?
3. Delivers medical air?
4. Which uses diameter index safety system?

Q10:

4 year old boy undergoing surgery:

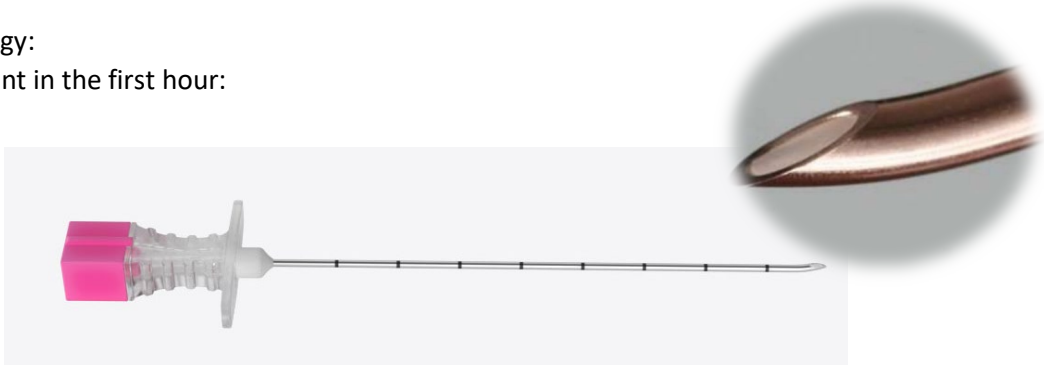
1. 2 measures to reduce anxiety in this pt?
2. What type of analgesia would u give?
3. Propper ETT size and most feared compliation of intubation in this child?

Q11:

Old lady, urgency flank pain fever, unstable vitals

1. Type of shock?
2. Underlying etiology:
3. Initial management in the first hour:

Q12:

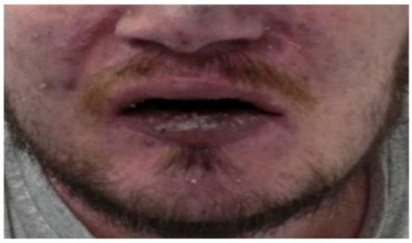


1. Mention two indications of this procedure
2. Mention two absolute contraindications of this procedure

Q13:

Question about respiratory failure (+there were ABGs, didn't load for me idk)

1. Functional respiratory status of this patient?
2. ???? management 🤷‍♀️



Q14: aldrete post anesthesia recovery score

Write the first 4 parameters of the score

A:

B:

C:

D:

[redacted]	
2	[redacted] or on [redacted] extremities
A	[redacted] or on [redacted] extremities
0	[redacted] extremities
[redacted]	
2	[redacted]
B	[redacted]
0	Apneic
[redacted]	
2	BP + 20 mm Hg of pre-sedation level
C	BP + 20 - 50 mm Hg of pre-sedation level
0	BP + 50 mm Hg of pre-sedation level
[redacted]	
2	Fully awake
D	Arousable on calling
0	Not responding
Skin color	
2	Normal
1	Pale, dusky, blotchy, jaundiced, other
0	Cyanotic

Q15:

🤦‍♀️😓

2nd Group 7 mini OSCE

By Homam AbuHashesh and Mohammed Zrigat

Q1: A sedated patient undergoing surgical debridement, he's not responsive to verbal stimuli and withdraw from painful stimuli:

1-what's the level of sedation? Deep.

2-explain? Because he's unresponsive to physical clues but responds to painful stimuli.

3-what vital functions may require support in this patient? Airway patency and respiration.

Q2: Preoperative assessment of a morbidly obese (BMI = 40) pregnant female patient:

1- ASA ? 3.

2- What factors contribute to increased risk of aspiration? Pregnancy and obesity.

3- What will happen if aspiration occurs? Airway obstruction / Pneumonitis / Pneumonia.

4- Mention a drug used in this situation to increase gastric emptying and increase LES tone? Metoclopramide.

Q3: You found an unconscious patient on the floor in Mecca mall, mention next 4 steps in management (BLS): (Possible answer)

1- Ensure Field safety.

2-Check for Responsiveness by gently shaking the patient's shoulders.

3-if unresponsive, call for help.

4-open the airway and check for signs of life.

Q4: an unconscious patient in the ward: BLS started, rhythm monitors showed asystole

1- what is the type of cardiac arrest? Non-shockable rhythm.

2- what are the next 3 steps in management?

1-Start Chest compressions 30:2.

2-Give 1 mg IV adrenaline ASAP.

3-Reassess rhythm after the minutes of compressions.

Q5: a picture of a patient with a face mask on

1-how is this patient airway managed? Jaw thrust AND oral airway device.

2-mention the name of the 2 pointed parts in the picture? Filter / Capnography probe.

Q6: Mention the proper airway device for the following surgeries:

1- Lipoma Excision from thigh? LMA.

2- Pierces the Cricothyroid membrane? Cricothyrotomy.

3- Splenectomy? Regular ETT.

4- Nasal septum surgery? Preformed Oral (C shaped) ETT.

Q7: Long Case: hypercapnic / hyperthermia .....

1- Diagnosis ? Malignant Hyperthermia.

2- Explain the pathophysiology of this condition? A genetic defect in genes encoding Ryanodine Receptors leading to uncontrolled release of Ca+ from sarcoplasmic reticulum of skeletal muscles when exposed to triggers leading to sustained muscle contraction / hypermetabolic state

3- mentions 2 steps in management?

1-Dantrolene 2.5 mg / kg

2- Cool the patient down (you can mention any other measure)

Q8: A picture of fluids: LR / NS / D5 / Albumin

1-Contains 5 mmol K+ : LR (deleted)

2- Can cause Acidosis : NS

3- Doesn't Contain electrolytes : D5

4- Most Oncotic : Albumin

Q9: A picture of some drugs: Morphine / Fentanyl / Alfentanil / Remifentanil / Naloxone / meperidine

1- has a more potent metabolite? Morphine.

2- Doesn't cause bradycardia? Meperidine and Naloxone (deleted)

3- Most to cause hyperalgesia? Not Sure.

4- Affected by pseudocholinesterase Deficiency: None.

Q10: A picture showing an epidural kit

1- what's the site for drug administration? Epidural Space.

2- mention the technique to ensure correct placement? Loss of resistance technique

3- mention the 2 last layers to be pierced? Flavum Ligament (Last) / Interspinous Ligament (2^{nd} to last).

Q11: a picture of a line inserted on the anterior side of the forearm of a patient

1- Line name? Arterial Line.

2- Explain why this vessel is a good choice? (2 points)

    1-easily accessible.

    2- good collaterals from ulnar artery.

Q12: CXR showing a Central venous line

1-insertion site? Left subclavian vein.

2- describe the position of the tip of the line? At the junction between the right atrium and SVC. OR at the level of the carina.

3-complication: pneumothorax.

4-management? Needle decompression / chest tube.

Q13: a 4 year old 15kg patient undergoing inguinal hernia repair

1-what to ask about in preop assessment? Any 2 preop questions (PMHx / Medications and Allergies).

2-Maintence Fluid? 50 mL / hour.

3-Choice of size of ETT? 4+4/4 => ID = 5 mm.

Q14: A patient presenting with chest pain for 45 minutes / tachycardic / Hypotensive / ECG shows STEMI:

1- what's the type of shock in this patient? Cardiogenic.

2-What's the underlying Cause? ACS (STEMI).

3- What's the most important next step in management to increase chance of survival? Not Sure.

Q15: a picture showing different breathing Circuits: Closed / Mapilson D / Mapilson A

1- the best to prevent a decrease in temperature? Closed circuit.

2- the best to prevent rebreathing? Closed circuit.

3- requires 2-3x minute ventilation? Not Sure.

4- which are Mapilson systems? A and D