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Of Jappractice Books, May 25, 2012 Single Best Answer MCQS in anesthesia, Volume 1, clinical anesthesia The Royal College of Anesthetists announced the introduction of the applications of the best best best (SBA) in the final exam of RFCS in line with the standards PMEB. Following these questions SBA were introduced in September 2010. The SBA applications are widely used in the United Kingdom to evaluate undergraduate medical students and doctors evaluate poorly executed by GMC. Outside the UK, it is used in final exams and Fanzca American Board. The SBA questions are an assessment tool to determine if a candidate can apply their knowledge to solve clinical problems encountered in every day. The SBA applications are currently being used in areas covering clinical anesthesia, intensive care and pain medicine. The actual written part of the examination final RFCS SBA has a section with 30 questions. Each correct answer is awarded four points with a total of 120 marks. In addition, the traditional currency MCQ the candidate's ability to recall the essential knowledge. There will be 60 questions in 60 meq with five branches each carrying a sign to a total of 300 marks. The total time allotted for candidates to complete this section of SBA questions and MCQS is three hours. SBA has a stem that is a clinical problem followed by an application of lead-in and five options. Only one of all the five possible options will be the best answer as agreed by the examiners. This book, best best answer MCQs in anesthesia was published in September 2010. It's a guide for the excellent practices to help with the new exam pattern final RFCS. It has six series of SBA application card. Each card is presented with 30 questions in a similar pattern to the final exam RFCS. Each set of questions is immediately followed by answers. Questions or clinical problems are aimed at the right level with a good mixture of clinical anesthesia, intensive care and pain medicine. The content and text are clear. According RCOA, the SBA stem is built with a maximum of 60 words. In this book, the authors attempt to adhere to the rule $\hat{A} \in \hat{a} \rightarrow \rightarrow \hat{A} \hat{A} \in \hat{a}, \rightarrow \hat{a}$ rule. Although not too elaborate, the stem is still focused on the clinical problem. The main question is short and precise. Therefore, making it interesting groped to solve problems. The section of the answer has three parts, the correct answer or the best, an explanation that justifies the response and also a useful list of references to help further reading. The explanations given are only brief, but with the necessary information make it easier to read. When resolving the questions in this book, by choosing the correct answer it could be very complicated sometimes. In some of the questions the best answer is prominent, so easy to score. In most applications, it's easy to exclude three specific options. The other two answers are very close and leave you in a quandary. It's hard to choose the correct answer as more of an option is possible for the given clinical problem. I feel that the experience of the candidate in that particular field can be interrogated an advantage to solve the problem rather than just factual knowledge. On the contrary, an anesthetist expert can get closer to a given clinical situation in a different way compared to a trainee who might be the beginning of their intermediate formation. This makes it difficult for the experienced anesthesiologist to score the signs at some of the questions. So, it's good to remember that the exam is aimed anesthetist trainees while reading this book. The resolution of this book in a group will promote discussions and arguments which is always a good way to prepare for any exam. If you choose to review this book Before examination, the correct answers are highlighted separately before the explanation provided therefore, it is possible to try again through the series of questions and answers without having to read the explanations provided. This book is an excellent resource of as well as an invaluable exam preparation help. This book will undoubtedly be a useful guide and companion for candidates preparing for the final exam of the FRCA. Good luck! 4 October 2019 Administrator 1. Which following anaesthetic drug can increase ictal activity during electrical therapy Propofol Methoexital Ketamine None of the above ANS (3) 2. Ketamine is the preferred anaesthetic for the following: cases of hypertensive trauma that have been significantly introduced: hypertensive Burning seasoning short operations on ANS asthmatics (1) 3. False on oxygen as a therapeutic agent Hyperbaric oxygen increases the availability of dissolved O2 in the blood used primarily in hypoxia inhalation of higher oxygen concentration increases the partial pressure of nitrogen within the body can be administered the partial pressure of nitrogen within the body. ANS atmospheric oxygen (3) 4. Which of the following ID drugs used for flood loss in cardiac surgery oxygen nitrous oxide nitric oxide carbon dioxide ans (4) 5. Inhaled nitric oxide is used in emergency hypertensive gastric changes, hypertension malignant hypertension ans (3) 6. One patient, Tina was anesthetized with halothanes and nitric oxide and tubocurarine were used for skeletal muscle relaxation. It became hypertension with marked muscle stiffness and hyperthermia. Laboratory reports showed he developed hyperkalaemia and acidosis. This complication was caused by: Block of Autonomic Tubocurarin Ganglia Pheochromocytoma Activation of brain dopamine receptors by the brain Excessive release of calcium from the sarcoplasmic lattice ans (4) 7. The segmental level of spinal anaesthesia depends on: the volume of the local anaesthetic injected The specific gravity of the local anaesthetic solution the patient's posture throughout the above years (4) 8. The neuromuscular blocker that does not require a reversal of action by neostigmine at the end of the operation is: D $\hat{a} \rightarrow$ "Tubocurarin doxacurium pipecuronium Mivacurium ans (4) 9. The second gas effect is exerted by which of the following gases when co-administered with halothanes: nitrous oxide cyclopropane helium nitrogen ANS (1) 10. Select the correct declaration on nitrous oxide: Irritated the respiratory Mucosa has a poor analgesic action is mainly used as a carrier and adjuvant to other anesthetics, frequently induces post-anesthetic nausea and recall to NS (3) 11. Malignant hyperthermia is a rare complication of the use of the following anaesthetic: the sodium althane thiopentone ether of ANS ketamine (3) 12. Postoperative vomiting is rare with this intravenous anaesthetic agent and patients are able to ambulate before they receive other anaesthetic agents: Ketamine Enflurane Propofol Remifentanil ANS (3) 13. Epinephrine added to a lignocaine solution for a peripheral nerve block: increase the risk of seizures increase the duration of action of the local anaesthetic both (A) and (B) None of these ans (2) 14. RAM has one ampoule of 4 ml lignocaine of the 2% solution. How much lignocaine is there in 1 ml? ANS (3) 15. Dantrolene Sodium reduces skeletal muscle tone by: reducing the release of acetylcholine from motor nerve endings suppressing spinal polysynaptic reflexes which inhibit the generation of muscle action potential by reducing the Ca^{2+} release from the sarcoplasmic lattice in the ANS muscle fiber (4) 16. Which of the following drugs have caused hyperkalaemia leading to cardiac arrest in patients with neurological disorders? Baclofen Dantrolene Succinylcholine Tubocurarine ANS (3) 17. While performing a rapid intubation of the In the operation theater, a patient was given a standard intravenous dose of muscle relaxing $\hat{A} \in \hat{a}, \rightarrow \hat{A} \hat{a} \in \hat{a}, \rightarrow$ to maintain muscle relaxation during surgery, another muscle was given the relaxing Vecurionium. At the end of the intervention, neostigmine was used to reverse residual muscle relaxation. However, the patient did not respond and continued to display too many muscle paralysis to allow safe explosion. safety. Is "A" likely to be? Pancuronium Succinylcholine Midazolam Tubocurarin Years (2) 18. Which of the following subgroups of patients is an absolute contraindication to day surgery a) respiratory tolerance less than 2 metabolic equivalents b) myocardial infarction within the last 6 months c) TIA within one year d) warfarin-treated patients e) advanced liver disease with abnormal clot Ans (2) 19. Which of the following is true for smoking in relevant for anaesthesia nicotine restores the carotid and the aortic body and increases the sympathetic tone smoking decreases the level of surfactant the dose of aminosteroid anaesthetic agent should be increased in smokers all previous years (4) 20. The real feature of an anaesthetic machine and its rotameter components is a variable gauge and a variable pressure gauge the desflurane vaporizer has a vaporization chamber heated to 39 $\hat{A}^{\circ}c$ the common gas intake of the anaesthetic machine has a male connection of 15 mm the oxygen sensor $\hat{A} \hat{I}$ It is positioned on the inspirer arm at the end of the Ans (2) machine 21. The duration of spinal anaesthesia depends on all of the following EXCEPT: A local anaesthetic used The concentration of the local anaesthetic used Patient's posture Indicate if adrenaline has been added to the local anaesthetic Ans (2) 22. Total intravenous anesthesia increases the incidence of postoperative nausea and vomiting worsening of hypoxic pulmonary vasoconstriction decreased cerebral metabolic rate increases the incidence of renal toxicity compared to volatile agents Ans (3) 23. In spinal anesthesia the segmental level of: The sympathetic block is lower than the sensory block The sympathetic block is higher than the sensory block The motor block is higher than the sensory block The sympathetic block, motor and the sensory block have the same level Ans (2) 24. The following local anaesthetic increases blood pressure instead of causing a fall. Cocaine Dibucaine Lignocaine Procaine Ans (1) 25. The local anaesthetic with the longest duration of action is: Procaine Chlorprocaine Lignocaine Dibucaine Years (4) Complete the lesson with the quiz. To take the quiz please register as a member of this site and join our course All attempts have been made to give the right answers in case something is wrong please inform us through our comments section also refer to the standard manuals Most of the questions come from previous articles of major universities in India Repeat the questions most Tags: neet pg mcqs, neet pg mcqs, neet pg mcqs, neet pg mcqs with answers, neet pg pharmacology mcqs, neet pg test series, neet pg test series free, pg neet mcqs, pg neet mcqs with answers, pg neet pharmacology mcqs, pg neet test series, pharmacology mcqs, pharmacology mcqs with answers answers answers answers

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