

PROVISIONAL ANSWER KEY

Question 12/2025/OL

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Category 024/2024

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Exam: Assistant Professor in Emergency Medicine

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Department Medical Education

Question1:-A 56-year-old male with uncontrolled diabetes and systemic hypertension presented to your CHC with complaints of left sided chest pain and diaphoresis since 30 min. He was diagnosed to have acute anterior ST elevation myocardial infarction. As the CMO, you decide to thrombolysed the patient with the available streptokinase. You ask the nurse to give streptokinase IV

A:-1.5 million units as infusion over 60 minutes

B:-0.5 million units as iv bolus followed by 1 million units over 1 hour

C:-3 million units as infusion over 60 minutes

D:-1.5 million units as iv bolus followed by 1.5 million units over 1 hour

Correct Answer:- Option-A

Question2:-Choose the correct option indicating the correct dosage for fibrinolytic therapy in ACS

- | | |
|------------------|--|
| a. tPA | i. 15-mg bolus followed by 50 mg intravenously over the first 30 min, followed by 35 mg over the next 60 min |
| b. Streptokinase | ii. Single IV bolus of 0.53 mg/kg over 10 s |
| c. Tenecteplase | iii. 1.5 million units (MU) intravenously over 1 h |
| d. Reteplase | iv. Double-bolus regimen consisting of a 10-MU bolus given over 2-3 min, followed by a second 10-MU bolus 30 min later |

A:-a-i, b-ii, c-iii, d-iv

B:-a-iv, b-ii, c-iii, d-i

C:-a-iv, b-iii, c-ii, d-i

D:-a-i, b-iii, c-ii, d-iv

Correct Answer:- Option-D

Question3:-Refractory VF

A:-Should be treated with an unsynchronised electric shock with an initial energy of 200 J

B:-IV amiodarone may be given as 300 mg bolus

C:-1 mg IV epinephrine is the drug of choice

D:-Lidocaine has no role in management

Correct Answer:- Option-C

Question4:-Choose the incorrect option

A:-Refractory VF is when a shockable rhythm is still present after three shocks and two-minute CPR cycles

B:-Coronary artery disease and myocardial infarction are common causes of shock-refractory VT/VF

C:-Amiodarone is superior to lidocaine in management of refractory VF

D:-For patients in whom acute hyperkalemia is the triggering event for resistant VF, 10% calcium gluconate may be helpful

Correct Answer:- Option-C

Question5:-Choose the incorrect statement regarding Aortic dissection

A:-It is caused by a circumferential or, less frequently, transverse tear of the intima

B:-Most common site of dissection is descending thoracic aorta just below the ligamentum arteriosum

C:-DeBakey types I and II are managed in a similar manner

D:-Transthoracic echocardiography has an overall sensitivity of 60-85% for aortic dissection

Correct Answer:- Option-B

Question6:-Choose the incorrect statement regarding Aortic dissection

A:-The peak incidence is in the sixth and seventh decades

B:-Men are more affected than women by a ratio of 2:1

C:-TEE is very useful for detecting dissection of the arch and descending thoracic aorta

D:-Urgent surgical correction is the preferred treatment for acute ascending aortic dissections and intramural hematomas (type A)

Correct Answer:- Option-C

Question7:-All are components of CURB-65 except

A:-Confusion

B:-Urea > 19 mg/dl

C:-Respiratory rate \geq 20/min

D:-Blood pressure - systolic \leq 90 mmHg or diastolic \leq 60 mmHg

Correct Answer:- Option-C

Question8:-Incorrect statement regarding CURB-65 is

A:-Patients with a score of 0 can be treated as outpatients

B:-Both PSI nor CURB-65 is accurate in determining the need for ICU admission

C:-With a score of 1 or 2, hospitalization may not be necessary, if the score is entirely or in part attributable to an age of \geq 65 years

D:-The CURB-65 criteria yield a severity-of-illness score

Correct Answer:- Option-B

Question9:-Regarding status epilepticus, the incorrect statement is

A:-GCSE is typically when seizures last beyond 5 min

B:-Second line antiepileptic agents for status epilepticus include - fosphenytoin valproate Levetiracetam or phenobarbital

C:-Phenobarbital can cause prolonged sedation

D:-The treatment of nonconvulsive status epilepticus is thought to be less urgent than GCSE

Correct Answer:- Option-B

Question10:-While in the management of status epilepticus the wrong statement is

A:-Status epilepticus is a neurological emergency that requires prompt intervention

B:-Lorazepam is usually the first agent used for terminating status epilepticus

C:-Barbiturates can cause prolonged sedation and hypotension

D:-Iv lacosamide can be considered as second line drug for treatment of status epilepticus

Correct Answer:- Option-D

Question11:-All are contraindications for thrombolysis in acute ischemic stroke except

A:-Major surgery in the preceding 14 days

B:-GI bleeding in preceding 21 days

C:-Recent Myocardial infarction

D:-NIHSS score ≥ 6

Correct Answer:- Option-D

Question12:-Regarding thrombolytic therapy in acute ischemic stroke, all are correct except

A:-IV rtPA given at a dose of 0.9 mg/kg to a 90-mg maximum; 10% as a bolus, then the remainder over 60 min

B:-Sustained BP $> 185/110$ mmHg despite treatment is a contraindication

C:-The plasminogen activator Tenecteplase can be given as IV bolus over 5 s

D:-IV alteplase is preferred in AIS known or suspected to be associated with aortic arch dissection

Correct Answer:- Option-D

Question13:-A 82 year old male living alone was brought to the ED with c/o decreased food intake and altered sensorium since 2 weeks. On arrival he was drowsy dehydrated with BP 80/60 mmHg PR 130/min. His GRBS was found to be high. Imaging of the brain ruled out a vascular event and toxic screen was negative. His chest x-ray showed a right middle lobe consolidation. Further reports showed elevated TC with Na 134 meq/L, K 4 meq/L and normal blood ketones and urine acetone 1+. What is the diagnosis?

A:-Diabetic ketoacidosis

B:-Hyperglycemic Hyperosmolar State

C:-Myxedema coma

D:-Adrenal crisis

Correct Answer:- Option-B

Question14:-Regarding Hyperglycemic Hyperosmolar State, the incorrect statement is

A:-The prototypical patient with HHS is an elderly individual with types 2 DM

B:-Often precipitated by a serious, concurrent illness such as myocardial infarction or stroke

C:-Relative insulin deficiency and inadequate fluid intake are the underlying causes of HHS

D:-Usually presents with nausea, vomiting, and abdominal pain

Correct Answer:- Option-D

Question15:-80-year-old male brought to ER with confusion and cold extremities. He is a kc/o Hypothyroidism and was off medications for past 4 months. His family reports decreased food intake for past 4 days. O/E his vitals showed a PR 44/min, spo2 76% in RA, and BP 70 systolic, Temp 33.5C. ABG showed pH 7.11, PO2 43, Pco2 113, Hco3 25 S Na 111, K 4.5 GRBS 60 mg/dl Chest auscultation - left infrascapular bronchial breathing was noted. What is your diagnosis?

A:-Hypothermia

B:-Myxedema coma

C:-Adrenal crisis

D:-Sepsis

Correct Answer:- Option-B

Question16:-Regarding myxedema coma, the wrong statement is

A:-Occurs almost always in the elderly

B:-External warming is indicated only if the temperature is $< 30^{\circ}\text{C}$

C:-Iv hydrocortisone is administered in view of impaired adrenal reserve

D:-Iv bolus of levothyroxine is contraindicated as increased risk of arrhythmias

Correct Answer:- Option-D

Question17:-Choose the wrong statement

A:-Infusion of hypertonic saline is absolutely contraindicated in hypervolemic hyponatremia

B:-In hypovolemic hyponatremia, fluid restriction and inhibitors of AVP action are absolutely contraindicated

C:-SIADH should be managed with fluid and salt restriction and tolvaptan

D:-Raising the plasma sodium faster or farther may increase the risk of central pontine myelinolysis

Correct Answer:- Option-C

Question18:-All are causes of acute hyponatremia except

A:-Recent institution of thiazides

B:-Polydipsia

C:-MDMA ("ecstasy," "Molly") ingestion

D:-Hypertonic intravenous fluids

Correct Answer:- Option-D

Question19:-Which of the following is false regarding delirium tremens?

A:-Tremors

B:-Ophthalmoplegia

C:-Visual hallucinations

D:-Autonomic dysfunction

Correct Answer:- Option-B

Question20:-A 72-year-old patient with regular alcohol use stopped drinking since the past 3 days. He presented with c/o altered behavior visual hallucination tremors and high blood pressure. His likely diagnosis is

A:-Delirium tremens

B:-Alcohol withdrawal seizure

C:-Wernickes encephalopathy

D:-Korsakoff psychosis

Correct Answer:- Option-A

Question21:-Which of the following statements about lower gastrointestinal bleeding is FALSE?

A:-Hematochezia originates from upper GI bleeding approximately 5% of the time

B:-Some of the factors associated with a high morbidity rate are hemodynamic instability, repeated hematochezia, gross blood on rectal examination, syncope

C:-Angiographic diagnosis and therapy require a relatively brisk bleeding rate (at least 0.5 ml/min)

D:-Among patients with established lower GI source of bleeding diverticular disease, colitis and hemorrhoids are the most common source of bleeding

Correct Answer:- Option-A

Question22:-Which of the following statements is true regarding the utility of scoring systems in Acute Pancreatitis?

A:-The clinical scoring systems are based entirely on vital signs and determine the mortality rate in patients

B:-The higher score of Acute Physiology and Chronic Health Evaluation-II (APACHE-II) better is the prognosis of the patient of severe acute pancreatitis admitted in intensive care unit

C:-The APACHE-II, Ranson's score are complex and data used to calculate these scores may not be immediately available, limiting their utility in the emergency department

D:-CT severity index (CTSI) when performed in acute pancreatitis is more accurate than clinical scores in predicting outcomes

Correct Answer:- Option-C

Question23:-Which if the following statements is false about acute appendicitis?

A:-White cell count can be normal in acute appendicitis

B:-Typical findings of appendicitis on ultrasound are thickened, non-compressible appendix > 6 mm in diameter

C:-Non-operative, antibiotic only approach can be considered in acute appendicitis in uncomplicated cases

D:-If a patient develops an appendicular mass due to diffuse inflammation of appendix then interval appendectomy must be done

Correct Answer:- Option-D

Question24:-A 15-year-old boy presents to the emergency department with acute scrotal pain. Which of the clinical features will in the patient will help you diagnose a testicular torsion as oppose to acute epididymitis?

A:-On clinical examination of the testes the testicle was normally positioned in vertical alignment

B:-Patient complained of dysuria

C:-The patient was febrile on examination

D:-Scrotal pain was sudden onset and the patient had episodes of nausea and vomiting

Correct Answer:- Option-D

Question25:-A 44-year-old factory worker presented to the emergency department after a huge fire explosion broke out in the nearby steel factory. The worker was trapped inside the factory building for over an hour before he could be rescued. Your emergency medical team is concerned about the airway and breathing status of the patient. All of the following are true about inhalation injury in burn patients, except

A:-Inhalation injury is associated with closed-space fires and conditions that decreased mentation

B:-Inhalation injury can lead to pulmonary edema and ventilation strategy with high tidal volumes and higher plateau pressure is indicated

C:-Carbon monoxide poisoning is a well-known consequence of smoke inhalation injury

D:-Suspected inhalational injury should be treated prior to definitive diagnosis. Humidified oxygen should be started with prompt control of airway

Correct Answer:- Option-B

Question26:-A 68-year-old presented to the emergency department with abdominal pain. On examination he was found to be hypotensive, have a pulsatile mass and also gave a history of syncope last week. All of the following are true regarding the

condition suspected in this patient, except?

A:-It is essential to keep the blood pressure slightly higher in this patient with administration of fluids, blood, or inotropes

B:-In the event of suspected expanding aneurysm and severe hypertension, esmolol is recommended

C:-Symptomatic aneurysm of any size is considered emergent

D:-Bedside ultrasound is the imaging modality of choice for unstable patients. Aortic diameter < 3 cm excludes acute aneurysmal disease

Correct Answer:- Option-A

Question27:-A patient with a burn was being considered for transfer to the burn unit. One must take into account all of the following burn characteristics to consider for transfer to the burn unit, except?

A:-Burn on face

B:-Chemical burn

C:-Partial thickness burns with 15-25% body surface area

D:-Burn patient with a fracture of the femur bone

Correct Answer:- Option-C

Question28:-Which of the following is FALSE about lower gastrointestinal bleeding due to hemorrhoids?

A:-Hemorrhoidal bleeding is usually limited with bright red blood on surface of stool, on toilet tissue or noted at end of defecation

B:-Portal hypertensive patients with thrombosed external hemorrhoids should have excision of the hemorrhoids in the emergency department

C:-Uncomplicated hemorrhoids are painless unless they are thrombosed or are strangulated

D:-Internal hemorrhoids originate proximal to dentate line from superior rectal artery coursing at 2-, 5- and 9-o clock positions when patient is in prone position

Correct Answer:- Option-B

Question29:-A 76-year-old elderly patient with known heart disease presented to the emergency with serious burns and polytrauma. Fluid resuscitation was being considered. All of the following statements in regards to fluid management in burn management are true, EXCEPT

A:-This patient will require fluid in excess of calculated needs as he also has associated trauma

B:-He will require greater attention to fluid management

C:-Fluid should be infused at the rate of 4 ml/kg/% body surface area over initial 6 hours

D:-Adjuvant colloid therapy given along with crystalloid therapy is not beneficial

Correct Answer:- Option-C

Question30:-A 26-year-old patient presented to the emergency with per rectal

bleeding. Which of the following statement is false related to lower gastrointestinal bleeding?

A:-Constipation and prolonged straining at stools are associated with enlarged hemorrhoids

B:-The patient without much symptoms may be treated with warm baths and bulk laxatives

C:-Topical analgesics and steroid containing ointments may provide relief

D:-Acute anal fissure is usually associated with bright red blood on the surface of the stool and noted at end of defecation

Correct Answer:- Option-D

Question31:-According to ATLS, which is the indication for the definitive management of airway?

I. Inability to protect the airway

II. GCS < 8

III. Severe maxillofacial trauma

IV. Anticipated clinical course

A:-I and II are correct

B:-Only II is correct

C:-I, II and III are correct

D:-All of the above

Correct Answer:- Option-D

Question32:-Which of the following are immediate (red) triage categories? Airway obstruction

I. Tension pneumothorax

II. Uncontrolled hemorrhage

III. Isolated extremity fracture

A:-

I and II are correct

B:-Only III is correct

C:-I, II and III are correct

D:-All of the above

Correct Answer:- Option-C

Question33:-What are the recommended endpoints of fluid resuscitation in trauma resuscitation?

I. Restoration of radial pulse

II. Urine output > 0.5 mL/kg/hr

III. Normalization of lactate levels

IV. MAP > 65 mmHg

A:-I and II are correct

B:-Only IV is correct

C:-I, II and III are correct

D:-All of the above

Correct Answer:- Option-D

Question34:-A 50-year-old male with hypovolemic shock from a stab wound to the abdomen: tachycardic, hypotensive and hypothermic. What is the initial management?

I. Crystalloid fluid bolus 2L

II. Vasopressors

III. FAST exam

IV. Transfuse type O negative blood if the patient does not respond to the fluid

A:-I and III are correct

B:-Only IV is correct

C:-I, III and IV are correct

D:-All of the above

Correct Answer:- Option-C

Question35:-40-year-old male with severe TBI. GCS of 6. CT shows midline shift and intracranial hemorrhage. Critical care management priorities :

I. Maintain CPP of > 60 mmHg

II. Give hypertonic saline for ICP control

III. Intubate and hyperventilate to a PaCO₂ of 25 mmHg

IV. Monitor ICP if available

A:-I, II and IV are correct

B:-Only IV is correct

C:-None of the above

D:-All of above

Correct Answer:- Option-A

Question36:-In assessing a patient with SCI, what clinical findings suggest a complete Spinal Cord Injury (SCI)?

I. No motor function below level of injury

II. Presence of sacral sensation

III. Loss of all modalities of sensation below level of injury

IV. Presence of deep tendon reflexes below level of injury

A:-I, II and III are correct

B:-I and III are correct

C:-I and II are correct

D:-All of the above

Correct Answer:- Option-B

Question37:-Which of the following are components of high-quality CPR for adults during chest compressions?

- I. Depth of 2 to 2.4 inches (5 to 6 cm)
- II. Rate of 80-100 per minute
- III. Allow the chest to recoil fully between compressions
- IV. Minimize interruptions to < 10 seconds

A:-II, III and IV are correct

B:-II and III are correct

C:-I, III, IV are correct

D:-All of the above

Correct Answer:- Option-C

Question38:-In the treatment of an open pneumothorax ("sucking chest wound"): which intervention is needed?

- I. Non-occlusive dressing
- II. Application of a three-sided occlusive dressing
- III. Placement of a chest tube at site of wound
- IV. Immediate surgical exploration without chest tube placement

A:-II, III and IV are correct

B:-II and III are correct

C:-Only III

D:-Only II

Correct Answer:- Option-B

Question39:-A 50 year old man collapses in a shopping plaza. Bystanders call for help and you arrive with a defibrillator. He is unresponsive, without a pulse and not breathing.

What would you do to ensure effective CPR and initial treatment of a cardiac arrest?

- I. Immediately start chest compressions at a rate of 100-120 per minute.
- II. Give two rescue breaths, then start compressions.
- III. Use the defibrillator as soon as it is available and shows a shockable rhythm.
- IV. Perform CPR with pauses of less than 15 sec to check for a pulse.

A:-All of the above

B:-I and IV

C:-Only III

D:-I and III are correct

Correct Answer:- Option-D

Question40:-A 65-year-old man, on ventilator for respiratory failure, intubated. Suddenly becomes pulseless with high airway pressure alarm. What is the next steps to assess and manage airway while performing CPR?

- I. Disconnect ventilator and manually ventilate with bag-valve-mask
- II. ETT position and patency
- III. Needle decompression for suspected tension pneumothorax
- IV. Chest compressions immediately

A:-Only I option is correct

B:-I, II and IV are correct

C:-I and IV

D:-All of the above

Correct Answer:- Option-B

Question41:-A 34 yr primigravida comes with history of amenorrhea for 2.5 months and pain abdomen. Her vitals are stable and transvaginal USG reveals unruptured ectopic pregnancy 3 × 2 cm in right adnexa and minimal free fluid in pelvis. Her beta-hCG is 2400 mIU/ml. What should be the most appropriate next step of management?

A:-Repeat beta-hCG after 48 hrs and to decide the treatment course

B:-Medical management with injection methotrexate

C:-Expectant management with vital monitoring in the ward

D:-Laparoscopic salpingectomy

Correct Answer:- Option-B

Question42:-A patient G2P0+0+1+0 presents at 34+6 weeks POG with pain abdomen for 2 days. USG report shows : BPD-34 weeks; AC-30 weeks; FL-33 weeks; HC-33+3 weeks; placenta-grade 3; AFI-5; Umbilical artery Doppler reveals absent end diastolic flow. What should be likely plan of management?

A:-Admission and daily monitoring and delivery at 37 weeks

B:-Admission and giving dexamethasone and delivery after 48 hrs

C:-Admission and inform pediatrician and plan for termination immediately

D:-Admission and daily Doppler till it shows reversal of flow or patient reaches 37 weeks

Correct Answer:- Option-C

Question43:-All of the following statements are true about acute suppurative mastitis except

A:-Symptoms start within first week of delivery and usually takes 5-7 days to resolve

B:-The condition is associated with spiky fever and tachycardia along with severe pain

C:-The condition is unilateral in most of the cases

D:-Breastfeeding may be continued but may be difficult due to engorgement and edema

Correct Answer:- Option-A

Question44:-All of the following statements regarding HELLP syndrome are true except

A:-The HELLP syndrome usually develops in third trimester

B:-The risk of Acute Kidney injury is > 50% in cases with typical HELLP syndrome

C:-Delivery is the definitive treatment irrespective of period of gestation

D:-Women with symptoms in early gestation, thrombotic thrombocytopenic purpura (TTP) may be the underlying pathology

Correct Answer:- Option-B

Question45:-A primigravida presents in emergency at 31 weeks period of gestation (POG) with history of hypertension since 24 weeks POG and is on tablet labetalol 200 mg three times a day. She is hospitalised and started on corticosteroid cover along with BP monitoring. In which of the following conditions pregnancy may be delayed safely for 48 hours for completion of steroid cover?

A:-Persistent headache and epigastric pain

B:-Pulmonary oedema

C:-Reversed end diastolic flow in umbilical artery

D:-Placental abruption

Correct Answer:- Option-C

Question46:-Chronic placental abruption is associated with which of the following abnormalities in the maternal serum?

A:-Raised maternal serum Alpha-fetoprotein

B:-Low maternal serum Alpha-fetoprotein

C:-Raised Inhibin B

D:-Low Inhibin B

Correct Answer:- Option-A

Question47:-Which of the following conditions has highest risk of abruption?

A:-Severe pre-eclampsia

B:-Multifetal gestation

C:-Previous abruption

D:-Chorioamnionitis

Correct Answer:- Option-C

Question48:-All of the following statements are true regarding uterotonic drugs used for management of postpartum hemorrhage (PPH) EXCEPT

A:-Oxytocin should not be used undiluted for intravenous route as it can cause severe hypotension and arrhythmias

B:-Ergot alkaloids should not be used in women with pre-eclampsia and chronic hypertension

C:-In women with suspected pulmonary hypertension, Carboprost should be preferred over ergot alkaloids for management of PPH

D:-Misoprostol is used 600-100 mcg via sublingual or per-rectal route for prevention and management of PPH

Correct Answer:- Option-C

Question49:-The usual duration of Bakri balloon inserted in the uterine cavity for management of postpartum hemorrhage is

- A:-6 hours
- B:-12 hours
- C:-24 hours
- D:-48 hours

Correct Answer:- Option-B

Question50:-Regarding perimortem cesarean section (PMCS), all the following are benefits of the procedure EXCEPT

A:-Uterine blood flow is redistributed to other organs, resulting in increased cardiac output by 25%

B:-Decreased compression of inferior vena cava, which results in increased venous return

C:-PMCS Increases functional residual capacity of lungs thus increasing oxygenation

D:-The procedure should be planned if there is no response even after 5 minutes of resuscitative measures

Correct Answer:- Option-D

Question51:-Four lifesaving interventions not necessarily in sequence during cardiopulmonary resuscitation are

A:-Adrenaline/Atropine/Amiodarone/Defibrillation

B:-Epinephrine/Atropine/Vasopressin/Noradrenaline

C:-Adrenaline/Vasopressin/Amiodarone/Defibrillation

D:-Epinephrine/Atropine/Vasopressin/Amiodarone

Correct Answer:- Option-A

Question52:-6 year old boy, has been brought to ER with traumatic brain injury. On admission the child is noted to have dilated and sluggishly reacting pupils, high blood pressure of 170/90 mmHg and heart rate of 75/min. Which of the following intervention is immediate priority for this child?

A:-Start hypertonic saline bolus

B:-Administer furosemide bolus

C:-Hyperventilation to decrease intracranial pressure

D:-Administer labetalol for hypertension

Correct Answer:- Option-C

Question53:-A 2 year old girl with pneumonia needs to be given oxygen by nasal prongs. Select the correct flow rate rate for oxygen delivery

A:-10 L/min

B:-< 2 L/min

C:-15 L/min

D:-2-4 L/min

Correct Answer:- Option-D

Question54:-A 5 year old boy with normal nutrition came with history of loose stools for 3 days and hypotensive shock. Which of the following is the most appropriate intervention for immediate stabilization in the emergency room?

- A:-Normal saline bolus 10 ml/kg over 15-20 minutes
- B:-Normal saline bolus 20 ml/kg over 15-20 minutes
- C:-10% dehydration correction with Ringer's lactate
- D:-Perform ultrasonography to assess fluid responsiveness

Correct Answer:- Option-B

Question55:-Which of the following is TRUE regarding the use of end tidal CO₂ (ETCO₂) during cardiopulmonary resuscitation (CPR)?

- A:-ETCO₂ > 15 mmHg is rarely associated with successful resuscitation
- B:-ETCO₂ values are generally lower among patients who achieve return of spontaneous circulation (ROSC)
- C:-An abrupt rise in ETCO₂ can be used to detect underlying ROSC during CPR
- D:-An abrupt rise in ETCO₂ during CPR indicate massive pulmonary embolism

Correct Answer:- Option-C

Question56:-A 4 month old infant is brought to emergency with history of sudden onset rapid breathing for the past 1 hour. On examination, the infant is irritable, tachypneic (RR 60/min), heart rate of 240/min with absent peripheral pulses and prolonged capillary refill. The ECG is as shown below :



Which of the following statement is true as regards management in this infant?

- A:-Defibrillation at an initial dose of 2 J/kg
- B:-Vagal maneuver (ocular pressure) can be tried as initial treatment
- C:-Delivery of shock timed to coincide with R wave during synchronised cardioversion
- D:-Verapamil can be safely administered in the index child

Correct Answer:- Option-C

Question57:-A 10 year old child with meningitis and urine output of 0.8 ml/Kg/hour shows the following labs

Blood studies

Sodium 126 mEq/L; Chloride 98 mEq/L; Potassium 3.7 mEq/L; Bicarbonate 25 mEq/L
BUN 4 mg/dL; Creatinine 0.4 mg/dL; Glucose 129 mg/dL; S. osmolality 260 mosm/kg

Urine studies : Specific gravity 1.025; Sodium 58 mEq/L; Osmolality 645 mosm/kg;
Fe Na 2.4%

What would be the most appropriate intervention in this child?

- A:-Administer diuretics
- B:-Saline administration
- C:-Administration of fludrocortisone

D:-Restriction of fluids

Correct Answer:- Option-D

Question58:-The following are aerosol generating procedures except

A:-Endotracheal intubation and extubation

B:-Suction

C:-Oxygen through non rebreathing mask

D:-Cardiopulmonary resuscitation

Correct Answer:- Option-C

Question59:-Hyperchloremia induced by unbalanced crystalloids causes all except

A:-Increased inflammation

B:-Renal artery vasodilation

C:-Reduced microcirculation

D:-Metabolic acidosis

Correct Answer:- Option-B

Question60:-The following are true about high flow nasal cannula therapy except

A:-Bulk flow increases dead space

B:-It provides CPAP

C:-Improves alveolar ventilation

D:-Humidification prevents drying of respiratory secretions

Correct Answer:- Option-A

Question61:-Which of the following statements regarding the use of Polyvalent anti snake venom are true?

(i) In practice, the choice of an initial dose of antivenom is usually empirical.

(ii) Recommended initial dosage of lyophilized reconstituted polyvalent antivenom for

Bungarus caeruleus and Naja naja is 10-20 vials

(iii) The recommended initial dosage of lyophilized reconstituted polyvalent antivenom for

Daboia/Vipera russelli is 10 vials and for Echis carinatus is 5 vials

(iv) When intravenous access has proved impossible, antivenom must be injected into the gluteal region (in the upper outer quadrant of buttock-intra muscular route) without delay

A:-(i), (ii) and (iv)

B:-(i), (iii) and (iv)

C:-(i), (ii) and (iii)

D:-(ii) and (iv)

Correct Answer:- Option-C

Question62:-Which of the following statements are true regarding the role of anticholinesterase medications in poisonous snake bite management?

- (i) Neostigmine can be used to treat neuromuscular blockade caused by snake venom
- (ii) Neostigmine can help to improve respiratory muscle function but it does not reduce the need of mechanical ventilation in patients with respiratory failure due to snake venom
- (iii) The maximum dose of neostigmine to reverse neuromuscular blockade in patients with poisonous snake bite is 10 mg over 24 hours

- A:-(i) and (ii)
- B:-(ii) and (iii)
- C:-(i) and (iii)
- D:-(i), (ii) and (iii)

Correct Answer:- Option-C

Question63:-Which among the following are not true regarding the use of Rumack-Matthew nomogram?

- (i) It can't be applied for chronic acetaminophen ingestions.
- (ii) Acetaminophen levels correlate well with the degree of overdoses.
- (iii) The nomogram is used to decide whether to administer N-acetylcysteine (NAC), the antidote for acetaminophen overdose.
- (iv) On plotting plasma acetaminophen concentration against the time since ingestion on the nomogram, if the point falls above the treatment line, treatment with NAC is not indicated.

- A:-(i) and (iii)
- B:-(ii) and (iv)
- C:-(ii) and (iii)
- D:-(i) and (iv)

Correct Answer:- Option-B

Question64:-Which among the following is not true regarding Peradeniya Scale?

- A:-It was developed by N Senanayake, H J de Silva, and L Karalliedde in 1993
- B:-The scale assesses 14 common clinical manifestations of poisoning with organophosphate compounds (OPC) on a three-point scale ranging from zero to two
- C:-The Peradeniya scale is an effective tool for predicting the need for ventilatory support at admission, in patients with OP compound poisoning
- D:-None of the above

Correct Answer:- Option-D

Question65:-Which of the following is not true regarding the clinical features in patients with Lithium overdose?

- A:-Acute Kidney Injury and oliguria are typical features of Lithium overdoses in patients with Serum Lithium level 1-1.5 mEq/L
- B:-Features of Cerebellar dysfunction like ataxia, dysarthria and dysmetria are features of severe Lithium overdose (Lithium level more than 3.5 mEq/L)
- C:-Mild hypotension and sinus bradycardia are seen in mild to moderate overdose with Lithium (Lithium level 1.5 to 2.5 mEq/L)

D:-Respiratory depression with reduced respiratory rate and depth is seen in Lithium overdose with Lithium level 2.5 to 3.5 mEq/L

Correct Answer:- Option-A

Question66:-Following statements is/are not true regarding indications for cardiac pacing in patients with cardiac glycoside poisoning

- (i) Severe hyperkalaemia with serum Potassium level more than 6.5 mEq/L
- (ii) Second or third degree AV block with a ventricular rate less than 40 per minute
- (iii) Sinus Bradycardia with rate less than 40 per minute with symptoms like dizziness, syncope or fatigue

A:-(i) and (ii)

B:-(iii)

C:-(i)

D:-None of the above

Correct Answer:- Option-D

Question67:-In management of the patients with Organophosphate induced delayed poly neuropathy (OPIDP), true statements are?

- (i) Use muscle relaxants like baclofen to manage muscle spasms.
- (ii) Focus on supportive care and rehabilitation, but long term follow up is not indicated as there is no cure for OPIDP.
- (iii) Consider anti convulsants such as carbamazepine for neuropathic pain management.
- (iv) Provide vitamin supplements such as B vitamins to support nerve health.

A:-(i), (iii) and (iv)

B:-(ii), (iii) and (iv)

C:-(i), (ii) and (iv)

D:-All are true statement

Correct Answer:- Option-A

Question68:-Which of the following statement are correct regarding hallucinogenic doses of Psilocybin-a naturally occurring psychedelic compound found in certain species of mushrooms, in a 75 kg adult?

- (i) 5 to 15 mg itself is hallucinogenic.
- (ii) 15 to 25 mg produce mild hallucinogenic effects.
- (iii) 25 to 50 mg cause moderate hallucinogenic effects.

A:-(ii) and (iii)

B:-(i) and (ii)

C:-(i) and (iii)

D:-All are correct statements

Correct Answer:- Option-A

Question69:-Which of the following statements are true regarding the comparison between intermediate syndrome (IMS) and organophosphorous induced delayed polyneuropathy (OPIDN)?

- (i) IMS and OPIDN are distinct clinical syndromes with similar pathophysiology but

different clinical features.

(ii) IMS is related to acetyl cholinesterase inhibition while OPIDN is related to neuropathy target esterase inhibition.

(iii) IMS is featured by muscle weakness and cranial nerve involvement whereas in OPIDN there will be peripheral neuropathy and gait disturbances.

(iv) IMS is generally reversible with supportive care but OPIDN is often irreversible

A:-(i), (ii) and (iv)

B:-(ii), (iii) and (iv)

C:-(i), (ii) and (iii)

D:-(i) and (iv)

Correct Answer:- Option-B

Question70:-Which of the following statements regarding the renal involvement in poisonous snake bite victims are not true?

(i) Venom induced hypotension can reduce renal perfusion leading to ischaemic damage and AKI.

(ii) Venom induced coagulopathy can lead to formation of micro thrombi in kidneys, causing renal damage and AKI.

(iii) Venom induced inflammation can causes renal damage and AKI through the release of pro inflammatory cytokines and chemokines.

(iv) Venom induced haemolysis can lead to the release of haemoglobin which in turn lead to AKI.

A:-(i), (ii) and (iii)

B:-(ii), (iii) and (iv)

C:-(i), (iii) and (iv)

D:-None of the above

Correct Answer:- Option-D

Question71:-In Dupuytren's fracture dislocation

(i) There is partial diastasis of the inferior tibiofibular joint

(ii) There is complete diastasis of the inferior tibiofibular joint

(iii) Can be associated with Maisonneuve fracture

(iv) Cannot be associated with Maisonneuve fracture

A:-(i) and (iii) are correct

B:-(ii) and (iii) are correct

C:-(i) and (iv) are correct

D:-(ii) and (iv) are correct

Correct Answer:- Option-D

Question72:-Patient coming to the emergency department with a painful shoulder with history of electrocution has on examination, an empty glenoid fossa, total loss of external rotation of the shoulder and a globular mass is palpable inferior to the spine of scapula. The diagnosis is

A:-Luxation erecta

B:-Anterior dislocation shoulder

C:-Posterior dislocation shoulder

D:-None of the above

Correct Answer:- Option-C

Question73:-A patient with history of incised wound over volar aspect of the wrist has got a positive Forment's sign without evidence of any other nerve injury. Then,

- (i) Finger abductors will be functioning
- (ii) Finger abductors will not be paralyzed
- (iii) Long thumb flexor will not be paralysed
- (iv) Short abductor of the thumb will not be paralyzed

A:-All are correct

B:-(i), (ii) and (iii) are correct

C:-(i) and (ii) are correct

D:-(iii) and (iv) are correct

Correct Answer:- Option-D

Question74:-A patient with closed radial head dislocation has a peripheral nerve injury with finger drop alone without wrist drop, then

A:-Brachioradialis and extensor carpi radialis longus will be spared

B:-All the wrist extensors will be spared

C:-Extensor carpi ulnaris will be spared

D:-Extensor carpi radialis longus and extensor carpi radialis brevis will be spared

Correct Answer:- Option-A

Question75:-In a closed fracture tibia with compartment syndrome

- (i) Sufficiently complete fasciotomy can be done subcutaneously through small skin incisions.
- (ii) Fasciotomy can be safely done even after 24 hours of injury.
- (iii) The fracture has to be stabilized early.
- (iv) Subtotal fasciotomy will suffice.

A:-All are correct

B:-(ii) and (iii) are correct

C:-(iii) and (iv) are correct

D:-Only (iii) is correct

Correct Answer:- Option-D

Question76:-Morel-Lavallée lesion is

A:-Low velocity open injury affecting subcutaneous tissue

B:-High velocity closed injury affecting subcutaneous tissue

C:-Low velocity open injury affecting muscles

D:-High velocity closed injury affecting muscles

Correct Answer:- Option-B

Question77:-Comparing Type I and Type V Salter-Harris physeal injuries

- (i) Type I has sufficiently detectable radiological findings and has a good prognosis.
- (ii) Type I has sufficiently detectable radiological findings and has a bad prognosis.
- (iii) Type V has minimal radiological findings and has a good prognosis.
- (iv) Type V has minimal radiological findings and has a bad prognosis

A:-(i) alone is correct

B:-(ii) alone is correct

C:-(i) and (iv) are correct

D:-(i) and (iii) are correct

Correct Answer:- Option-C

Question78:-In an acutely injured knee, the most sensitive test to detect anterior cruciate ligament injury is

A:-Anterior drawer test

B:-Lachman test

C:-Apley grind test

D:-Pivot shift test

Correct Answer:- Option-B

Question79:-A forty year old man presents to the casualty 4 hours after a road traffic accident in which he sustained a Type C 3^o open tibial fracture. His BP at the time of admission was 80/60 and the peripheral pulses were palpable. The BP got corrected to 100/80 with blood transfusion. The MESS is

A:-6

B:-5

C:-4

D:-3

Correct Answer:- Option-B

Question80:-A patient with an incised wound over the dorsum of wrist has difficulty in extending and abducting the thumb, then which compartments of the extensor retinaculum should be explored for repairing the tendons

A:-1 and 2

B:-2 and 4

C:-2 and 3

D:-1 and 3

Correct Answer:- Option-D

Question81:-Which of the following statements are correct about treatment of recurrent epistaxis in Osler-Weber Rendu diseases?

- (i) Intranasal laser coagulation
- (ii) Septodermoplasty
- (iii) Young's operation

- A:-Only (i) and (ii)
- B:-Only (ii) and (iii)
- C:-Only (i) and (iii)
- D:-All are correct

Correct Answer:- Option-D

Question82:-Following are the indication for laterate canthotomy in retrobulbar hematoma except

- A:-Decreased color vision and visual acuity
- B:-IOP more than 40 mm of Hg
- C:-Suspected open globe
- D:-Progressive Proptosis

Correct Answer:- Option-C

Question83:-Which of the following statements are correct about refractory epistaxis?

- (i) Stamm's S point is one of the bleeding points
- (ii) Treated by endoscopic cauterization/ligation of vessel
- (iii) Angiography and embolization given excellent control of bleeding

- A:-Only (i) and (ii)
- B:-Only (ii) and (iii)
- C:-Only (i) and (iii)
- D:-Only (i), (ii) and (iii)

Correct Answer:- Option-D

Question84:-Which of the following statements are correct about the endoscopic sphenopalatine artery ligation?

- (i) Crista ethmoidalis used as land mark for sphenopalactine foramen
- (ii) Bipolar coagulation is better than clipping the vessel
- (iii) Succes rate is only 70%

- A:-Only (i) and (ii)
- B:-Only (i) and (iii)
- C:-Only (ii) and (iii)
- D:-All are correct

Correct Answer:- Option-A

Question85:-Anterior ethmoid artery exits the orbit approximately _____ mm posterior to anterior lacrimal crest.

- A:-28
- B:-24
- C:-18
- D:-12

Correct Answer:- Option-B

Question86:-Curacao criteria in Hereditary Hemorrhagic Telangiectasia include following except

- A:-Autosomal recessive
- B:-Spontaneous recurrent epistaxis
- C:-Visceral AV malformation
- D:-Multiple mucocutaneous telangiectasis

Correct Answer:- Option-A

Question87:-Which of the following statements are correct regarding cricothyrotomy?

- (i) Through cricothyroid membrane
- (ii) Contraindicated in children below 10 yrs
- (iii) Vertical incision in cricothyroid membrane

- A:-Only (i) and (ii)
- B:-Only (ii) and (iii)
- C:-Only (i) and (iii)
- D:-All are correct

Correct Answer:- Option-A

Question88:-Which of the following statements are correct regarding laryngeal needle ventilation?

- (i) Done with 14-gauge needle
- (ii) Done with 16-gauge needle
- (iii) Inserted 30-degree angle caudally through cricothyroid membrane
- (iv) Inserted 30-degree angle cranially through cricothyroid membrane

- A:-(i) and (iv)
- B:-(ii) and (iii)
- C:-(i) and (iii)
- D:-(ii) and (iv)

Correct Answer:- Option-C

Question89:-Which of the following statements are correct regarding Seldinger approach of cricothyrotomy?

- (i) Percutaneous method
- (ii) Cannula usually used is 13 Fr
- (iii) Subglottic stenosis can occur

- A:-Only (i) and (ii)
- B:-Only (i) and (iii)
- C:-Only (ii) and (iii)
- D:-(i), (ii) and (iii)

Correct Answer:- Option-D

Question90:-30 yr old male patient undergone endoscopic sinus surgery for extensive ethmoidal polyposis. Postoperatively patient developed pain in Right eye, proptosis and ophthalmoplegia with chemosis and decreased vision. Which of the following statements are correct regarding management?

- (i) Remove the nasal pack
- (ii) Corticosteroid contraindicated
- (iii) Lateral canthotomy and cantholysis

A:-(i), (ii) and (iii)

B:-Only (i) and (ii)

C:-Only (ii) and (iii)

D:-Only (i) and (iii)

Correct Answer:- Option-D

Question91:-While performing an Ankle Block, which among the following Nerves are blocked Except

A:-Saphenous N

B:-Sural N

C:-Obturator N

D:-Tibial N

Correct Answer:- Option-C

Question92:-Preferred site for intraosseous needle insertion in a child less than 5 years is

A:-Distal Tibia

B:-Proximal Tibia

C:-Sternum

D:-Humerus

Correct Answer:- Option-B

Question93:-Contraindications for IJV line insertion include all Except

A:-Skin infection

B:-Coagulopathy

C:-Obesity

D:-Left Bundle Branch Block

Correct Answer:- Option-C

Question94:-The steps of Epley maneuver include all Except

A:-Lie back with head turned 45° to affected side

B:-Sit up on the side opposite affected side

C:-60 seconds interval between each step

D:-Turn head to 90° to opposite side

Correct Answer:- Option-C

Question95:-A 5-year old child was brought to Emergency Department with superficial and deep Burns on his chest. What is the most accurate method to assess the total body surface area involved?

A:-Parkland's formula

B:-Lund and Browder chart

C:-Using the child's palm as reference

D:-Wallace rule of nine

Correct Answer:- Option-B

Question96:-In suspected case of "Rape", Medical Practitioners need to examine and mention the following findings.

- (i) Bleeding
- (ii) Swelling
- (iii) Tenderness
- (iv) Size of the vaginal introitus

A:-(i), (ii) are correct

B:-(i) and (iii) are correct

C:-(i), (ii) and (iii) are correct

D:-All of them are correct

Correct Answer:- Option-C

Question97:-In suspected case of "Rape", Medical Practitioners should follow the precautions while collecting the "Exhibits".

- (i) Protective Gloves, Apron and mask should be worn
- (ii) Change the Gloves after every sample collection
- (iii) Disposable / Sterilised devices used
- (iv) Cough or Sneezing should be avoided

A:-(i), (ii) are correct

B:-(i) and (iii) are correct

C:-(i), (ii) and (iii) are correct

D:-All of them are correct

Correct Answer:- Option-D

Question98:-A 15-year-old girl has been brought to the emergency with alleged history of ingestion of unknown substance. She is in altered sensorium and you have started your management. The relatives are creating a mob violence, and you need to counsel the family. What is the first step will you follow for counselling?

A:-Strategy and summary

B:-Setting up the interview

C:-Self explanation to the patient

D:-Share knowledge and share facts

Correct Answer:- Option-B

Question99:-There is a 30-year-old male who is admitted in the ICU after severe traumatic brain injury. After 48 hours he has been examined and is confirmed to be brain dead and is being worked up for organ donation. He has a cardiac arrest during his ongoing supportive measures, as per the Maastricht classification which category does he belongs to?

A:-Category 1

B:-Category 2

C:-Category 3

D:-Category 4

Correct Answer:- Option-D

Question100:-12 yr old female child with neuro-regression is brought with alleged history of burn injury as she was standing near an oil lamp. Child was stabilised by the ED team and is being transferred to the ICU. How do you handover this case to the ICU team?

A:-Situation, Background, Assessment, Recommendation

B:-Time and Mode of injury, Extent and Degree of burns, Physiological status, Recommendation

C:-Airway, Breathing, Circulation, Disability, Exposure, Recommendation

D:-Extent and degree of injury, Vitals, Assessment, Recommendation

Correct Answer:- Option-A