BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT

ANAESTHESIA TECHNICIAN

(Under DRME, Govt. of Punjab)

QUESTION BOOKLET NO.

OMR ANSWER SHEET NO.

ROLL NO:

RESSION OF THE CANDIDATE

FULL SIGNATURE OF THE CANDIDATE

FULL SIGNATURE OF THE INVIGILATOR

FULL SIGNATURE OF THE OBSERVER

Time Allowed: 1.00 Hours (11.00 AM to 12.00 noon) **Maximum Marks: 50**

1. Use BLACK FINE TIP BALL PEN only. Use of pencil is not allowed.
2. Write your Roll number on the OMR answer-sheet and also on the question-booklet only in the space provided for the purpose and at no other place in the question booklets and Answer-sheet
3. Enter the Question Booklet Set and Number on the OMR Answer-sheet and also darken the corresponding bubbles with BLACK FINE TIP BALL PEN.
4. Do not put any marks anywhere in the Question booklet /on the OMR Answer-sheet.
5. **There are 50 objective type questions in all of 1 Mark each.** Before attempting the questions, check that the Question-booklet is complete. In case any question/part of question or page is missing, inform the Centre Superintendent within 5 minutes of the start of the examination. After that no claim will be entertained.
6. **Each question is followed by four alternative responses listed as A), B), C) and D) out of which only one is correct / most correct. In case, all the ovals are left blank, there will be deduction of marks @ 0.25 mark for each such unattempted question. Fifth oval 'E' (introduced for security purpose) is to be darkened in case you do not want to attempt the question to avoid negative marking.**
7. To open the question booklet, remove the seal gently when asked to do so. Handover the OMR Answer-sheet to the officer on duty on the completion of the time before you leave the examination hall.
8. **The candidates are permitted to carry his/her question booklet after completion of the examination but OMR Sheets are compulsory required to be deposited with the invigilator.**
9. A candidate who create disturbance of any kind or changes his/her seat or is found in possession of any paper possibility of any assistance to him/her or unfair means will be expelled from the examination by the Centre superintendent/Observer, whose decision shall be final. ("Expulsion" for this purpose would mean cancellation of the entire examination of the candidate).
10. THE CANDIDATES ARE NOT PERMITTED TO CARRY ANY TELECOMMUNICATIION EQUIPMENT SUCH AS WATCH, CELLULAR PHONE, WIRELESS SET, SCANNER ETC. INSIDE THE EXAMINATION HALL.
11. For rough work, use only the blank space of the Question booklet.
12. The candidates will not be allowed to leave the examination hall during the examination.
13. Borrowing any material is not allowed.
14. The answer-sheet is designed for Computer evaluation. If the instructions are not followed properly, the candidate alone shall be responsible for the resultant loss.
15. Smoking/Refreshment shall not be allowed in the Entrance Test Centre/Hall.
16. Male candidates shall affix their Left Thumb Impression (LTI) while Female candidates shall affix Right Thumb Impression (RTI) at the prescribed place on the OMR answer sheet, Question Booklet and attendance sheet. The Centre superintendent shall also obtain and retain it for record.
17. The candidate must fill both the question booklet number and OMR answer sheet number on the attendance sheet.
18. No candidate shall be allowed to leave the centre before **12.00 noon**.

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1. All are features of difficult airway except:
   a) Millers sign
   b) Micrognathia and macroglossia
   c) TMJ ankylosis
   d) Increased thyromental distance

2. Standard method of differentiation between endotracheal and oesophageal intubation is:
   a) End tidal carbon dioxide
   b) Partial pressure of oxygen
   c) Chest x ray
   d) Auscultation

3. Practice of anaesthesia has evolved from the first public demonstration of Ether anaesthesia on 16th October 1846 by
   a) a. Joseph Priestley
   b) b. John Snow
   c) c. Horace Wells
   d) d.WTG Morton

4. High spinal anaesthesia is associated with:
   a) Decreased BP and decreased heart rate
   b) Increased BP and decreased heart rate
   c) Increased BP and increased heart rate
   d) Decreased BP and increased heart rate

5. An eye surgery was performed using propofol as intravenous agent and succinylcholine as muscle relaxant. Recovery from anaesthesia was uneventful. However after 8 hours of surgery, patient complains of pain in the muscles. Which of the following is the likely reason for this condition?
   a. Propofol
   b. Due to surgery
   c. Early mobilization
   d. Succinylcholine

6. Individual intraoperative awareness is evaluated by;
   a. Pulse oximetry
   b. Colour Doppler
   c. Bispectral imaging
   d. End tidal CO2

7. Hepatotoxic inhalational agent is:
   a) Halothane
   b) Enflurane
   c) Desflurane
   d) Sevoflurane

8. Which is the safe muscle relaxant in renal failure:
   a) Cis-atracurium
   b) Vecuronium
   c) Succinylcholine
   d) Rocuronium

9. Local anaesthetic with prolonged action is:
   a) Chloroprocaine
   b) Lidocaine
   c) Cocaine
   d) Bupivacaine

10. Which of the following drug produces dissociative anaesthesia:
    a) Ketamine
    b) Propofol
    c) Etomidate
    d) Thiopentone

11. Most commonly used approach of brachial plexus block:
    a) Interscalene
    b) Supraclvicular
    c) Infraclavicular
    d) Axillary

12. Fastest induction and recovery is seen with:
    a) Desflurane
    b) Halothane
    c) Isoflurane
    d) Nitrous oxide

13. Succinylcholine is contraindicated in :
    a) Hypokalemia
    b) Hyperkalemia
    c) Hypocalcemia
    d) Hypercalcemia

14. Anaesthesia with a vasoconstrictor is contraindicated in?
    a.finger block
    b.spinal block
    c.epidural block
    d.regional anaesthesia

15. In paediatric epidural anaesthesia volume of local anaesthetic given to cause sacral dermatome block is :
    a) 0.5-1ml/kg
    b) 2-4ml/kg
    c) 5-10ml/kg
    d) None

16. A patient with Bilirubin value of 8mg/dl and serum creatinine of 1.9 mg/dl is planned for surgery. What is the muscle relaxant of choice in this patient
    a. Vecuronium
    b. Pancuronium
    c. Atracurium
    d. Rocuronium

17. Lscs level of dermatomes block required
    a) T6
    b) T7
    c) T4
    d) L5

18. The most important predictor for difficult mask ventilation
    a) BMI>30
    b) Beard
    c) Teeth less
    d) All of above

19. You have just starts iv line, but the fluid is not flowing properly. what is the first thing you should do to troubleshoot this situation
    a) Remove the cannula
    b) Make sure the constricting band has been removed
    c) Ensure that the right size drip set is attached
    d) Lower the iv bag below the level of the patient's arm

20. 27 year old female was brought to emergency department for acute abdominal pain following which she was shifted to the operation theatre for laparotomy. A speedy intubation was performed but after the intubation, breath sounds were observed to be decreased on the left side and a high end tidal CO2 was recorded. The likely diagnosis is:

a. Endotracheal tube blockage
b. Bronchospasm
c. Esophageal intubation
d. Endobronchial intubation

21. Which of the following actions would be undertaken first in an airway fire?

a) Irrigate the airway with saline
b) Send someone to get the fire extinguisher
c) Remove the ET tube
d) Mask ventilate with air

22. Lactated Ringer's, although compatible with PRBC administration under certain circumstances, is often avoided when transfusing PRBC's because:

a) The lactate in LR builds up because of the PRBC's.
b) It results in hyperkalemia.
c) The calcium in the LR can antagonize the citrate anticoagulant in the PRBC's and potentially result in clotting
d) The red blood cells in the PRBC's shrink because LR is hypertonic

23. All of the following statements are true regarding terminal outlet of gas pipeline, except?

a. Similar shape
b. Self-sealing
c. colour coded
d. labelled clearly

24. Which of the following endotracheal tubes has resistance to kinking and compression, and is indicated for the use in neck /neurosurgical procedures?

a) Spiral embedded flexamettalic
b) Cole tube
c) RAE performed
d) Red rubber

25. Which of the following statement is incorrect regarding medical gas cylinders?

a) They are color coded
b) Either contain liquid with its vapour or gas
c) Oxygen capacity in G size cylinder is 5000 L
d) Made up of alloys of steel and molybdenum

26. PIN INDEX is used for-

a. Correct application of cylinder to anaesthesia machine
b. To provide analgesia
c. To monitor BP
d. To monitor CVP

27. Which of the following is an incorrect statement regarding cylinder labelling?

a) Contains product name
b) Label pasted on the body
c) Contains cylinder volume
d) Contains hazard warning

28. Which of the following anaesthesia is safe in patient with heart disease-

a) a. Etomidate
b) b. Propofol
c) c. Thiopentone
d) d. Ketamine

29. During rapid induction of anaesthesia which of following is not mandatory

a. Sellick'smaneuver
b. Pre-oxygenation
c. Suxamethonium
d. mechanically ventilated patient before endotracheal intubation

30 All are contraindications of spinal anaesthesia Except-

a. Bleeding disorder
b. Raised intracranial tension
c. controlled Hypertension
d. Infection at injection site

31. American Society of Anesthesiologists' classification of physical status of patient is done for?

a. Pre-operative risk assessment
b. Post-operative risk assessment
c. Airway assessment
d. Assessment of organ donor

32. Vertebral Column consists of -------- number of vertebrae

a) 34
b) 32
c) 35
d) 33

33. ASA (American Society of Anaesthesiologists) classification is based on

a) Physical status
b) Antibiotic selection
c) Difficult intubation class
d) Drug Interaction

34.In ASA classification of physical status, 'E' stands for

a) Emaciated patient
b) Emergency surgery
c) Electric burn patient
d) Electrolyte Disturbance

35. Compression depth in CPR in Adults is?

a. 1 inch
b. 2 inch
c. 3 inch
d. 4 inch

36. How much fasting period is required in a child who has taken breast milk?

a) 8 hours
b) 4 hours
c) 2 hours
d) 6 hours

37. Prior to arterial canulation , collateral circulation in the extremities is assessed by?

a)Allen's test

b)Match test

c)Bending test

d) Serbaraz test

38. signs of low perfusion include all expect

a) Hyotension
b) Tachycardia
c) high urine output
d) poor capillary refill

39. which of the following is depolarizing muscle relaxant

a) Atrcurium
b) Neostigmine
c) Succinylcholine
d) Rocuronium

40. mallampati grade suggests difficult intubation

a) Grade 1
b) Grade 2
c) Grade 3
d) All of the above

41. Indications of rapid sequence induction are all except:

a) Patient ASA I undergoing elective cholecystectomy
b) Emergency laparotomy
c) Pregnancy
d) Morbidly obese

42. For foreign body causing sudden chocking, most appropriate first line of management is?

a. Tracheostomy
b. Heimlich maneuver
c. Airway insertion
d. Laryngoscopy

43. balanced general anaesthesia includes

a) Skeletal muscle relaxant
b) Loss of consciousness
c) Analgesia
d) All of the above

44 . ASA standard monitors include all expect

a) Pulse oximeter
b) CVP
c) NIBP
d) ECG

45. body mass index

a) Height in centimeter/ weight (kg)
b) Weight (kg)/ height meter square
c) height meter square/ weight (kg)
d) weight (kg)/ Height in centimeter

46. The purpose of the safety devices in the low flow system is

a) Increase the saturated vapour pressure
b) Minimize the density of the gas
c) Minimize turbulence throughout system
d) decrease the risk of hypoxic mixture

47. The main purpose of soda lime in the circle system is

a) To increase O2 concentration
b) To prevent rebreathing of c02
c) To increase co2 concentration
d) All of the above

48. what is PISS

a) Point index safety system
b) Premature induction sevoflurane system
c) Pin index safety system system
d) None of above

49. Mapelson circuit used in chidren is?

a. Mapelson A
b. Mapelson D
c. Mapelson C
d. Mapelson F

50. How many chest compressions must be delivered per minute?

a.60
b.80
c.100
d.140

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