CLINIQUIZ

Intensive care

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Q. 1: Pulmonary artery catheter is most useful in one of the following situations;

a. Septic shock

b. Severe pulmonary hypertension

c. Post CPR patient with acute STEMI

d. Peripartum cardiomyopathy with hypotension

Q. 2: Which of the following is most indicative of pneumothorax ;

a. Lung point on chest USG

b. Prominent visceral pleural line on a radiograph

c. Deep sulcus sign on supine chest radiograph

d. Sliding sign present on ultrasonography

Q. 3: The best approach to nutrition of a young female with acute pancreatitis on ventilator is;

a. Start TPN after 48 hours of NPO

b. Bowel rest of 3 days followed by enteral feeding

c. No need of bowel rest and start nasogastric tube feeding

d. No need of bowel rest and start nasojejunal tube feeding

Q. 4: The Berlin definition includes all of following except;

a. Acute onset of one week or less

b. PF ratio < 200

c. Respiratory failure not fully explained by cardiac failure or fluid overload

d. Bilateral opacities on CXR or CT chest

Q. 5: The most common dyselectrolytemia during massive transfusion is;

a. Hypocalcemia

b. Hyperkalemia

c. Hyperphosphatemia

d. Hypokalemia

Q. 6: A young male is admitted with hemorrhagic shock in ICU after rivaroxaban overdose, which of the following is recommended?

a. Vitamin K

b. Idarucizumab

c. Prothrombin complex concentrate

d. Fresh frozen plasma

Q. 7: The nasogastric feeding is contraindicated in a critical patient in following situation ;

a. Absent bowel sounds and gastroparesis

b. Reflux of 200 ml residual gastric feed contents

c. Acute peritonitis

d. Inability to pass stools for 2 days

Q. 8: The most common infection in a critical post-surgical patient in ICU is ;

a. Wound infection

b. Nosocomial pneumonia

c. Catheter related infections

d. Urinary tract infection

Q. 9: The best course of action in a 67 year old stage IV bronchial carcinoma with severe COPD and respiratory failure is;

a. Let him die with dignity

b. Oxygen and morphine infusion to alleviate dyspnea

c. Intubation and mechanical ventilation

d. A trial of BiPAP-NIV

ANSWERS

A. 1-b: severe pulmonary hypertension is most indicative of PAC insertion among given options.

A. 2-a: The lung point sign is a highly specific sign of pneumothorax on USG.1

A. 3-d: Early enteral nutrition improves outcome in critical patients. In acute pancreatitis, nasojejunal feeding is the best approach as it bypasses second part of duodenum.

A. 4-b: Berlin definition includes PF < 300, acute onset within one week, bilateral opacities on imaging and respiratory failure without evidence of cardiac failure or fluid overload.

A. 5-a: Hypocalcemia occurs due to binding with citrate, which is added as anticoagulant into blood transfusion bags. Massive transfusion can precipitate severe hypocalcemia.

A. 6-c: PCC are recommended for treatment of life threatening bleeding due to NOACs like rivaroxaban. Idarucizumab is used in apixaban overdose, vitamin K in warfarin overdose.

A. 7-c: NG feeding is contraindicated in acute peritonitis. Residual volume of > 250 ml requires holding feeding for 4-6 hours and then restart. Use prokinetics if required. Absent bowel sounds or constipation are common and feeding should be continued.

A. 8-b: Hospital acquired pneumonia is the most common infection in post surgical critically ill patients.

A. 9-a: Although NIV-BiPAP could buy some time but a firm decision needs to be be taken to avoid prolongation of misery of such patient with poor prognosis.

REFERENCES

1. "https://radiopaedia.org/articles/pneumothorax-ultrasound-1" It involves visualising the point where the visceral pleura (lung) begins to separate from the parietal pleural (chest wall) at the margin of

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