

APLS / SLCP Post-Course assessment 2013

Please mark answers as T or F on the given answer script.

Do not remove this paper out of the exam hall

1. True or false regarding CPR

- a) In children, rate of compression to ventilation is 30:2 in hospital settings.
- b) Two effective resuscitation breaths should be given after maintaining the airway.
- c) In neonates the ratio of chest compression to ventilation is 3:1.
- d) The chest compression should be commenced half way of inspiration.
- e) In an infant, pulse is checked in the carotid artery .

2. Non shockable rhythms include

- a) Asystole.
- b) Ventricular fibrillation.
- c) pulseless electrical activity.
- d) pulseless ventricular tachycardia.
- e) sinus bradycardia.

3. Causes of pulseless electrical activity include

- a) Hypovolaemia.
- b) tension pneumothorax.
- c) hypokalaemia.
- d) cardiac tamponade.
- e) hypercalcaemia.

4. Ventricular fibrillation is seen in children with

- a) Hypothermia.
- b) overdose with tricyclic antidepressants.
- c) overdose with Diazepam.
- d) post cardiac surgery in congenital heart disease.
- e) Hyperkalaemia.

5. Stridor in a child could be due to

- a) Anaphylaxis.
- b) foreign body inhalation.
- c) bronchial asthma.
- d) croup.
- e) epiglottitis.

6. successful intubation is assessed by

- a) auscultation of the chest and abdomen.
- b) bilateral and symmetrical chest expansion.
- c) CXR which helps to confirm the correct tube length.
- d) change of colour of capnometry from purple to yellow.
- e) improvement in conscious level.

7. The following are essential in post resuscitation investigations

- a) CXR.
- b) Arterial blood gas.
- c) Serum electrolytes.
- d) Random blood sugar.
- e) Urinary Sodium.

8. In the management of shock

- a) Normal saline is given for the first 2 boluses.
- b) Dextran bolus is indicated in septic shock.
- c) Adrenalin is contraindicated.
- d) Antibiotics is given within first hour.
- e) Consider inotropes if the third bolus is required.

9. True or false regarding blood pressure

- a) Systolic blood pressure reading is more reliable than diastolic reading.
- b) Wide pulse pressure is suggestive of septic shock.
- c) Small cuff will give erroneously high reading.
- d) Hypotension is an early sign of shock.
- e) Hypertension is seen in raised intracranial pressure.

10. In a 10 years old child, Clinical signs suggestive of myocarditis rather than hypovolemic shock are

- a) cyanosis correctable with oxygen.
- b) absent femoral pulses.
- c) elevated JVP.
- d) gallop rhythm.
- e) enlarged tender liver.

11. Features suggestive of raised intra cranial pressure are

- a) Decerebrated posture.
- b) Decorticated posture.
- c) Tachycardia with raised blood pressure.
- d) Abnormal ocular cephalic reflex.
- e) Bilateral dilatation of pupils in an unconscious child.

12. Following diseases and the emergency treatments are correctly linked

- a) Croup and urgent intubation.
- b) Epiglottitis and nebulized with Adrenaline.
- c) Anaphylaxis and intramuscular Adrenaline.
- d) Bronchial asthma and intravenous salbutamol .
- e) Foreign body inhalation and blind sweep of the pharynx with fingers.

13. Preterminal signs in critically ill children are

- a) exhaustion/fatigue.
- b) silent chest.
- c) SpO₂ less than 85% in air, in a previously healthy child.
- d) capillary refill of 2 seconds.
- e) Thready radial pulse with normal blood pressure.

14. True or false regarding oxygen therapy

- a) The minimum flow rate for the face mask oxygen is 4 litres/min.
- b) If nasal catheters are used, the flow should be more than 4 l/min.
- c) Oxygen is a prescribed medicine.
- d) To give 100% O₂, a non-rebreathing bag with a reservoir bag is essential.
- e) O₂ should be humidified.

15. In SVT

- a) Infants heart rate exceed > 220/min.
- b) beat to beat variation is seen.
- c) termination is abrupt with adenosine bolus.
- d) Vagal manoeuvre is indicated in the management.
- e) Ocular pressure is recommended in infancy.

16. True or false regarding chest injuries

- a) a tension pneumothorax is an X-ray diagnosis.
- b) a simple pneumothorax is treated by needle thoracocentesis.
- c) flail chest is initially treated by high oxygen delivery.
- d) disruption of the great vessels is confirmed by angiography.
- e) pulmonary contusion may occur without any overlying fracture.

17. Indications for chest compression include

- a) absent central pulse for 10 seconds.
- b) heart rate of 50/min with normal perfusion.
- c) poor capillary refill.
- d) no signs of life in child with poor perfusion.
- e) child with uncompensated shock.

18. In the emergency management of convulsive status epilepticus

- a) Bed side glucose should be measured immediately.
- b) Buccal midazolam is an option if IV access is not available.
- c) Full dose of Phenytoin bolus should always be given.
- d) Three doses of benzodiazepines are indicated before proceeding to next option.
- e) 2nd dose of PR diazepam is given 5 minutes after the first dose.

19. Regarding pain management in children

- a) Presence of parents during an invasive procedure is helpful.
- b) 1% lignocaine with adrenaline is useful for a ring block of a digit.
- c) Morphine will contribute to hypotension in a hypovolaemic child.
- d) Preferred route of morphine is IM.
- e) Inhaled nitrous oxide is a useful analgesic for a child with pneumothorax.

20. Regarding acid base balance

- a) Decrease pH with low pCO₂ means there is concomitant metabolic acidaemia.
- b) HCO₃⁻ and CO₂ will help to understand the type of acid base abnormality.
- c) Calculating anion gap is important in metabolic alkalosis.
- d) One cause of metabolic alkalosis is prolonged diuretics use.
- e) a base deficit of >6 is treated with NaHCO₃ infusion as a first option.