

National Board of Examinations

Notations :

- 1.Options shown in green color and with ✓ icon are correct.
- 2.Options shown in red color and with ✗ icon are incorrect.

Question Paper Name :	Diploma Anaesthesiology Paper2
Subject Name :	Diploma Anaesthesiology Paper2
Creation Date :	2024-06-15 21:01:20
Duration :	180
Total Marks :	100
Display Marks:	No
Share Answer Key With Delivery Engine :	No
Actual Answer Key :	No
Change Font Color :	No
Change Background Color :	No
Change Theme :	No
Help Button :	No
Show Reports :	No
Show Progress Bar :	No

Diploma Anaesthesiology Paper2

Group Number :	1
Group Id :	3271872644
Group Maximum Duration :	0
Group Minimum Duration :	180
Show Attended Group? :	No
Edit Attended Group? :	No
Break time :	0
Group Marks :	100

Diploma Anaesthesiology Paper2

Section Id :	3271872647
Section Number :	1
Section type :	Offline
Mandatory or Optional :	Mandatory
Number of Questions :	10

Number of Questions to be attempted : 10
Section Marks : 100
Maximum Instruction Time : 0
Sub-Section Number : 1
Sub-Section Id : 3271872651
Question Shuffling Allowed : No

Question Number : 1 Question Id : 32718727144 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. a) Briefly discuss the pre-anesthetic evaluation of a 68 year old patient, with history of myocardial infarction 6 months back, scheduled to undergo transurethral resection of prostate (TURP). [5]

b) Enumerate the causes of hypokalemia and discuss its management. [2+3]

Question Number : 2 Question Id : 32718727145 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

a) Thyroid storm. [5]

b) Anion gap. [5]

Question Number : 3 Question Id : 32718727146 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

a) Discuss the methods for providing post operative analgesia in a patient posted for right sided total knee arthroplasty. [5]

b) Discuss the preoperative preparation of a patient with wet gangrene left foot in diabetic ketoacidosis posted for below knee amputation. [5]

Question Number : 4 Question Id : 32718727147 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

a) Discuss post extubation laryngospasm and its management. [5]

b) Enumerate the complications of massive blood transfusion. [5]

Question Number : 5 Question Id : 32718727148 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Enumerate the methods for providing brachial plexus block and discuss any one of them. [2+3]
- b) What is 'LAST' and discuss its management? [1+4]

Question Number : 6 Question Id : 32718727149 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Anesthetic considerations in a 2-year-old child posted for cleft palate repair. [7]
- b) Oxygen toxicity. [3]

Question Number : 7 Question Id : 32718727150 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Discuss the diagnosis and management of intraoperative myocardial infarction. [6]
- b) Hepatorenal syndrome. [4]

Question Number : 8 Question Id : 32718727151 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Modified Aldrete scoring system. [5]
- b) Venous air embolism and its management. [5]

Question Number : 9 Question Id : 32718727152 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Discuss the non-pharmacological measures to reduce intracranial pressure in a post traumatic head injury patient. [5]
- b) Patient preparation for awake fiberoptic intubation. [5]

Question Number : 10 Question Id : 32718727153 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

Discuss the anesthetic management of a multigravida with 34 weeks of gestation with Hb 6gm% posted for emergency LSCS due to fetal distress. [10]