National Board of Examinations

Question Paper Name: DrNB Cardiac Anaesthesia Paper2 **Subject Name:** DrNB Cardiac Anaesthesia Paper2 **Creation Date:** 2022-06-25 17:19:57 **Duration:** 180 **Share Answer Key With Delivery Engine:** Nο **Actual Answer Key:** No **DrNB Cardiac Anaesthesia Paper2 Group Number:** 1 Group Id: 3271871121 **Group Maximum Duration:** 0 180 **Group Minimum Duration: Show Attended Group?:** Nο **Edit Attended Group?:** No Break time: 0 100 **Group Marks:** Is this Group for Examiner?: No

DrNB Cardiac Anaesthesia Paper2

Cant View

No

Section Id: 3271871124

Section Number: 1

Examiner permission:

Show Progress Bar?:

Section type: Offline

Mandatory or Optional: Mandatory

Number of Questions to be attempted: 10

Section Marks: 100

Enable Mark as Answered Mark for Review and

Clear Response:

Yes

Maximum Instruction Time: 0

Sub-Section Number: 1

Sub-Section Id: 3271871128

Question Shuffling Allowed: No

Question Number : 1 Question Id : 32718710262 Question Type : SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction

Time:0

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 60 year old patient has developed hypotension in the ICU two hours after undergoing OP-CABG. How will you evaluate and manage the case? [10]

Question Number : 2 Question Id : 32718710263 Question Type : SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction

Time: 0

Discuss the etiology & recommendations for management of atrial fibrillation for patients scheduled to undergo cardiac surgery. [10]

Question Number: 3 Question Id: 32718710264 Question Type: SUBJECTIVE Consider As Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction

Time: 0

Discuss the perioperative anesthetic management of a patient with Tetralogy of Fallot for intracardiac surgery. [10]

Question Number : 4 Question Id : 32718710265 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Describe right ventricular dysfunction & its implications in perioperative setting. [10]

Question Number : 5 Question Id : 32718710266 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Describe lysine analogues and their uses in cardiac surgery. [10]

Question Number : 6 Question Id : 32718710267 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Discuss the CPB management in a patient with heparin induced thrombocytopenia. [10]

Question Number: 7 Question Id: 32718710268 Question Type: SUBJECTIVE Consider As Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction Time: 0

Describe the mechanism of action of adenosine & its uses in cardiac sciences. [10]

Question Number : 8 Question Id : 32718710269 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Discuss the perioperative anesthetic management of ascending aortic and arch aneurysm surgery. [10]

Question Number : 9 Question Id : 32718710270 Question Type : SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Discuss the causes & management of patient with ischemic heart disease who is difficult to wean off CPB. [10]

Question Number: 10 Question Id: 32718710271 Question Type: SUBJECTIVE Consider As Subjective: Yes Calculator: None Response Time: N.A Think Time: N.A Minimum Instruction Time: 0

Discuss perioperative management of "total anomalous pulmonary venous return". [10]