



Part 2 Fellowship Examination in Critical Care Medicine 2015 -PAPER 1

College of Critical Care Medicine

(under auspices of Critical Care Education Foundation)

Examination Endorsed by the International Board of Medicine & Surgery (IBMS), USA

SECTION A (5 marks each)	
Q. 1.	Write a short note on Post Cardiac Arrest Therapeutic Hypothermia?
Q. 2.	What are the Recommendations for use of Beta-blockers and ACE inhibitors in patients with STEMI (ST elevation MI)?
Q. 3.	Enumerate the various factors that predispose to development of Paralytic ileus in a critically ill patient?
Q. 4.	37 yr chronic alcoholic is admitted for hematemesis. He has undergone endoscopic banding of esophageal varices in past 1 year. Outline your management plan for this patient?
Q. 5.	a). Define Neuroleptic Malignant Syndrome (NMS). b). List the complications of NMS c). List various drugs used for treatment of NMS.

SECTION B (5 marks each)	
Q. 6.	Outline the management of raised Intracranial Pressure (ICP) in a patient with traumatic brain injury?
Q. 7.	Describe the hematological and biochemical features of DIC?
Q. 8.	a). Explain the principle of Extra- Corporeal Membrane Oxygenation (ECMO). b). What is the role of ECMO in critical care unit?
Q. 9.	Outline the algorithmic approach in a case with “high suspicion of pulmonary embolism”?
Q.10.	a). Define ARDS according to the Berlin criteria? b). Outline the approach to ventilating a patient with severe ARDS?

Please TURN THE PAGE to see remaining questions.....



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SECTION C (10 marks each. Answer any 4)	
Q.11.	A 28 yr severe asthmatic on ventilator, developed right pneumothorax on 3 rd day. An Intercostal tube (ICD) was inserted. After 2 days, there is still large air leak through ICD. a). What is the problem that has developed? b). How should you manage this leak through ICD?
Q.12.	A 28 year Dengue Shock Syndrome patient was managed with massive fluid resuscitation. He develops massive ascites and on the 4th day becomes anuric. Discuss the diagnosis & Management of Abdominal Compartment Syndrome in this patient?
Q.13.	40 yr hypertensive female is admitted with HR 40/min, BP 80/46 mmHg & breathlessness. Husband found empty bottle of Diltiazem by her side. a) Outline her management at this stage? b) What therapeutic options do you have if she does not respond to first line treatment?
Q.14.	57 yr hypertensive man is admitted with acute LVF. His BP 180/110 mmHg, pulse: 116/min RR: 30/min, SPO ₂ : 93%. ECG LVH with strain pattern. Outline your plan to investigate and treat this patient.
Q.15.	A 56 yr COPD is admitted with acute breathlessness. Despite nebulizations he worsens over next 6 hrs. He is now diaphoretic and delirious on 1 L/min of Oxygen. Discuss your management plans for this patient?

SECTION D (10 marks)	
Q.16.	A ventilated patient is given a spontaneous breathing Trial (SBT) on T-piece. Within 10 min his RR is 34/min, Heart rate increases to 135/min and his SpO ₂ falls from 98% to 92%. a) How will you manage this patient at this time? b) How will you ensure better chances of successful weaning next time?

Recheck: (1) You have to put your Roll number on each answer sheet.

(2) Answer Numbers are correctly written in appropriate section.