

FINAL ANSWER KEY

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Question1:-Which electrolyte abnormality is commonly monitored and corrected in patients with delirium tremens ?

A:-Hypercalcemia

B:-Hypomagnesemia

C:-Hyperphosphatemia

D:-Hypernatremia

Correct Answer:- Option-B

Question2:-Which endocrine disorder can cause hyponatremia ?

A:-Hyperparathyroidism

B:-Addison's disease

C:-Cushing's syndrome

D:-Hyperaldosteronism

Correct Answer:- Option-B

Question3:-The most dangerous complication of rapid correction of chronic hyponatremia is

A:-

Cerebral edema

B:-Pulmonary embolism

C:-Osmotic demyelination syndrome

D:-Acute renal failure

Correct Answer:- Option-C

Question4:-Mortality in myxedema coma remains approximately

A:-

Less than 1%

B:-5-10%

C:-

20-60%

D:-

Nearly 100%

Correct Answer:- Option-C

Question5:-

The arterial pH in Hyperosmolar Hyperglycemic State (HHS) is usually

A:-< 7.1

B:-<7.2

C:-<7.3

D:->7.3

Correct Answer:- Option-D

Question6:-

Which statement correctly compares alteplase and tenecteplase in acute ischemic stroke ?

A:-Alteplase is given as a single bolus; tenecteplase as a 1-hour infusion

B:-Alteplase dose is 0.25 mg/kg; tenecteplase is 0.9 mg/kg

C:-Alteplase requires bolus plus infusion; tenecteplase is a single bolus

D:-Both are given only intramuscularly

Correct Answer:- Option-C

Question7:-Which third-line drug is commonly preferred in status epilepticus initially because of its rapid onset and ease of titration ?

A:-Pentobarbital

B:-Thiopental

C:-Midazolam

D:-Phenytoin

Correct Answer:- Option-C

Question8:-

Which statement about CURB-65 is correct ?

A:-Each criterion is worth 2 points

B:-It predicts mortality risk in pneumonia

C:-It is used only in ICU patients

D:-It includes chest X-ray findings

Correct Answer:- Option-B

Question9:-

A patient with sudden chest pain and pulse deficit between the arms should raise suspicion for

A:-Pulmonary embolism

B:-Acute pericarditis

C:-Aortic dissection

D:-Costochondritis

Correct Answer:- Option-C

Question10:-Which of the following best differentiates unstable angina from NSTEMI ?

A:-Presence of chest pain

B:-Presence of elevated troponin

C:-Presence of ST depression

D:-Presence of hypertension

Correct Answer:- Option-B

Question11:-Which investigation is most commonly used to confirm suspected aortic dissection in a stable patient ?

A:-ECG

B:-

Chest X-ray

C:-CT angiography

D:-

Echocardiography only

Correct Answer:- Option-C

Question12:-

What is the most important intervention that improves survival in refractory VF ?

A:-Early antibiotics

B:-High-quality CPR with minimal interruptions

C:-Immediate intubation

D:-Routine bicarbonate administration

Correct Answer:- Option-B

Question13:-

Refractory Ventricular Fibrillation (VF) is usually defined as VF that persists after

A:-1 shock

B:-2 shocks

C:-3 shocks

D:-5 shocks

Correct Answer:- Option-C

Question14:-If amiodarone is unavailable, which alternative antiarrhythmic may be used in refractory VF ?

A:-Lidocaine

B:-Atropine

C:-Diltiazem

D:-Magnesium

Correct Answer:- Option-A

Question15:-

Which statement regarding synchronized cardioversion in refractory Ventricular Fibrillation (VF) is correct ?

A:-It is the preferred treatment

B:-It is used only for stable atrial fibrillation

C:-It is not used because VF requires unsynchronized shocks

D:-It should be performed after atropine

Correct Answer:- Option-C

Question16:-

The initial drug of choice to reduce heart rate and blood pressure in aortic dissection is

A:-Furosemide

B:-Nitroglycerin alone

C:-Beta-blockers

D:-Digoxin

Correct Answer:- Option-C

Question17:-The "65" in CURB-65 indicates age

A:->60 years

B:-≥65 years

C:->70 years

D:- ≥ 75 years

Correct Answer:- Option-B

Question18:-The main goal of third-line drug therapy in refractory status epilepticus is to

A:-To increase urine output

B:-Suppress epileptic activity on EEG

C:-Improve appetite

D:-Lower blood glucose

Correct Answer:- Option-B

Question19:-

Effective serum osmolality in Hyperosmolar Hyperglycemic State (HHS) is usually

A:- < 280 mOsm/kg

B:- > 300 mOsm/kg

C:-

> 320 mOsm/kg

D:- > 350 mOsm/kg only

Correct Answer:- Option-C

Question20:-Which of the following medications may precipitate myxedema coma in a patient with hypothyroidism ?

A:-Amiodarone

B:-Metformin

C:-Amoxicillin

D:-Atorvastatin

Correct Answer:- Option-A

Question21:-The following statements regarding lower gastrointestinal (GI) bleeding are true except

A:-Caecum is the most common site for angiodysplasia to cause lower GI bleed, but it can also occur in any part of colon and small intestine

B:-Older age group are more prone for lower GI bleed and incidence increases with age

C:-Colon is the source of hemorrhage in more than 95% of cases

D:-Bleed as slow as 0.01mL/min can be detected by technetium-99m RBC scan, with 70% sensitivity

Correct Answer:- Option-D

Question22:-41 years gentleman presented to emergency department with severe upper abdominal pain for 3 days. He was a known alcoholic since 3 yrs. His pulse rate was 103/min, BP-110/80 mm of Hg, SpO₂-98% in room air. Per abdominal examination showed epigastric tenderness, no guarding or rigidity. Laboratory results showed amylase 780 U/L, lipase 1070 U/L, total counts was elevated. All of the following statements in management of patient are true except

A:-APACHE 2 (Acute Physiology and Chronic Health Evaluation) system along with Ranson's criteria is used to assess severity of acute pancreatitis

B:-APACHE 2 score assess severity of pancreatitis not only during admission but also used to know the disease progression

C:-APACHE 2 scoring includes 3 organ based health points, 10 physiological variables and age

D:-Obesity is a major risk factor in pancreatitis, hence modified scoring APACHE-O was introduced for improvisation

Correct Answer:- Option-C

Question23:-62 yrs. old lady, a known diabetic and hypertensive presented to emergency department with right lower abdominal pain, fever and vomiting for four days. Abdominal examination showed a tender, firm lump in right iliac fossa of size 4×3 cm. During treatment of this patient following statement is false.

A:-Surgery may be attempted and complications rates are low

B:-Oschner-Schenner regimen when fails carcinoma or Crohn's disease is suspected

C:-LAMN (Low grade mucinous neoplasm) may be encountered in these patients during follow up

D:-Serial monitoring of pulse rate, temperature and size of mass is measured at 4th hourly intervals

Correct Answer:- Option-A

Question24:-16 yrs. old boy presented with right sided testicular pain since 3 hours. He was diagnosed with testicular torsion. The following statements are true except

A:-Emergency scrotal exploration should be done within first 6 hours, called the golden hour

B:-

Prehn's sign negative means lifting the affected testis there is no pain relief is more conclusive of torsion than Doppler study

C:-Inversion of testis, undescended testis and high investment of tunica vaginalis are more prone for torsion

D:-Neonates are more prone for extraveginal torsion and older children have intraveginal torsion

Correct Answer:- Option-B

Question25:-67 years old lady, a known diabetic and hypertensive presented with severe back pain since 1 hour. On examination she looked pale, pulse rate-110/min, BP-70/50 mm of Hg. Abdominal examination revealed pulsatile abdominal swelling. Which of the following statement is false ?

A:-Type 3 endoleak in endovascular aneurysm repair (EVAR) is persistent filling of the aneurysm sac owing to retrograde flow of blood from aortic collaterals, e.g. IMA, lumbar arteries

B:-80% of abdominal aneurysm ruptures into retroperitoneum and 20% are intraperitoneal

C:-Type 4 endoleak in EVAR is persistent filling of the aneurysm sac owing to stent-graft fabric porosity after EVAR

D:-During resuscitation systolic pressure should not be more than 100 mm of Hg, so as to permit cardiac perfusion

Correct Answer:- Option-A

Question26:-Skin grafting in patients with extensive full thickness burns, all are true except

A:-Cadaveric skin graft which is recently popular can provide excellent granulation and improves the wound bed

B:-Meek-Wall technique creates mesh of squares 3×3 mm and minimises the graft wastage

C:-Fully immune suppressed patients only can undergo cadaveric skin graft

D:-Biodegradable dermal matrix acts as a scaffold for future thin meshed graft placement

Correct Answer:- Option-A

Question27:-Electrical burns can cause all the following except

A:-

Myoglobinuria and severe acidosis are common complications in large burns

B:-Small, deep and localized burns are noted in low voltage burns

C:-

Amputation and fasciotomies may be required in the affected limb

D:-Electrical burns causes significant direct myocardial damage by pacing interruption and leads to cardiac arrest

Correct Answer:- Option-D

Question28:-Abdominal Aortic aneurysm following statements is true except

A:-Annual ultrasound surveillance is indicated if aneurysm is < 55 mm in size

B:-95% of these aneurysm occurs above insertion of the renal arteries

C:-It is asymptomatic in most of the patients and atheromatous degeneration is noted in 95% of cases

D:-Most of the aneurysm are treatable by endovascular repair

Correct Answer:- Option-B

Question29:-

In patients with burns presenting involving > 20% TBSA (Total Body Surface Area). All the statements are true except

A:-Bacterial load is reduced by removal of eschar

B:-Nasogastric or nasojejun tube is required in first 6 hours to reduce gut edema

C:-Acute phase of burns are anabolic process

D:-Before development of exposure keratitis, eyelids grafting may be required if closure of eyelids are difficult

Correct Answer:- Option-C

Question30:-35 yrs. old gentleman presented with left testicular pain, fever for 2 days. On examination left testis was enlarged and tender, scrotal wall was red and shiny. While managing this patient, correct statement is

A:-Chylamodial infection is more common in sexually active men

B:-When torsion testis is due to anatomical abnormality, both testis should explored and fixed

C:-Younger men are prone for epididymo-orchitis due to urinary tract infection

D:-NAAT (Nucleic Acid Amplification Test) is very sensitive for both chlymadiadial and gonococcal infection

Correct Answer:- Option-C

Question31:-

Which of the following statements regarding 'airway assessment and management' techniques/devices is/are correct ?

- a. High-flow oxygenation delivered through a high-flow nasal cannula provides humidified, heated oxygen at flow rates up to 60 L/min, providing positive pressure while decreasing the work of breathing.
- b. The mnemonic 'MOANS' is used for prediction of difficult non-invasive airway management technique where 'S' stands for secretions from oral cavity.
- c. Oro-pharyngeal (oral) airways should be used only in comatose or deeply obtunded patient without a gag reflex.
- d. A non-rebreather mask has an oxygen flow of around 10-15 L/min. and the FiO_2 delivered is nearly about 100%.

A:-a, c

B:-a, c, d

C:-a, b, d

D:-a, b, c, d

Correct Answer:- Option-B

Question32:-

Which of the following is/are 'High-quality CPR performance' metrics/metrices ?

- a. Chest compression fraction > 80%
- b. Chest compression rate of 120-140/min
- c. Not excessive ventilation
- d. Chest compression depth of at least 50-60 mm in adults and at least 1/3 the AP dimension of the chest in infants and children

A:-a, c, d

B:-a, b, c

C:-b, c, d

D:-a, b, c, d

Correct Answer:- Option-D

Question33:-Which of the following statements regarding management of 'Tension pneumothorax' is incorrect?

A:-Chest wall thickness influences the likelihood of success with needle decompression.

B:-Evidence suggests that a 5-cm over-the-needle catheter will reach the pleural space >50% of the time, whereas as 8-cm over-the-needle catheter will reach the pleural space > 90% of the times.

C:-

Recent evidence supports placing the large, over-the-needle catheter at the fifth interspace, slightly anterior to the midaxillary line.

D:-Tube thoracostomy can be avoided after needle decompression, provided the patient is hemodynamically stable with normal movements of the chest wall.

Correct Answer:- Option-D

Question34:-Which of the following statements is incorrect regarding 'FAST' (Focused Assessment with Sonography for Trauma) and 'e-FAST' examination?

A:-The FAST protocol is done mainly with B-mode images using a convex, low-frequency probe.

B:-It has been recently emphasized to search for organ lesions by FAST because solid organ injuries can be easily detected by FAST which helps in early decision-making.

C:-In a positive FAST situation, trying to estimate the amount of peritoneal blood is not usually recommended.

D:-The extended FAST (e-FAST) protocol, known as e-FAST, adds the detection of hemothorax and even pneumothorax.

Correct Answer:- Option-B

Question35:-Which of the following category of trauma patients should be Triage as 'GREEN' on arrival to the emergency department ?

A:-Dead patients

B:-The injuries have systemic implications or effects, but patients are not yet in life-threatening shock or hypoxia

C:-Life-threatening shock or hypoxia is present or imminent

D:-Injuries are localized without immediate systemic implications

Correct Answer:- Option-D

Question36:-Which of the following statements regarding 'Supra-Glottic Airways' (SGA) is incorrect ?

A:-

SGA are often a bridge to endotracheal intubation or a rescue device after unsuccessful intubation efforts.

B:-

SGA are very useful in patients needing high inspiratory pressures (e.g. chronic obstructive pulmonary disease).

C:-SGA are most often placed in apneic, unconscious patients.

D:-End-tidal carbon dioxide (EtCO₂) can be used to confirm the position of SGA.

Correct Answer:- Option-B

Question37:-

'Epinephrine' (Adrenaline) has an important role to play in management of cardiac arrest. Which of the following statements regarding Epinephrine is correct ?

- a. Epinephrine may provide the most benefit within the first 15 to 20 minutes of cardiac arrest, based on its alpha effects.
- b. The standard dose in cardiac arrest is 1.0 milligram diluted to 10 mL (10mL of 1:10,000) given intravenous or intraosseously.
- c. Potential adverse effects of Epinephrine include an increase in myocardial oxygen consumption and an increase in pulmonary shunting.
- d. As per the 2020 American Heart Association adult cardiac arrest algorithm, the first dose of Epinephrine should be given before shock/defibrillation in patients with ventricular fibrillation.

A:-a, b

B:-a, b, d

C:-b, c, d

D:-a, b, c

Correct Answer:- Option-D

Question38:-As per the 'LEMON' assessment for difficult airway, which of the following would classify as a 'Mallampatti' score/class of III ?

A:-Soft palate, uvula, fauces partially visible

B:-Soft palate and base of uvula visible

C:-Soft palate, uvula, fauces, pillars entirely visible

D:-None of the above

Correct Answer:- Option-B

Question39:-

Which of the following is not a component of 'NEXUS' (National Emergency X-Radiography Utilization Study) criteria for omitting cervical spinal imaging in patients of trauma ?

A:-No posterior midline cervical spine tenderness

B:-No evidence of intoxication

C:-No focal neurologic deficits

D:-No major organ injury

Correct Answer:- Option-D

Question40:-Which of the following should be considered a 'Dangerous mechanism' of injury in a case of Motor Vehicle Crash (MVC) and the patient should be ideally triaged as 'RED' initially ?

A:-MVC with fatality in same passenger compartment

B:-MVC with intrusion into passenger compartment > 12 in

C:-MVC with entrapment or prolonged extrication of > 20 min

D:-All of the above

Correct Answer:- Option-D

Question41:-

Misoprostol is recommended in following situations for the prevention of postpartum haemorrhage (PPH), except:

A:-Not used as a routine practice for all women undergoing vaginal delivery and cesarean section

B:-Use if oxytocin is unavailable or its quality cannot be guaranteed

C:-In settings where skilled birth attendants are not present to administer injectable uterotonics

D:-

Along with Controlled Cord Traction (CCT) for removal of the placenta in cesarean delivery

Correct Answer:- Option-D

Question42:-Correct recommendation for the management of retained placenta

A:-

If placenta is not expelled spontaneously, use oxytocin in combination with CCT

B:-Prostaglandin E₂ (dinoprostone) should be used for the management of retained placenta

C:-If a skilled birth attendant is not available for CCT then use ergometrine

D:-Broad-spectrum antibiotics for at least 48 hours are recommended if manual removal of placenta is practiced

Correct Answer:- Option-A

Question43:-For tubal ectopic pregnancy, which of the following statements is correct ?

A:-Transvaginal ultrasound is the diagnostic tool of choice for tubal ectopic pregnancy.

B:-Serum progesterone level helps predict ectopic pregnancy.

C:-

A low serum beta-human chorionic gonadotrophin (b-hCG) level (less than 1000 iu/l) rules out the diagnosis of an ectopic pregnancy.

D:-If the b-hCG level does not decrease by more than 15% between days 1 and 4, second dose should be considered after excluding haemoperitoneum.

Correct Answer:- Option-A

Question44:-

Match the oxytocic with its recommended dose for prevention of ppH

Oxytocic	Dose
a. Oxytocin IU	i. 200
b. Misoprostol µg	ii. 600
c. Methylergometrine µg	iii. 100
d. Carbetocin µg	iv. 10

A:-a-iii b-iv c-ii d-i

B:-a-iv b-i c-iii d-ii

C:- a-iv b-ii c-iii d-i

D:-a-iv b-ii c-i d-iii

Correct Answer:- Option-D

Question45:-

Diagnostic criteria for HELLP syndrome are

1. Lactate dehydrogenase is elevated to 600 IU/L or more
2. Aspartate aminotransferase (AST) and alanine aminotransferase (ALT) elevated more than four times the upper limit of normal
3. The platelets count is less than 4,50,000 cells/microL
4. An increase in bilirubin is significant and develops only in the early stages of the disease

A:-Only 1 is correct

B:-Only 1 and 2 are correct

C:-All are correct

D:-Only 2 and 4 are correct

Correct Answer:- Option-A

Question46:-For the treatment of PPH

A:-One additional 800- μ g dose of misoprostol is recommended for the treatment of PPH in women who have already received prophylactic oral misoprostol

B:-Isotonic colloids are recommended in preference to crystalloids for the fluid resuscitation

C:-The use of uterine packing is not recommended for atonic PPH after vaginal birth

D:-IV Tranexamic acid is recommended only for the treatment of PPH due to trauma

Correct Answer:- Option-C

Question47:-

Perimortem caesarean section (PMCS)

1. Should be done only in women over 20 weeks of gestation, if the fetus is alive.
2. Ideally, this should be done if there is no response to resuscitation within 4 minutes of collapse.
3. PMCS should preferably be performed under general anaesthesia.
4. Should be performed where maternal collapse has occurred and resuscitation is taking place.

A:-Only 1 is correct

B:-Only 1 and 3 are correct

C:-Only 2 and 4 are correct

D:-All are correct

Correct Answer:- Option-C

Question48:-Choose the incorrect option for cardiopulmonary resuscitation in a woman who is at ≥ 20 weeks of gestation

A:-

When cardiopulmonary arrest occurs, chest compressions achieve approximately 10% of the nonpregnant cardiac output in supine position

B:-Pillows or blankets are effective in providing the required tilt for effective chest compressions

C:-Manual displacement of the uterus to the left permits effective chest compressions

D:-A left lateral tilt of the woman from head to toe at an angle of 15-30° will relieve aortocaval compression in most pregnant women

Correct Answer:- Option-B

Question49:-The diagnostic criteria described for diagnosing caesarean scar pregnancy on ultrasound include all, except

A:-Empty upper uterine cavity

B:-Barrel-shaped cervix with evidence of prominent trophoblastic/placental circulation on Doppler examination

C:-Gestational sac or solid mass of trophoblast located anteriorly embedded at the site of the previous lower uterine segment caesarean section scar

D:-Thin or absent layer of myometrium between the gestational sac and the bladder

Correct Answer:- Option-B

Question50:-Incorrect statement for placental abruption

A:-Nearly half of the abruptions occur at term gestations.

B:-Most of the cases of placental abruption occur in low-risk pregnancies.

C:-The most predictive factor for abruption is history of abruption in a previous pregnancy.

D:-In case of Couvelaire uterus, hysterectomy should be performed.

Correct Answer:- Option-D

Question51:-2-year-old child presented to the casualty with acute onset of stridor. She was having mild fever and running nose for the past 2 days. On examination respiratory rate 40/minute and inspiratory stridor present. Which drug can be used orally for the treatment of this condition?

A:-Salbutamol

B:-Dexamethasone

C:-Deriphylline

D:-Amoxicillin-Clavulanic acid

Correct Answer:- Option-B

Question52:-Jaundice in a newborn can be pathological in all of the following conditions except

A:-Jaundice appears within 24 hours of birth

B:-Total serum bilirubin more than 10 mg/dl

C:-Conjugated bilirubin more than 2 mg/dl

D:-Rate of rise of bilirubin more than 0.5 mg/dl/hour

Correct Answer:- Option-B

Question53:-

Inclusion of ampicillin in neonatal sepsis treatment regimen is targeted against which organism ?

A:-Group B streptococcus

B:-Klebsiella

C:-Listeria

D:-Proteus

Correct Answer:- Option-C

Question54:-A newborn has not cried immediately after birth. After initial steps of resuscitation, the baby has not started breathing and was given Positive Pressure Ventilation (PPV) with bag and mask. After 30 seconds of PPV the heart rate is 80/minute. What is the next step?

A:-Stop PPV gradually

B:-To continue PPV at the same rate and monitor HR

C:-Continue PPV and start cardiac compression

D:-Start cardiac compression and start adrenaline

Correct Answer:- Option-B

Question55:-As a part of investigation of a child with meningomyelocele, MRI brain showed displacement of cerebellar vermis, pons, medulla and elongation of fourth ventricle. The most probable diagnosis is

A:-Arnold Chiari Malformation Type 2

B:-Dandy Walker malformation

C:-

Vein of Gallen Malformation

D:-Congenital Aqueductal stenosis

Correct Answer:- Option-A

Question56:-

A 4-year-old is having painful swelling of both knees for the last 6 months. She has

been on treatment with NSAIDs on and off. She was investigated and a diagnosis of oligoarticular arthritis was made and is now on treatment with intraarticular corticosteroids. The most likely complication for which she has to be on regular follow up is

A:-Chronic Liver disease

B:-Macrophage Activation Syndrome

C:-Secondary Amyloidosis

D:-Anterior Uveitis

Correct Answer:- Option-D

Question57:-

2-year-old child was having continuous fever of 1 week duration. She is irritable with red eyes without eye discharge or eye pain. Her oropharyngeal mucosa congested. She is also having diffuse maculopapular rashes over the body and non-tender cervical lymphadenopathy on the right side of neck. The most likely diagnosis will be

A:-Measles

B:-Scarlet Fever

C:-Kawasaki Disease

D:-Drug Reaction

Correct Answer:- Option-C

Question58:-3-week-old newborn is having repeated vomiting and failure to thrive. On examination jaundice and hepatomegaly present. Urine for reducing substance positive. The most possible diagnosis is

A:-Galactosemia

B:-Glycogen storage disease

C:-Gaucher disease

D:-Tay-Sachs disease

Correct Answer:- Option-A

Question59:-

6-year-old girl child with short stature is having webbed neck, wide carrying angle,

widely spaced nipple and shielded chest. What is the most probable diagnosis based on this phenotypic feature?

A:-Down syndrome

B:-Klinefelter syndrome

C:-Noonan Syndrome

D:-Turner syndrome

Correct Answer:- Option-D

Question60:-The criteria for Severe Acute Malnutrition as per WHO criteria in a 3-year-old child does not include

A:-Mid arm circumference

B:-Bilateral Pitting pedal Oedema

C:-Weight for height less than minus 3 Z score

D:-Skin changes

Correct Answer:- Option-D

Question61:-Which of the following statements regarding 'Neostigmine' is incorrect ?

A:-

It is an acetylcholinesterase inhibitor which is commonly used for reversal of the effects of nondepolarizing neuromuscular blocking agents after surgery.

B:-Neostigmine with or without atropine has shown benefit in the management of neurotoxic snake envenomation.

C:-One of the most common and troublesome clinical side-effect of neostigmine toxicity is bradycardia which even may lead to asystole.

D:-The recommended anti-muscarinic in cases of neostigmine toxicity is atropine with the added advantage that it does not cross blood brain barrier.

Correct Answer:- Option-D

Question62:-Which of the following statements is incorrect regarding 'pacing' in Digoxin poisoning/ toxicity?

A:-Transvenous pacing is the first treatment of choice in acute cases, if clinically indicated.

B:-Pacing is usually required temporarily while waiting for Fab fragments to take clinical effects.

C:-Transvenous pacing catheters may induce ventricular tachydysrhythmias.

D:-Transvenous pacing should only be used if external pacing fails.

Correct Answer:- Option-A

Question63:-Which of the following statements is correct regarding management of 'Organophosphorus-Induced Delayed Neuropathy (OPIDN)'?

A:-Thiamine, if available, is the treatment of choice for OPIDN.

B:-Amitryptline and/or Capsaicin are effective in managing hyperaesthesia associated with OPIDN.

C:-Early administration of Atropine and Pralidoxime reduces the incidence of OPIDN.

D:-Complete recovery of patients suffering from OPIDN is common which is usually seen after 6-12 months.

Correct Answer:- Option-B

Question64:-Which of the following parameters is not a component of the 'Peradeniya scale' used in patients with organophosphorus poisoning ?

A:-Heart rate

B:-Seizure

C:-Blood pressure

D:-Pupil size

Correct Answer:- Option-C

Question65:-With regard to Polyvalent Anti-snake Venom Serum I.P. (Indian pharmacopoeia), each ml of anti-snake venom antiserum can neutralize which of the following quantities of standard venoms ?

A:-Cobra 0.50 mg, Common Krait 0.35 mg, Russell's Viper 0.50 mg, Saw-Scaled Viper 0.35 mg

B:-Cobra 0.60 mg, Common Krait 0.45 mg, Russell's Viper 0.60 mg, Saw-Scaled Viper 0.45 mg

C:-Cobra 0.70 mg, Common Krait 0.55 mg, Russell's Viper 0.70 mg, Saw-Scaled Viper 0.55 mg

D:-Cobra 0.80 mg, Common Krait 0.65 mg, Russell's Viper 0.80 mg, Saw-Scaled Viper 0.65 mg

Correct Answer:- Option-B

Question66:-A 38-year-old male on 'Lithium' therapy for the past three years for the management of bipolar affective disorder is brought to emergency department with the chief complaints of loose stools and restlessness. Which of the following statements regarding Lithium toxicity is incorrect ?

A:-Acute Lithium toxicity predominantly produces early gastro-intestinal symptoms.

B:-Neuro-toxicity in chronic Lithium toxicity usually does not correlate with serum concentrations.

C:-The most common adverse effect of chronic Lithium therapy is nephrogenic diabetes insipidus seen in up to 40% patients.

D:-The most prevalent endocrine manifestation of chronic Lithium therapy is hyperthyroidism which may be protective in some patients by increasing the renal excretion of Lithium.

Correct Answer:- Option-D

Question67:-

A 46-year-old chronic alcoholic male is brought to the emergency with a history of ingestion of 20 tablets (500 mg each) of paracetamol (acetaminophen) with suicidal intent. Which of the following statements regarding the 'Rumack-Matthew nomogram' is/are correct ?

a. The nomogram only directly applies to an acetaminophen concentration obtained after a single oral exposure and during the window between 4 hours and 24 hours after ingestion.

b. The nomogram predicts the risk of hepatotoxicity on a single acetaminophen concentration, measured at one time. It is not a prognostic tool and hence does not predict fulminant liver failure or death.

c. The upper line of the nomogram is the "probable" line, also known as the Rumack-Matthew line. About 60% of patients with values above this line develop hepatotoxicity.

d. The lower line on the nomogram is the "possible/treatment" line, which incorporates a 25% margin of error in measurement variations or uncertainty regarding the time of ingestion.

A:-a, c

B:-a, b

C:-a, b, c

D:-a, b, c, d

Correct Answer:- Option-D

Question68:-

Which of the following statements regarding 'Psilocybin' is incorrect ?

A:-Psilocybin is an active component of some 'magic mushrooms' and the usual hallucinogenic dose is 10 mg of Psilocybin.

B:-Psilocybin and psilocin indoles produce central nervous system effects usually after 4-6 hours of ingestion with a return to normalcy usually within 24-48 hours.

C:-Serotonin and Psilocybin are very similar structurally and presumably act at a similar 5-HT₂ receptor site.

D:-Benzodiazepines are the treatment of choice for Psilocybin-induced hallucinations, if re-assurance and supportive treatment prove inadequate.

Correct Answer:- Option-B

Question69:-Which of the following statements regarding management of Lithium toxicity is incorrect ?

A:-Lithium is amenable to extracorporeal removal.

B:-Diuretic-induced diuresis enhances lithium elimination.

C:-Whole-bowel irrigation with polyethylene glycol solution at 2 L/h is the only recommended method of gastro-intestinal decontamination in removing lithium in the setting of acute ingestion of the sustained-release formulation.

D:-Typical adult dosing of intravenous saline is a bolus of normal saline 20 mL/kg, followed by continuous infusion at 1.5 to 2 times the maintenance rate in significant Lithium toxicity.

Correct Answer:- Option-B

Question70:-Which of the following statements is incorrect regarding 'Organophosphate poisoning' ?

A:-Death occurs in untreated patients through a combination of bronchorrhea, respiratory muscle Paralysis and CNS depression.

B:-Benzodiazepines can be used to manage seizures in these patients.

C:-Latex gloves should be used instead of Neoprene or nitrile gloves to prevent secondary poisoning of healthcare workers.

D:-A nondepolarizing agent should be used when neuromuscular blockade is needed.

Correct Answer:- Option-C

Question71:-Crush syndrome is characterised by

A:-Metabolic acidosis with hyperkalemia and hypocalcemia

B:-Metabolic acidosis with hypokalemia and hypercalcemia

C:-Metabolic alkalosis with hyperkalemia and hypocalcemia

D:-Metabolic alkalosis with hypokalemia and hypercalcemia

Correct Answer:- Option-A

Question72:-An adult male is brought to the casualty with history of road traffic accident and injury to his Right lower limb. Examination of right lower limb shows diffuse swelling and deformity of the thigh with 2 cm wound over the swelling. Xray shows comminuted fracture shaft of femur. Right posterior tibial and dorsalis pedis pulse is absent .The classification of the fracture is

A:-Type I open fracture

B:-Type II open fracture

C:-Type III A open fracture

D:-Type III C open fracture

Correct Answer:- Option-D

Question73:-Medial compartment syndrome of the thigh is clinically diagnosed by

A:-Pain during passive hip abduction with knee in extension and sensory deficit over proximal medial thigh

B:-Pain during passive knee extension with hip in flexion

C:-Pain during passive knee flexion with hip in extension

D:-None of the above

Correct Answer:- Option-A

Question74:-Boxer's fracture is

A:-Fracture base of Vth metacarpal

B:-Fracture neck of Vth metacarpal

C:-Fracture shaft of Vth metacarpal

D:-Compound fracture of Vth metacarpal

Correct Answer:- Option-B

Question75:-March fracture is

A:-Compound fracture of 1st metacarpal

B:-Stress fracture of one or more metacarpals

C:-Fracture shaft of Vth metacarpal

D:-Medial cuneiform fracture

Correct Answer:- Option-B

Question76:-

False statement regarding CHANCE FRACTURE is

A:-Flexion distraction injury to the spine

B:-Commonly associated with seat belt injury

C:-It is a stable spinal injury

D:-Often associated with abdominal visceral injuries

Correct Answer:- Option-C

Question77:-Which one of the following is termed as cotton fracture ?

A:-Trimalleolar fracture of the ankle

B:-Bimalleolar fracture

C:-Fracture medial malleolus with fibular fracture

D:-

Dislocation of the ankle with fracture neck of talus

Correct Answer:- Option-A

Question78:-Which one of the following is true regarding Froment's sign ?

A:-Positive sign indicates median nerve injury

B:-Tests the strength of flexor pollicis longus

C:-Positive sign indicates radial nerve injury

D:-Tests the strength of adductor pollicis

Correct Answer:- Option-D

Question79:-'Pen test' is done for

A:-Ulnar nerve

B:-Radial nerve

C:-Median nerve

D:-Both median and ulnar nerve

Correct Answer:- Option-C

Question80:-Correct statement regarding PEN TEST is

A:-

It checks the power of opponens pollicis

B:-It checks the power of adductor pollicis

C:-It checks the power of abductor pollicis brevis

D:-None of the above

Correct Answer:- Option-C

Question81:-All are true statement about Lateral canthotomy except

A:-It reduces the IOP < 40

B:-Improves the vision immediately

C:-Usually superior crus of lateral canthus is cut

D:-It heals well later on

Correct Answer:- Option-C

Question82:-All are precipitating events of acute glaucoma except

A:-cocaine abuse

B:-topical mydriatics

C:-dim light

D:-topical timolol

Correct Answer:- Option-D

Question83:-

Statement about Glaucoma

- i. Acute angle closure glaucoma is precipitated by nebulized ipratropium/albuterol.
- ii. Hypermetropia is a risk factor for acute angle closure glaucoma.

A:-Both i and ii correct

B:-i-correct, ii-incorrect

C:-

i- incorrect, ii-correct

D:-i and ii both incorrect

Correct Answer:- Option-A

Question84:-All are correct statement about managing acute glaucoma except

A:-Maximum dose of acetazolamide per day is 1 gm.

B:-Pilocarpine is recommended as first line treatment.

C:-Mannitol is given if patient not respond to treatment in an hour.

D:-Definitive treatment is laser iridotomy.

Correct Answer:- Option-B

Question85:-All are contraindication to surgical cricothyrotomy except

A:-Tracheal transection

B:-Tracheal fracture

C:-Obstruction below cricothyroid membrane

D:-Age > 12 years

Correct Answer:- Option-D

Question86:-

Statements about Cricothyrotomy.

i. Brofeldt technique of cricothyrotomy does not include step to dilate the stoma with Trousseau dilator.

ii. Melkers technique involve Seldinger's technique.

iii. When making the horizontal incision in cricothyroid membrane, avoid the cricoid artery by incising the membrane at its superior border.

Comment about above three statement

A:-Only i is correct

B:-

i and ii are correct

C:-ii and iii are wrong

D:-i and iii are correct

Correct Answer:- Option-B

Question87:-True statement about malignant otitis externa are all except

A:-Mostly caused by Pseudomonas aeruginosa.

B:-Relative high pH-of cerumen in diabetic is a pathophysiologic component.

C:-Cranial nerve involvement is rare.

D:-Ciprofloxacin is drug of choice.

Correct Answer:- Option-C

Question88:-Which test confirm CSF rhinorrhea ?

A:-Beta transferrin assay in Fluid

B:-Glucose in fluid

C:-Neuron specific enolase level in fluid

D:-Cell count in fluid

Correct Answer:- Option-A

Question89:-Common complications of posterior packing are all except

A:-Infection

B:-Dysphagia

C:-Eustachian tube dysfunction

D:-Nasolacrimal bleed

Correct Answer:- Option-D

Question90:-All are risk factor for recurrent epistaxis except

A:-Stamm's point bleeding

B:-Hypertension

C:-Use of nasal fluticasone

D:-Aspirin use

Correct Answer:- Option-C

Question91:-Which of the following is not recommended for emergency department record documentation of intimate partner violence and abuse ?

A:-

Voluntary descriptions quoted and described in the patient's own words whenever possible

B:-Description of any stated violence or abuse as "alleged" since the actual details are not yet known

C:-Description of the patient's injuries, appearance and demeanor with annotated body maps and photographs

D:-Documentation of relevant forensic evidence, emergency department testing and treatment in the occurrence of sexual assault

Correct Answer:- Option-B

Question92:-

A 36-year-old woman, who is 36 weeks pregnant presents after she was involved in a rollover motor vehicle collision. Another passenger in the compartment was killed. The patient is brought in on a backboard. EMS has established IV access and has administered 1L of normal saline. Her vital signs are BP 75/63, HR 130, SpO₂ 93% on RA, RR 20 and Glasgow Coma Scale (GCS) of 15. She has bilateral breath sounds. What is the Next best step in management ?

A:-

Bilateral chest tubes

B:-Initiate massive transfusion protocol and begin with 2 units of O-negative packed red blood cells

C:-Intubate and provide positive pressure ventilation

D:-Place towel rolls under the right hip to tilt the patient 30 degrees to the left

Correct Answer:- Option-D

Question93:-The Maastricht classification is used to

A:-

Categorize non-heart beating donors (NHBD) based on the circumstances of their death

B:-

Address the most preventable causes of death in battle field and severe trauma cases

C:-Risk stratify marfan syndrome patients based on risk of acute cardiovascular events

D:-

Rapidly evaluate and manage patients presenting with acute, potentially life-threatening rashes

Correct Answer:- Option-A

Question94:-A 23-year old female presents to the ED requesting a "rape exam." She states that she was at a party then remembers waking up in a stranger's bed. She has no recollection of the events between the party and waking up. Which of the following queries are irrelevant with respect to the evidentiary exam ?

A:-

Are you on birth control ?

B:-Describe your sexual activity for the last year.

C:-

Describe the surroundings of where you woke up.

D:-Is there any rectal or vaginal soreness ?

Correct Answer:- Option-B

Question95:-A 28-year-old man is ejected from a car and is brought to the emergency department by EMS intubated with a Glasgow Coma Scale (GCS) of 3. A cervical collar is in place and the patient has bilateral breath sounds. What is your goal Mean Arterial Pressure (MAP) for this patient ?

A:-50 mm Hg

B:-65 mm Hg

C:-80 mm Hg

D:-125 mm Hg

Correct Answer:- Option-C

Question96:-SPIKES is a clinical protocol used by healthcare professionals to deliver bad news to patients and families. In this, P stands for

A:-Prognostification

B:-Perception

C:-Preparation

D:-Planning

Correct Answer:- Option-B

Question97:-

Depth of vein (in cm) in anterior approach to internal jugular vein catheterization is

A:-1-2

B:-2-3

C:-3-5

D:-5-7

Correct Answer:- Option-C

Question98:-Tube thoracostomy is performed at _____ site in newborns infants.

A:-2nd intercostal space, midclavicular line

B:-5th intercostal space, midclavicular line

C:-5th intercostal space, anterior axillary line

D:-

5th intercostal space , Posterior to mid axillary line

Correct Answer:- Option-C

Question99:-A 34-year-old woman is the restrained driver in a motor vehicle collision. She arrives complaining of chest pain. She has normal vital signs and has a negative radiographic workup as well as a normal ECG. What is the most appropriate next course of action ?

A:-Admit to a monitored bed for serial troponins

B:-Discharge to home, no further monitoring or testing is indicated

C:-Monitor for 4 to 6 hours, discharge if no new complaints and EKG remains normal

D:-Obtain STAT transthoracic echocardiogram

Correct Answer:- Option-C

Question100:-Which of the following correctly describes the land mark for blocking deep peroneal nerve in ankle block ?

A:-Between the tibialis anterior tendon and the lateral malleolus at the level of the superior malleoli

B:-Between the tibialis posterior tendon and the lateral malleolus at the level of the superior malleoli

C:-Between the tibialis anterior tendon and extensor hallucis longus at the level of medial malleolus

D:-Medial to the anterior tibial artery, distal to ankle joint

Correct Answer:- Option-C