Indian Diploma in Critical Care Nursing

MCQ Section A - Only one answer is correct

1. Four emergency interventions used in resuscitating a patient in cardiac arrest.
   a. Adrenaline/Atropine/ Amiodarone/Defibrillation
   b. Epinephrine/ Atropine/ Vasopressin/ Noradrenaline
   c. Adrenaline/Vasopressin/ Amiodarone/Defibrillation
   d. Epinephrine/ Atropine/ Vasopressin/ Amiodarone

2. Normal Saline contains:
   a. 0.9%Sodium chloride
   b. 0.5%Sodium chloride
   c. 0.8% Sodium bicarbonate
   d. 3% Sodium chloride

3. One milligram contains:
   a. 10 microgram
   b. 100 microgram
   c. 1000 microgram
   d. 10000 microgram

4. 5% Dextrose solution contains:
   a. 5 gm dextrose/ liter
   b. 50 gm dextrose/ 100 ml
   c. 5 gm dextrose/ 100 ml
   d. 5 mg dextrose/ 100 ml

5. Pressure in oxygen cylinder is:
   a. 1200 psi
   b. 1500 psi
   c. 1800 psi
   d. 2500 psi
6. Which of the following fluids can be safely given through peripheral vein.
   a. Normal Saline/ Amino Acids/ Ringer Lactate
   b. Normal Saline/ Amino Acids/ Intralipid
   c. Normal Saline/ Intralipid/ Ringer Lactate
   d. 5% Dextrose/Normal Saline/ Amino Acids

7. Compression - Ventilation ratio during CPR on an adult victim is
   a. 5:1
   b. 15:2
   c. 30:1
   d. 30:2

8. Energy selected to defibrillate ventricular fibrillation (VF) using monophasic defibrillator is:
   a. 200 J
   b. 300 J
   c. 360 J
   d. 380 J

9. Treatment of Narrow Complex Tachycardia in haemodynamically unstable patient is
   a. Defibrillation
   b. Cardioversion
   c. Amidarone
   d. Ditiazem

10. One ampoule of Adrenaline contains
    a. 1mg
    b. 0.1 mg
    c. 100mcg
    d. 10mg
11. Hypoxia is a manifestation of:
   a. Lack of oxygen
   b. Excess of carbon dioxide
   c. Lack of carbon dioxide
   d. Excess of oxygen

12. Active ingredient in 'Cidex' solution is:
   a. Iodine
   b. Chlorhexidine
   c. Glutaraldehyde
   d. Propyl alcohol

13. Which of the following drugs is not a muscle relaxant?
   a. Suxamethonium
   b. Pancuronium
   c. Fentanyl
   d. Gallamine

14. In emergency which blood group can be used:
   a. A
   b. B
   c. AB
   d. O

15. The risk of pneumothorax is more with:
   a. subclavian route of central catheterization
   b. femoral route of central catheterization
   c. internal jugular route of central catheterization
   d. external jugular route of central catheterization
16. Tall peaked T waves in ECG is seen in
   a. Hypokalemia
   b. Hyponatremia
   c. Hypernatremia
   d. Hyperkalemia

17. Chest tube is most commonly put in _____________ intercostal space
   a. 4th-5th
   b. 6th-7th
   c. 8th-9th
   d. 10th-11th

18. Bradycardia is heart rate less than
   a. 60/min
   b. 70/min
   c. 80/min
   d. 100/min

19. Normal level of serum sodium is
   a. 115-135
   b. 135-145
   c. 150-170
   d. 170-190

20. All are correctly matched except
   a. decreased fibrinogen – cryoprecipate
   b. increased INR – FFP
   c. decreased hemoglobin – packed cells
   d. increased APTT – platelets

SECTION B - ANSWER TRUE OR FALSE:
21. The following therapeutic manoeuvres improve survival in ARDS
   a) High levels of PEEP > 15 cm H2O
   b) Proning for at least 16 hours
   c) Low tidal volume ventilation (6ml/kg PBW)
   d) Alveolar recruitment manoeuvres

22. When performing tracheal suctioning for a patient with Tracheostomy, the nurse should:
   a) Pre Oxygenate the patient before suctioning
   b) Apply negative pressure throughout the pressure
   c) Make sure the cuff of tracheostomy tube is inflated
   d) Instill Sodium Bicarbonate into the tube prior to suction to loosen secretions

23. When using haemodynamic monitoring to assess preload/ fluid responsiveness in critically ill
   a) Pulse pressure variation >13% is a sensitive indicator of preload responsiveness
   b) A finding of PAOP >15 mmHg indicates a patient is very unlikely to be preload responsive
   c) Pulse pressure variation is a useful test of preload responsiveness during weaning from
      ventilatory support
   d) Colloid fluid is recommended when assessing preload responsiveness

24. The following are predictors of increased hospital mortality in patients with COPD
   requiring mechanical ventilation?
   a) Previous history of Mechanical ventilation lasting > 72 hrs
   b) An FEV1 < 30% predicted prior to ICU admission
   c) One failed extubation attempt
   d) Presence of co-morbidities
25. In carbon monoxide poisoning the following are seen:

a) Arrhythmias

b) Hypotension

c) Hyperventilation

d) Cyanosis