

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. Amiodarone
- d. Diltiazem

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 – cryoprecipitate
- 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