

1- The commonest infection to cause Septic shock

A-Gram+ve cocci

B-Gram+ve bacilli

C-Gram-ve cocci

D- Gram-ve bacilli

2. Monitoring of shocked patient is based on

A- vital signs, CVP, ABG and Urine output

B- vital signs, CVP, ABG and Pulmonary function

C-vital signs, PTT, ABG and Urine output

D- vital signs, CVP, ABG and Nasogastric tube

3. Incised (cut) wound show

A- Severe tissue damage

B- avulsion from its underlying fascia

C- Partial injury of superficial layers of the skin

D- Little tissue damage with clean edges.

4. The wound of Elective cholecystectomy surgery, were bile ducts clipped with spillage of its contents is considered

A- clean

B- clean contaminated

C- contaminated

D- Dirty

5. Wound of drained abscess is considered

A- clean

B- clean contaminated

C- contaminated

D- Dirty

6. Wound having highest rate of infection

A- clean

B- clean contaminated

C-contaminated

D- Dirty

7-Scar Contractures is

A- Complication of Healing

B- Normal stage of healing

C-Means No healing

D- Delay healing

8-Regarding wound healing: the following type is associated with maximum scarring:

- A. Primary.
- B. Secondary.

C-Tertiary

- D- Quaternary.

9-Regarding wound healing: the following enhances healing process:

A . Adequate nutrition.

- B. Advanced age
- C. Smoking.
- D- Malignancy.

10. A 28-year-old pregnant female scheduled for delivery by cesarean section, the best type of healing for her wound would be:

A . Primary

- B. Secondary.
- C. Tertiary.
- D-Quaternary.

11. Surgical Site Infection is

A . Non-specific infections following wounds

B. Non-specific Urinary tract infection

C. Non-specific chest infections

D-Specific infections following wounds

12. The source of Surgical Site Infection may be

A-Endogenous body flora

B-Exogenous from team, instruments

C. A&B

D. Can't be specified

13. It is expected to Observe Surgical Site Infection

A-between 0 and 2 days post-operative

B- between 2 and 5 days post-operative

C-between 5 and 10 days post-operative

D-between 10 and 15 days post-operative

14. The General signs of Surgical Site Infection

A- fever & hypotension

B-fever & tachycardia

C-fever & rapid respiration

D-fever & bradycardia

15. Regarding ulcer management: the process in which dead tissues are removed from the ulcer is known as:

A- Grafting.

B- Debridement

C- Antiseptic application.

D- Vacuum assisted closure therapy.

16. Regarding anatomy of the ulcer: the edge of this ulcer is:

A-Sloping.

B- Undermined.

C-Punched out.

D. Everted.

17. Regarding anatomy of the ulcer: the discharge is most purulent in the following type of ulcer:

A-Spreading.

B- Healing.

C- Non-healing.

D- Callous.

18. Upon examination of an ulcer, the floor is detected by:

A- Inspection.

B- Palpation.

C- Percussion.

D- Auscultation.

19. Upon examination of an ulcer, the base is detected by

A- Inspection.

B- Palpation.

C- Percussion.

D. Auscultation.

20. Upon local examination of an ulcer, the edge of a neuropathic ulcer is often:

A- Sloping.

B- Punched out.

C- Undermined.

D- Rolling.

21. Upon local examination of an ulcer, the edge of a healing ulcer is often:

A- Sloping.

B. Punched out.

C- Undermined.

D- Rolling.

22. A 35-year-old female patient, with an ulcer (about 7X15 mm, infected floor, and indurated base in the lateral aspect of left auricle), since college time, the best initial step for management is:

A- Dressing.

B- Grafting.

C- Debridement.

D- Biopsy and histopathology

23- Triage of critically ill patients is by

A- white label

B. Green label

C- Rod tabel

D- colored labels isn't used uny more

24. Patient brought to the ER with bleeding wound, the first step to control bleeding?

A- urgent surgery

B - direct pressure

C- IV fluids

D - suture the wound

25. Insertion of Nasogastric tube (Ryle's) for trauma patient

A- prevents tongue from falling back occluding the airway

B. monitor urine output

C- decompresses the stomach & prevents aspiration

D-secure airway and start ventilation

26. In trauma patient the first priority is the threats to

A- Circulation

B. Breathing

C- Airway

D. Disability

27. The secondary survey for trauma patient includes

A- Assessment of airway, breathing, and circulation

B- full History taking (personal, present and past medical History)

C- Review of blood tests. X-rays and ensure that all injuries have been identified.

D. AMPLE history and head to toe examination

28. During the secondary trauma patient survey, in AMPLE history we ask about.

A- Allergy, medication, past medical history, last meal, and events related to injury.

B- Allergy, menstrual history, past medical history, last meal, and events related to injury.

C-Allergy, medication, pain, last operation, and events related to injury.

D- Anesthesia given, medications, post trauma awareness, last meal, and events related to injury

29. What are the "ABCs" of the primary survey?

A- Assess (stability of the patient), Begin (Treatment), Cervical spine (don't forget to stabilize the cervical spine)

B- Airway, Breathing, circulation.

C-Accident (history), Background (Patient past medical history), Community (family medical history)

D- Assess, begin (to treat), Complete (evaluation of all injuries)

30. In ABCDE assessment of poly traumatized patient, neurosurgery assessment is among

A- assessment of: A-Airway

B-Breathing

C-Circulation

D- Disability

31 Vital signs of shocked patient

A- pulse slow, blood pressure low and respiration rapid

B-Pulse rapid, blood pressure high and respiration rapid and deep. and deep.

C-Pulse rapid, blood pressure low and respiration slow and shallow

D- pulse rapid, blood pressure low and respiration rapid and deep

32. Patient that fall after IV injection of antibiotic, pulse rapid and blood pressure low

A-Septic shock

B. Anaphylactic shock

C-Cardiogenic shock

D-Hypovolemic shock

33. Hypovolemic shock is due to

A- vasovagal attack

B. insufficient myocardial function

C-decreased blood volume

D- antigen-antibody reaction

34. Shocked patient are

A-depressed then suicide

B. anxious then drowsy

C- anxious then oriented

D-depressed then drowsy

35. Urine output in shock patient

A- Increased

B. Diminished

C-not affected

D-proteinuria

36. The earliest complications of inhalational burns may affect:

A-Sin

B. larynx

C-Pharynx

D-Heart

37. In wartimes, the type of burn that affects the feet of soldiers due to cold is:

A-Scald burn

B-Ionizing radiation.

C-Flame burns.

D-Frostbite.

38. The immediate serious complications of electrical burns may affect:

A-Skin

B-Larynx

C-Pharynx.

D – Heart

39. The saline solution resuscitation in cases of burn in:

A- 0.9% saline solution.

B- Glucose 5% in water.

C-Dextran

D – Packed RBCs

40. Minor burns need

A- Admission in burn unite

B- Resuscitation with Parkland regime

C-Clean, dress and medications

D. Blood transfusion

41. Major Burns cover

A-15% the body surface area.

B- 30% the body surface area

C- 45% the body surface area.

D-50% the body surface area

42. Fourth degree burn Involves

A- Complete destruction of epidermis and dermis

B- Affect epidermis and portion of dermis

C- Destruction of the underlying tissues, muscles and bones

D- Affects More than 30% of the body surface area.

43. Bleeding spurting like jet along with patient pulse

A- arterial

B- venous

C-capillary

D- could not be specified

44. rapid and bright red bleeding with continuous ooze

A- arterial

B- venous

C-capillary

D- could not be specified

45. Postoperative Bleeding that occurs 2 weeks after surgery

A- unrelated to the surgery

B- secondary to infection

C-reactionary after slipped ligature

D- primary unligated vessel

46. Patient in the second postoperative day that feel drowsy and about to faint, there is tachycardia, hypotension and cold skin, the most appropriate diagnosis

A- Angina

B- Shock

C- Arrhythmia

D- Infection

47-Patient can maintain nearly normal vital data even after loss of

A- 0 to 750 ml blood

B- 750 to 1500 ml blood

C. 1500 to 2000 ml blood

D- >2000 ml blood

48-The main principles Assurance, bed rest, analgesia and IV line of management of hemorrhage is

A- Assurance, bed rest, analgesia and IV line

B-stop bleeding and observe for rebreeding

C. bed rest, assurance and restore blood volume

D- stop bleeding and restore blood volume

49. Class II hemorrhagic shock -tachycardia and hypotension

A- tachycardia and hypotension

B- tachycardia without hypotension

C- tachycardia and hypertension

D- tachycardia and anuria

50. Patient suffering Cardiovascular disease, going for operation needs Preoperative testing of

A- ABG and Chest X-ray

B -ECG and Echocardiography

C-HBAIC and Fasting blood glucose

D- Nothing, Clinical assessment by cardiologist

51-operative testing for surgical procedures on young, healthy patients coagulation studies

A- coagulation studies

B -Chest x-ray and ECG

C-Liver and kidney function tests

D-minimal or no diagnostic testing

52. Patient allergies is considered

A- irrelevant to surgery

B- important preoperative History

C- important in Internal medicine clinic only

D- important history only if complain of rash

53. Routine preoperative testing include

A- CBC, coagulation, Liver and kidney function

B - Tumor markers, CBC and Liver function

C- Thyroid, Liver and kidney function

D- Urine analysis and coagulation

54. Preoperative assessment of patient suffering pulmonary disease include

A- Chest x-ray, ABG and ABG

A - Chest x-ray, ABG and ABG

B- Chest x-ray, ECG and Echocardiography.

C- Chest x-ray, ABG and pulmonary function test

D- Chest x-ray, ABG and Echocardiography

55. Perioperative care of diabetic patients include A-glucose testing, diet control and insulin

A - glucose testing diet control and insulin

B-glucose testing and sugary diet

C-lipids testing and exercise

D-lipids testing, diet control and insulin.

56. History during preoperative assessment includes

A- Tea consumption

B- tobacco smoking

C->2 cup of coffee

D- No habit are important

57. If the number of patients exceeds the resources

A-The yellow code is treated first.

B- The green code is treated first.

C- The brown code is treated first.

D- The white code is treated first.

58. In trauma patient with airway obstruction, Cricothyrodotomy is done

A- After successful intubation

B- Before any trial of intubation

C- with intubation at same time

D-If intubation is not possible

59. Regarding ulcer etiology: pressure sore is considered as a type of:

A- Neoplastic ulcers.

B- Metabolic ulcers.

C- Hematological ulcers.

D-Traumatic ulcer.

60. A 66-year-old male patient, with diabetes mellitus, hypertension, dyslipidemia and atherosclerosis, developed an ulcer with gangrene in the dorsal aspect of right foot. This ulcer is more likely:

A- Neoplastic.

B – Vascular

C- Panniculitis.

D- Hematological