5 mgery 1 Heid-base disorder FINAL YEAR MBBS CLASS ASSESSMENT 1 A young man brought to emergency room, a victim of Road traffic accident on motorway one hour ago. At primary survey, patient is drowsy, Blood pressure 80/50mmHg and pulse 140/min. He is found to have lacerated wound over forehead, a lacerated wound at left leg and decreased air entry over left chest auscultation a. Name different systemic complication as consequence of delayed management 3123 Dogar b. Write down steps, you should carry out to prevent systemic complication 2. 60 years male patient underwent Partial Gastrectomy for gastric outlet obstruction due to malignant growth in pylorus. He was shifted to surgical ICU postoperatively. After 2 hours, his vital are noted 125/min pulse rate and 85/50mmHg Blood pressure with oxygen saturation at 90% with 2 L O2 supplement via nasal Hypovolemic Shock (septic galad hova than emerge type of shock in this patient cannula. a. Name type of shock in this patient b. How you can define severity of shock in this patient 15 Equiles c. Is there any role of vasopressin and inotropic support in this patient? 1781 (Valsop reserve and indicated in sephe & neurogenic 3. A 70 years old patient known case of chronic kidney disease, diabetes and hypertension brought to emergency with severe diarrhea for last 01 week. On examination we had disturbed conscious level pulse 120/min, B.P 85/50 mmHg and respiratory rate of 30/min. in lab investigations H.b 7.5 g/di, WBC count 15×10^9 /L, potassium level is 3.1 meq/L, sodium 136 meq/L, chloride 120 meq/L and bicarbonate 16 meq/L. Metabolic acidocis 1

Metabolic acidosis

a. What is disturbance in acid base balance in this patient

b. What is the normal range of p.H 7.35-7.45

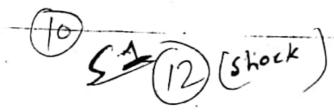
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c. How will you manage such patient 201 Dogan

Maintain IV line

Give IV fluid Sodium Bicarbonate Replace potassium if hypokalemia

S1 +S2 Past test



Department of Surgery MBBS FINAL YEAR Dated; Nov. 24.11. 2017

Q:3

los of arterial

Test : Shock; Hemorrhage& Electrolyte balance

. Time allowed: 40 min.

Digh is deformed and grossly swollen. His pulse is 120/min., B.P; 90/60 mmHg., and R/R;22/min. (51:)A 25y, motorcyclist is brought to ER after met a RTA with severe pain in Rt. Lower limb. O/E Rt.

Describe the nature of hemorrhage. (2) -> Concealed hae morrhage / Internal hemorrhage

Classify this type of Shock. (3) hypovolemic shock — Hemorrhagic

How will you manage this shock. (5) -> P.123 Oogas — Fluid depletion

Q2. A 40y. female undergoes subtotal thyroidectomy for large MNG. Her operation is completed

uneventful. After two hrs. she develops hematoma at operation site and drains fill with blood.

. What type of hemorrhage is this? (2) Reactionary haemorrhage (19 What are the possible causes of this type hemorrhage (3)

Describe the other two types of hemorrhage. (5) — P-118 Dogar

118 Dogar) Define massive blood transfusion. (4) -P 13 5 Dogas

Discuss the complication of massive blood transfusion (6) - P-135 Dogar (135 Dogar Q4. A 35y, male presents with Intestinal Obstuction associated with repeated projectile vomiting and he 22 Parley

84 Kery ... How will you replace fluid and electrolytes to the patient(5) - P- 74 UHS write down resuscitation plan for first 24 hrs. for the patient (5)

Dogar (107)

P-107- Doga8

B1 4(A)

& NG tube to clear stomach

* Two large bore I/v canula

a Ringer lactote solution

* Adult woullky Iday

In children:

First 10kg > 4-1/kg/hor next loky -> 2-1/kg/how Above 20 kg -> 1~1/kg/how

sodium replacement -> 2-2 mmol/kg/day (70-150 mmol)

K+ replacement > 0.6-1 mmol/kg/day (50 mmol/day Cart -> Smmol/day My2+ > 1 mm al /day