

Test # 01

Surgery 1

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FLS-054

(SEQs)

1st FINAL YEAR MBBS CLASS ASSESSMENT

Acid-base disorder
• Fluid therapy
• Shock

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
- b. Write down steps, you should carry out to prevent systemic complication

16 Bailey
2 122 Dogar
3 123 Dogar

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 cannula.

- a. Name type of shock in this patient
- b. How you can define severity of shock in this patient
- c. Is there any role of vasopressin and inotropic support in this patient?

Hypovolemic shock (Septic shock have the more test mean ☹️)
15 Bailey
17 Bailey
(Vasopressors are indicated in septic & neurogenic shock) (distributive)

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/dl, WBC count $15 \times 10^9 / L$, potassium level is 3.1 meq/L, sodium 136 meq/L, chloride 120 meq/L and bicarbonate 16 meq/L.

Metabolic acidosis

- a. What is disturbance in acid base balance in this patient
- b. What is the normal range of p.H
- c. How will you manage such patient

1
1
3

Maintain IV line
Give IV fluid
Sodium Bicarbonate
Replace potassium if hypokalemia

S₁ + S₂ Past test

(10)

S₁ → (12) (Shock)

(1)

3)

Department of Surgery
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(10)

Test: Shock; Hemorrhage & Electrolyte balance

Time allowed: 40 min.

Q1. A 25y. motorcyclist is brought to ER after met a RTA with severe pain in Rt. Lower limb. O/E Rt. thigh is deformed and grossly swollen. His pulse is 120/min., B.P. 90/60 mmHg., and R/R 22/min.

- Describe the nature of hemorrhage. (2) → Concealed haemorrhage / Internal hemorrhage
- Classify this type of Shock. (3) → hypovolemic shock — Hemorrhagic
- How will you manage this shock. (5) → P. 123 Dogar — 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 Bailey, 118 Dogar)
- What are the possible causes of this type hemorrhage? (3)
- Describe the other two types of hemorrhage. (5) — P. 118 Dogar

Q:3

- Define massive blood transfusion. (4) — P. 135 Dogar
- Discuss the complication of massive blood transfusion (6) — P. 135 Dogar (135 Dogar)

Q4. A 35y. male presents with Intestinal Obstruction associated with repeated projectile vomiting and he looks dehydrated.

- 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)

84 kept to UHS

Dogar (107)

P-107. Dogar

loss of arterial spasm
↑ B.P
= Slipping of ligature

Q. 4(A)

- * NPO
- * NG tube to clear stomach
- * Two large bore I/V canula
- * Ringer lactate solution
- * Adult 4ml/kg/day
- * In children:

First 10kg → 4ml/kg/hour

next 10kg → 2ml/kg/hour

Above 20kg → 1ml/kg/hour

Sodium replacement → 2-2mmol/kg/day (70-150mmol)

K⁺ replacement → 0.6-1mmol/kg/day (50mmol/day)

Ca⁺⁺ → 5mmol/day

Mg²⁺ → 1mmol/day