

(10)

SA (Shock)

25/18
(10)

3)

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

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
- What are the possible causes of this type hemorrhage? (3)
- Describe the other two types of hemorrhage. (5) — P. 118 Dogar

Q3

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

loss of arterial spasm
↑ B.P
slipping of ligature

84 key to UHS

Dogar (107)

P-107 Dogar

Q. 4(A)

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

First 10Kg → 4ml/kg/hour

next 10kg → 2ml/kg/hour

Above 20 Kg → 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