



**HONG KONG COLLEGE OF  
ANAESTHESIOLOGISTS**

**DIPLOMA OF FELLOWSHIP**

**FINAL FELLOWSHIP (INTENSIVE CARE)  
SHORT ANSWER PAPER**

**15 Questions**

**WEDNESDAY, 8<sup>th</sup> APRIL 2009**

**9.00 am - 11:30 am**

**NOTICE**

- (A) Write your answers in the books provided.
- (B) Start **each answer** on a **new page** and **indicate the question number**. It is not necessary to rewrite the question in your answer book.
- (C) You should answer each question in **ten minutes** or less.
- (D) The questions are worth equal marks.
- (E) Record your number on the cover of each book and hand in all books.

**ANSWER THE FOLLOWING**

1. Describe the management of a patient suffering > 30% burns affecting the face, forearms and trunk.
2. How would you evaluate a new intervention which has been shown to be effective in improving outcome in sepsis in a single randomized trial? What factors would you consider before giving such a treatment to your septic patient in your ICU?
3. Define heat exhaustion and heat stroke. Describe the pathophysiology and outline the management of your patient with heat stroke.
4. Briefly outline the predictors of unfavourable neurological prognosis in patients with anoxic encephalopathy.
5. You received a cardiac arrest call from the antenatal ward for the resuscitation of a pregnant lady at 32 weeks' gestation. Outline the necessary modifications

in the cardiopulmonary resuscitation of this lady. What are the differential diagnoses for the cause of the cardiac arrest?

6. You are going to insert a cannula to provide venous access for continuous renal replacement therapy for a patient. Discuss the advantages and disadvantages of the different sites of venous access. How would the physical characteristics of the catheter affect its performance?
7. Critically evaluate the role of a Clinical Information System in intensive care.
8. Outline the management of acute pulmonary oedema.
9. Discuss the pros and cons of using colloids in critically ill patients.
10. Write short notes on the use of the following drugs in intensive care:
  - (a) levosimendan
  - (b) clopidogrel
  - (c) esomeprazole
11. Outline the management of massive hemoptysis.
12. List the causes of hypophosphatemia. Discuss the implications of severe hypophosphatemia in the intensive care and describe your management.
13. Discuss the management of calcium channel blocker overdose.
14. A 45 year old patient with acute myeloid leukemia after induction chemotherapy is admitted to your intensive care with neutropenic sepsis. He has a Hickman line. The CXR shows bilateral infiltrates. He has no sputum. He is fully awake, HR 130 per minute, BP 120/50 mmHg, respiratory rate 45 per minute and saturation 96% on a non rebreathing mask. He is passing adequate urine and has a mild metabolic acidosis with pH 7.33 pCO<sub>2</sub> 2.8kPa and base excess -4. Outline the principles of your management of this patient.
15. Compare and contrast the pulmonary artery flotation catheter and the pulse contour analysis PICCO as hemodynamic monitoring tools in the intensive care.

End