

Q1: History of critical care medicine-Identify the personality?



Q2: Expand the mnemonic-FAST-HUGS-WIPP.

Q3: Which is the most potent microbial mediator in the pathogenesis of sepsis?

Q4: All of the follow are risk factors for transfusion-related acute lung injury except.

- a. Liver transplantation
- b. Alcohol abuse
- c. High peak airway pressure on mechanical ventilator
- d. High interleukin-8 levels
- e. Negative fluid balance

Q5: You are lead physician for a cricket league match and you see a fielder getting hit by the ball on the chest and suddenly collapsing. You immediately check and find he is in cardiac arrest. The player opens eyes immediately after the first shock from automated external defibrillator. What is the most likely diagnosis?

Q6: What is a predator drug? Enumerate common predator drugs in Indian practice of toxicology?

Q7: How will you describe DIPSHIS in Intensive Care Unit practice?

Q8: You are using airway pressure release ventilation (or “bi-level”) for Mr. Raj Patil, a 76-year-old man with acute respiratory distress syndrome from acute pancreatitis. He is on mechanical ventilation for 7 days. He is in shock on vasopressor support.

The ventilator settings are:

- P(high) =30; P (low) = 0
- T(high) =5 s; T (low) = 0.6 s
- PEEP = 0; FiO₂ = 0.55.

His most recent arterial blood gases are:

- pH 7.25, paCO₂ 52; paO₂ 62 (7 h back)
- pH 7.19, paCO₂ 62; paO₂ 60 (25 min back).

His ideal body weight is 60 kg and is receiving tidal volumes (Vt) of 360 mL. Mean airway pressure is 24 mmHg.

The best change in ventilator prescription is:

- a. Increase FiO₂ to 0.65
- b. Decrease P (high) to achieve Vt of 5 mL/kg
- c. Increase PEEP to 5
- d. Decrease T (high) to 4 s.

Q9: Identify the device



Q10: Which is the preferred probe for diagnosis of deep vein thrombosis?

(Answers to the quiz in the Feb 2018 issue of IJCCM)

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