

Документ подписан простой электронной подписью
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Diagnostic testing

Discipline “Anaesthesiology, Resuscitation, Intensive Care”

Term 11

Curriculum	31.05.01 General Medicine
Specialty	General Medicine
Form of education	Full-time
Designer Department	Cardiology
Graduate Department	Internal Diseases

Competence	Task	Possible answers	Complexity type
GC-7 GPC-8 GPC-9 PC-11	<i>Specify one correct answer</i> 1. The following is a sensitive marker of sepsis	A) Troponin I B) D-dimer C) Tryptase D) Procalcitonin	low
GC-7 GPC-8 GPC-9 PC-11	<i>Specify one correct answer</i> 2. Typical causes of metabolic alkalosis:	A) severe, prolonged diarrhea B) prolonged vomiting C) Anorexia and starvation D) acute renal failure E) burn disease	low
GC-7 GPC-8 GPC-9 PC-11	<i>Specify one correct answer</i> 3. Excessively high minute ventilation volume during respiratory support will be accompanied by a:	A) respiratory acidosis B) metabolic alkalosis C) respiratory alkalosis D) metabolic alkalosis	low
GC-7 GPC-8 GPC-9 PC-11	<i>Specify one correct answer</i> 4. One cause of hypoosmolar hyperhydration is the following condition	E) heart failure F) osmодиuresis G) excessive intake of hypertonic fluids H) renal oligoanuria	low
GC-7 GPC-8 GPC-9 PC-11	<i>Specify one correct answer</i> 5. In acidosis, the concentration of potassium in the blood changes as follows	A) decreases B) increases C) remains unchanged D) varies depending on the cause of acidosis	low
GC-7 GPC-8 GPC-9 PC-11	<i>Specify all the correct answers</i> 6. Criteria for rapid assessment of organ dysfunction using the qsofa scale include:	E) white blood cell count F) body temperature G) mental status disturbances H) BP _s < 100 mmHg. I) respiratory rate > 22 per minute	average

GC-7 GPC-8 GPC-9 PC-11.	<i>Specify one correct answer</i> 7. Septic shock is...	A) sepsis with organ dysfunction phenomena B) Sepsis with hypotension correctable by norepinephrine C) Infection with metabolic disturbances D) Hypotension not responding to infusion therapy E) Sepsis with a decrease in mean BP less than 65 mmHg and lactate concentration > 2 mmol/L	average
GC-7 GPC-8 GPC-9 PC-11.	<i>Specify one correct answer</i> 8. Typical causes of respiratory acidosis include the following conditions:	A) bleeding B) shock C) Chronic obstructive pulmonary disease D) Opioid overdose E) Paracetamol overdose F) coma on the background of craniocerebral trauma	average
GC-7 GPC-8 GPC-9 PC-11.	<i>Specify one correct answer</i> 9. The components of general anesthesia include:	A) neurovegetative defense B) loss of consciousness (anesthesia) C) analgesia D) myorelaxation E) decurarization	average
GC-7 GPC-8 GPC-9 PC-11.	<i>Specify all correct answers</i> 10. Hypnotics include:	A) sevoflurane B) propofol C) sufentanil D) thiopental E) bupivacaine	average
GC-7 GPC-8 GPC-9 PC-11.	<i>Specify all correct answers</i> 11. The following groups of drugs are often included in premedication	A) opioids B) anti-anxiety drugs C) cholinolytics D) myorelaxants E) antidepressants	average
GC-7 GPC-8 GPC-9 PC-11	<i>Specify all correct answers</i> 12. Regional anesthesia limitations include:	A) inability to use in children B) inappropriate for use in unstable mental health C) inability to use in pregnant women D) danger of use in CNS diseases	average

GC-7 GPC-8 GPC-9 PC-11.	<i>Specify all correct answers</i> 13. The following statements are true regarding the addition of epinephrine to local anesthetic solutions:	A) 5 µg of epinephrine per 1 ml of anesthetic is added B) adrenaline and anesthetic shall be mixed at a ratio of 1:200000 C) adrenaline accelerates the resorption of the local anesthetic D) epinephrine shortens the time of action of the local anesthetic E) adrenaline lengthens the time of action of local anesthetics	average
GC-7 GPC-8 GPC-9 PC-11	<i>Specify all correct answers</i> 14. Possible complications of spinal anesthesia include:	A) air embolism B) arterial hypotension C) “cauda equina” syndrome D) amyotrophic lateral sclerosis E) headache	average
GC-7 GPC-8 GPC-9 PC-11	<i>Specify all correct answers</i> 15 Metabolic acidosis is usually accompanied by:	A) an increase in plasma potassium concentration B) decrease in plasma sodium concentration C) decrease in plasma bicarbonate concentration D) decrease in plasma potassium concentration	average
GC-7 GPC-8 GPC-9 PC-11	<i>Make a conclusion</i> 16. A 35-year-old patient was transferred to the post-anesthesia ward after appendectomy. His anesthesia included propofol 140 mg, isoflurane 2.0 MAC, vecuronium 6 mg, morphine 6 mg. On arrival, he has a temperature of 33.5°C and shivering. What is the cause of the shivering?	A) Use of isoflurane. B) Presence of infection and dehydration. C) Use of cold fluids. D) Use of morphine	high
GC-7 GPC-8 GPC-9 PC-11	<i>Make a conclusion</i> 17. A 65-year-old patient undergoes removal of a medulloblastoma of the posterior cranial fossa in the sitting position. Anemia is diagnosed on the monitor one hour after the start of the operation at the main stage. Further actions:	A. Informing the surgeon B. beta-adrenoblockers C. Lidocaine D. 100% oxygen	high
GC-7 GPC-8 GPC-9 PC-11	<i>Make a conclusion</i> 18. A 25-year-old man with a family history of sudden cardiac death is scheduled for laparoscopic appendectomy. After induction and intubation - unstable hemodynamics: HR 120/min, BP 60/40 mmHg, normal capnogram. You have suspected idiopathic subaortic stenosis. What is the patient's preferred therapy?	A) Lower the head end of the table and administer 10 mg ephedrine i/v B) Bolus 1 L of saline and esmolol 10 mg i/v C) Verapamil 5 mg i/v D) Bolus of saline and phenylephrine 100 mcg i/v	high

GC-7 GPC-8 GPC-9 PC-11	<p><i>Make a conclusion</i></p> <p>19. The patient was transferred to Trendelenburg position during laparoscopic surgery. There was a deterioration in oxygenation requiring an FiO₂ of 1.0. What is the first priority action to treat hypoxemia in this patient?</p>	<p>A) Increase PEEP. B) Bolus 500 ml of crystalloid. C) Return to initial position. D) Switch to pressure support ventilation</p>	high
GC-7 GPC-8 GPC-9 PC-11	<p><i>Make a conclusion</i></p> <p>20. A 20-year-old male (post road trauma) sustained a fracture of the right femur and pelvis 2 days ago. In the last 24 hours he has progressively increasing dyspnea requiring 100% FiO₂, on the background of this SpO₂ 85% and now he has become stunned and disoriented. On physical examination: petechial rash on the anterior surface of the chest, arms, conjunctiva, on auscultation decreased respiration. Diagnosis:</p>	<p>A. Cognitive dysfunction B. Fatty pulmonary embolism C. Undiagnosed pneumothorax D. Congestive heart failure</p>	high