



---

# PPSC LEAKED POOL

---

For Mos and WMOs



**PPSC LEAKED POOL**

**for**

**MEDICAL OFFICER &**

**WOMEN MEDICAL OFFICER**

**2021**

**Dr. SAQIB ALI**

**Dr. ZAMARA BAJWA**

# Preface

Writing a book is an uphill task but the motivation and support of family and friends turn this dream into reality. The purpose of writing this book is to address our doctors about the concepts behind the questions asked in the interviews.

Hopefully, this book helps you to memorize and go through the topics in an exam oriented manner with minimal mistakes thus making it easier for you to appear confidently and ultimately clear the exam InshaAllah.

This book has important topics and past questions arranged in the best possible manner for easy memorization.

Best wishes for all of you.

Remember us in your prayers.

## THANK YOU !!!

**COPYRIGHT PROTECTED**

All rights reserved. This book is protected by copyright. No part of this book may be reproduced in any form or by any means, including photocopying, or utilized by any information storage and retrieval system without written permission from the copyright owner.

# Dedication

To my Parents and all those **who contributed** to this book.

To all healthcare workers and first responders worldwide leading the fight against COVID-19. We salute your ongoing efforts and honor those who have lost their lives in service to others.

**Dr. Saqib Ali**

**CEO**

Email : [drsagibali@yahoo.com](mailto:drsagibali@yahoo.com)

Contact no. : 03417318778

## Question no. 1 : What is differential diagnosis of 50 year old male with low GCS?

1) CVA 2) Enceph ( hepatic,uremic etc).

3 metabolic disturbance like hypoglycemia or dka...4) head trauma.

5) poisoning

## Question no. 2 : What will be the Management of patient with low GCS?

Air way.breathing n circulation maintenance..NG , Foleys.vital check...

labs all baselines, RBS, CT brain ,then specific treatment according to d cause...

Also manage the precipitating cause ... Like stress infection dehydration

## Question no. 3 : Deliver a 5 minutes lecture on different types of hernia?

A **hernia happens when an internal organ pushes through a weak spot in your muscle or tissue**. There are several types of hernia that you can experience including, **inguinal hernias, femoral hernias, umbilical hernias and hiatal hernias**. If you have a hernia, it's important to treat it quickly.

### What causes a hernia?

Inguinal and femoral hernias are due to weakened muscles that may have been present since birth, or are associated with aging and repeated strains on the abdominal and groin areas. Such strain may come from physical exertion, obesity, pregnancy, frequent coughing, or straining on the toilet due to constipation.

Adults may get an umbilical hernia by straining the abdominal area, being overweight, having a long-lasting heavy cough or after giving birth.

The cause of hiatal hernias is not fully understood, but a weakening of the diaphragm with age or pressure on the abdomen could play a part.

### What are the symptoms of a hernia?

- Swelling or bulge in the groin or scrotum (the pouch that contains the testicles).
- Increased pain at the site of the bulge.
- Pain while lifting.
- Increase in the bulge size over time.
- A dull aching sensation.
- A sense of feeling full or signs of bowel obstruction.

### How is a hernia treated?

One of three types of hernia surgery can be performed:

- **Open surgery**, in which a cut is made into the body at the location of the hernia. The protruding tissue is set back in place and the weakened muscle wall is stitched back together. Sometimes a type of mesh is implanted in the area to provide extra support.
- **Laparoscopic surgery** involves the same type of repairs. However, instead of a cut to the outside of the abdomen or groin, tiny incisions are made to allow for the insertion of surgical tools to complete the procedure.
- **Robotic hernia repair**, like laparoscopic surgery, uses a laparoscope, and is performed with small incisions. With robotic surgery, the surgeon is seated at a console in the operating room, and handles the surgical

instruments from the console. While robotic surgery can be used for some smaller hernias, or weak areas, it can now also be used to reconstruct the abdominal wall.

#### What can happen if a hernia is not treated?

Complications of an untreated inguinal or femoral hernia may include:

- **Obstruction (incarceration):** Part of the intestine becomes stuck in the inguinal canal, causing nausea, vomiting, stomach pain, and a painful lump in the groin.
- **Strangulation:** Part of the intestine is trapped in a way that cuts off its blood supply. In such cases, emergency surgery (within hours of occurring) is necessary to prevent tissue death.

#### Question no.4 : What is Thyroid storm management?

- 1. anti thyroid medication propyl thiouracil or carbimazole
- 2. After some time iodine / lugols solution
- 3. IV steroids
- 4. IV beta blockers initially followed by oral Unless contraindicated
- 5. Resuscitation for decompensated patient like oxygen fluids IV line
- 6. Tepid sponging for hyper pyrexia

#### Question no.5 : What is Malabsorption syndrome?

Malabsorption syndrome is **the inability to absorb nutrients, vitamins, and minerals from the intestinal tract into the bloodstream**. Causes may include: Diseases affecting the intestine itself, such as celiac disease. Absence or low levels of certain digestive enzymes.

Malabsorption syndromes are common in family medicine but may be overlooked because of a wide variation in presentation. Classic symptoms include **diarrhea, steatorrhea, weight loss, flatulence, and postprandial abdominal pain**.

#### Question no.6 : What is Metabolic syndrome?

Metabolic syndrome is cluster of conditions occurring together that leads to increased risk of heart diseases, stroke and type 2 diabetes, Hypertension.

Metabolic syndrome is a **group of five conditions** that can lead to heart disease, diabetes, stroke and other health problems. Metabolic syndrome is diagnosed when someone has three or more of these risk factors: High blood glucose (sugar) Low levels of HDL ("good") cholesterol in the blood.

#### Question no.7 : How to prevent drowning in children?

Drowning is a **type of suffocation induced by the submersion or immersion of the mouth and nose in a liquid**.

**Consider these precautions:**

1. Keep the bathroom door closed. Install a safety latch or doorknob cover on the outside of the door.
2. Supervise bath time. Never leave a child alone in the bathtub or in the care of another child. ...
3. Shut toilet lids. Consider installing childproof locks on lids.
4. Store buckets safely.
5. Supervision

## Question no.8 : How to reduce fear of anything like drowning?

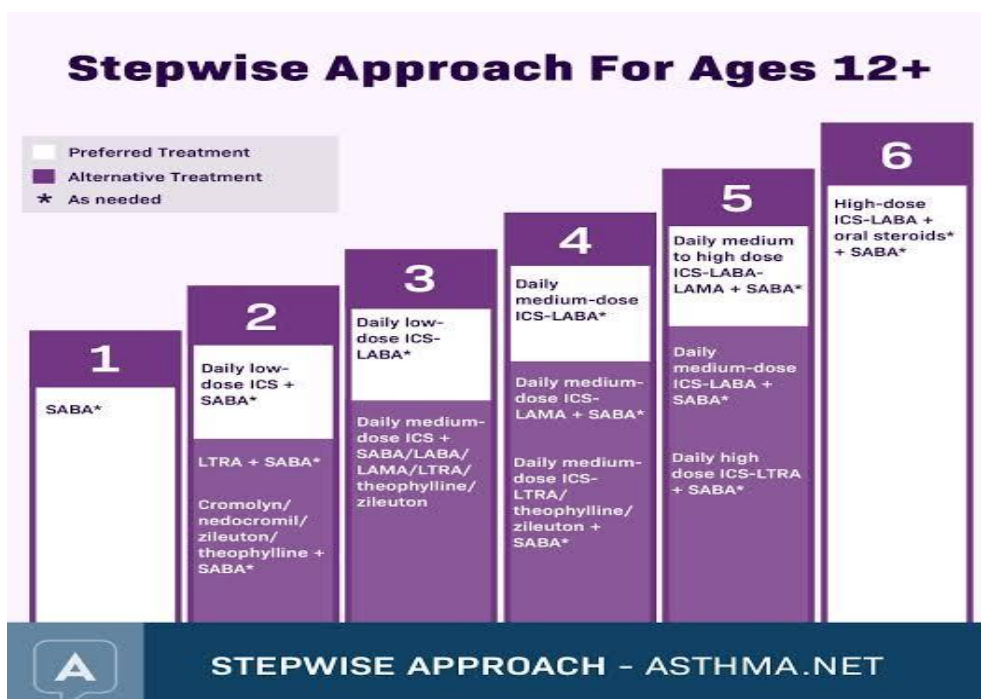
**Using visualization** to overcome the fear of drowning is a therapeutic technique of imagining yourself in or near water from a comfortable space. Visualization allows you to stay relaxed from an armchair as you conjure the image of stepping into the water, splashing your face, swimming, and so on

## Question no. 9 : Differentials of pain RHC

1. Cholecystitis murphy sign positive 2 .Peptic ulcer disease 3. Cholangitis : fever, jaundice 4. Pancreatitis: serum amylase lipase increased 5. Hepatitis Malaise, ALT > 1000 6.Pulmonary disease 7.hepatic tumor or abcess nd require imagingRHc pain dds Liver gall bladder
2. Gall stones
3. Primary biliary cirrhosis
4. Bud chiari syn
5. Ascending chlongitis
6. 2.bowl lesions
7. Diverticular disease
8. Crons disease
9. Acute appendicitis
10. Ovarian cancer
11. cardiovascular disease
12. Abd aortic aneurysm
13. renal disorder
14. Pyelonephritis
15. Nephrolithiasis
16. endocrine
17. DkA
18. Adsonian crisis
19. Acute pancreatitis

## Question no. 10 : how is asthma treated?

- SABA Albuterol ( ventolin)
- LABA salbuterol ( serevent)
- ICS beclomethasone fluticasone budesonide



**Question no. 11 : What is EPI schedule?**

The Expanded Programme on Immunization (EPI) was launched in Pakistan in 1978 but in world it was launched in 1974.

توسیمی پروگرام برائے حفاظتی ٹیکہ جات

**بچوں کے حفاظتی ٹیکہ جات کا شیڈول**

بچوں کو پندرہ ماہ کی عمر تک چھ دفعہ  
ویکسین دینے سے آپ انہیں  
**بارہ جان لیوا**  
بیماریوں سے محفوظ رکھ سکتے ہیں

دورانیہ	عمر	ویکسین
پہلی دفعہ	پیدائش کے وقت	بی سی جی، او پی وی-0، ہیپاٹائٹس-بی
دوسری دفعہ	چھ ہفتے	او پی وی-1، نیوموکوکل-1، روناوا ٹرس-1، پینٹا ویلنٹ-1
تیسری دفعہ	دس ہفتے	او پی وی-2، نیوموکوکل-2، روناوا ٹرس-2، پینٹا ویلنٹ-2
چوتھی دفعہ	چودہ ہفتے	او پی وی-3، نیوموکوکل-3، آئی پی وی-1، پینٹا ویلنٹ-3
پانچویں دفعہ	نومہ	ایم آر-1، ٹائیفاؤئڈ
چھٹی دفعہ	پندرہ ماہ	ایم آر-2

بچوں کا تحفظ ٹیکو

اپنے قریبی مرکز برائے حفاظتی ٹیکہ جات سے مفت ویکسین لگوائیں






Expanded Program of Immunization					
Time	Vaccines	Dose	Route	Site	Type
At Birth	OPV-0=Polio-0	2 drops	Orally	Orally	Live
	BCG	0.1 ml above 1 month 0.05ml below 1 month	I/D	Rt. Deltoid	Live
At 6 Weeks	Hep. B (given only in few districts)	0.5ml	I/M		Hep B = Recombinant
	OPV-1	2 drops	Orally	Orally	Live
	Pentavalent-1 containing ✓ DPT ✓ Hepatitis B ✓ Haemophilus influenza Type b	0.5 ml	I/M	Antero-lateral aspect of right thigh	D and T=Toxoid P = Killed Hib=Conjugate Hep.B=Recombinant
At 10 Weeks	Pneumococcal (PCV-10)-1	0.5 ml	I/M	Ant. Lat. Aspect of left thigh	Recombinant
	Rota-1	1.5 ml	Orally	Orally	Live
	Polio-2	2 drops	Orally	Orally	Live
	Pentavalent-2 DPT, Hep. B, Hib.	0.5 ml	I/M	Ant. Lat. aspect of right thigh	
	Pneumococcal (PCV-10)-2	0.5 ml	I/M	Ant. Lat. Aspect of left thigh	Recombinant
At 14 Weeks	Rota-2	1.5 ml	Orally	Orally	Live
	Polio-3	2 drops	Orally	Orally	Live
	IPV	0.5 ml	I/M	Ant. Lat. Aspect of left thigh	Inactivated
	Pentavalent-3 DPT, Hep. B, Hib.	0.5 ml	I/M	Ant. Lat. aspect of right thigh	
At 9 Months	Pneumococcal (PCV-10)-3	0.5 ml	I/M	Ant. Lat. Aspect of left thigh	
	Measles-1	0.5 ml	S/C	Lt. Deltoid	Live
At 15 Months	Measles-2	0.5 ml	S/C	Lt. Deltoid	Live
Booster dose 20 to 23 months	DPT Polio			If baby is 24 months old, then only DT is given	

- DPT = Diphtheria, Pertussis, Tetanus
- Hib = Hemophilus Influenza type B
- Hep. B = Hepatitis B

### Question no. 12 : Explain investigation and treatment of Cholelithiasis.

- 1. Usg abd.
- 2. MRI to see stone in bile duct
- 3. Cholangiography
- 4. Ct scan
- Treatment is according to symptoms
- If symptoms are mild then pain killers and avoid fatty meal
- If symptoms severe then go for cholecystectomy

### Question no. 13 : What is Courvoisier's law?

- Courvoisier's law; if gallbladder is palpable in a jaundiced patient, it is unlikely to be due to gallstones, because stones would have given rise to chronic inflammation and subsequently fibrosis of gallbladder therefore, rendering it incapable of dilatation.

**Question no. 14 : What are the main features of Nephrotic syndrome?**

- Nephrotic..triad of Odema,proteinuria ( more than 3.5 gram/24 hr) n serum protein less than 30g /L...hyperlipidemia is also associated with nephrotic syndrome.Nephrotic syndrome
- Proteinuria
- Edema
- hypertension
- Hyperlipidemia
- Hyper coagulation

**Question no.15 : What is Marasmus and kwashiorkor?**

**Marasmus (PEM)**

Severe deficiency of all nutrients and inadequate caloric intake

Peripheral edema is absent

Hair changes absent

Skin is dry and wrinkled but no dermatosis

Voracious appetite

Absent subcutaneous fat

Fatty liver uncommon

Better prognosis

**Kwashiorkor**

Severe protein deficiency but normal caloric intake

Peripheral edema is present

Hair changes common (sparse and easily pulled out)

Dermatosis, flaky paint appearance of skin

Poor appetite

Reduced subcutaneous fat

Fatty liver common

Worse prognosis

**Question no. 16 : Who supervises field staff at BHU level?**

MO

**Question no 17 : How to diagnose and manage malnutrition at bhU level?**

Weight, height, muac tape

Growth Chart

#### Question no.18 : How to manage pregnant pt with mms in active Labor?

- Women with severe mitral stenosis often do not tolerate the cardiovascular demands of pregnancy. This increased volume load and tachycardia together cause the patients to deteriorate. The increased heart rate of pregnancy limits the time available for left ventricular filling, resulting in increased left atrial and pulmonary pressures and an increased likelihood of pulmonary oedema. When the pulmonary capillary pressure exceeds the blood oncotic pressure, pulmonary oedema develops. Atrial fibrillation worsens this scenario and about 80% of the cases of systemic emboli occur in patients with atrial fibrillation.
- Cardiac decompensation and pulmonary oedema may occur in pregnant women with overt or silent mitral valve stenosis during the second or third trimester. The risk of maternal death is greatest during labour and during the immediate post-partum period. The sudden increase in the pre-load immediately after delivery, due to autotransfusion from the uterus, may flood the central circulation, resulting in severe pulmonary oedema.
- Treatment involves bed rest, oxygen therapy and diuretics. Beta-adrenergic receptor blockade is useful to prevent tachycardia during pregnancy. Propranolol or atenolol decreases the incidence of maternal pulmonary oedema without adverse effects on the foetus or neonates.
- OBSTETRIC MANAGEMENT:
- Multidisciplinary team, monitorize patient, vital monitoring, pulse and saturation monitoring, oxygen inhalation.
- The role of the anaesthesiologist begins by providing good labour analgesia. Most reports have recommended vaginal delivery under epidural anaesthesia, unless obstetrically contraindicated. Caesarean section is indicated for obstetric reasons only.
- [Tachycardia, secondary to labour pain, increases flow across the mitral valve, producing sudden rises in left atrial pressure, leading to acute pulmonary oedema. This tachycardia is averted by epidural analgesia without significantly altering the patient haemodynamics. Invasive cardiac monitoring like radial artery cannulation and pulmonary catheter are beneficial in assessing the cardiac output, pulmonary artery pressure and for guiding fluid and drug therapy
- [Sudden drops in systemic vascular resistance (SVR) in the presence of a fixed cardiac output can be prevented by small bolus doses of phenylephrine, with volume expansion when necessary.
- Combined spinal–epidural analgesia during labour using intrathecal fentanyl 25 µg produces good analgesia without major haemodynamic changes during the first stage of labour. During the second stage of labour, only the uterine contractile force should be allowed rather than the maternal expulsive effort that is always associated with the valsalva maneuver. Therefore, the second stage of delivery should be cut short by instrumentation. Supplementary analgesia for instrumentation with slow epidural boluses of fentanyl and a low concentration of bupivacaine reduces SVR and the cardiac pre-load. Low spinal anaesthesia for vaginal instrumental delivery has also been used with good results in these patients.
- [ Inshort Multidisciplinary team, monitorize the patient, oxygen therapy, epidural anaesthesia so that patient efforts are minimized and deliver the baby with external efforts and instruments

#### Question no. 19 : What are acute and chronic appendicitis?

Chronic appendicitis can have milder symptoms that last for a long time, and that disappear and reappear. It can go undiagnosed for several weeks, months, or years. **Acute** appendicitis has more severe symptoms that appear suddenly within 24 to 48 hours . Acute appendicitis requires immediate treatment.

Question no. 20 : Chylomicrons, apolipoproteins, respiratory distress syndrome, surfactant name,

- **Chylomicrons** are triglyceride rich lipoproteins that transport dietary lipids from intestine to adipose, skeletal and cardiac muscle tissue.
- **Apolipoproteins** are surface proteins present on lipoproteins. They provide structural stability to lipoproteins

**Acute respiratory distress syndrome (ARDS)** occurs when fluid builds up in the tiny, elastic air sacs (alveoli) in your lungs. The fluid keeps your lungs from filling with enough air, which means less oxygen reaches your bloodstream. This deprives your organs of the oxygen they need to function.

Symptoms: Shortness of breath

The word "**surfactant**" is a blend of surface-active agent, coined c. 1950. Agents that increase surface tension are "surface active" in the literal sense but are not called surfactants since their effect is opposite to the common meaning.

Question no. 21 : What is lecithin sphingomyelin ratio PPH management placenta previa?

- Lecithin to sphingomyelin ratio is measure of these components in fetal amniotic fluid to assess fetal lung maturity .. normal ratio is 2:1
- Pph management
- 5 units oxytocin IV
- 10 to 20 units in infusion
- Misoprostol per rectal
- Uterine massage
- Bilateral compression
- Balloon tamponade
- B lynch sutures
- Uterine artery embolization
- Hysterectomy

Question no. 22 : What are causes of compliance fatty liver?

- Fatty liver causes
- Obesity
- Smoking
- Hypertension hypertriglyceridemia
- Diabetes

Question no 23 : What is difference between incised and lacerated wound?

### Differences between incised, Lacerated and Stab wound

Traits	Incised wound	Lacerated wound	Stab wound
1.Manner of production	By sharp object or weapons	By blunt object or weapon	By pointed sharp or blunt weapons
2. Site	Anywhere	Usually over bony prominences	Anywhere ; usually chest and abdomen
3. Margin	Smooth, even, clean cut and everted	Irregular and undermined	Clean cut, parallel edges
4. Abrasion on edges	Absent	Usually present	absent
5. Bruising	No adjacent bruising of soft tissues	Bruising of surrounding and underlying tissues	Rare
6.Shape	Linear or spindle	Usually irregular	Linear or irregular

Question no. 24 : What is Dry socket?

Dry socket or alveolar osteitis is painful condition that develops after tooth removal.. it is when the blood clot at the site of tooth removal fails to develop or gets dislodged

Question no. : 25 How is dry socket treated?

- Flushing out socket
- Socket medicated dressings
- Pain medication
- Self care

Question 24,25 for BDS Candidates

Question no.26 : What is Local anesthesia dose?

- local anesthesia dose ... maximum dose for lidocane is 4 .5 mg / kg..

Agent	Max Dose w/o Epi	Max Dose w/ Epi	Duration of Action	Notes
Lidocaine	5 mg/kg	7 mg/kg	30-90 min	1% = 10 mg/ml 2% = 20 mg/ml
Bupivacaine	2.5 mg/kg	3 mg/kg	6-8 hours	0.5% = 5 mg/ml
Mepivacaine	7 mg/kg	8 mg/kg		
Ropivacaine	3 mg/kg			

Question no.27 : What is Role of adrenaline in LA?

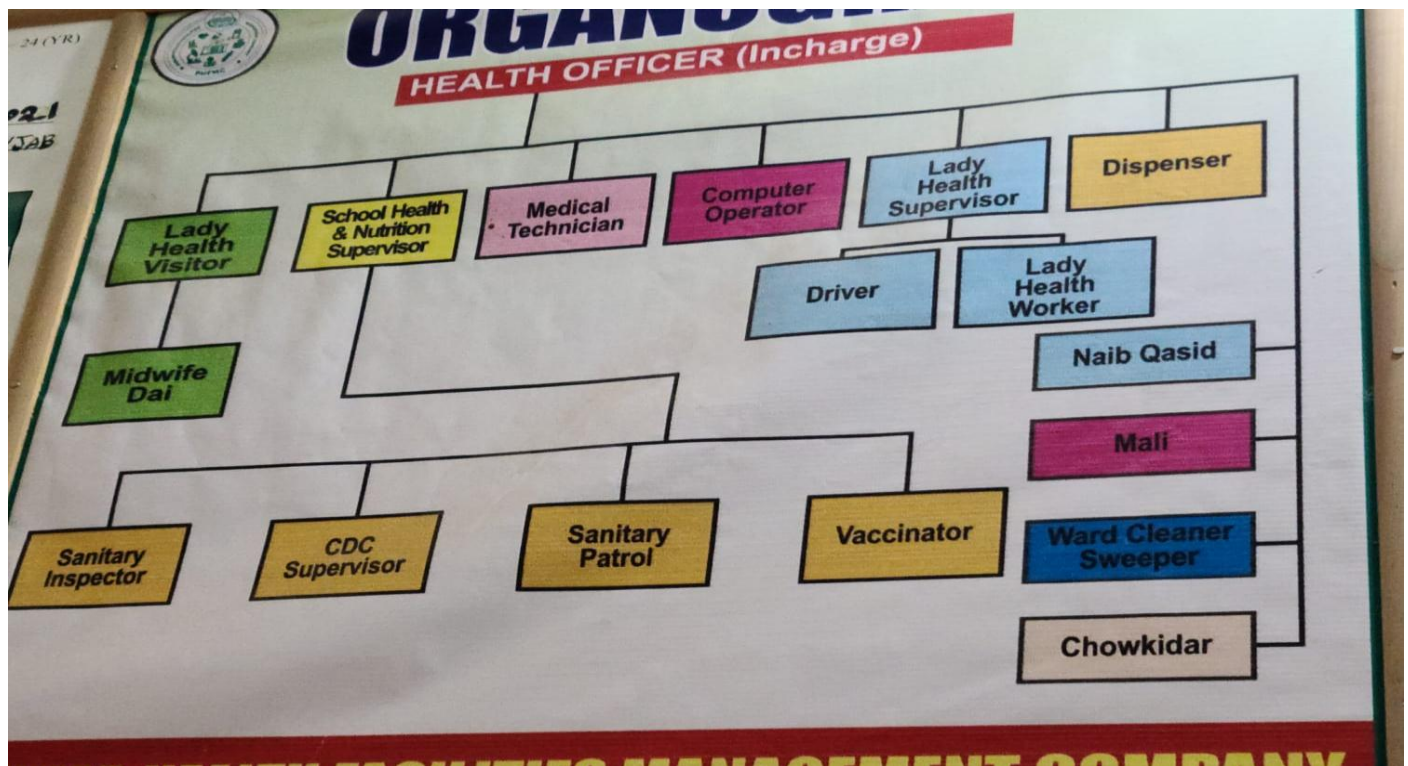
Adrenaline has been added to local anaesthetic solutions for more than a century. The aim has been **to delay the absorption of the local anaesthetic drug and to prolong and enhance its anaesthetic effect**, both in peripheral and central neuraxial blockades. (By Vasoconstriction)

Question no.28 : What are Complications of tooth extraction?

29 What are Objectives of surveyor in prosthodontics?

30 What is difference between open and closed extraction?

Question no.31 : Describe Bhu organogram.



Question no. 32 : What is Differential diagnosis of Right Upper Quadrant Pain?

## Right Upper Quadrant Pain

Liver	Biliary	Other
<p><b><u>Infectious</u></b></p> <ul style="list-style-type: none"> <li>Acute viral hepatitis</li> <li>Liver abscess</li> </ul> <p><b><u>Non-infectious</u></b></p> <ul style="list-style-type: none"> <li>Acute non-infectious hepatitis                             <ul style="list-style-type: none"> <li>Alcohol</li> <li>Medications</li> </ul> </li> <li>Hepatic congestion (e.g. heart failure)</li> <li>Budd-Chiari syndrome</li> </ul>	<p><b><u>Infectious</u></b></p> <ul style="list-style-type: none"> <li>Acute cholecystitis</li> <li>Acute cholangitis (a.k.a. "ascending cholangitis")</li> </ul> <p><b><u>Non-infectious</u></b></p> <ul style="list-style-type: none"> <li>Gallstones (a.k.a. "biliary colic")</li> <li>Choledocholithiasis</li> </ul>	<p>RLL Pneumonia</p> <p>Subdiaphragmatic abscess</p>

Copyright © Strong Medicine - Dr. Eric Strong

## TREATMENT

- Acute cholecystitis requires analgesia, intravenous support and antibiotics, and usually settles with these measures.
- Subsequent cholecystectomy may then be performed when the acute episode has resolved.
- Careful selection of patients with chronic cholecystitis is important as not all patients are pain-free when the gallbladder is removed; symptoms may abate spontaneously and not recur; and there is an increasing, associated, operative mortality with advancing age.
- Laparoscopic cholecystectomy has increased the acceptability of the procedure for patients and has consequently become widely available.

34 An unconscious patient comes to your BHU How will you deal with it?

ABCD, RBS, Hx of Diabetes, Hx of Diarrhea, Sign of dehydration.

35 Why adult polio dose is given?

- Travelers to areas or countries where polio is epidemic or endemic
- Laboratory workers who handle specimens that might contain polioviruses;
- Healthcare workers who have close contact with patients who may have traveled to areas or countries where the risk of polio is greater
- Unvaccinated adults at risk for poliovirus infection should get three doses of IPV:
- two doses separated by 1 to 2 months, and  
a third dose 6 to 12 months after the second dose

36 How to identify Intestinal perforation?

signs like tenderness guarding rigidity severe abdominal pain .. deteriorating vital signs .. free fluid on FAST scan ..  
cnfrm test for perforation ?Xray in erect posture.. air under diaphragm

37 What is scabies? Organism causing scabies?

- Scabies is infestation of human skin by human itch mite **sarcoptes scabie** .. characterized by severe itching particularly at night time

38 What is Psoriasis? Is it skin condition or systemic?

- Psoriasis is multisystem chronic inflammatory disorder with rapid turn over of epithelia cells leading to silvery scales

Sytemic absorption can occure → Neurotoxicity

### 39 What is Eczema? Explain

Eczema is a reaction pattern caused by inflammation of the epidermis that typically manifests as scaling or crusting of the skin. It may be acute, subacute, or chronic depending on the historical and physical characteristics. The list of potential etiologies is extensive and includes allergic, autoimmune, idiopathic, and inflammatory mechanisms. Although eczema is often used interchangeably with atopic dermatitis (shown), there are many different causes of eczematous dermatitis, including allergic contact dermatitis, seborrheic dermatitis, irritant contact dermatitis, nummular eczema, dyshidrotic eczema, asteatotic eczema, venous stasis dermatitis, and lichen simplex chronicus (neurodermatitis).

### 40 For what health purpose malinda and bill gates are spending money in Pakistan?

support of the Ehsaas initiative to alleviate poverty in Pakistan.

a collaboration to put funding, technical assistance, and the help of global experts toward improving health, nutrition and financial inclusion within Pakistan. Ehsaas aims to provide effective safety nets through 134 new poverty-focused policy actions and programs.



### 41 What are causes of infertility?

- Age (over age 35 for women or over 40 for men).
- [Diabetes](#).
- [Eating disorders](#), including [anorexia nervosa](#) and [bulimia](#).
- Excessive [alcohol](#) use.
- Exposure to environmental toxins, such as lead and pesticides.
- Over exercising.
- [Radiation therapy](#) or other cancer treatments.
- [Sexually transmitted diseases](#) (STDs).
- [Smoking](#).
- [Stress](#).
- [Substance abuse](#).
- Weight problems ([obesity](#) or underweight).

### 42 What are ECG changes after 6 hrs of MI?

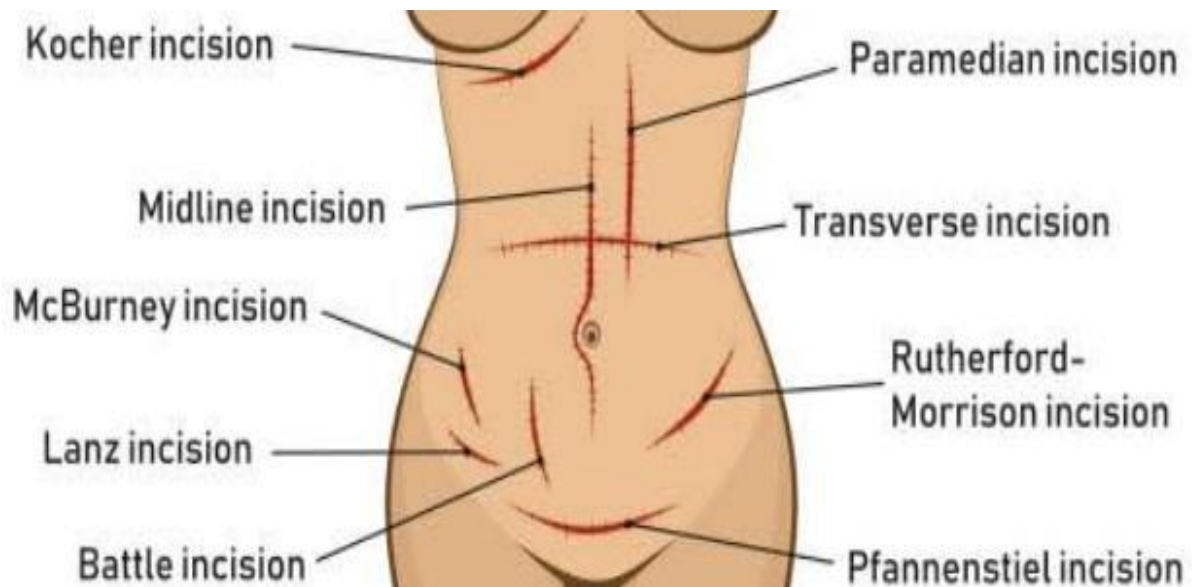
In the first hours and days after the onset of a myocardial infarction, several changes can be observed on the ECG. First, **large peaked T waves** (or *hyperacute* T waves), then **ST elevation**, then **negative T waves** and finally [pathologic Q waves](#) develop.

Evolution of the ECG during a myocardial infarct

Time from onset of symptoms	ECG	Changes in the heart
minutes	hyperacute T waves (tall T waves), ST-elevation	reversible ischemic damage
hours	ST-elevation, with terminal negative T waves, negative T waves (these can last for days to months)	onset of myocardial necrosis 
days	Pathologic Q Waves	scar formation 



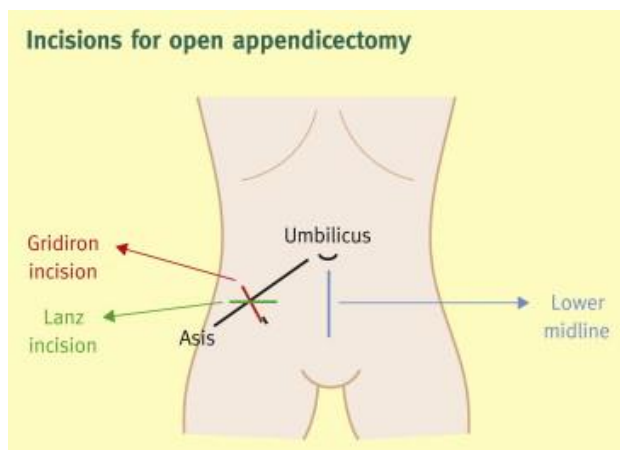
#### 43 What are Laparotomy scars?



#### 44 How many layers are opened during open cholecystectomy?

The first layer includes the **peritoneum, transversus abdominis**, and internal oblique laterally, and posterior rectus sheath medially. The second layer includes the external oblique laterally and anterior rectus sheath medially. The Scarpa's fascia is then closed with an interrupted 3-0 Vicryl suture.

#### 45 What is Incisions of appendectomy?



#### 46 What is Normal and Random sugar levels?

Fasting : < 126mg/dl  
 Random : <200mg/dl  
 HbA1c : < 6.5%

#### 47 How can you confirm a person is diabetic?

**Table 2. Criteria for diagnosis of DM**

1. Classic symptoms of DM + random blood glucose  $\geq 200$  mg/dL (11.1 mmol/L)  
 Random blood glucose is the result of examination at any time in a day regardless of the time of the last meal.
- Or
2. Classic symptoms of DM +  
 Fasting blood glucose level  $\geq 126$  mg/dL (7.0 mmol/L)  
 Fasting is defined as the condition when patients do not obtain extra calories for at least 8 hours
- Or
3. The 2 hours post loading plasma glucose  $\geq 200$  mg/dL (11.1 mmol/L)  
 OGTT is performed according to WHO standard, using 75 g anhydrous glucose load which is dissolved into the water

ADA 2010 had also recommended using A1C  $\geq 6.5\%$  as part of diabetes diagnostic criteria. The diagnostic test should be performed using a method certified by the National Glycohemoglobin Standardization Program (NGSP) and standardized or traceable to the Diabetes Control and Complications Trial (DCCT) reference assay.

#### 48 Tell about Dog bite management and vaccination?

- Place a clean towel over the injury to stop any bleeding.
- Try to keep the injured area elevated.
- Wash the bite carefully with soap and water.
- Apply a sterile bandage to the wound.
- Apply antibiotic ointment to the injury every day to prevent infection.

Rabies vaccine on 0,3,7,14,28 day

#### 49 Explain primary and secondary closure of dog bite.

- Primary closure.. Wound close with in 24 hours of injury while secondary closure is after 24 hours
- Primary closure of dog bites does not increase the rate of wound infections compared with nonclosure. Primary closure of mammalian bites (e.g., dogs, cats, humans) is associated with low infection rates, and more than two-thirds will have optimal cosmetic results.

#### 50 What is Stroke, its types, risk factors and prevention?

A stroke occurs **when the blood supply to part of your brain is interrupted or reduced**, preventing brain tissue from getting oxygen and nutrients. Brain cells begin to die in minutes. A stroke is a medical emergency, and prompt treatment is crucial. Early action can reduce brain damage and other complications.

##### **The three main types of stroke are:**

- Ischemic stroke.
- Hemorrhagic stroke.
- Transient ischemic attack (a warning or “mini-stroke”).

##### **Risk factors**

- High blood pressure. ...
- Heart disease. ...
- Diabetes. ...
- Smoking. ...
- Birth control pills (oral contraceptives)
- History of TIAs (transient ischemic attacks). ...
- High red blood cell count. ...
- High blood cholesterol and lipids

##### **What Can Help Prevent a Stroke?**

Lower Your Blood Pressure.

Stay Away From Smoking.

Manage Your Heart.

Cut the Booze.

Control Your Diabetes.

Exercise.

Eat Better Foods.

Watch the Cholesterol.

### 51 Type of spinal needle and its gauge.

Spinal needles in current use have different structures such as **Quincke, Whitacre, Sprotte, Atraucan (atraumatic tip) and Spinoject**. A pencil point spinal needle is similar to the Whitacre and Sprotte type spinal needles and is available in various sizes such as 22, 25 and 27G.

### 52 What is dose of lignocaine?

- ... maximum dose for lidocane is 4 .5 mg / kg..

### 53 In which hand one use laryngoscope?

Left hand

### 54 What are Local anesthetics?

To block specific area of the body.

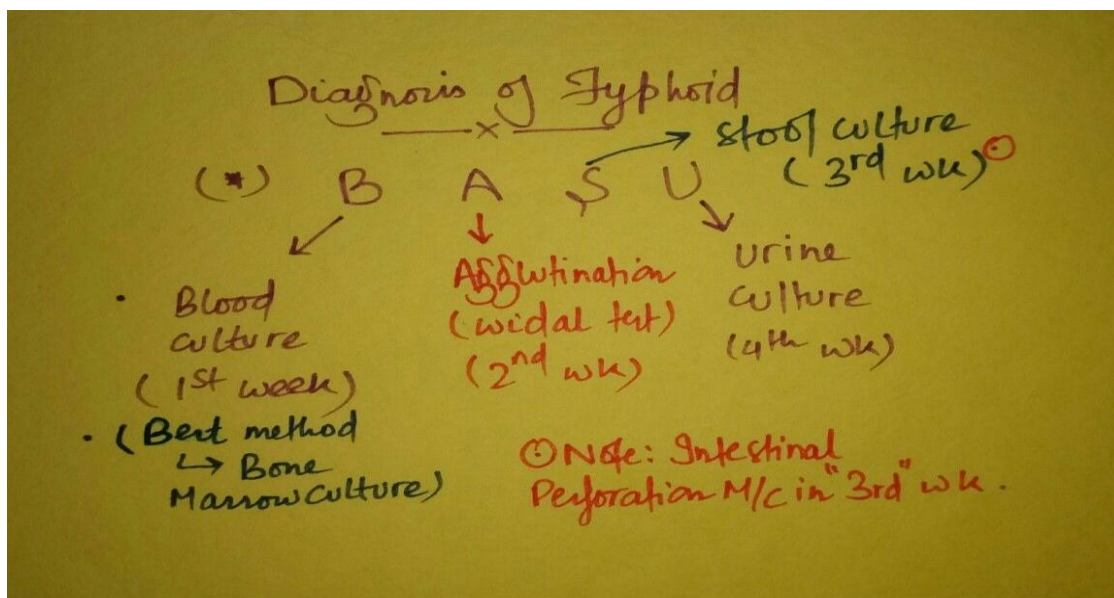
e.g , Lignocaine, bupivacaine, prilocaine

### 55 If a person's comes to you at your RHC wit BP over 200/120 what will you do?

- 1.Maintain I/v line.
- 2.Pass foley's cathter.
- 3.Inj.sodium nitroprusside (nipride) IV infusion. ( it's a DOC for most hypertensive crisis bcz of its rapid action,easily titrable and short lived when discontinued).
- 4.cap.adalat ( nifidipine) 10mg sublingual.Check bp every 15-30 minutes and give further drops acc.
- 5.Inj. lasix (frusemide) 40mg xlv.
6. Record vitals every 15-30 minutes.
7. Maintain IOP chart.

### 56 Tell Typhoid investigation of choice.

Blood Culture and sensitivity



57 Describe differential diagnosis of Right hypochondrial pain.

Given Above

58 Describe differential diagnosis if a patient found unconscious in field.

Look for Sign of toxicity

Hx of Diabetes, DKA, Stroke , alcoholic intoxication, Hepatic enceph, uremic enceph, Hyperthermia, hypothermia

59 What is intestinal perforation?

Solved


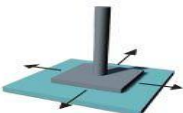

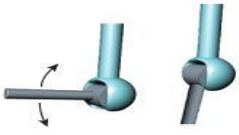
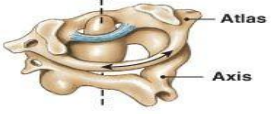
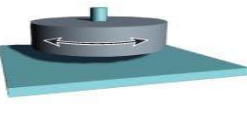




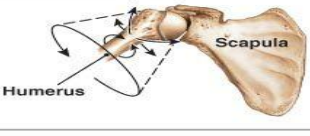
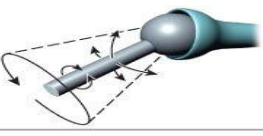
60 What is Scenerio of domestic violence?

**Domestic violence** (also named **domestic abuse** or **family violence**) is [violence](#) or other [abuse](#) in a domestic setting, such as in [marriage](#) or [cohabitation](#). *Domestic violence* is often used as a synonym for [intimate partner violence](#), which is committed by one of the people in an [intimate relationship](#) against the other person, and can take place in [heterosexual](#) or [same-sex](#) relationships, or between former spouses or partners.

61 What are difference types of joint

A joint is a point where two or more bones meet. There are three main types of joints; **Fibrous (immovable)**, **Cartilaginous (partially moveable)** and the **Synovial (freely moveable) joint**.

The anatomical types of synovial joints, with joint models and examples

Types of Synovial Joints	Models of Joint Motion	Examples
<b>Gliding joint</b> 		<ul style="list-style-type: none"> <li>• Acromioclavicular and sternoclavicular joints</li> <li>• Intercarpal and intertarsal joints</li> <li>• Vertebrocostal joints</li> <li>• Sacro-iliac joints</li> </ul>
<b>Hinge joint</b> 		<ul style="list-style-type: none"> <li>• Elbow joints</li> <li>• Knee joints</li> <li>• Ankle joints</li> <li>• Interphalangeal joints</li> </ul>
<b>Pivot joint</b> 		<ul style="list-style-type: none"> <li>• Atlas/axis</li> <li>• Proximal radio-ulnar joints</li> </ul>
<b>Ellipsoid joint</b> 		<ul style="list-style-type: none"> <li>• Radiocarpal joints</li> <li>• Metacarpophalangeal joints 2-5</li> <li>• Metatarsophalangeal joints</li> </ul>
<b>Saddle joint</b> 		<ul style="list-style-type: none"> <li>• First carpometacarpal joints</li> </ul>
<b>Ball-and-socket joint</b> 		<ul style="list-style-type: none"> <li>• Shoulder joints</li> <li>• Hip joints</li> </ul>

© 2011 Pearson Education, Inc.

62 What is the number of cervical vertebrae and nerves?

Vertebra → 7 Nerves → 8

### 63 What is the total number of vertebrae and name them.?

33 Total Vertebrae.

C 7, T 12, L 5, Sacral 5. Coccygeal... 4

### 64 Describe Atrial fibrillation management and ECG changes?

- Anticoagulation with warfarin for long period to reduce systemic embolism.
- Rate and rhythm control ( digoxin, beta blockers and verapamil will reduce the ventricular rate)
- Cardioversion ( pharmacologic cardioversion by using amiodarone 300-400mg twice daily for 2-4 weeks then 200mg daily.
- Electrical DC- cardioversion if pt.is unstable due to fast ventricular rate and presents in shock,severe hypotension,pul.edema or ongoing myocardial ischemia.
- ECG CHANGES:-
- Absent p wave,fine oscillation of baseline(fibrillation waves), QRS rhythm is rapid and irregular.

### 65 Which things you will check if patients come during 2nd trimester but first visit?

#### Booking examinations:-

- Accurate measurement of B.p.
- Abdominal examination for FHM,recognition of any scars indicative of previous surgery.
- Measurement of weight,height for calculation of BMI.
- **Booking investigations:-**
- CBC for anemia and thrombocytopenia
- Blood grouping
- Urine examination
- Anti HCV, HbsAg.
- Bsr
- **Fetal abnormalities:-**
- Detailed usg/ anomaly scan.

### 66 What are the Causes of IUD?

- Congenital birth defects
- Genetic abnormalities
- Placental abruption and other placental disorders such as vasa previa.
- Placental dysfunction leading to fetal growth restriction.
- Uterine rupture
- Umbilical cord complications.

### 67:-Sheehan syndrome

It's a condition in which pituitary gland is damaged during child birth caused by excess blood loss or extremely low blood pressure during or after child birth.

### 68:-Management of Diarrhea in kids at thq level?

**Ans:-** plan C for dehydration and give antibiotics for cholera if there is cholera in your area.

100ml/kg ....

### 69:- Management of fits at THQ level:-

**Ans:-** Ensure airway is clear

- Give O2 to off set hypoxia
- Give IV anticonvulsant (e.g diazepam 10mg) ONLY if convulsions are continuous or repeated (if so manage as status epilepticus)
- Take blood for anticonvulsant levels if known epileptic.
- **INVESTIGATIONS:-**

To rule out metabolic/ infectious cause of seizures.

- CBC
- Serum urea,creatinine,electrolytes
- Bsr
- LFTs
- Serum Ca & magnesium
- Screen for toxins in blood and urine if toxicity suspected
- Lumber puncture if meningitis or encephalitis is suspected.

### 70:- Terminology for high Bp in pregnancy and its management:-

**Ans:-** pregnancy induced hypertension.

DOC is methyl dopa ( tab aldomet 250mg)

### 71:- What is RCT :-

**Ans:- Randomized Controlled Trial:-**

A study in which people are allocated at random ( by chance alone) to receive one of the several clinical interventions.One of these interventions is the standard of comparison or control.RCT is the one of the most simplest and powerful tools in clinical research.

## Common Causes of Chest Pain

### Cardiac

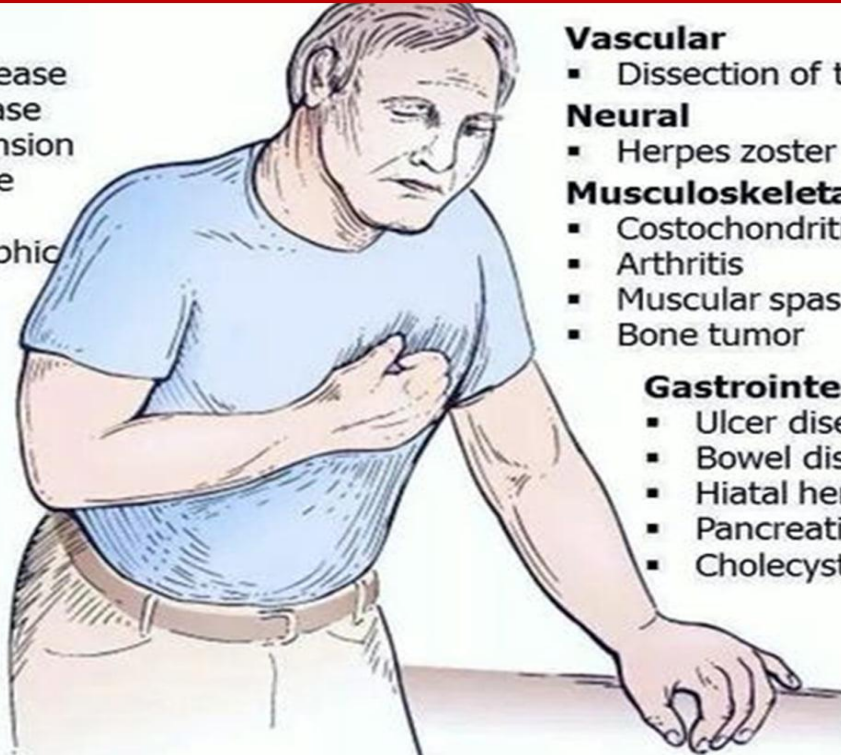
- Coronary artery disease
- Aortic valvular disease
- Pulmonary hypertension
- Mitral valve prolapse
- Pericarditis
- Idiopathic hypertrophic subaortic stenosis

### Pulmonary

- Pulmonary embolism
- Pneumonia
- Pleuritis
- Pneumothorax

### Emotional

- Anxiety
- Depression



### Vascular

- Dissection of the aorta

### Neural

- Herpes zoster

### Musculoskeletal

- Costochondritis
- Arthritis
- Muscular spasm
- Bone tumor

### Gastrointestinal

- Ulcer disease
- Bowel disease
- Hiatal hernia
- Pancreatitis
- Cholecystitis

Love to Study MBBS ©

Within 90min PCI...

Mnemonic Letter	Treatment
M	Morphine
O	Oxygen
N	Nitrates
A	Aspirin
R	Reperfusion (thrombolysis or primary PCI)
C	Clopidogrel (or prasugrel)
H	Heparin
B	Beta-blocker
A	Anticoagulants (aspirin and clopidogrel)
S	Statin
I	Inhibitors of angiotensin II (ACEi or A2R blocker)
C	Correction of risk factors

PCI = percutaneous coronary intervention; ACEi = angiotensin-converting enzyme inhibitor; A2R = angiotensin 2 receptor.

INVESTIGATIONS are, ECG, Cardiac enzymes, Angiography

## 74 Case scenario of Pulmonary embolism investigation and tto

Clinical scenario of pulmonary embolism

Most patients with PE feature at least one of four symptoms which, in decreasing order of frequency, are **sudden onset dyspnea, chest pain, fainting (or syncope)**, and hemoptysis

**Computed tomography angiography (CTA)** is the initial imaging modality of choice for stable patients with suspected pulmonary embolism. The American College of Radiology (ACR) considers chest CTA to be the current standard of care for the detection of pulmonary embolism

ECG → S1Q3T3

Depending on your medical condition, treatment options may include **anticoagulant (blood-thinner) medications**, thrombolytic therapy, compression stockings, and sometimes surgery or interventional procedures to improve blood flow and reduce the risk of future blood clots

## 75 What is Drug Reaction and TTO of shock?

Anaphylactic Shock

**Epinephrine (adrenaline)** to reduce your body's allergic response. Oxygen, to help you breathe. Intravenous (IV) antihistamines and cortisone to reduce inflammation of your air passages and improve breathing. A beta-agonist (such as albuterol) to relieve breathing symptoms

## 76 What is ECG?

An **electrocardiogram (ECG or EKG)** records the electrical signal from your heart to check for different heart conditions.

## 77 What are types of MI?

A heart attack is also known as a myocardial infarction. The three types of heart attacks are: **ST segment elevation myocardial infarction (STEMI) non-ST segment elevation myocardial infarction (NSTEMI)**

## 78 What are Ecg changes in MI (STEMI ,NSTEMI)?

In a myocardial infarction transmural ischemia develops. In the first hours and days after the onset of a myocardial infarction, several changes can be observed on the ECG. First, **large peaked T waves** (or hyperacute T waves), then ST elevation, then negative T waves and finally pathologic Q waves develop.



## 79 Describe Criteria for SK

Reach hospital within 6 hours of MI

**TABLE 2. CONTRAINDICATIONS FOR THROMBOLYTIC THERAPY<sup>3,22</sup>**

### **Absolute**

Active or recent internal bleeding  
Recent stroke (arbitrary guidelines: TIA < 2 months or CVA < 6–12 months)  
Intracranial neoplasm or recent (within 2 months) craniotomy  
Protruding mobile left heart thrombus  
Uncontrollable changes in the hemostasis  
Irreversible limb ischemia (severe sensory deficits and muscle rigor)

### **Relative**

Recent (10–14 days) major surgery, including biopsy  
Recent (10–14 days) trauma, puncture of a noncompressible vessel  
Recent (10–14 days) hematuria or gastrointestinal bleeding  
Severe uncontrolled high blood pressure  
Endocarditis or pericarditis  
Coagulopathy  
Pregnancy and the postpartum period  
Severe cerebrovascular disease  
Diabetic hemorrhagic retinopathy

### **Minor**

Recent CPR  
Thrombocytes < 100,000/mm<sup>3</sup>, level of prothrombin < 50%  
Severe hepatic or renal insufficiency

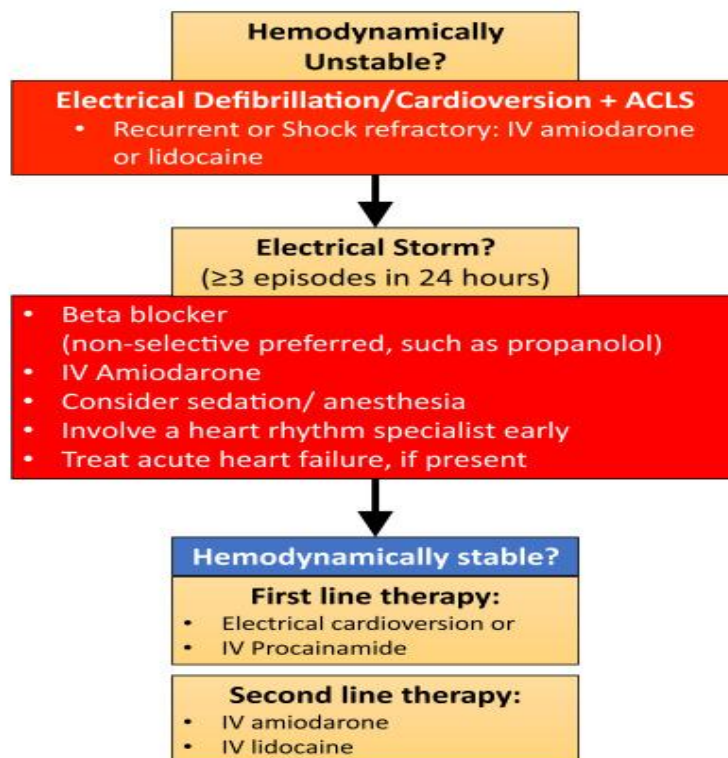
Abbreviations: CPR, cardiopulmonary resuscitation; CVA, cerebrovascular accident; TIA, transient ischemic attack.

## 80 What are the types of Ventricular tachycardia? Describe its management.

### Types of Ventricular Tachycardia (VT)

- Right ventricular outflow tract tachycardia.
- Left ventricular outflow tract tachycardia.
- Ventricular tachycardia and cardiomyopathy.
- Ventricular tachycardia and sudden cardiac death in hypertrophic cardiomyopathy.

## B Acute Treatment of Sustained Monomorphic VT



## 81 What is Vasovagal syncope management and how to counsel patient and family?

Vasovagal syncope is **a condition that leads to fainting in some people**. It is also called neurocardiogenic syncope or reflex syncope. It's the most common cause of fainting. It's usually not harmful nor a sign of a more serious problem. Many nerves connect with your heart and blood vessels.

**Symptoms:** Nausea

To immediately treat someone who has fainted from vasovagal syncope, help the person lie down and lift his or her legs up in the air. This will restore blood flow to the brain, and the person should quickly regain consciousness. The person should lie down for a little while afterwards.

If you have had episodes of vasovagal syncope, your doctor might make some suggestions on how to help prevent fainting. These might include:

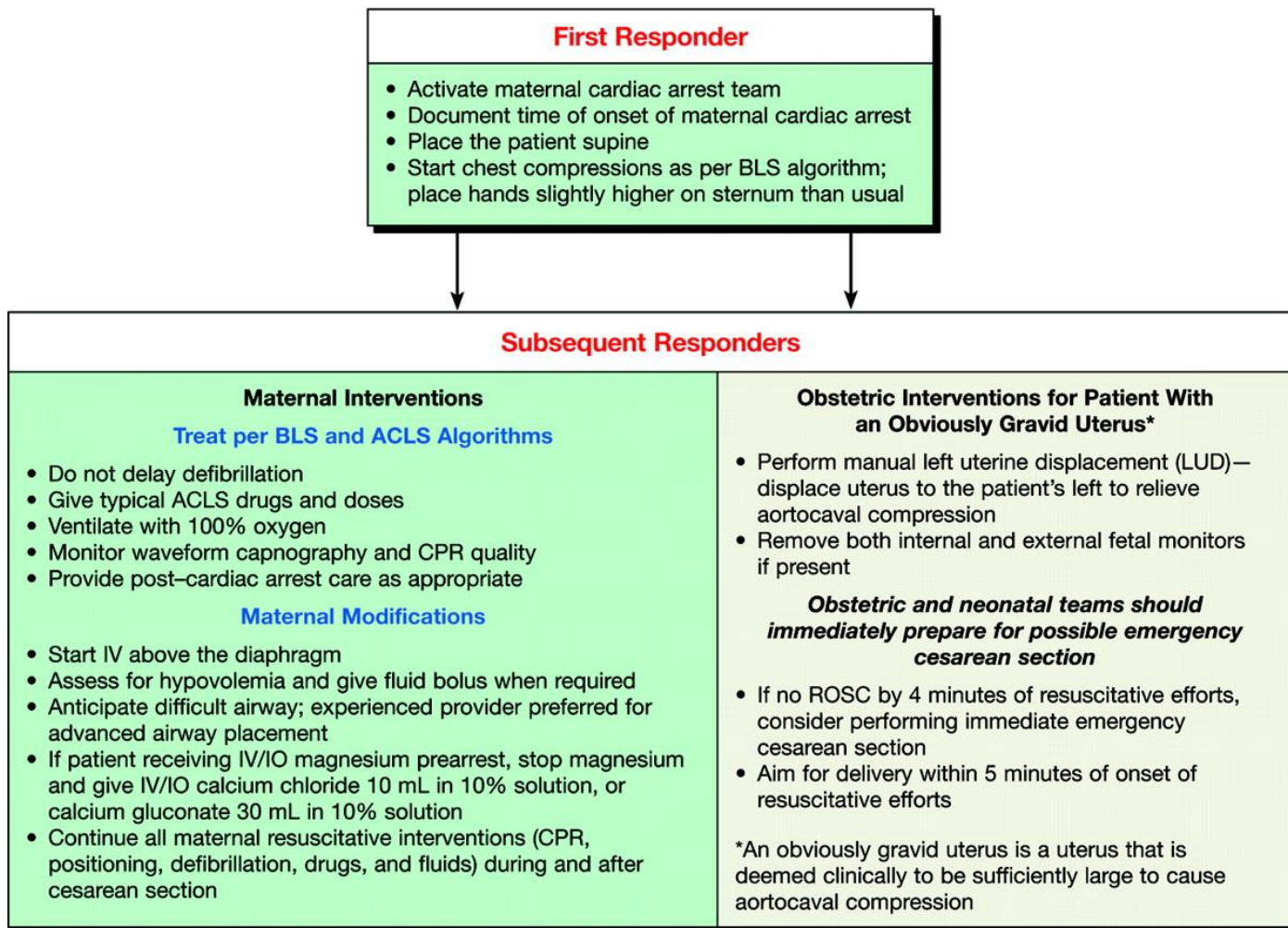
- Avoiding triggers, such as standing for a long time or the sight of blood
- Moderate exercise training
- Discontinuing medicines that lower blood pressure, like diuretics
- Eating a higher salt diet, to help keep up blood volume
- Drinking plenty of fluids, to maintain blood volume
- Wearing compression stockings or abdominal binders

Vasovagal syncope itself is generally not dangerous. Of course, fainting can be dangerous if it happens at certain times, like while driving. Most people with rare episodes of vasovagal syncope can drive safely. If you have chronic syncope that is not under control, your doctor may advise against driving. This is especially likely if you don't usually have warning signs before you faint. Ask your doctor about what is safe for you to do.

82 Describe Cardiac arrest management at primary and secondary level

At Primary level CPR

### Maternal Cardiac Arrest



**Search for and Treat Possible Contributing Factors (BEAU-CHOPS)**

- B**leeding/DIC
- E**mbolism: coronary/pulmonary/amniotic fluid embolism
- A**nesthetic complications
- U**terine atony
- C**ardiac disease (MI/ischemia/aortic dissection/cardiomyopathy)
- H**ypertension/preeclampsia/eclampsia
- O**ther: differential diagnosis of standard ACLS guidelines
- P**lacenta abruptio/previa
- S**epsis

© 2010 American Heart Association

83 Describe Role of Neurosurgery in haemorrhage

A skilled neurosurgeon may choose one of four surgical methods to evacuate the hematoma: Craniotomy with open surgery: The neurosurgeon removes a portion of the skull and **conducts open surgery to drain the hematoma and repair the ruptured blood vessel.**

#### 84 What are different types of haemorrhage. Describe intra and extra management.

Intracranial hemorrhage encompasses four broad types of hemorrhage: **epidural hemorrhage, subdural hemorrhage, subarachnoid hemorrhage, and intraparenchymal hemorrhage**. [1][2][3] Each type of hemorrhage is different concerning etiology, findings, prognosis, and outcome

**Includes Diseases:** Subdural hematoma; Epidural hematoma

Treatment include : Control bp, Statins, Avoid Aspirin, External → Compression, Suturing

#### 85 What are types of Raised ICP? How is it managed?

Intracranial pressure (ICP) is defined as **the pressure within the craniospinal compartment**, a closed system that comprises a fixed volume of neural tissue, blood, and cerebrospinal fluid (CSF).

Normal 5-15mmhg

## What is the treatment of high ICP?

- **General measures:**
  - Head elevation (30 degrees)
  - No neck compression
  - Mannitol for patients who have decreased LOC (or Furosemide)
  - Steroids (Dexamethazone) for tumors
  - Hyperventilation: controlled to PCO<sub>2</sub> 35-40 mmHg
  - Sedation, muscle relaxants
  - Hypothermia
  - Barbiturates: terminal option

#### 86 What are Types of shunt in ICP?

**The most common shunt systems are:**

- Ventriculoperitoneal (VP) shunts. This type of shunt diverts CSF from the ventricles of the brain into the peritoneal cavity, the space in the abdomen where the digestive organs are located. ...
- Ventriculoatrial (VA) shunts. ...
- Ventriculopleural (VPL) shunts. ...
- Lumboperitoneal (LP) shunts.

#### 87 How to check patency of shunt?

**Palpate** to identify the VP shunt and the reservoir chamber. Compress the chamber. Difficulty compressing indicates distal obstruction. Slow refill (more than 3-5 seconds) indicates proximal obstruction

88 What are Duties of MO IN RHC?

1. Therapeutic
2. Preventive
3. Medicolegal
4. Administrative
5. Diagnostic
6. Referral

89 How is TB treated?

If you have an active TB disease you will probably be treated with a combination of antibacterial medications for a period of six to 12 months. The most common treatment for active TB is **isoniazid INH in combination** with three other drugs—rifampin, pyrazinamide and ethambutol.

90 What are 2nd line drugs? What are Side effects?

## Drugs Used in the Treatment of T.B Second-Line Agents (Cont'd)

Drug	Daily Dosing	Primary Side Effects	Comments
<b>3</b> <b>Streptomycin</b>	-15 mg/kg/d (1 g) -10 mg/kg in persons older than 50 years of age (750 mg).	Ototoxicity neurotoxicity Nephrotoxicity	<b>Monitoring:</b> -Baseline audiogram, vestibular testing, and SCr. -Monthly assessments of renal function and auditory Symptoms.
<b>4</b> <b>Amikacin/ Kanamycin</b>	Usual dose: 750–1000 mg administered I.M or I.V, given as a single dose 5–7 days/week, and reduced to 2-3 times per week after the first 2–4 months or after culture Conversion.	Ototoxicity, (< Streptomycin) Nephrotoxicity	
<b>5</b> <b>Capreomycin</b>		Nephrotoxicity Ototoxicity	



91 How to collect data for such patients?

By proper Medical records and Visits

92 What is emergency treatment for dog bite and sanke bite?

- Wash the wound. ...
- Slow the bleeding with a clean cloth.
- Apply over-the counter antibiotic cream if you have it.
- Wrap the wound in a sterile bandage.
- Keep the wound bandaged and see your doctor.
- Change the bandage several times a day once your doctor has examined the wound.

93. Describe rabies management.

See above

## 94 What is Spinal anesthesia complication?

### Risks

- Allergic reaction to the anesthesia used.
- Bleeding around the spinal column (hematoma)
- Difficulty urinating.
- Drop in blood pressure.
- Infection in your spine (meningitis or abscess)
- Nerve damage.
- Seizures (this is rare)
- Severe headache.

## 95 Needle used for spinal anesthesia

Spinal needles in common use today are **22–27 G**, but are available in sizes ranging from 19 to 30 G. By contrast epidural needles are commonly 16–18 G

## 96 Describe Preparation for spinal anesthesia.

Prepare the back with **an antiseptic solution**. Place a skin wheal of local anesthetic at the identified area of needle insertion. A longer needle is often required to infiltrate the tissue. Insert the introducer and/or spinal needle 10-15 degrees off the sagittal plane.

## 97 What is CPR?

**Cardiopulmonary resuscitation (CPR)** is a lifesaving technique that's useful in many emergencies, such as a heart attack or near drowning

1. **Put the heel of your dominant hand at the center of the person's chest.** Make sure the person is lying on a hard, flat surface, such as a floor. You cannot effectively perform CPR if a person is in bed or in a seated position.
2. **Put your other hand over your dominant hand, then interlock your fingers.** If you're doing CPR on a child (someone one to eight years old), you can use one hand. For a baby (someone newborn to 12 months old), you use two fingers.
3. **Start chest compressions.** Lean directly over the person and keep your arms straight. Press down into their chest, then come up. It's important to let the chest rise again fully. You should be trying to push down about two inches, or five centimeters. Aim to do around 100 compressions per minute, or to the beat of *Staying Alive*. Complete 30 chest compressions.
4. **Open the person's mouth.** Once you've done 30 chest compressions, stop; tilt the person's head back and open their mouth at the chin. Cover their face with a pocket mask or barrier device.
5. **Add a rescue breath.** Breathe into the person's mouth, enough for their chest to begin to rise. If you can't see the chest starting to rise, reposition their head and try again.

6. **Watch the chest fall, then do another rescue breath.** Once the person's chest is settled, you can re-adjust the head if needed, then complete another rescue breath.
  
7. **Continue the 30 compressions, 2 breaths cycle.** Do this until EMS arrives, the scene becomes unsafe, or if the person wakes up. If you can, switch out with another trained person, every two minutes.

#### 98 What does AED stands for?

An **automated external defibrillator (AED)** is a portable electronic device that automatically diagnoses the life-threatening [cardiac arrhythmias](#) of [ventricular fibrillation](#) (VF) and [pulseless ventricular tachycardia](#),<sup>[1]</sup> and is able to treat them through [defibrillation](#), the application of electricity which stops the arrhythmia, allowing the heart to re-establish an effective rhythm.

#### 99 Describe treatment of malaria.

	Adult Patients Drug	Dosage	Comment
<b>First line</b>	Artemether/Lumefantrine (Riamet™)	Twice daily for three days >35 kg: 4 tablets each 20 mg/120 mg for 6 doses (0–8–24–36–48–60 hours)	Take with fatty food, reduced efficacy in Cambodia and border regions of Thailand
	Dihydroartemisinin/Piperaquine (Eurartesim™) <sup>o</sup>	Once daily for three days 36 <75 kg: 3 tablets each 320 mg/40 mg, 75-100 kg: 4 tablets each 320 mg/40 mg, daily for three days	Administration without food, at least 3 hours from any meal
	Atovaquone/Proguanil (Malarone™)	Once daily for 3 days >40 kg: 4 tablets each 250/100 mg	Administration with fatty food
<b>Second line</b>	Quinine*/Doxycycline	Thrice daily 10 mg/kg quinine plus daily 200 mg doxycycline for 7 days	Loose drug combination, off-label use
	Quinine*/Clindamycin	Thrice daily 10 mg/kg quinine plus twice daily 10 mg/kg clindamycin for 7 days	Loose drug combination, off-label use
	Mefloquine (Lariam™)	Split total dose in 2–3 doses 6–8 hours apart 45-60 kg: 5 tablets (3+2 tablets) >60 kg: 6 tablets (3+2+1 tablets)	Administration after food intake monotherapy, which is not suitable for regions with multidrug resistant falciparum malaria (SE-Asia)

\*Quinine dose provided as quinine sulphate <sup>o</sup>Eurartesim tablet strengths are Dihydroartemisinin/piperaquine 20 mg/160 mg and Dihydroartemisinin/piperaquine 40 mg/320 mg.

## 100 What is role of breast feeding in contraception?

About 2 out of 100 people who use breastfeeding as birth control get pregnant in the 6 months it can be used after a baby is born. Breastfeeding won't prevent pregnancy if you feed your baby anything other than breastmilk. So if you breastfeed but also use formula, LAM isn't a great birth control method for you.

# Breastfeeding and Fertility

**Can I get pregnant while breastfeeding?**  
*Yes.*

**However...**  
*Lactational Amenorrhea*  
is a delayed return of fertility, which can be a reliable birth control option (>98%) when certain guidelines are met.

**Lactational Amenorrhea (LAM) is likely to work for you if you...**

- are exclusively feeding at the breast, without supplementation / bottles
- are within the first 6 mo postpartum
- never go more than 4 hours without nursing (including overnight)
- have not yet had a period (excluding the 56 days after birth / lochia)

**Additionally, it may help if you...**

- sleep near your baby (co-sleep)
- do not give your baby a pacifier

It is possible to conceive prior to your first period if you catch the first postpartum ovulation. If you don't meet the guidelines for LAM, use a back up form of birth control.

## 101 What is the schedule of measles vaccine if given after 9 months?

Measles given at 9 and 15 months ..booster given at 18 month

If after 9 months given then at 12,15 months

## 102 What is Hernias?

Given above



Table 1

**MANTRELS Scoring System**

Characteristic	Points
Migration of pain to right lower quadrant	1
Anorexia	1
Nausea and vomiting	1
Tenderness in right lower quadrant	2
Rebound pain	1
Elevated temperature	1
Leukocytosis	2
Shift of white blood cell count to left	1
<b>Total</b>	<b>10</b>

**Recommendations:**

Score < 5	<i>Appendicitis unlikely</i>
Score 5 or 6	<i>Appendicitis possible</i>
Score 7 or 8	<i>Appendicitis likely</i>
Score 9 or 10	<i>Appendicitis highly likely</i>

Source: Alvarado A. A practical score for the early diagnosis of acute appendicitis. *Ann Emerg Med.* 1986;15:557-564.

## 104 What is Scenerio of acute abdomen?

Acute abdomen denotes **any sudden onset, spontaneous non-traumatic disorder in the abdominal area that requires urgent surgery in some cases** (most of them). unstable and will go into shock, resuscitation should be initiated first. Analgesia or painkillers are not preferable to be given until a diagnosis is made.

## 105 What are aflatoxins?

Aflatoxins are **a family of toxins produced by certain fungi** that are found on agricultural crops such as maize (corn), peanuts, cottonseed, and tree nuts. The main fungi that produce aflatoxins are *Aspergillus flavus* and *Aspergillus parasiticus*, which are abundant in warm and humid regions of the world

## 106 What are Social diseases?

Definitions of social disease. **a communicable infection transmitted by sexual intercourse or genital contact.**  
synonyms: Cupid's disease, Cupid's itch, STD, VD, Venus's curse, dose, sexually transmitted disease, venereal disease, venereal infection.

## 107 Causes of pain abdomen?

Various causes of abdominal pain include, but are not limited to, [indigestion](#) after eating, [gallstones](#) and gallbladder inflammation ([cholecystitis](#)), [pregnancy](#), [gas](#), [inflammatory bowel disease](#) ([ulcerative colitis](#) and [Crohn's disease](#)), [appendicitis](#), ulcers, [gastritis](#), [gastroesophageal reflux disease \(GERD\)](#), [pancreatitis](#), [gastroenteritis](#) (viral or bacterial), parasite infection, [endometriosis](#), [kidney stones \(nephrolithiasis\)](#), abdominal muscle injury, abdominal [hernia](#), [lactose intolerance](#), [gluten intolerance \(celiac disease\)](#), [food poisoning](#), [menstrual cramps](#), peritonitis, serositis, ischemic bowel disease, [vasculitis](#), abdominal aneurysm, abdominal organ injury from [trauma](#), and [constipation](#).

108 During 3rd molar surgery, inferior alveolar artery is cut, how to manage? How will you clamp the artery?

For BDS

109 What is the Classification of TMJ ankylosis?

Temporomandibular joint (TMJ) ankylosis is a **pathologic condition where the mandible is fused to the fossa by bony or fibrotic tissues**. This interferes with mastication, speech, oral hygiene, and normal life activities, and can be potentially life threatening when struggling to acquire an airway in an emergency.

110 Describe Adverse effects of LA.

- dizziness.
- headaches.
- blurred vision.
- twitching muscles.
- continuing numbness, weakness or pins and needles.

111 What is ASA classification of local anesthesia?

ASA Class	Patient description – Classification criteria
I	Normal, <i>healthy patient without systemic disease</i>
II	Patient with <i>mild</i> systemic disease
III	Patient with <i>severe</i> systemic disease, which limits her/his activity but is not life-threatening
IV	Patient with a <i>severe</i> systemic disease that is constantly life-threatening
V	<i>Moribund</i> patient, who is not expected to live beyond 24 hours with or without operation
VI	<i>Brain-dead</i> patient whose organs may be harvested for transplant
E	Emergency patient – This category is re-defined, according to the clinical condition, in Grades I – IV (e. g., ASA III – E)

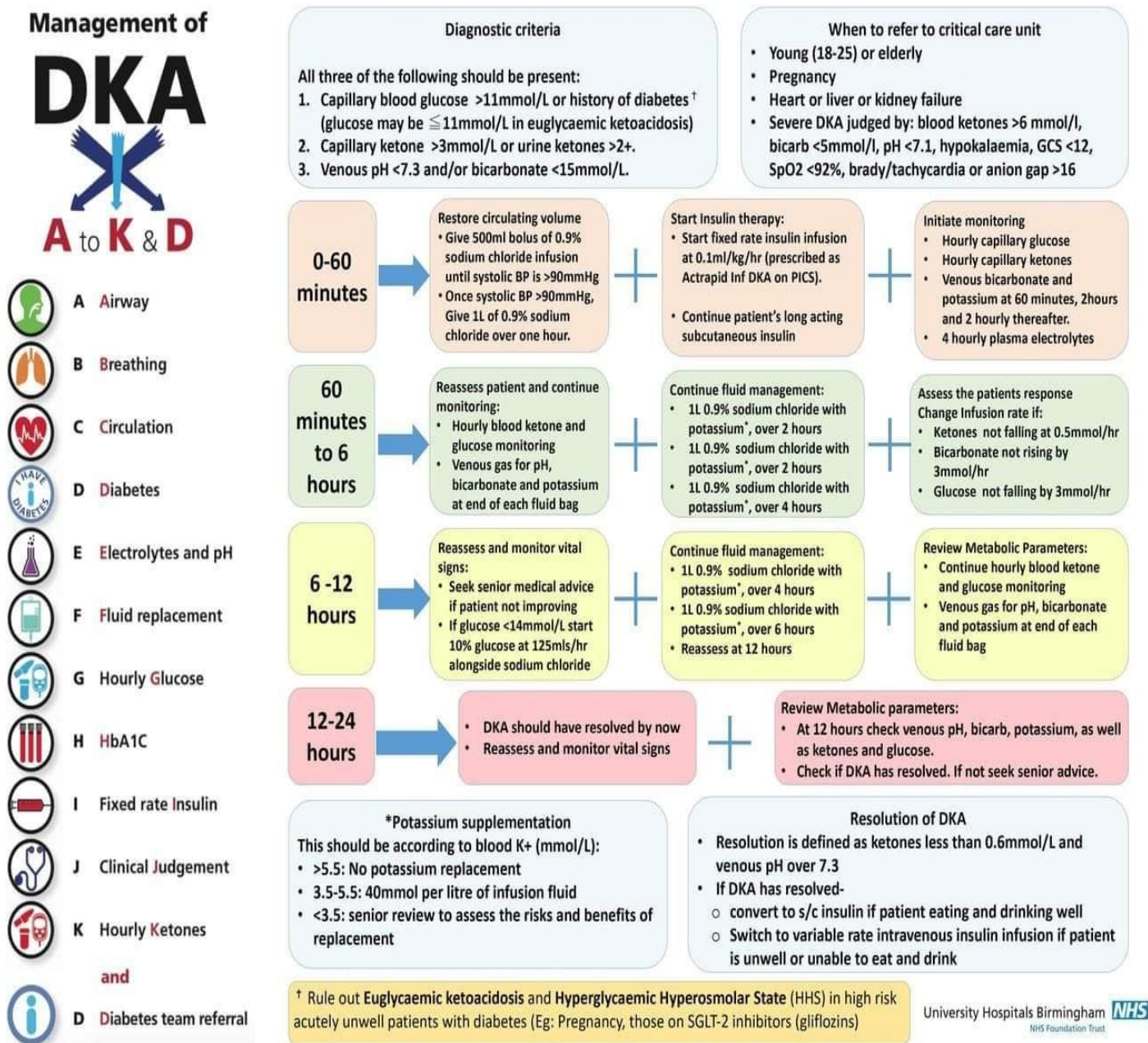
112 What do you call a specialist in anesthesia? Anaesthetist or anesthesiologist

**An anesthesiologist** is a doctor (MD or DO) who practices anesthesia. Anesthesiologists are physicians specializing in perioperative care, developing anesthetic plans, and the administration of anesthetics.

113 What is Lumbar Stenosis and how do you treat it?

Lumbar spinal stenosis is a **narrowing of the spinal canal in the lower part of your back**. Stenosis, which means narrowing, can cause pressure on your spinal cord or the nerves that go from your spinal cord to your muscles. Spinal stenosis can happen in any part of your spine but is most common in the lower back.

- **Physical therapy** may include exercises to strengthen your back, stomach, and leg muscles. Learning how to do activities safely, using braces to support your back, stretching, and massage may also be helpful.
- **Medicines** may include nonsteroidal, anti-inflammatory medicines that relieve pain and swelling, and steroid injections that reduce swelling.
- **Surgical** treatments include removing bone spurs and widening the space between vertebrae. The lower back may also be stabilized by fusing together some of the vertebrae.
- Acupuncture and chiropractic care may also be helpful for some people.



115 What is mantrels score for appendicitis?

See above

116 A person came with trauma mark on the flank what would you do at the perihery?

Proper Hx , Local examination, Blood pressure, Any signs of shock or sepsis, treat accordingly

117 What is Obesity and its risk factors.

Obesity is a **complex disease involving an excessive amount of body fat**. Obesity isn't just a cosmetic concern. It's a medical problem that increases the risk of other diseases and health problems, such as heart disease, diabetes, high blood pressure and certain cancers. BMI >30

**Risk Factors**

- Lack of physical activity, unhealthy eating patterns, not enough sleep, and high amounts of stress can increase your risk for overweight and obesity. ...
- Childhood obesity remains a serious problem in the United States, and some populations are more at risk for childhood obesity than others.

### 118 What is a triphasic CT scan? Why we do triphasic CT scan in HCCC complication of liver cirrhosis?

Triple-phase CT (including an arterial phase, a portal venous phase, and a late washout phase) has been found to be highly accurate in the diagnosis and characterization of HCCs but, like US, may miss smaller lesions. Pooled estimates reveal a sensitivity of 68% and a specificity of 93%.<sup>[36]</sup> Disadvantages of CT include cost, radiation exposure, and the need for iodinated contrast.

Classic CT findings of HCC include a hypervascular pattern with arterial enhancement and rapid washout during the portal venous phase.

### 119 What are the techniques used in waste management?

For disposal of hospital waste, following techniques are used:

- Incineration.
- Steam Autoclave Disinfection.
- Microwave Disinfection.
- Mechanical/Chemical Disinfection.

### 120 What is the treatment of pre-eclampsia?

## Treatment of Preeclampsia

- Definitive Treatment = Delivery
- Major indication for antihypertensive therapy is prevention of stroke.
  - Diastolic pressure  $\geq 105$ -110 mmHg or systolic pressure  $\geq 160$  mmHg
- Choice of drug therapy:
  - Acute – IV labetalol, IV hydralazine, SR Nifedipine
  - Long-term – Oral methyldopa or labetalol

### 121. treatment of rta in periphery ?

Maintain IV line, Inj. TT, Diclo. If patient is in shock manage accordingly, Otherwise Reffer to DHQ if Vitally stable

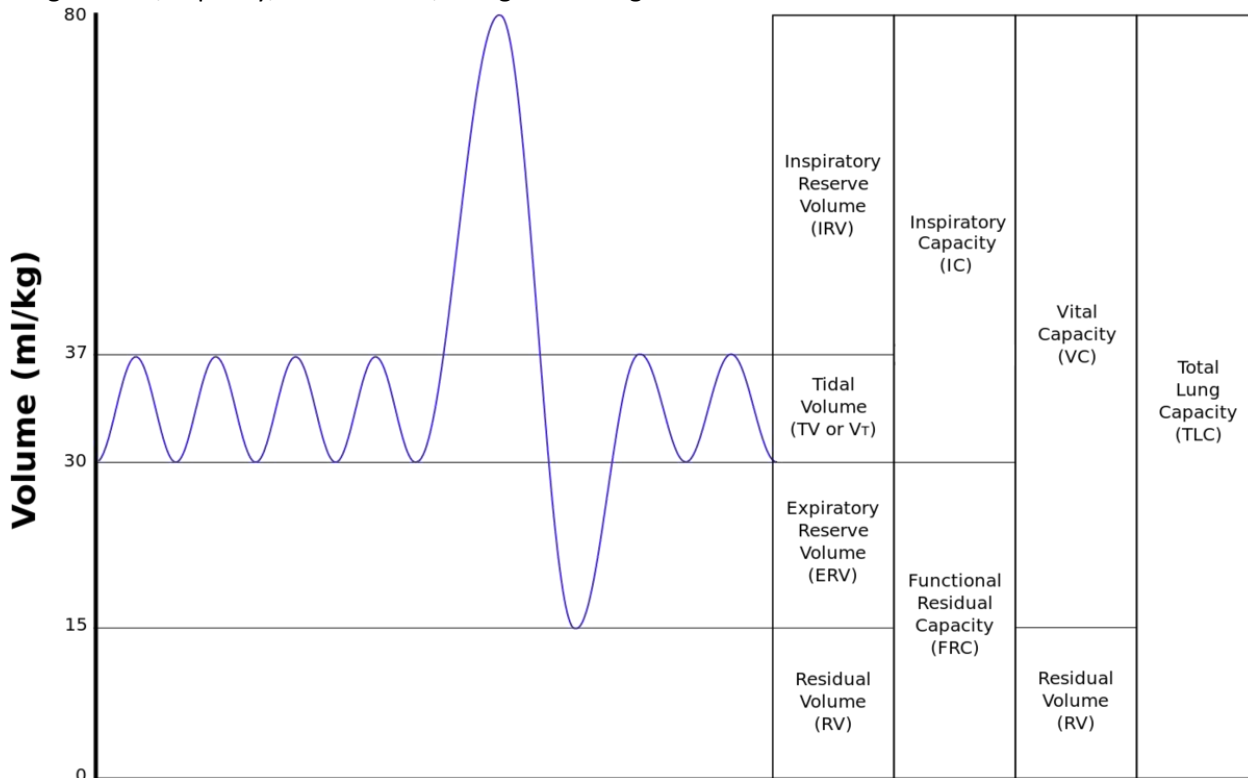
### 122. How would you treat a patient of Cerebral malaria?

CM is a neurological emergency that requires urgent intervention, therefore the indicated place for these patients is the intensive care unit, where can be provided: monitoring, surveillance and support treatment

The intravenous administration of artemisinin derivatives, artesunate and quinine are the drugs of choice. Chloroquine has been abandoned due to resistances. Management of complications like hypoglycemia, fluid electrolyte imbalance, anemia and convulsions.

**123. What is Pulmonary fuction test?**

Pulmonary function tests (PFTs) are noninvasive tests that show how well the lungs are working. The tests measure lung volume, capacity, rates of flow, and gas exchange



**124. Can you give medical certificate for leave without examintaion of diseased person or on phone call?**

You need to examine the patient for medical certificate

**125. What is Herd Immunity?**

Herd immunity is a form of indirect protection from infectious disease that can occur with some diseases when a sufficient percentage of a population has become immune to an infection, whether through vaccination or previous infections, thereby reducing the likelihood of infection for individuals who lack immunity.

**126. What is neonatal jaundice**

The yellow coloration of the skin and sclera in newborns with jaundice is the result of accumulation of unconjugated bilirubin. In most infants, unconjugated hyperbilirubinemia reflects a normal transitional phenomenon. However, in some infants, serum bilirubin levels may rise excessively, which can be cause for concern because unconjugated bilirubin is neurotoxic and can cause death in newborns and lifelong neurologic sequelae in infants who survive ([kernicterus](#)). For these reasons, the presence of neonatal jaundice frequently results in diagnostic evaluation

Neonatal physiologic jaundice results from simultaneous occurrence of the following two phenomena

- Bilirubin production is elevated because of increased breakdown of fetal erythrocytes. This is the result of the shortened lifespan of fetal erythrocytes and the higher erythrocyte mass in neonates.
- Hepatic excretory capacity is low both because of low concentrations of the binding protein ligandin in the hepatocytes and because of low activity of glucuronyl transferase, the enzyme responsible for binding bilirubin to glucuronic acid, thus making bilirubin water soluble (conjugation).

**127. The budget which is consumed to fullfill the vitamins requirements of population how this budget can be Reduced?**

Proper education, Health Promotion, Healty diet, Birth Spacing, Family planning.

**128.** In which speciality President Dr. Arif Alvi is a doctor.

Dentist

**129.** What are the Side effects of face mask?

Prolonged use of N95 and surgical masks by healthcare professionals during COVID-19 has caused adverse effects such as headaches, rash, acne, skin breakdown, and impaired cognition in the majority of those surveyed

**130.** How will you manage a patient with femur fracture, EPI and covid?

The first priority in treatment is to rule out other life-threatening injuries and stabilize the patient. Advanced Trauma Life Support (ATLS) guidelines should be followed, made hemodynamically stable and resuscitated.

The emergent management of femur injuries in the sports setting is intended to restore alignment. If limb deformity is present, inline longitudinal traction is applied, realigning the extremity and maintaining limb perfusion. A splint is applied to maintain the alignment as the patient is transported to the hospital for definitive treatment.

treatment for acute trauma-related femoral fractures and displaced femoral stress fractures is performed by an orthopedic surgeon and usually involves surgical stabilization (open reduction and internal fixation, intramedullary nailing.)

For non-displaced femoral shaft stress fractures, protected crutch-assisted weight bearing is implemented for a minimum of 1-4 weeks, based on the resolution of symptoms and radiographic evidence of healing (callus formation).

**131** Define shock and what are the types of shock?

Shock is defined as **a state of cellular and tissue hypoxia due to either reduced oxygen delivery**, increased oxygen consumption, inadequate oxygen utilization, or a combination of these processes

**The main types of shock include:**

- Cardiogenic shock (due to heart problems)
- Hypovolemic shock (caused by too little blood volume)
- Anaphylactic shock (caused by allergic reaction)
- Septic shock (due to infections)
- Neurogenic shock (caused by damage to the nervous system)

**132** How will you differentiate cardiac pain from other pains in emergency situation?

	ISCHEMIC CARDIAC PAIN	V/S	NON-CARDIAC PAIN
<b>LOCATION</b>	<b>CENTRAL, DIFFUSE</b>		<b>PERIPHERAL LOCALIZED</b>
<b>RADIATION</b>	<b>JAW/NECK/SHOULDER/ OCCASIONALLY BACK</b>		<b>OTHER OR NO RADIATION</b>
<b>CHARACTER</b>	<b>TIGHT SQUEEZING CHOKING</b>		<b>SHARP STABBING CATCHING</b>
<b>PRECIPITATION</b>	<b>EXERTION EMOTION</b>		<b>SPONTANEOUS NOT RELATED TO EXERTION PROVOKED BY POSTURE, RESPIRATION OR PALPATION</b>
<b>RELIEVING FACTORS</b>	<b>REST NITRATES</b>		<b>NOT RELIEVED BY REST SLOW OR NO RESPONSE BY NITRATES</b>
<b>ASSOCIATED FEATURES</b>	<b>BREATHLESSNESS</b>		<b>RESP; GIT, LOCOMOTOR, OR PSYCHOLOGICAL</b>

### 133 How can we kill spores?

A process called **sterilization** destroys spores and bacteria. It is done at high temperature and under high pressure. In health care settings, sterilization of instruments is usually done using a device called an autoclave.

### 134 What is Respiratory distress syndrome?

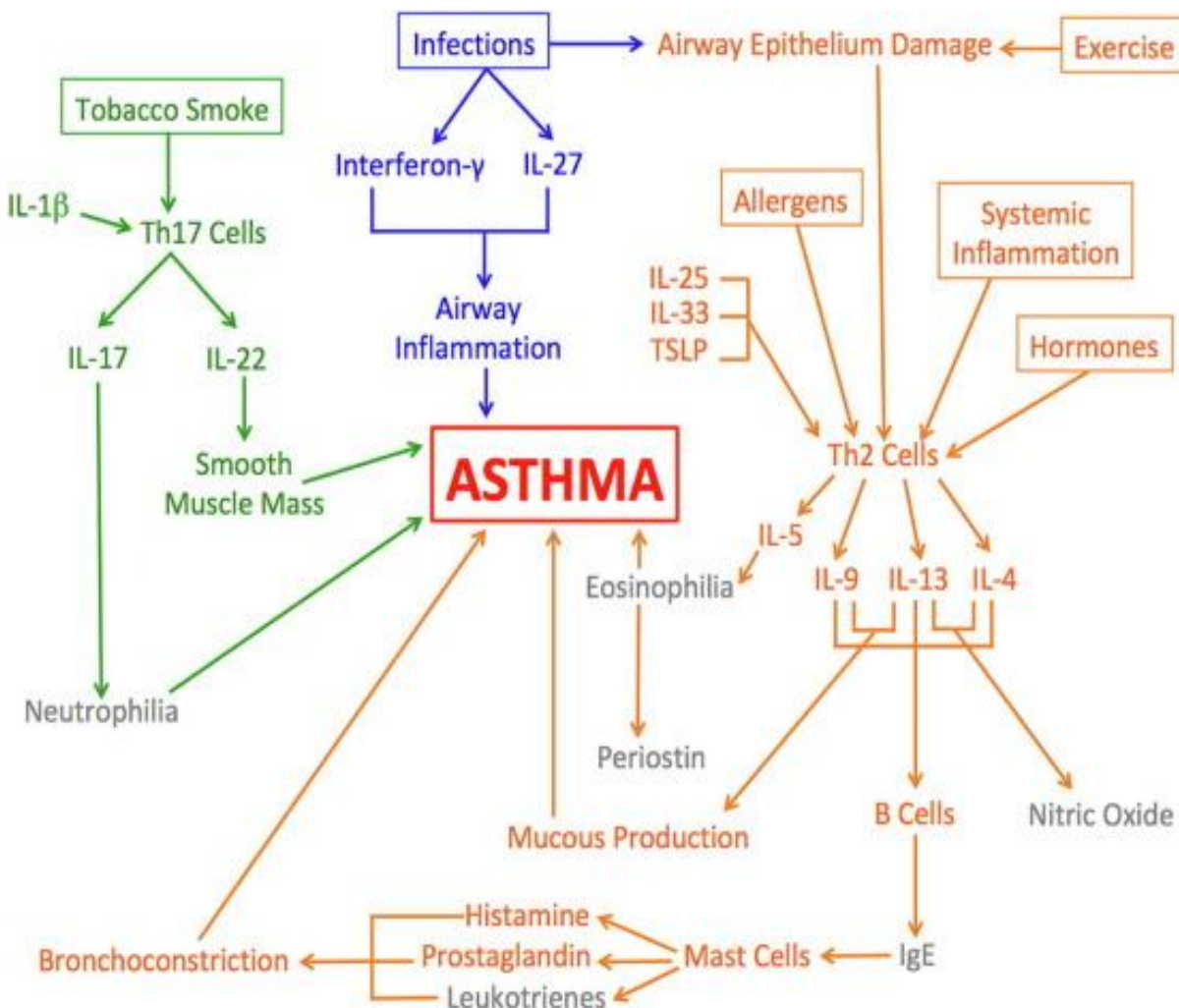
Acute respiratory distress syndrome (ARDS) occurs **when fluid builds up in the tiny, elastic air sacs (alveoli) in your lungs**. The fluid keeps your lungs from filling with enough air, which means less oxygen reaches your bloodstream. This deprives your organs of the oxygen they need to function.

**Symptoms:** Shortness of breath

### 135 Describe asthma. Its pathophysiology, diagnosis and management.

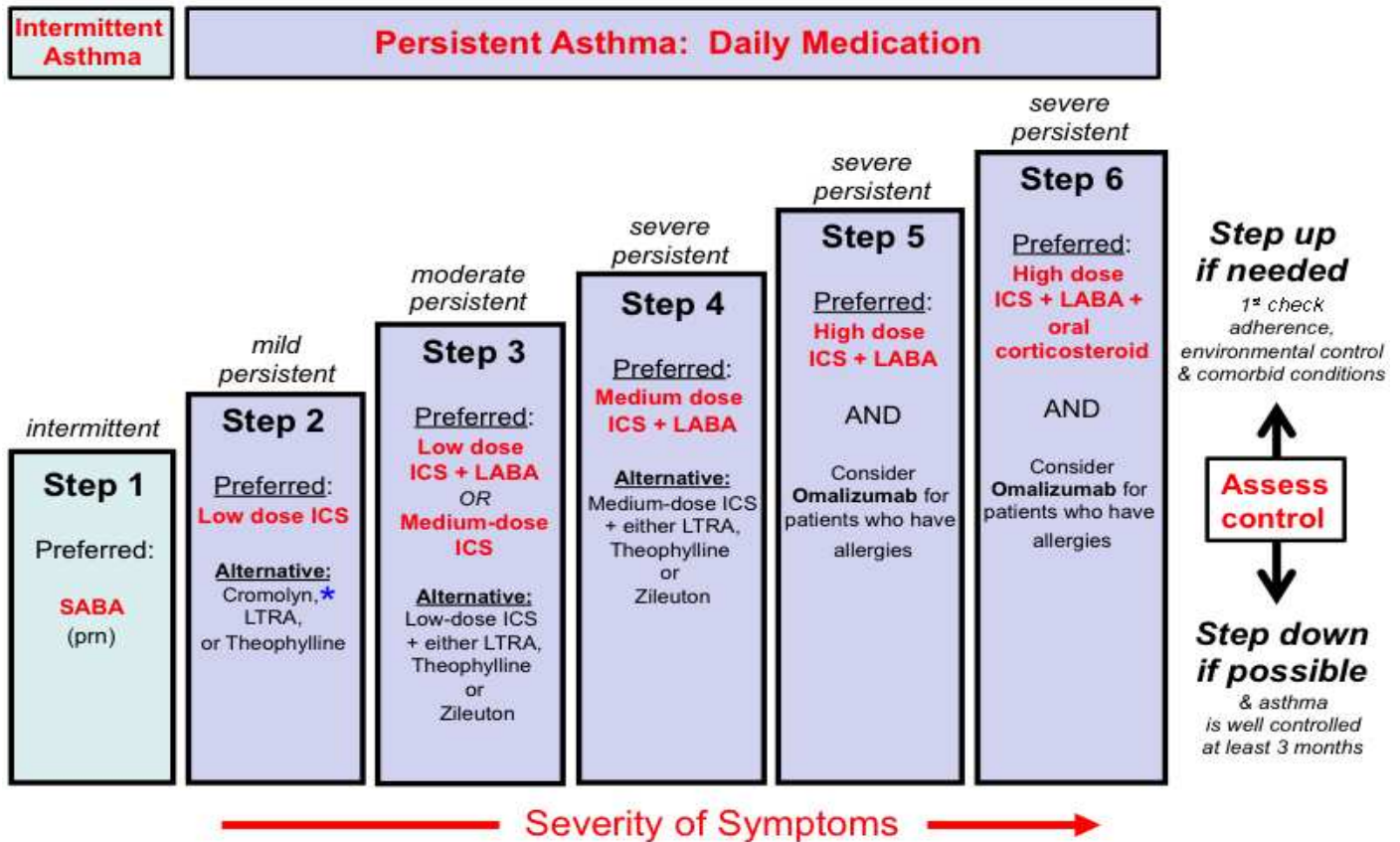
Asthma is **a condition in which your airways narrow and swell and may produce extra mucus**. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath. For some people, asthma is a minor nuisance.

**Symptoms:** Cough; Wheeze



To confirm asthma, your doctor may have you take **one or more breathing tests known as lung function tests**. These tests measure your breathing. Lung function tests are often done before and after inhaling a medicine known as a bronchodilator (brahn-ko-DIE-ah-lay-tor), which opens your airways.

## Stepwise Approach for Managing Asthma in Adults



### 136 What is perinatal mortality?

Perinatal mortality rate is **the number of infant deaths under age 7 days and fetal deaths at 28 weeks of gestation or more per 1,000 live births and fetal deaths at 28 weeks of gestation or more** in a specified age group

**Perinatal mortality** is defined as the number of fetal deaths past 22 (or 28) completed weeks of pregnancy plus the number of deaths among live-born children

### 137 What is indication of C-Section?

## Cesarean Birth Indications for:

### Maternal Factors

- Active genital herpes
- AIDS/HIV +
- Cephalopelvic disproportion
- Severe preeclampsia, diabetes
- Obstructive tumor
- Ruptured uterus
- Previous c-section
- Failed induction/ffx to progress in labor
- Elective?

### Placenta Factors

- Placenta previa
- Placental abruption
- Umbilical cord prolapse

### Fetal Factors

- Breech, transverse lie
- Macrosomia
- Extreme low birth wt
- Fetal distress
- Fetal anomalies
- Multiple gestation



### 138 What are the causes of perinatal mortality?

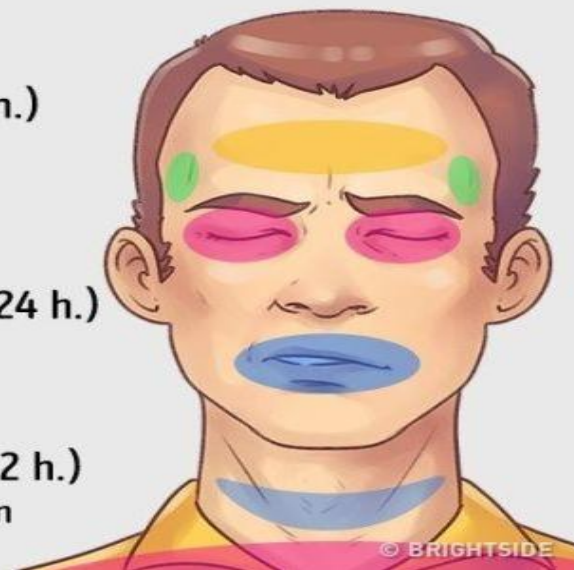
The major causes of perinatal mortality were **trauma** (30.5%), low birth weight (23.9%), hemorrhage (13.7%), toxemia of pregnancy (10.3%) and mature, cause unknown (10%).

### 139 Describe pathophysiology of phototherapy.

Mechanism of phototherapy: Blue-green light in the **range** of 460-490 nm is most effective for phototherapy. The absorption of light by the normal bilirubin (4Z,15Z-bilirubin) generates configuration isomers, structural isomers, and photooxidation products. The 2 principal photoisomers formed in humans are shown.

### 140 What are the precautions and treatment of migraine?

- 1. Prodrome (1-2 days)**  
Irritability,  
fatigue,  
increased or  
decreased appetite
- 2. Aura (up to 30 min.)**  
Sensitivity to light,  
tingling, numbness,  
speech disorders
- 3. Resolution (up to 24 h.)**  
Fatigue, problems  
concentrating
- 4. Headache (up to 72 h.)**  
Severe throbbing pain



## COMMON TREATMENTS FOR MIGRAINE

### PAIN RELIEVERS

Take these when headaches strike, not as a preventative. They are usually sold over-the-counter, though your doctor can write an Rx for stronger doses when needed.



### TRIPTANS

These (mostly) oral meds should be taken as soon as you sense an attack. Relief comes in about 30 to 60 minutes, but can come with side effects.



### TARGETED MEDS

Given as a shot or tablet, these help to prevent migraine attacks and have few side effects. If they don't fend off a migraine altogether they can at least decrease intensity.



### BOTOX SHOTS

The same injections that can make wrinkles disappear can also prevent pain—although this treatment is only approved for those with chronic migraine.



### 141 How would you take antenatal care of mother?

Antenatal care is the **routine health control of presumed healthy pregnant women without symptoms** (screening), in order to diagnose diseases or complicating obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery.

### 142 how diabetes management is done?

#### How is diabetes managed?

1. Keep your blood glucose levels as near to normal as possible by following a diet plan, taking prescribed medication and increasing your activity level.
2. Maintain your blood cholesterol (HDL and LDL levels) and triglyceride levels as near the normal ranges as possible.
3. Control your blood pressure.

S.no	Category	Examples
1	Sulfonylureas First generation  Second generation	Acetohexamide, Chlorpropamide, Tolbutamide, Tolzamide  Glyburide, Glimepiride, Glipizide.
2	Biguanides	Metformin
3	Meglitinides	Repaglinide, Nateglinide
4	Thiazolidinediones	Pioglitazone, Rosiglitazone
5	Alpha-glucosidase Inhibitors	Acorbose, Miglitol
6	Glucagon like peptide-1-agonist	Exenatide, Liraglutide
7	Amylinomimetics	Pramlintide acetate

### 143 What is the treatment of Choriocarcinoma?

Doctors typically treat gestational choriocarcinoma with **chemotherapy**. It works by either killing the cancerous cells or stopping the tumor from growing. Some people might need more than one type of chemotherapy. If the tumor has spread, the person might also need radiation therapy and surgery.

### 144 Define complete and partial mole. What are their complications?

## Complete vs. partial mole

Feature	Complete	Partial
<b>Karyotype</b>	Diploid (usually 46,xx or rarely 46,xy)	Triploid (69,xxx or 69, xxy)
<b>Swelling of chorionic villi</b>	diffuse	focal
<b>Trophoblastic hyperplasia</b>	diffuse	focal
<b>Embryonic tissue</b>	absent	Present
<b>hCG</b>	Often > 100,000	usually < 100,000
<b>Trophoblastic sequelae</b>	15 - 20%	<5%
<b>Theca lutein cysts</b>	Up to 25%	Rare
<b>Medical complications</b>	Up to 25%	Rare
<b>Uterine size</b>	50% large for dates	Small for dates

145 What is the daily requirement of Iodine?

The Recommended Dietary Allowance (RDA) for adult men and women is **150 µg/day**. The median intake of iodine from food in the United States is approximately 240 to 300 µg/day for men and 190 to 210 µg/day for women.

For pregnant lady → 200microgram/day

146 Describe following: Eclampsia, stone disease, upper GI bleed and APD

Eclampsia is **the new onset of seizures or coma in a pregnant woman with preeclampsia**. These seizures are not related to an existing brain condition.

Stone disease occurs **when chemicals in your urine become concentrated and form crystals in your urinary tract**.

Upper GI bleeding is when **a person bleeds from the upper digestive tract**, that is, anywhere above the ligament of Treitz, which is the first part of the small intestine. Lower GI bleeding happens in the lower portion of the digestive tract, including the intestines and rectum.

Arterial (Nonvariceal)	Venous (Variceal)
Peptic ulcer disease	Cirrhosis
Mallory-Weiss tear	Budd-Chiari syndrome
Hemorrhagic gastritis	Splenic vein thrombosis
Neoplasm	
Inflammatory	
pseudoaneurysms	
Aortoduodenal fistula	
Iatrogenic injury	
Trauma	
Hemobilia	
Hemosuccus pancreaticus	

“Acid peptic disease” is a collective term used to include many conditions such as **gastro-esophageal reflux disease (GERD)**, gastritis, gastric ulcer, duodenal ulcer, esophageal ulcer, Zollinger Ellison Syndrome (ZES) and Meckel's diverticular ulcer.<sup>(3)</sup> The commonest ulcers are the gastric and the duodenal ulcer.

147 What is the presentation of MI


Classic (Typical)	Atypical, Noncardiac
Sensations in chest of squeezing, heaviness, pressure, weight, vise-like aching, burning, tightness	Pain that is pleuritic, sharp, pricking, knife-like, pulsating, lancinating, choking
Radiation to shoulder, neck, jaw, inner arm, epigastrium (can occur without chest component); band-like discomfort	Involves chest wall; is positional, tender to palpation; can be inframammary; radiation patterns highly variable
Relatively predictable	Random onset
Lasts 3–15 min	Lasts seconds, minutes, hours, or all day
Abates when stressor is gone or nitroglycerin is taken	Variable response to nitroglycerin

\* Data are from Sangareddi et al.<sup>7</sup>

148 Describe following: ECG findings. ECG leads and Apgar score.

I Lateral	aVR	V1 Septal	V4 Anterior
II Inferior	aVL Lateral	V2 Septal	V5 Lateral
III Inferior	aVF Inferior	V3 Anterior	V6 Lateral

# APGAR SCORING SYSTEM

	0 Points	1 Point	2 Points	Points totaled
<b>Activity (muscle tone)</b>	Absent	Arms and legs flexed	Active movement	
<b>Pulse</b>	Absent	Below 100 bpm	Over 100 bpm	
<b>Grimace (reflex irritability)</b>	Flaccid	Some flexion of Extremities	Active motion (sneeze, cough, pull away)	
<b>Appearance (skin color)</b>	Blue, pale	Body pink, Extremities blue	Completely pink	
<b>Respiration</b>	Absent	Slow, irregular	Vigorous cry	

Severely depressed	0-3
Moderately depressed	4-6
Excellent condition	7-10

## 149 Describe Investigations and management of Meningitis.

For a definitive diagnosis of meningitis, you'll need a **spinal tap to collect cerebrospinal fluid (CSF)**. In people with meningitis, the CSF often shows a low sugar (glucose) level along with an increased white blood cell count and increased protein.

## Clinical features

- ✦ In one review of 1064 cases of acute bacterial meningitis in children older than 1 month, 16 (1.5 percent) had no meningeal signs during their entire period of hospitalization
- ✦ **Kernig sign** — With the hip and knee flexed at 90°, cannot extend the knee more than 135° and/or there is flexion of the opposite knee
- ✦ **Brudzinski sign** — Brudzinski sign is present if the patient, while in the supine position, flexes the lower extremities during attempted passive flexion of the neck
- ✦ **Signs of meningeal irritation** are present in 60 to 80 percent of children with bacterial meningitis at the time of presentation and in approximately 25 percent of children with normal CSF findings
- ✦ **Bulging fontanel** was present in 20 percent of infants with meningitis, but also in 13 percent of infants with normal CSF and viral infections other than meningitis

Test	Bacterial	Viral	Fungal	Tubercular
Opening pressure	Elevated	Usually normal	Variable	Variable
White blood cell count	$\geq 1,000$ per $\text{mm}^3$	$< 100$ per $\text{mm}^3$	Variable	Variable
Cell differential	Predominance of PMNs*	Predominance of lymphocytes†	Predominance of lymphocytes	Predominance of lymphocytes
Protein	Mild to marked elevation	Normal to elevated	Elevated	Elevated
CSF-to-serum glucose ratio	Normal to marked decrease	Usually normal	Low	Low

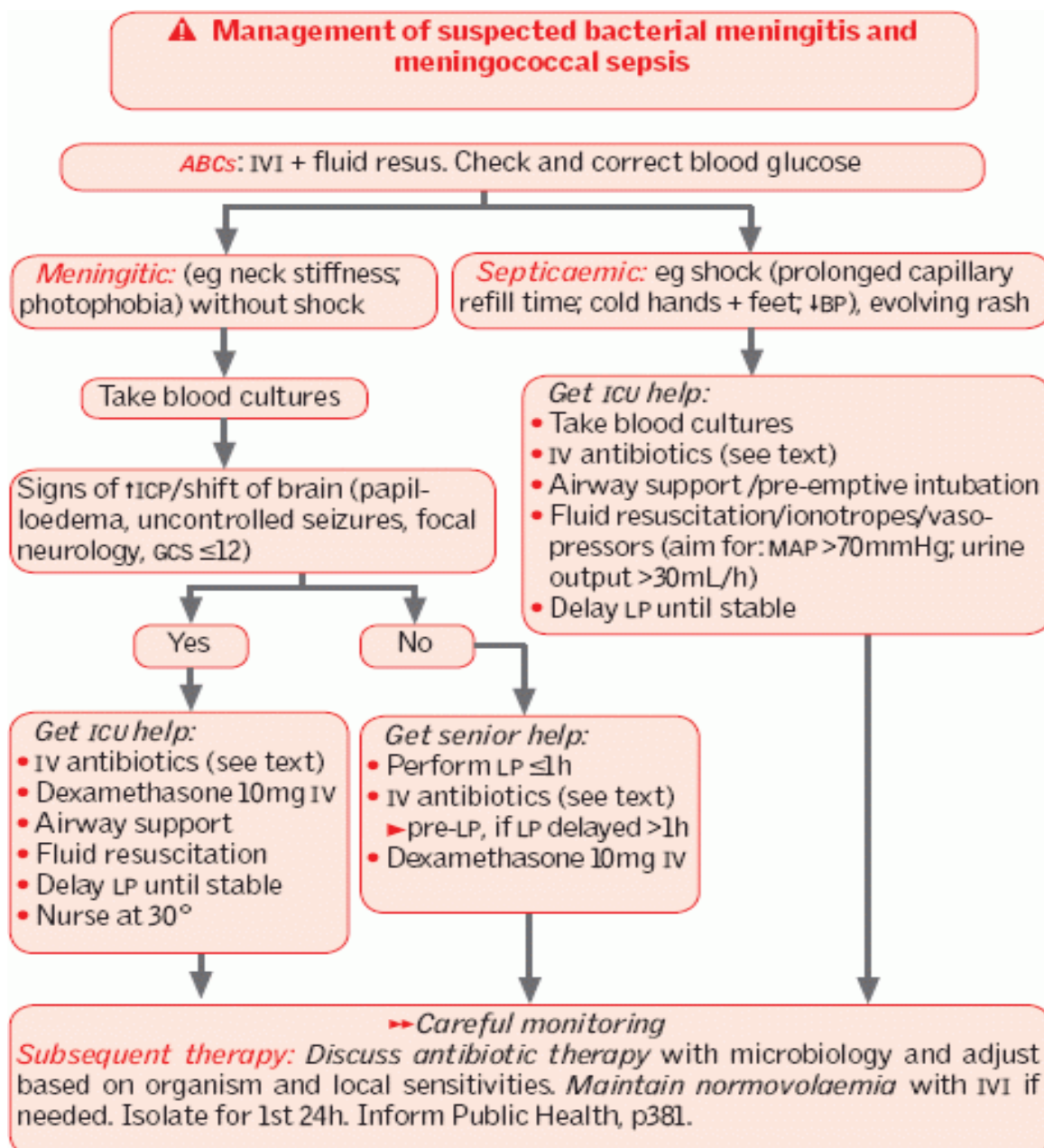
CSF = cerebrospinal fluid; PMNs = polymorphonucleocytes.

\*—Lymphocytosis present 10 percent of the time.

†—PMNs may predominate early in the course.

Information from references 2, 10, 17, and 20.

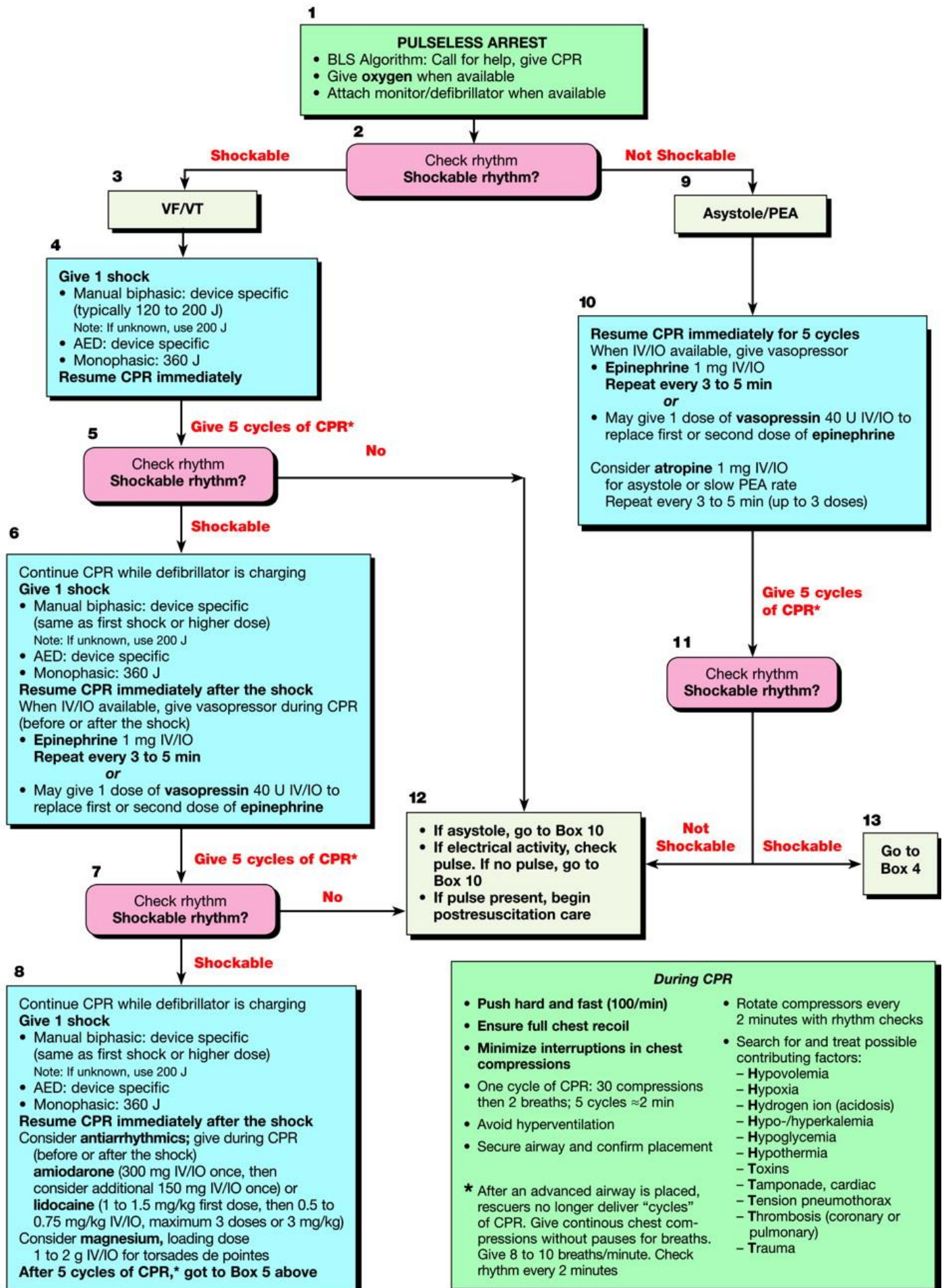
Acute bacterial meningitis must be treated immediately with **intravenous antibiotics and sometimes corticosteroids**. This helps to ensure recovery and reduce the risk of complications, such as brain swelling and seizures. The antibiotic or combination of antibiotics depends on the type of bacteria causing the infection.



### 150 What are the Sign and symptoms of fracture if base of skull?

Patients with fractures of the petrous temporal bone present with CSF otorrhea and bruising over the mastoids, ie, Battle sign. Presentation with anterior cranial fossa fractures is with CSF rhinorrhea and bruising around the eyes, ie, "**raccoon eyes.**" Loss of consciousness and Glasgow Coma Score may vary depending on an associated intracranial pathologic condition.

151 Describe management of cardiac arrest.



## 152 Describe Management of bronchial asthma.

Given above

## 153 What is Water borne disease?

The pathogenic microorganisms, their toxic exudates, and other contaminants together, cause serious conditions such as **cholera**, diarrhea, typhoid, amebiasis, hepatitis, gastroenteritis, giardiasis, campylobacteriosis, scabies, and worm infections, to name a few.

<b>Viruses</b>	<b>Health effect</b>
adenovirus	conjunctivitis, diarrhea, encephalitis, respiratory and heart disease
astrovirus	diarrhea
norovirus	diarrhea, 'stomach flu'
coronavirus	diarrhea
hepatitis A virus	hepatitis
rotavirus	diarrhea
enterovirus	paralysis, meningitis, rash, fever, myocarditis, respiratory disease, diarrhea
reovirus	respiratory disease
<b>Bacteria</b>	<b>Health effect</b>
<i>Aeromonas hydrophila</i>	sepsis, gastrointestinal illness
<i>Yersinia enterocolitica</i>	gastroenteritis
<i>Salmonella (non)/typhi</i>	paratyphoid fever, gastroenteritis, typhoid fever
<i>E. coli</i> O157:H7	gastroenteritis, vomiting, hemolytic uremic syndrome, hemorrhagic colitis
<i>Shigella</i> spp.	dysentery
<i>Campylobacter</i> sp.	gastroenteritis, nervous system disorders
<i>Helicobacter pylori</i>	ulcers
<i>Legionella pneumophila</i>	Legionnaires Disease, Pontiac fever, pneumonia
<i>Vibrio cholerae</i>	diarrhea
<b>Protozoa</b>	<b>Health effect</b>
<i>Cryptosporidium parvum</i>	cryptosporidiosis
Microspora	gastroenteritis
<i>Giardia lamblia</i>	giardiasis
<i>Entamoeba histolytica</i>	dysentery
<i>Cyclospora cayetanensis</i>	gastroenteritis
<i>Acanthamoeba</i>	eye infections
<i>Toxoplasma gondii</i>	similar to mononucleosis
<i>Naegleria fowleri</i>	amoebic meningoencephalitis

## 154 What are Vector born diseases?

Vector-Borne Disease: Disease that results from an infection transmitted to humans and other animals by blood-feeding arthropods, such as mosquitoes, ticks, and fleas. Examples of vector-borne diseases include **Dengue fever, West Nile Virus, Lyme disease, and malaria.**

## 155 What things are required for foleys catheter?

1. Foleys catheter
2. Gloves
3. Lignocaine Gel
4. Urine Bag
5. Water + Syringe




## 156 What are Signs symptoms of acute appendicitis?


Symptoms already Explained

### Physical Examination

- RLQ TTP (specifically McBurney's) and rigidity are most predictive of acute appy
  - Rebound, guarding, fever, and psoas sign have additive value
- Pain on rectal exam, Rovsing's sign, increased RLQ skin temperature have **no** diagnostic value
- Psoas (13-42% sens, 79-95% spec) if performed *correctly!*



- Obturator (8% sens, 94% spec)




## 157 What is Compartment syndrome?

Compartment syndrome occurs **when the pressure within a compartment increases**, restricting the blood flow to the area and potentially damaging the muscles and nearby nerves. It usually occurs in the legs, feet, arms or hands, but can occur wherever there's an enclosed compartment inside the body.

## 158 What is population explosion? What are its side effects and how to control it.

### DEFINITION

Population explosion is the phenomenon of the size of a population tending to a very large number in a finite interval of time is called population explosion i.e. rapid increase in population for a long time may be termed as "population explosion". (Birth rate is much higher than the death rate for long time lead to population explosion)



### REASONS FOR POPULATION EXPLOSION

Human population is increasing largely due to the following reasons:

1. Rapid decline in the death rate **Maternal mortality rate (MMR)** and **Infant mortality rate (IMR)** due to better medical facilities.
2. As increase in number of people in reproductive age are probable reason for this.
3. Increase health facilities along with better living conditions.

### MEASURES TO CONTROL OVER POPULATION

Motivate smaller families through-

1. By through slogans
2. By adapting one child norm
3. Raising of marriageable age groups
4. Incentives
5. Family planning

## 159 What are maternal mortality rates ratios?

### Box 2

#### Statistical measures of maternal mortality

##### Maternal mortality ratio (MMR)

Number of maternal deaths during a given time period per 100 000 live births during the same time period.

##### Maternal mortality rate (MMRate)

Number of maternal deaths in a given period per 100 000 women of reproductive age during the same time period.

##### Adult lifetime risk of maternal death

The probability that a 15-year-old women will die eventually from a maternal cause.

##### The proportion of maternal deaths among deaths of women of reproductive age (PM)

The number of maternal deaths in a given time period divided by the total deaths among women aged 15–49 years.

In pakistan rate → 186/100000    ratio→ 276

## 160 Which model is used for breaking the bad news?

SPIKES model

The **SPIKES model** was first published in The Oncologist in 2000 as a protocol for delivering bad news to cancer patients.

## Model for Breaking Bad News

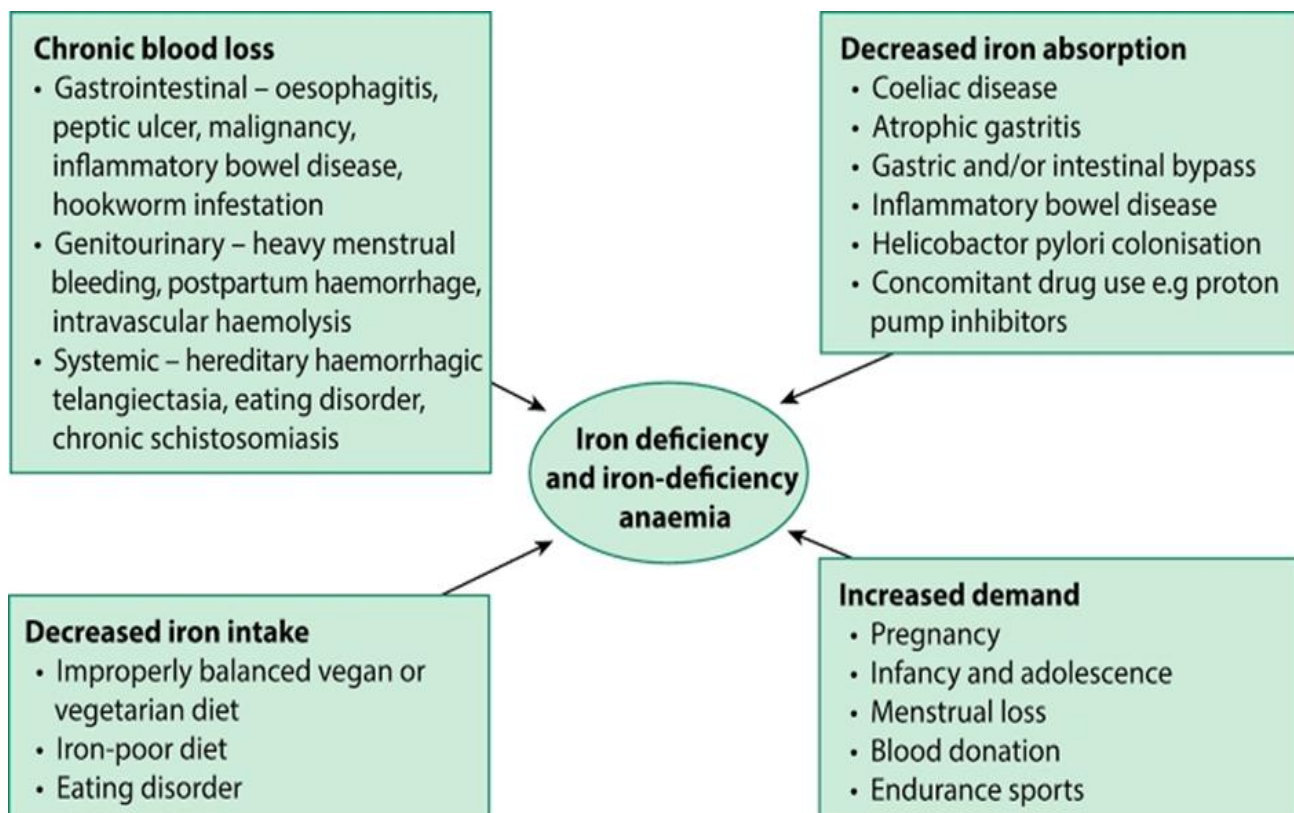
### The SPIKES Protocol

- S** **Setting** and listening skills
- P** Patient 's **Perception**
- I** **Invitation** from patient to give information
- K** **Knowledge** – giving medical facts
- E** **Explore** emotions and empathise as patient responds
- S** **Strategy** and **Summary**

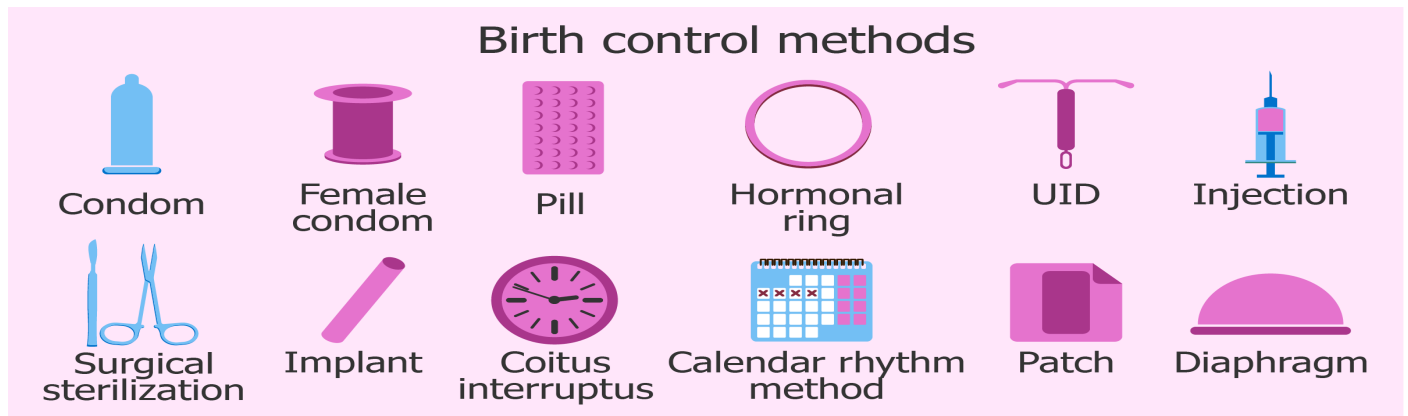
### 161 What are the four fundamentals of ethics?

Ethical principal	Summary	Example from paediatrics
Autonomy	Self-determination; includes reliability, disclosure, informed consent, confidentiality and promise observance	Obtaining consent from parents for a medical procedure (such as lumbar puncture), with assent from older children about the same procedure
Beneficence	Acting from the essence of sympathy and kindness to benefit others	Providing a broad-spectrum antimicrobial therapy to a child with bacterial meningitis
Nonmaleficence	Non-harming or inflicting the least harm possible to reach a beneficial outcome	Changing the broad-spectrum antimicrobial therapy to penicillin in a child with <i>Streptococcus</i> group B bacterial meningitis after obtaining antibiotic susceptibility testing results
Justice	Acting out of fairness for individuals, groups and society, with fair allocation of health-care resources	Having the optimal treatment available for all children who present with meningitis in any hospital in the community
Autonomy	Self-determination; includes reliability, disclosure, informed consent, confidentiality and promise observance	Obtaining consent from parents for a medical procedure (such as lumbar puncture), with assent from older children about the same procedure
Beneficence	Acting from the essence of sympathy and kindness to benefit others	Providing a broad-spectrum antimicrobial therapy to a child with bacterial meningitis

### 162 What are the causes of iron deficiency and anemia?



### 163 What are types of contraceptives?



### 164 Which contraceptives can be used patient of breast cancer?

Any non hormonal contraceptive method can be used e.g condoms, diaphragms, copper T

### 165 What is mirena, its composition, for how long it provides contraception

Mirena is a T shaped hormonal IUD containing hormone levonorgestrel and it provides protection for upto 5 years.

### 166 What are Contraindications of contraceptive?

#### Absolute:

Pregnancy

PID

Cervical or uterine CA

Vaginal bleed of unknown aetiology

Previous ectopic

#### Relative:

Anemia

Hemorrhage

Hx of PID

Cervical discharge

Unmotivated female

Menorrhagia

### 167 Which anti psychotic causes weight gain?

Most of antipsychotics cause weight gain. Olanzapine and clozapine have highest risk.

### **168 What is primary health care?**

An essential health care made universally available to all individuals and families in community by means acceptable to them through their full participation at a cost that community and country can afford.

### **169 What are the types of consent?**

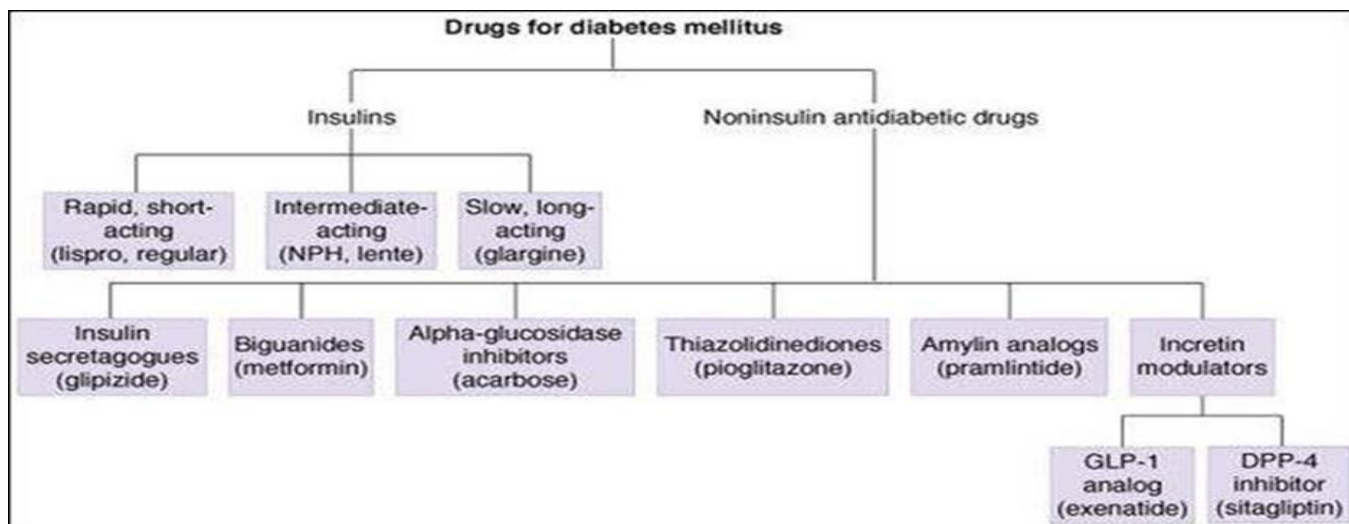
Implied consent : by agreeing to treatment

Verbal consent: given verbally in a non risky procedure

Written consent: for high risk treatment options.

Informed consent: doc informs about every aspect of disease n prognosis and then takes consent.

170 Name an Anti diabetic.



Class	Compounds	Mechanistic	Benefits	Side effects/ Disadvantages
<b>Insulins</b>	<ul style="list-style-type: none"> <li>Human NPH</li> <li>Human Regular</li> <li>Lispro</li> <li>Aspart</li> <li>Glulsine</li> <li>Glargine</li> <li>Detemir</li> <li>Pre mixed</li> <li>Several types</li> </ul>	<ul style="list-style-type: none"> <li>Activates insulin receptors.</li> <li>↓ glucose disposal</li> <li>↑ hepatic glucose production</li> </ul>	<ul style="list-style-type: none"> <li>Universally effective</li> <li>Theoretically unlimited efficacy</li> <li>↓ microvascular risk.(UKPDS)</li> <li>Variable cost</li> </ul>	<ul style="list-style-type: none"> <li>Hypoglycaemia</li> <li>Weight gain</li> <li>Mitogenetic effect</li> <li>Injectable</li> <li>Training requirements</li> <li>Stigma (for patients)</li> </ul>
<b>GLP-1 agonists (e. exenatide (BYETTA) Liraglutide (VICTOSA))</b>	<ul style="list-style-type: none"> <li>Exenatide</li> <li>Exenatide extended release</li> <li>Liraglutide</li> </ul>	<ul style="list-style-type: none"> <li>Activates GLP-1 receptors</li> <li>↑ Insulin secretion (glucose-dependent)</li> <li>↓ Glucagon secretion (glucose-dependent)</li> <li>Slows gastric emptying</li> <li>↑ Satiety</li> </ul>	<ul style="list-style-type: none"> <li>No hypoglycaemia</li> <li>Weight reduction</li> <li>? Potential for improved beta cell mass/function</li> <li>? Cardiovascular protective actions</li> </ul>	<ul style="list-style-type: none"> <li>Gastrointestinal side effects (nausea/vomiting)</li> <li>? Acute pancreatitis</li> <li>C cell hyperplasia/ medullary thyroid tumours in animals</li> <li>Injectable</li> <li>Training requirements</li> <li>High cost</li> </ul>
<b>Biguanides</b>	Metformin	<ul style="list-style-type: none"> <li>Activates AMP-Kinase</li> <li>↓ hepatic glucose production</li> </ul>	<ul style="list-style-type: none"> <li>Extensive experience</li> <li>No weight gain</li> <li>No hypoglycaemia</li> <li>Likely ↓CVD events (UKPDS)</li> <li>Low cost</li> </ul>	<ul style="list-style-type: none"> <li>Gastrointestinal side effects (diarrhoea, abdominal cramping)</li> <li>Lactic acidosis risk (rare)</li> <li>Vit B12 deficiency</li> <li>Multiple contraindications: CKD, acidosis, hypoxia, dehydration, etc.</li> </ul>
<b>Sulphonylureas</b>	2nd generation: <ul style="list-style-type: none"> <li>Glibenclamide/ glyburide</li> <li>Glipizide</li> <li>Gliclazide</li> <li>Glimepiride</li> </ul>	<ul style="list-style-type: none"> <li>Closes KATP channels on beta cell plasma membranes</li> <li>↑ Insulin secretion</li> </ul>	<ul style="list-style-type: none"> <li>Extensive experience</li> <li>↓ Microvascular risk (UKPDS)</li> <li>Low cost</li> </ul>	<ul style="list-style-type: none"> <li>Hypoglycaemia</li> <li>Weight gain</li> <li>? Blunts myocardial ischaemic preconditioning</li> <li>Low durability</li> </ul>
<b>'Glinides' (Meglitinides)</b>	<ul style="list-style-type: none"> <li>Repaglinide</li> <li>Nateglinide</li> </ul>	<ul style="list-style-type: none"> <li>Closes KATP channels on beta cell plasma membranes</li> <li>↑ Insulin secretion</li> </ul>	<ul style="list-style-type: none"> <li>Postprandial glucose excursions</li> <li>Dosing flexibility</li> </ul>	<ul style="list-style-type: none"> <li>Hypoglycaemia</li> <li>Weight gain</li> <li>? Blunts myocardial ischaemic preconditioning</li> <li>High cost</li> </ul>
<b>Thiazolidinediones</b>	<ul style="list-style-type: none"> <li>Pioglitazone</li> <li>Rosiglitazone</li> </ul>	<ul style="list-style-type: none"> <li>Activates the nuclear transcription factor PPAR-γ</li> <li>↑ Insulin sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>No hypoglycaemia</li> <li>Durability</li> <li>HDL-C</li> <li>↓ Triacylglycerols (pioglitazone)</li> <li>? ↓CVD events (ProACTIVE, pioglitazone)</li> </ul>	<ul style="list-style-type: none"> <li>Weight gain</li> <li>Oedema/heart failure</li> <li>Bone fractures</li> <li>↑ LDL-C (rosiglitazone)</li> <li>? ↑MI (meta-analyses, rosiglitazone)</li> <li>? ↑Bladder cancer (pioglitazone)</li> <li>High cost</li> </ul>
<b>'Gliptins' (DPP4 inhibitors)</b>	<ul style="list-style-type: none"> <li>Sitagliptin</li> <li>Vildagliptin</li> <li>Saxagliptin</li> <li>Linagliptin</li> <li>Alogliptin</li> </ul>	<ul style="list-style-type: none"> <li>Inhibits DPP-4 activity, increasing postprandial active incretin (GLP-1, GIP) concentrations</li> <li>↑ Insulin secretion (glucose-dependent)</li> <li>↓ Glucagon secretion (glucose-dependent)</li> </ul>	<ul style="list-style-type: none"> <li>No hypoglycaemia</li> <li>Well tolerated</li> <li>No weight gain</li> </ul>	<ul style="list-style-type: none"> <li>Generally modest HbA1c efficacy</li> <li>Urticaria/angioedema</li> <li>? Pancreatitis</li> <li>High cost</li> </ul>
<b>α-glucosidase inhibitors</b>	<ul style="list-style-type: none"> <li>Acarbose</li> <li>Miglitol</li> <li>Vogliboseb,d</li> </ul>	<ul style="list-style-type: none"> <li>Inhibits intestinal α-glucosidase</li> <li>Slows intestinal carbohydrate digestion/ absorption</li> </ul>	<ul style="list-style-type: none"> <li>No hypoglycaemia</li> <li>↓ Postprandial glucose efficacy</li> <li>Excursions</li> <li>? ↓CVD events (STOP-NIDDM)</li> <li>Non-systemic</li> </ul>	<ul style="list-style-type: none"> <li>Generally modest HbA1c</li> <li>Gastrointestinal side effects (flatulence, diarrhoea)</li> <li>Frequent dosing schedule</li> <li>Modest cost</li> </ul>

## Dermatitis & Eczema

**Eczema** : means inflammation of skin whether immunologically mediated or not, characterized by itching. It is not a clinical diagnosis, It is a group of diseases.

**Dermatitis** : is the medical (latin) name for eczema.

**Atopy**: a genetically predisposition to develop a itchy skin inflammation.

Classification :

1- according to the onset :

a) Acute

➤ Characterized by erythema (fiery red), oozing, blisters, erosions and itching.

b) Sub acute

➤ Characterized by erythema, OPEN blisters, visible scales and crustation, erosions and itching.

c) Chronic

➤ None of the signs of acute presentation, Except itching.  
➤ thickening of the **skin** with exaggeration of the normal **skin** markings (lichenification)

N:B: Itching is present in all three sub-types.

2- according to the cause:

a) Contact dermatitis

b) Atopic dermatitis

### Table 3. Indications for Referral to a Dermatologist

Uncertain diagnosis

Attempts at management have not controlled the symptoms  
Patient has atopic dermatitis on the face that has not responded to treatment

Patient has frequent flare-ups or severe atopic dermatitis

Patient requires systemic therapies for flare-ups or maintenance

Condition is causing significant psychosocial disturbances (e.g., sleep disruption, school or work attendance problems)

Contact allergic dermatitis is suspected (especially on the face, eyelids, or hands)

*Information from references 11 and 26.*

### Causes

#### Acute Diarrhea

Acute diarrhea may be due to infections with bacteria, viruses or parasites. Diarrhea is more common in children attending day care and is usually due to a virus. While cases of diarrhea due to infection are usually mild and go away on their own, it is important to avoid becoming dehydrated from loss of body fluid in diarrheal stools.

#### Chronic Diarrhea

There are many causes of chronic diarrhea. Chronic diarrhea is due to a disease that causes inflammation of the bowel and/or malabsorption of nutrients.

Common causes of chronic diarrhea are shown below:

- Diarrhea following infection (post infectious diarrhea):
  - Infections such as giardia can lead to chronic diarrhea
- Chronic nonspecific diarrhea:
  - Seen in toddlers and is usually dietary in origin, such as from drinking too much juice or carbohydrate sweetened liquids such as sports drinks or other products. It resolves by simply limiting the amount of juice or carbohydrate sweetened liquid intake.
- Celiac disease (gluten intolerance):
  - With an estimated incidence of 1:133 individuals, Celiac disease presents with chronic symptoms including constipation, diarrhea, poor weight gain, decreased energy, and abdominal distension. Children with type 1 diabetes and other autoimmune disorders as well as Down's syndrome are at increased risk for Celiac disease.
- Inflammatory bowel disease (ulcerative colitis and Crohn disease):
  - A disease where there is inflammation of the intestines and/or colon that can lead to chronic diarrhea. Other symptoms include weight loss or poor weight gain, poor growth and abdominal pain.
- Lactose intolerance:
  - An inability to digest lactose, a sugar found in milk and milk products, can lead to chronic diarrhea. Other symptoms include abdominal pain and distention, excessive burping and gas.
- Irritable bowel syndrome:
  - A common cause of diarrhea in teenagers, although many patients will present with abdominal pain and diarrhea that alternates with constipation.
- Diarrhea after antibiotic use (antibiotic associated colitis):
  - Diarrhea can be seen after antibiotic use and is thought to be due to an imbalance between the 'good and bad' bacteria in the intestine. One such bacterium is called *Clostridium difficile*.
- Risk Factors
- Risk factors for infectious causes of diarrhea include travel to foreign countries, swimming in lakes and ponds, attendance at day care, foster home and school as well as sick contacts at home. Recent antibiotic use can also put individuals at risk for developing diarrhea. Celiac disease and inflammatory bowel disease (IBD) have been associated with certain genes and families with first-degree relatives with these diseases are at greater risk.
- 
- Diagnosis

#### Acute Diarrhea

Diarrhea due to acute infection (acute gastroenteritis) usually does not require tests. In some cases doctors will order blood tests to determine if a child is dehydrated. Collection of stool samples (stool cultures) can be done to



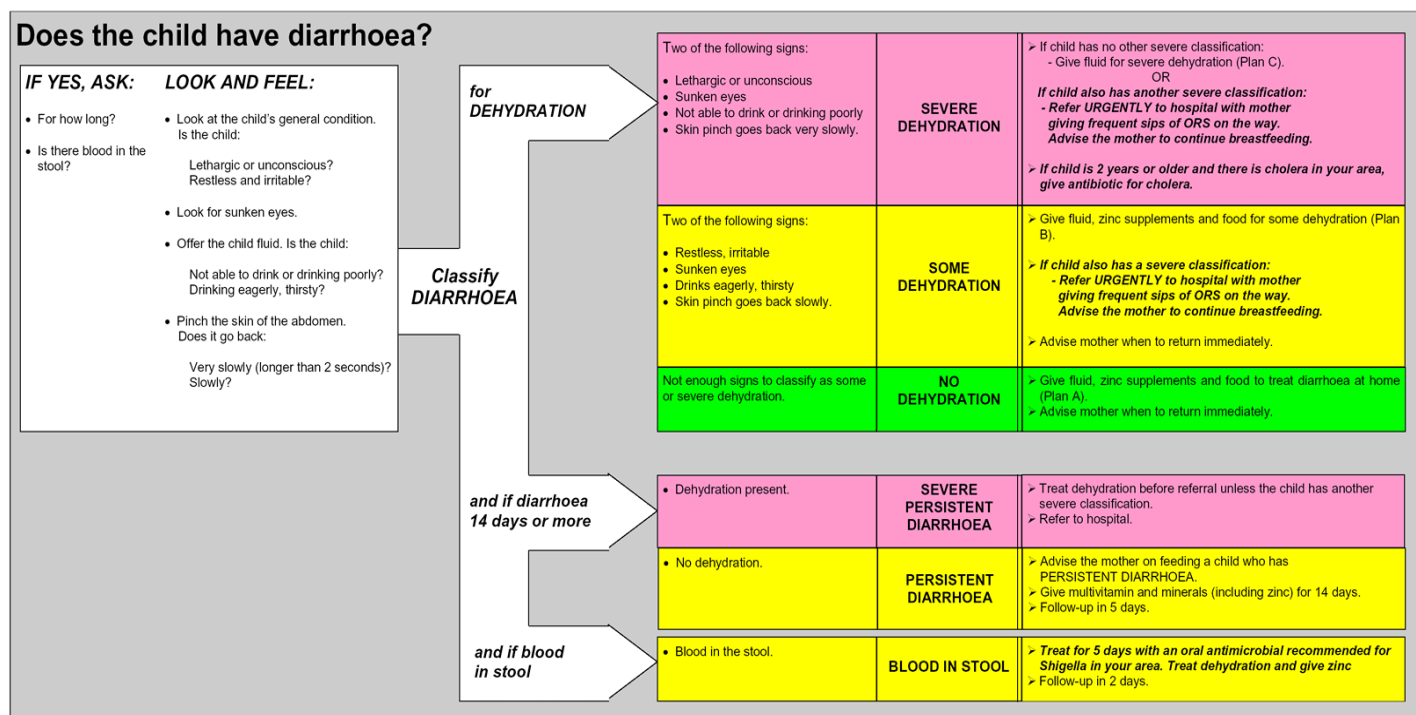
identify the specific cause of the diarrhea in some children, especially if they have blood in stools. Stool cultures can take from 2 to 5 days before a result is available. Stool studies can also be done to look for parasites including Giardia. In many cases of acute infectious diarrhea, a precise cause will not be identified despite stool testing.

### Chronic Diarrhea

The diagnosis of chronic diarrhea usually requires confirmatory tests. Establishing the exact cause of chronic diarrhea may require several different tests, some of which are listed below:

- Blood tests to look for anemia and inflammation, assess for dehydration and nutrition status and screen for possible Celiac disease.
- Stool studies to look for possible bacterial, viral or parasitic etiologies.
- X-ray studies are not routinely performed but may be useful in some circumstances to evaluate the liver and gastrointestinal tract if other causes are suspected.
- Upper endoscopy and/or colonoscopy with biopsy to assess for inflammation. An upper endoscopy can help to definitively diagnose Celiac disease. A colonoscopy is invaluable in making the diagnosis of inflammatory bowel disease and figuring out what portion of the colon is involved with the inflammation. It can also help to diagnose diarrhea that follows antibiotic use and to diagnose rare conditions such as lymphocytic colitis.
- Lactose breath hydrogen test to diagnose lactose intolerance.

Your physician can assist you in choosing the best treatment after determining the cause of your child's diarrhea.



# GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

## Plan A: Treat Diarrhoea at Home

Counsel the mother on the 4 Rules of Home Treatment:  
Give Extra Fluid, Give Zinc Supplements, Continue Feeding, When to Return

- GIVE EXTRA FLUID** (as much as the child will take)
  - TELL THE MOTHER:
    - Breastfeed frequently and for longer at each feed.
    - If the child is exclusively breastfed, give ORS or clean water in addition to breastmilk.
    - If the child is not exclusively breastfed, give one or more of the following: ORS solution, food-based fluids (such as soup, rice water, and yoghurt drinks), or clean water.
  - It is especially important to give ORS at home when:
    - the child has been treated with Plan B or Plan C during this visit.
    - the child cannot return to a clinic if the diarrhoea gets worse.
  - TEACH THE MOTHER HOW TO MIX AND GIVE ORS. GIVE THE MOTHER 2 PACKETS OF ORS TO USE AT HOME.
  - SHOW THE MOTHER HOW MUCH FLUID TO GIVE IN ADDITION TO THE USUAL FLUID INTAKE:
    - Up to 2 years: 50 to 100 ml after each loose stool and between them
    - 2 years or more: 100 to 200 ml after each loose stool and between them
  - Tell the mother to:
    - Give frequent small sips from a cup.
    - If the child vomits, wait 10 minutes. Then continue, but more slowly.
    - Continue giving extra fluid until the diarrhoea stops.
- GIVE ZINC SUPPLEMENTS**
  - TELL THE MOTHER HOW MUCH ZINC TO GIVE:
    - Up to 6 months: 1/2 tablet per day for 14 days
    - 6 months or more: 1 tablet per day for 14 days
  - SHOW THE MOTHER HOW TO GIVE ZINC SUPPLEMENTS
    - Infants: dissolve the tablet in a small amount of expressed breastmilk, ORS or clean water, in a small cup or spoon
    - Older children: tablets can be chewed or dissolved in a small amount of clean water in a cup or spoon
  - REMIND THE MOTHER TO GIVE THE ZINC SUPPLEMENTS FOR THE FULL 14 DAYS
- CONTINUE FEEDING**
- WHEN TO RETURN**

See COUNSEL THE MOTHER chart

## Plan B: Treat Some Dehydration with ORS

Give in clinic recommended amount of ORS over 4-hour period

DETERMINE AMOUNT OF ORS TO GIVE DURING FIRST 4 HOURS.

AGE*	Up to 4 months	4 months up to 12 months	12 months up to 2 years	2 years up to 5 years
WEIGHT	< 6 kg	6 - < 10 kg	10 - < 12 kg	12 - 19 kg
In ml	200 - 400	400 - 700	700 - 900	900 - 1400

\* Use the child's age only when you do not know the weight. The approximate amount of ORS required (in ml) can also be calculated by multiplying the child's weight (in kg) times 75.

- If the child wants more ORS than shown, give more.
  - For infants under 6 months who are not breastfed, also give 100-200 ml clean water during this period.
- SHOW THE MOTHER HOW TO GIVE ORS SOLUTION.
- Give frequent small sips from a cup.
  - If the child vomits, wait 10 minutes. Then continue, but more slowly.
  - Continue breastfeeding whenever the child wants.
- AFTER 4 HOURS:
- Reassess the child and classify the child for dehydration.
  - Select the appropriate plan to continue treatment.
  - Begin feeding the child in clinic.
- IF THE MOTHER MUST LEAVE BEFORE COMPLETING TREATMENT:
- Show her how to prepare ORS solution at home.
  - Show her how much ORS to give to finish 4-hour treatment at home.
  - Give her enough ORS packets to complete rehydration. Also give her 2 packets as recommended in Plan A.
  - Explain the 4 Rules of Home Treatment:
- GIVE EXTRA FLUID**
  - GIVE ZINC SUPPLEMENTS**
  - CONTINUE FEEDING**
  - WHEN TO RETURN**

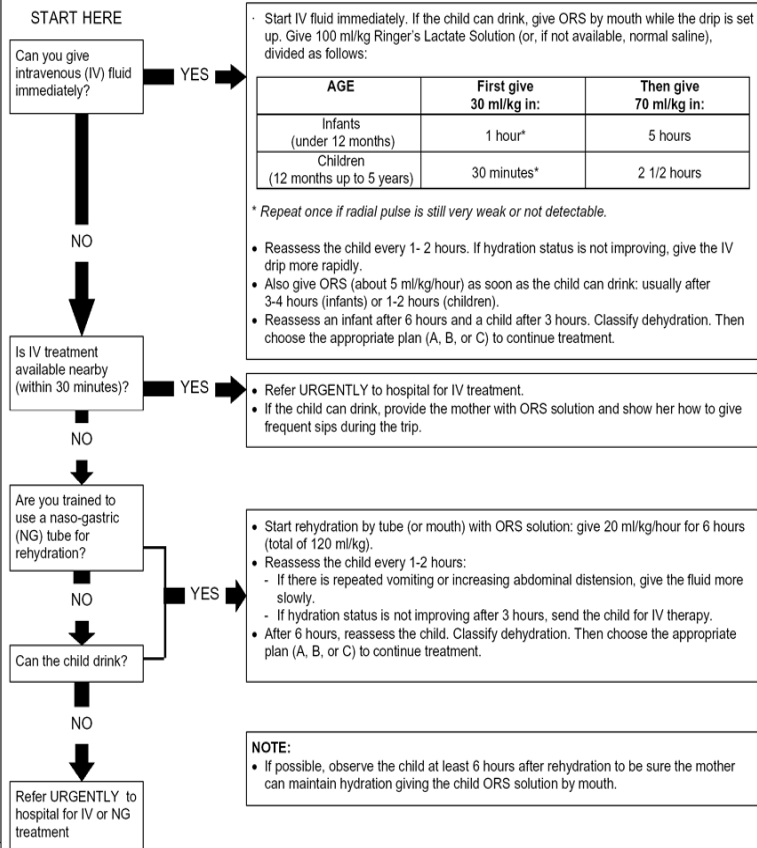
See Plan A for recommended fluids and  
and  
See COUNSEL THE MOTHER chart

# GIVE EXTRA FLUID FOR DIARRHOEA AND CONTINUE FEEDING

(See FOOD advice on COUNSEL THE MOTHER chart)

## Plan C: Treat Severe Dehydration Quickly

FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN.



IMMUNIZE EVERY SICK CHILD, AS NEEDED

## 173 What are medicolegal cases?

### WHAT IS MEDICO LEGAL CASE?

- A Medico-Legal Case can be defined as a case of injury or ailment, etc., in which investigations by the law-enforcing agencies are essential to fix the responsibility regarding the causation of the injury or ailment.
- It is a medical case with legal implications for the attending doctor where the attending doctor, after eliciting history and examining the patient, thinks that some investigation by law enforcement agencies is essential.
- It may be a legal case requiring medical expertise when brought by the police for examination.

### DOCTOR'S DUTY

- Every doctor under law bound by a contract to serve its patient and can not refuse treatment.
- Every doctor has to fulfill certain legal requirements in service by compulsion or voluntarily as defined under law.
- Medico legal case (MLC) examination and reporting is one of the legal responsibility of all doctors working in a hospital.

### LIST OF MEDICO-LEGAL CASE

- All cases of injuries and burns -the circumstances of which suggest commission of an offense by somebody. (irrespective of suspicion of foul play)
- All vehicular, factory or other unnatural accident cases specially when there is a likelihood of patient's death or grievous hurt.
- Cases of suspected or evident sexual assault.
- Cases of suspected or evident criminal abortion.
- Cases of unconsciousness where its cause is not natural or not clear.
- All cases of suspected or evident poisoning or intoxication.
- Cases referred from a court or otherwise for age estimation.
- Cases brought dead with improper history creating suspicion of an offense.
- Cases of suspected self-infliction of injuries or attempted suicide.
- Any other case not falling under the above categories but has legal implications.

### PROCEDURE FOR REGISTERING A MEDICO LEGAL CASE

- TREATMENT (All legal formalities to be suspended till the patient is resuscitated)
- IDENTIFICATION (Whether the said case falls under Medico Legal Case or not)
- INTIMATION TO POLICE (if it does fall in this category, then he must register the case as an MLC and/ or intimate the same to the nearest police station, either by telephone or in writing.)
- ACKNOWLEDGEMENT RECEIPT (From the police should be received for future reference.)

### REPORTING OF MEDICO LEGAL CASE

- Reports must be prepared in duplicate on proper pro-forma giving all necessary details
- Avoid abbreviations, over writings. Correction if any, should be initialed with date and time.
- Reports must be submitted to the authorities promptly.
- Medico-legal documents should be stored under safe custody for 10 years

- Age, sex, father's name, complete address, date and time of reporting, time of incident, brought by whom.
- Identification marks and finger impressions
- All MLC to be informed to the police for taking legal evidence
- If the patient is dying, inform the magistrate to record 'dying declaration'.

#### CONCLUSION

- In any of the medico-legal cases, it is the legal duty of the treating doctor to report it to the nearest police station immediately after completing primary lifesaving medical care.
- The idea is to initiate the legal proceeding at the earliest is so that maximum evidence can be collected by the police officer.
- Quick action by the police also helps to avoid the destruction of evidence by the treating physician

#### Q 174 CASE OF RTA ?

Road Traffic accidents or RTAs are as grim as any other [medical emergency](#) and one should know how to handle it. More than 1200 accidents occur every day in PAKISTAN .

If you receive a patient on road of road traffic accident then follow these steps

#### ABC IS ESSENTIAL MOST STEP

- If the victim is breathing, then he can be placed on his back.
- If there is any visible bleeding, the area should be covered and pressed firmly.
- The victim shouldn't be given water or forced to sit.
- Don't move the victim by holding his hands and legs.
- Specific care should be taken to ensure that patient's neck doesn't move.
- In case of any visible [fracture/ deformity](#), the area should be supported with a hard plate or board under the affected part and immobilized using a cloth or tape.
- If the victim is not breathing, then a Cardiopulmonary resuscitation (CPR) is required. You can start CPR if you are trained in it.
- Ensure that the ambulance is on its way.

Once the ambulance arrives, the patient should be lifted upon stretcher or stiff board. This is important as lesser the movement, the lesser are the chances of worsening the injuries. The ambulance team assesses the patient and commences appropriate resuscitative measures en-route. The Emergency Room is alerted at once to await the arrival of the injured patient.

In a contemporary ER, a rapid structured assessment of patient happens on arrival by a doctor trained in advanced trauma management. Advanced resuscitative measures are commenced promptly including arresting of haemorrhage, appropriate blood product resuscitation and a need based evaluation using CT scans and other imaging modalities.

Trauma resuscitation is all about team work involving several specialists. A good ER will ensure early involvement of specialists from fields like Anaesthesia, [Orthopaedics](#), [Neuro-surgery](#), Cardiothoracic, etc. Ideally the doctors in the ER should be trained in Advanced Trauma Life Support (ATLS), which is the standard of care for the trauma patients.

The initial evaluation is done to:

- Identify life threatening injuries.

- Initiate adequate supportive therapy.
- Organise definitive therapy or transfer to a facility that provides definitive therapy.

The patient should be handled minimally and gently, and ideally, be transported only in an ambulance. The patient should be promptly shifted to advanced trauma care centre where a skilled ER team works together with various specialists backed by advanced investigative modalities. Timely help during the golden hour and an early goal directed therapy provided by a quick response trauma team of a well-equipped hospital can definitely change the results in a drastic way and reduce mortality and morbidity to a large extent.

## Q.175 WHAT IS UROLOGY?

what is urology? In simple terms, urology is the branch of medicine concerned with the urinary system of both males and females. It also covers health conditions related to male genitals and male reproduction.

There are several organs, and their components, that comprise the field of urology. Urologists routinely treat patients for problems with:

- The Bladder
- Kidneys
- Adrenal glands (located on top of each kidney)
- Ureters
- Urethra
- Testes
- [Epididymis](#)
- [Vas deferens](#)
- [Seminal vesicles](#)
- Prostate gland
- Penis

### What is a urologist?

A urologist is a medical specialist who undergoes training in diseases of the male and female urinary systems, as well as the male reproductive system

While they often collaborate on patient care, a urologist is different than a nephrologist. [Nephrology](#) is a separate field of medicine that specifically focuses on kidney function and disease. While a urologist treats patients for kidney stones or kidney cancer – offering surgical options, a nephrologist treats patients who have diabetes. Nephrology is a non-surgical field, which mean that nephrologists are not surgeons.

### What are the subspecialty areas of urology?

Urology is classified as a [surgical subspecialty](#). The American Urological Association has identified eight subspecialty areas:

- Erectile dysfunction (impotence)
- Female urology
- Male infertility
- Neurourology
- Pediatric urology (Urology Austin does not treat this area.)

- Renal transplantation
- Urinary tract stones
- Urologic oncology

### **Urology health conditions**

The range of health conditions associated with urology is quite large and diverse, from problems with urinary control to cancers. Here is a general list of conditions treated by a urologist:

- [Urinary incontinence](#)
- [Urinary tract infection](#)
- [Kidney stones](#)
- [Bladder stones](#)
- [Low testosterone](#)
- [Erectile Dysfunction](#)
- [Penile curvature](#)
- [Male infertility](#)
- [Prostatitis](#) (inflammation / infection of the prostate)
- [Enlarged prostate](#)
- [Blood in the urine](#) (hematuria)
- [Overactive bladder](#)
- [Pelvic Organ Prolapse](#)
- [Premature ejaculation](#)
- [Prostate cancer](#)

### **Q176 WHAT IS URS ?**

**Ureteroscopy (URS)** is a form of minimally invasive surgery using a small telescope that is passed through the urethra and into the ureter to remove a stone. Often the stone requires fragmentation with a laser which then allows the smaller fragments to be removed with a grasping device. Only about 10-15% of urethral stones require surgical intervention. URS is approximately 95% successful in removing stones in the lower ureter and about 85-90% successful in treating and removing stones in the upper ureter and kidney.

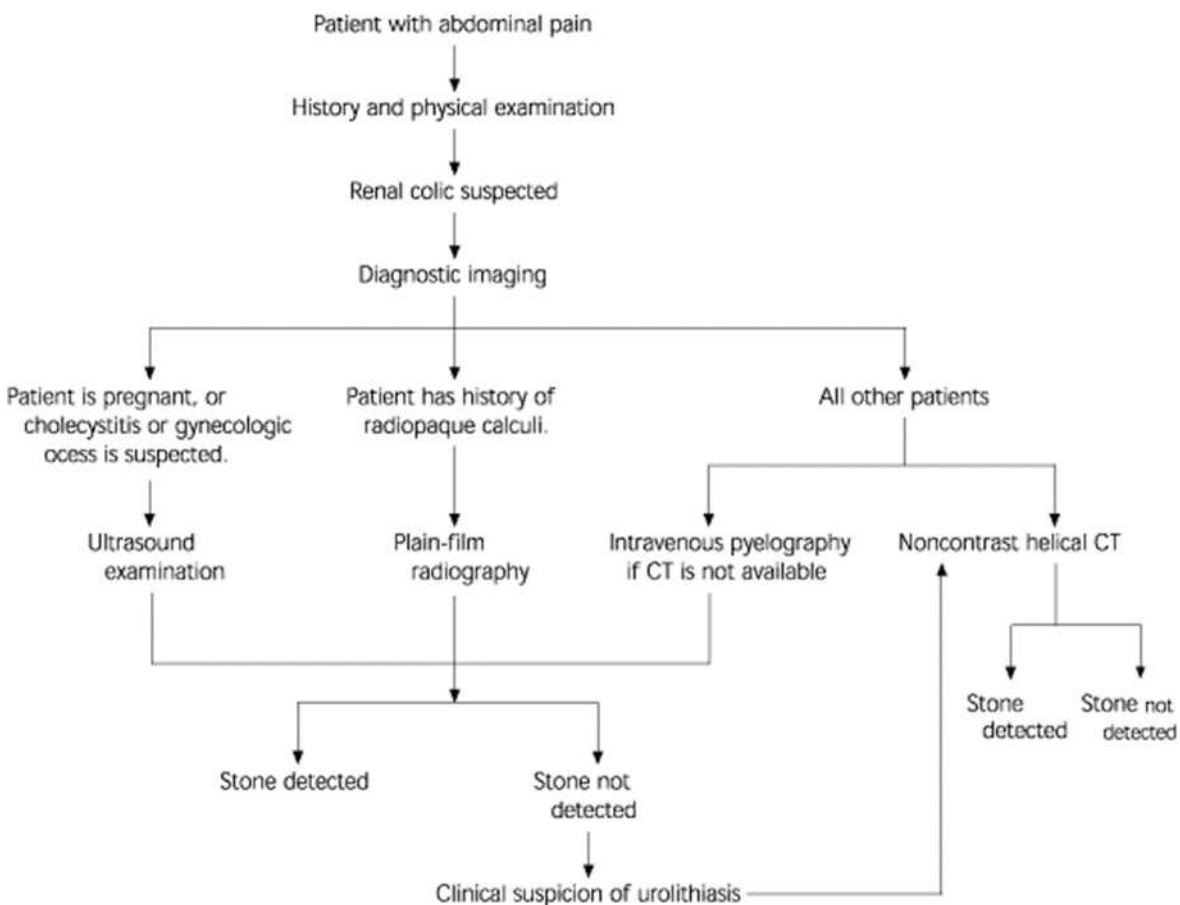
#### **Procedure**

URS is an [outpatient procedure](#) meaning that [patients](#) generally go home the same day. The procedure is typically done using general anesthesia however sometimes regional anesthesia can be used successfully in select cases. A preoperative antibiotic is usually given to prevent infection. The procedure can vary in length-sometimes as short as 20 minutes for small un-complicated stones, to one (1) or longer for larger, more complicated stones.

## 177 How to approach kidney stones?

### Treatment Modalities for Renal and Ureteral Calculi

TREATMENT	INDICATIONS	ADVANTAGES	LIMITATIONS	COMPLICATIONS
Extracorporeal shock wave lithotripsy	Radiolucent calculi Renal stones <2 cm Ureteral stones <1 cm	Minimally invasive Outpatient procedure	Requires spontaneous passage of fragments Less effective in patients with morbid obesity or hard stones	Ureteral obstruction by stone fragments Perinephric hematoma
Ureteroscopy	Ureteral stones	Definitive Outpatient procedure	Invasive Commonly requires postoperative ureteral stent	Ureteral stricture or injury
Ureterorenoscopy	Renal stones <2 cm	Definitive Outpatient procedure	May be difficult to clear fragments Commonly requires postoperative ureteral stent	Ureteral stricture or injury
Percutaneous nephrolithotomy	Renal stones >2 cm Proximal ureteral stones >1 cm	Definitive	Invasive	Bleeding Injury to collecting system Injury to adjacent structures



## 178 What is Oncology.

Oncology is the branch of medicine that researches, identifies and treats cancer. A physician who works in the field of oncology is an oncologist.

## 179 What are the types of Lung cancer?

**Table 9.5:** Cancers of the Lung

CANCER	CHARACTERISTIC HISTOLOGY	ASSOCIATION	LOCATION	COMMENT
Small cell carcinoma	Poorly differentiated small cells (Fig. 9.19) with neuroendocrine differentiation, chromogranin positive	Male smokers	Central	Rapid growth and early metastasis; may produce endocrine (e.g., ADH or ACTH) or nervous system (e.g., Lambert-Eaton myasthenic syndrome) paraneoplastic syndromes
Adenocarcinoma	Glands, mucin (Fig. 9.20A), or TTF-1 expression by immunohistochemistry (IHC)	Most common tumor in nonsmokers and female smokers	Peripheral (Fig. 9.20B)	Adenocarcinoma in-situ exhibits columnar cells that grow along preexisting bronchioles and alveoli (Fig. 9.21); may present as pneumonia-like consolidation on imaging
Squamous cell carcinoma	Keratin pearls, intercellular bridges (Fig. 9.22A,B), or p40 expression by IHC	Most common tumor in male smokers	Central (Fig. 9.22C)	May produce PTHrP
Large cell neuroendocrine carcinoma	Poorly differentiated large cells (no glands, mucin, TTF-1, keratin pearls, intercellular bridges, or p40)	Smoking	Central or peripheral	Diagnosis of exclusion
Carcinoid tumor	Well differentiated neuroendocrine cells (nests); chromogranin positive (Fig. 9.23A,B)	Not significantly related to smoking	Central or peripheral; when central, classically forms a polyp-like mass in the bronchus (Fig. 9.23C)	Low-grade malignancy; rarely, can cause carcinoid syndrome
Metastasis to lung	Most common sources are breast and colon carcinoma		Multiple 'cannon-ball' nodules on imaging	More common than primary tumors

## 180 What is Breast cancer and its treatment options?

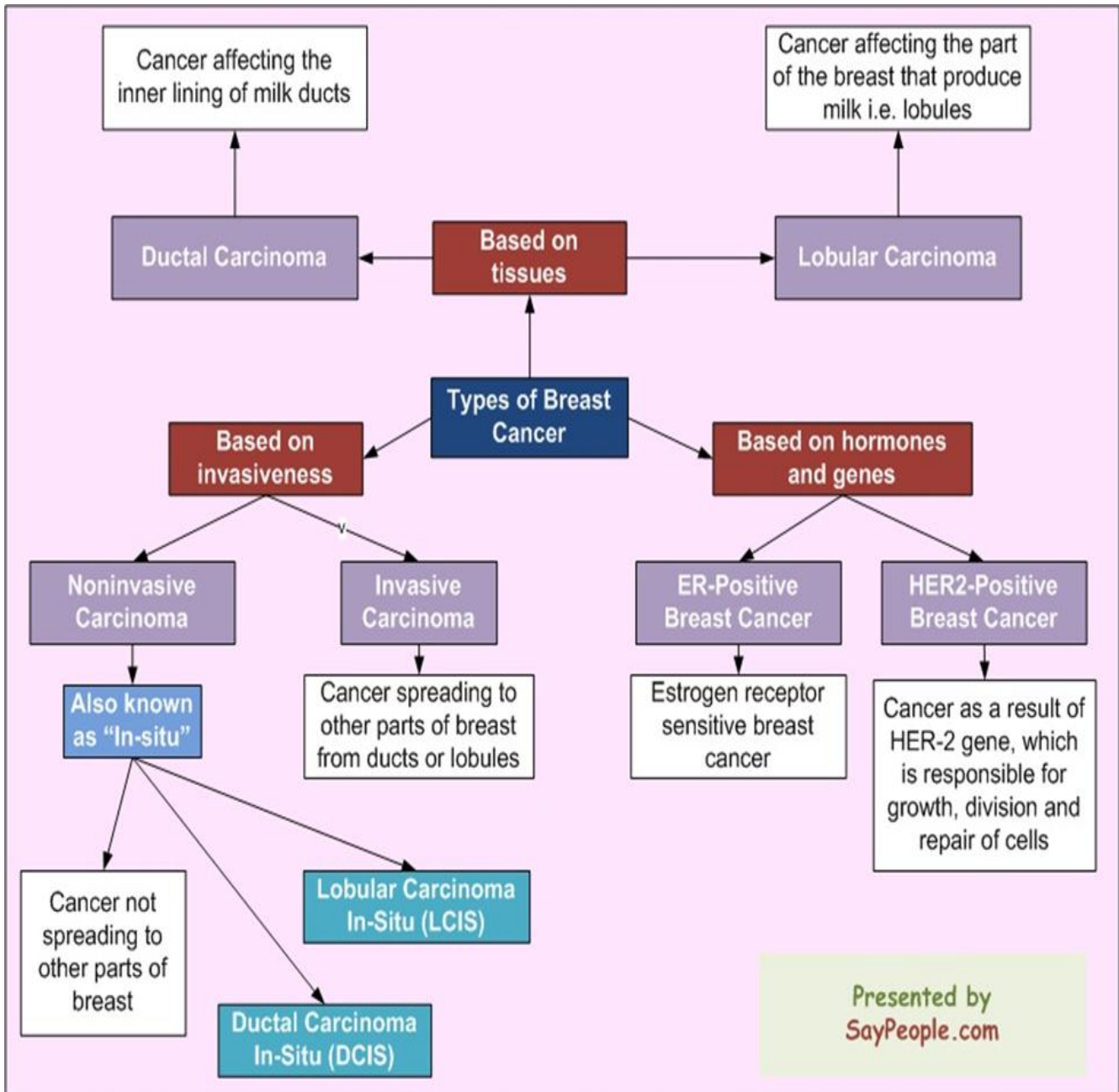
Breast cancer can begin in different areas of the breast — the ducts, the lobules, or in some cases, the tissue in between. the intrinsic or molecular subtypes of breast cancer.

### Ductal Carcinoma In Situ (DCIS)

- [Invasive Ductal Carcinoma \(IDC\)](#)
- [IDC Type: Tubular Carcinoma of the Breast](#)
- [IDC Type: Medullary Carcinoma of the Breast](#)
- [IDC Type: Mucinous Carcinoma of the Breast](#)
- [IDC Type: Papillary Carcinoma of the Breast](#)
- [IDC Type: Cribriform Carcinoma of the Breast](#)
- [Invasive Lobular Carcinoma \(ILC\)](#)
- [Inflammatory Breast Cancer](#)
- [Lobular Carcinoma In Situ \(LCIS\)](#)
- [Male Breast Cancer](#)



- [Molecular Subtypes of Breast Cancer](#)
- [Triple-Negative Breast Cancer](#)
- [Paget's Disease of the Nipple](#)
- [Phyllodes Tumors of the Breast](#)
- [Recurrent Breast Cancer](#)
- [Metastatic Breast Cancer](#)



## Summary box 53.3

### Algorithm for management of operable breast cancer

- Achieve local control
- Appropriate surgery
  - Wide local excision (clear margins) and radiotherapy, or
  - Mastectomy ± radiotherapy (offer reconstruction – immediate or delayed)
  - Combined with axillary procedure (see text)
  - Await final pathology and receptor measurements
  - Use risk assessment tool; stage if appropriate
- Treat risk of systemic disease
  - Offer chemotherapy if prognostic factors poor; include Herceptin if Her-2 positive
  - Radiotherapy as decided above
  - Hormone therapy if oestrogen receptor or progesterone receptor positive

## T, N, M categories: Breast Cancer Example

Category	Description
Tx	Primary tumor cannot be assessed
T0	No evidence of primary tumor
Tis	Carcinoma in situ (DCIS)
T1mi	Tumor ≤ 0.1 cm
T1a	Tumor >0.1 – 0.5 cm
T1b	Tumor >0.5 – 1.0 cm
T1c	Tumor >1.0 – 2.0 cm
T2	Tumor >2.0 – 5.0 cm
T3	Tumor >5.0 cm
T4	Tumor invades chest wall or skin

Category	Description
NX	Regional nodes cannot be assessed
N0	No regional node spread
N1mi	Regional node spread; ≤0.2mm
N1	1 – 3 positive regional nodes
N2	4 – 9 positive regional nodes
N3	≥10 positive regional node Infraxillary nodes Supraclavicular nodes Positive axillary and internal mammary nodes

Category	Description
M0	No distant metastases
M1	Distant metastases present

(There is no MX category in any TNM staging)



# DEPRESSION

## Symptoms



ISOLATION



NO ENERGY



NO CONCENTRATION



ANGER



ALCOHOL AND DRUG ABUSE



SADNESS



NO APPETITE



SLEEP PROBLEM



THOUGHTS OF DEATH



GUILT



## What can you do



TRAVEL



DOCTOR



VITAMINS



ANTIDEPRESSANTS



SLEEP MIN 8H



YOGA



POSITIVE THOUGHTS



CREATIVITY



MUSIC



SCHEDULE



COMMUNICATION



BATH

The symptoms of schizophrenia are usually classified into: positive symptoms – any change in behaviour or thoughts, such as hallucinations or delusions. negative symptoms – where people appear to withdraw from the world around them, take no interest in everyday social interactions, and **often appear emotionless and flat.**

blunted affect (diminished facial and emotional expression), avolition (decrease in verbal output or verbal expressiveness), asociality (lack of involvement in social relationships of various kinds), avolition (a subjective reduction in interests, desires, and goals and a behavioral reduction of self-initiated and purposeful acts), and anhedonia (inability to experience pleasure from positive stimuli)

### 183 How do sSRI act? Why are they called a wonder drug?

SSRIs treat **depression by increasing levels of serotonin in the brain**. Serotonin is one of the chemical messengers (neurotransmitters) that carry signals between brain nerve cells (neurons). SSRIs block the reabsorption (reuptake) of serotonin into neurons.

Pharmaceutical companies tout antidepressants like Prozac as wonder drugs that can make the world a happier place. They claim that this class of medicines – known as SSRIs – are a safe and effective treatment for depression,

### 184 How would you manage Acute Myocardial Infarction in a BHU? Emergency to admission to follow up?

As PCI or Angiography not available at BHU,

Give Aspirin 300mg, Nitrates sublingual till pain settle, Lower blood pressure if high by giving ACE inhibitors or other drugs, When stable refer to Teaching hospital,

If admission

Inj heparin 2.5cc in 100ml N/S 8-10 drops/min RTC

Inj. Isoket( Nitrates) 2amp in 100ml N/S 8-10 drops RTC

Follow up : Statins, Aspirin, Clopedogrel, are compulsory

### 185 What are the Antibiotics used for typhoid, amebiasis and gastroenteritis?

**Table 1. Clinical conditions and circumstances that may indicate antibiotic therapy.**

Condition	Putative bacterial agent	Suggested antibiotic
Dysenteric diarrhea	<i>Shigella, Yersinia, Campylobacter</i>	Azithromycin, ciprofloxacin
Fever, increased inflammation markers	<i>Shigella</i>	Azithromycin, ceftriaxone
Prolonged diarrhea	Gram-negative enterobacteria, <i>Clostridium difficile</i>	Metronidazole, co-trimoxazole
SIBO	Gram-negative enterobacteria	Metronidazole, rifaximin, co-trimoxazole
Antibiotic-associated diarrhea	<i>Clostridium difficile</i> , others	Metronidazole, vancomycin (only if <i>Clostridium difficile</i> is detected)
Traveler's diarrhea	EPEC, EPEC	Azithromycin, ciprofloxacin
Toxic state	Gram-negative enterobacteria, <i>Clostridium difficile</i>	Ceftriaxone

EPEC, enteropathogenic *Escherichia coli*; ETEC, enterotoxigenic *Escherichia coli*; SIBO, small intestinal bacterial overgrowth.

**Table. Treatment regimens for amebiasis**

Condition	Drug	Adult dosing
Asymptomatic	Paromomycin OR	25 to 35 mg/kg/day PO in three divided doses x 7 days
	Iodoquinol OR	650 mg PO TID x 20 days
	Diloxanide furoate (Luminal agent only)	500 mg PO TID x 10 days
Intestinal disease* (mild to moderate)	Metronidazole OR	500 to 750 mg PO TID x 7-10 days
	Tinidazole (Followed by luminal agent as above)	2 g PO daily x 3 days
Liver abscess or severe intestinal disease	Metronidazole OR	750 mg PO or IV TID x 10 days
	Tinidazole (Followed by luminal agent as above)	2 g PO daily x 5 days

\*Nitazoxanide 500 mg PO BID x 3 days may be considered as an alternative to nitroimidazoles for mild to moderate amebiasis, followed by a luminal agent.

**Table 2. Treatment for severe typhoid fever**

	First line	Second line
Sensitive to Quinolones	Ciprofloxacin /Ofloxacin 15 mg/Kg for 10-14 days	Chloramphenicol* (100 mg/ Kg for 14-21 days) Ampicillin* (100 mg/Kg for 14 days) TMP-SMX* (8-40 mg/Kg for 14 days)
Resistant to Quinolones	Ceftriaxone or Cefotaxime (60-80 mg/Kg for 10-14 days) Azithromycin (8-10 mg/ Kg for 7 days)	Cefixime (20 mg/Kg for 7-14 days)

\*First line antibiotic useful in regions with low resistance rate.

**186 What is the Use of diloxanide furoate?**

Diloxanide furoate is used as a monotherapy for the treatment of asymptomatic intestinal amebiasis (cyst carriers), in symptomatic intestinal amebiasis (with or without dysentery), and in conjunction with a tissue amebicide.

**187 Describe management counselling of Diabetic foot.**

**Table 2. Patient Education for Proper Foot Care**

- Take care of your diabetes
- Check your feet daily
- Be more active
- Wash your feet every day
- Keep your skin soft and smooth
- Keep your toenails trimmed
- Wear shoes and socks at all times
- Protect your feet from hot and cold
- Keep the blood flowing to your feet

Source: Reference 29.

**188 What is the difference between Neonatal jaundice and pathological jaundice?**

PHYSIOLOGICAL NEONATAL JAUNDICE	PATHOLOGICAL NEONATAL JAUNDICE
Appears after 24 hours.	Appears within 24 hours.
Increase bilirubin < 5mg/dl	Increase bilirubin > 5mg/dL per day at the rate of 0.2mg/dL per hour
Clinically not detectable after 14 days.	Jaundice persist after 14 days.
Disappears without treatment.	Need treatment according to the cause.

**189 What is humidity? Its reasons and covid cases during humidity.**

Humidity is a **measure of the amount of water vapor in the air**. Relative humidity measures the amount of water in the air in relation to the maximum amount of water vapor (moisture). The higher the temperature, the more water vapor the air can hold. Relative humidity is what your morning weather reporter would refer to.

From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. Regardless of climate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands.

**190 Describe following : infant, toddler, diarrhea management and TB dots.**

# [ Pediatric Age Classifications



- Newborn                      First few hours of life
- Neonate                      First 28 days of life
- Infant                         Up to 1 year of age
- Toddler                      1 to 3 years of age
- Preschooler                 3 to 5 years of age
- School age                  6 to 12 years of age
- Adolescent                 The period between the end of childhood (beginning of puberty) and adulthood (18 years of age)

# 5 Components of TB-DOTS Program

- Political or Management commitment
- TB diagnosis through sputum microscopy (x-ray is only a secondary diagnostic tool)
- Availability of complete and quality anti-TB medications
- Supervised treatment (a responsible person making sure that the patient takes the anti-TB medication everyday)
- Recording and reporting of cases and outcomes

## 191 What are parts of Fallopian tube?

The fallopian tube is described as having four parts (lateral to medial); **Fimbriae** – finger-like, ciliated projections which capture the ovum from the surface of the ovary. **Infundibulum** – funnel-shaped opening near the ovary to which fimbriae are attached. **Ampulla** – widest section of the uterine tubes.

## 192 What are contraindicated and indicated drugs during pregnancy?

In general, doctors say it is usually safe to take:

- Acetaminophen (such as Tylenol) for fever and pain.
- Penicillin and some other antibiotics.
- [HIV](#) medicines.
- Some allergy medicines, including loratadine (such as Alavert and Claritin) and diphenhydramine (such as Benadryl).
- Some medicines for high blood pressure.
- Most asthma medicines.
- Some medicines for [depression](#).

---

## ***Drugs Contraindicated in Pregnancy***

### **•SAFE Mom Takes Really Good Care**

- S= Sulfanomides
- A= Aminoglycosides
- F= Fluroquinolones
- E= Erythromycin
- M= Metronidazole
- R= Ribavirin
- G= Griseofulvin
- C= Chloramphenicol



---

193 How to prevent maternal mortality in Pakistan?

## **Steps to reduce Maternal Mortality**

1. Correction of Anemia
2. Treatment of pre-existing diseases
3. Treatment of PIH Eclampsia
4. Treatment of Diabetics
5. Thrombo prophylaxis
6. Management of Obstetric Hemorrhage
7. Management of Sepsis
8. Emergency Obstetric Care
9. Treatment of Amniotic fluid Embolism
10. Treatment of pregnancy related serious diseases

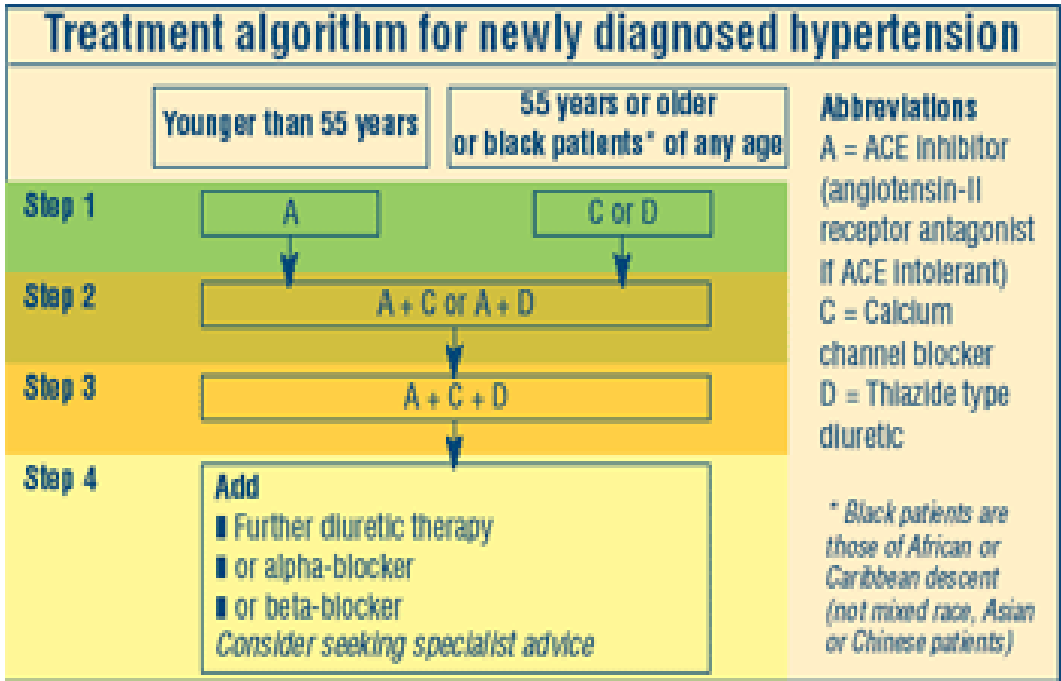




194 What is the best IV antibiotic to treat pneumonia?

In children younger than five years of age, initial treatment of pneumonia includes **IV ampicillin or nafcillin plus gentamicin or cefotaxime** (for neonates). Ceftriaxone or cefotaxime can be administered as a single agent (for >28 d to 5 y).

195 How Hypertensn is treated?



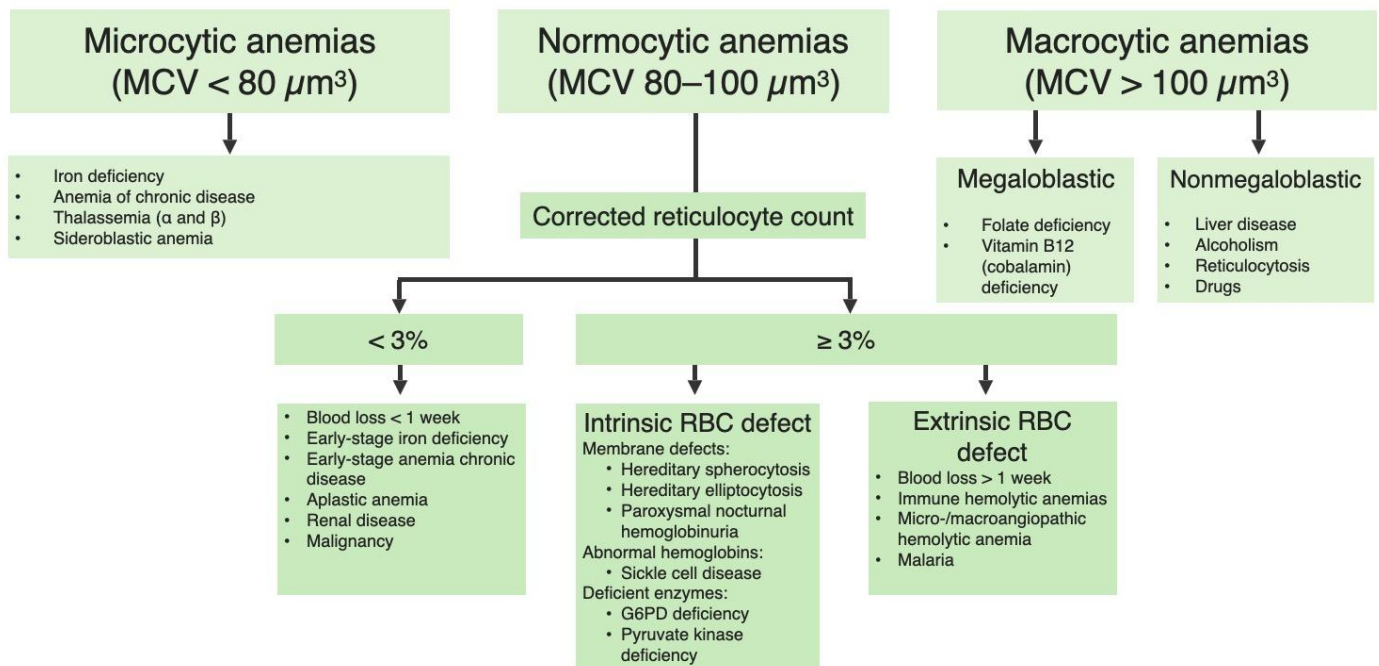
196 What is mole, CBC and lipid profile. What do you check in these tests?

Skin moles (a “**nevus**” or “**nevi**” are the medical terms) are growths on your skin that range in color from your natural skin tone to brown or black. Moles can appear anywhere on your skin or mucous membranes, alone or in groups. Most skin moles appear in early childhood and during the first 20 years of life.

Lipid Profile Test				
	Unit	Optimal	Intermediate	High
<b>Total Cholesterol</b>	mg/dL	<200	200 - 239	>239
	mmol/L	<5.2	5.3 - 6.2	>6.2
<b>LDL Cholesterol</b> (calculated)	mg/dL	<130	130 - 159	>159
	mmol/L	<3.36	3.36 - 4.11	>4.11
<b>HDL Cholesterol</b>	mg/dL	>60	40 - 60	<40
	mmol/L	>1.55	1.03 – 1.55	<1.03
<b>Triglycerides</b>	mg/dL	<150	150 - 199	>199
	mmol/L	<1.69	1.69 - 2.25	>2.25
<b>Non-HDL-C</b> (calculated)	mg/dL	<130	130 - 159	>159
	mmol/L	<3.3	3.4 - 4.1	>4.1
<b>TG to HDL ratio</b> (calculated)	mg/dL	<3	3.1 – 3.8	>3.8
	mmol/L	<1.33	1.34 – 1.68	>1.68

@MarilindaJane	LOW ↓	HIGH ↑	DRUGS
<b>WBC</b> 4-9	Autoimmune disorders Bone marrow deficiencies Viral diseases Liver problems Spleen problems Severe bacterial infections Radiation therapy	Infections Cigarette smoking Leukemia Inflammatory diseases Tissue damage Physical/mental stress.	↑ :Corticosteroids, heparin, beta adrenergic agonists, epinephrine, granulocyte CSF, Li+. ↓ :Diuretics, chemo, histamine-2 blockers, captopril, anticonvulsants, antibiotics, antithyroid, quinidine, chlorpromazine, terbinafine, clozapine, sulfonamides, ticlopidine.
<b>RBC</b> 3.9-4.98	Bleeding, Anemia, Malnutrition Over hydration Hemolysis Erythropoietin deficiency Leukemia, Multiple myeloma Porphyria Thalassemia, Sickle cell anemia	Dehydration Cigarette smoking Congenital heart disease Pulmonary fibrosis Renal cell carcinoma Polycythemia vera	↑ :Erythropoietin, Fe+ ↓ :Aspirin, antibiotics, sulfonamides, trimethadione, anti-neoplastic drugs, indomethacin, doxapram, rifampin and primaquine.
<b>HGB</b> 12-15.5	Nutritional deficiencies Blood loss, Sickle cell anemia Renal problems Bone marrow suppression Leukemia Lead poisoning Hodgkin's lymphoma.	Dehydration Cigarette smoking Polycythemia vera Tumors Erythropoietin abuse Lung diseases Blood doping	↑ :Erythropoietin, Fe+ supplements. ↓ :Aspirin, antibiotics, sulfonamides, trimethadione, anti-neoplastic drugs, indomethacin, doxapram, rifampin, primaquine.
<b>HCT</b> 35-45	Over hydration, Nutritional deficiencies Blood loss Bone marrow suppression Leukemia, Lead poisoning Hodgkin's lymphoma, Chemotherapy	Dehydration Hypoxia Cigarette smoking Polycythemia vera, Tumors Lung diseases Blood doping, Erythrocytosis Cor pulmonale	↑ :Erythropoietin, iron supplements. ↓ : Aspirin, antibiotics, anti-neoplastic drugs.
<b>MCV</b> 81-93 <b>MCH</b> 28-35	microcytic iron deficiency anemia thalassemia anemia of chronic disease sideroblastic anemia.	macrolytic vitamin B12 or folate deficiency hemolytic anemia liver disease, alcoholism hypothyroidism aplastic anemia myelodysplastic syndrome.	
<b>MCHC</b> 33-37	May be low when MCV is low; decreased MCHC values (hypochromia) are seen in conditions such as iron deficiency anemia and thalassemia.	(Hyperchromia) are seen in conditions where the hemoglobin is more concentrated inside the red cells: autoimmune hemolytic anemia, burn patients, hereditary spherocytosis	
<b>RDW</b> 11.4-15.2	Small RBC	RBCs vary in size Liver disease Hemolytic anemia Vitamin B12/Folate deficiency	
<b>PLT</b> 140-400	Virus Aplastic anemia Leukemia Alcoholism Vitamin B12 & folic acid deficiency SLE, hemolytic uremic condition, HELLP, DIC, vasculitis, sepsis, splenic sequestration, cirrhosis.	Cancer, allergic reactions, polycythemia vera, recent spleen removal, chronic myelogenous leukemia, inflammation, secondary thrombocytosis.	↑ :Romiplostim, steroids, human IgG, immunosuppressants. ↓ : Aspirin, hydroxyurea, anagrelide, chemotherapeutic drugs, statins, ranitidine, quinidine, tetracycline, vancomycin, valproic acid, sulfonamides, phenytoin, piperacillin, penicillin, pentoxifylline, omeprazole, nitroglycerin.
<b>MPV</b> 6-11.1	Indicates average size of platelets is small; older platelets are generally smaller than younger ones and a low MPV may mean that a condition is affecting the production of platelets by bone marrow.	Indicates a high number of larger, younger platelets in the blood; this may be due to the bone marrow producing and releasing platelets rapidly into circulation.	

## 197 What are the types of Anemias?

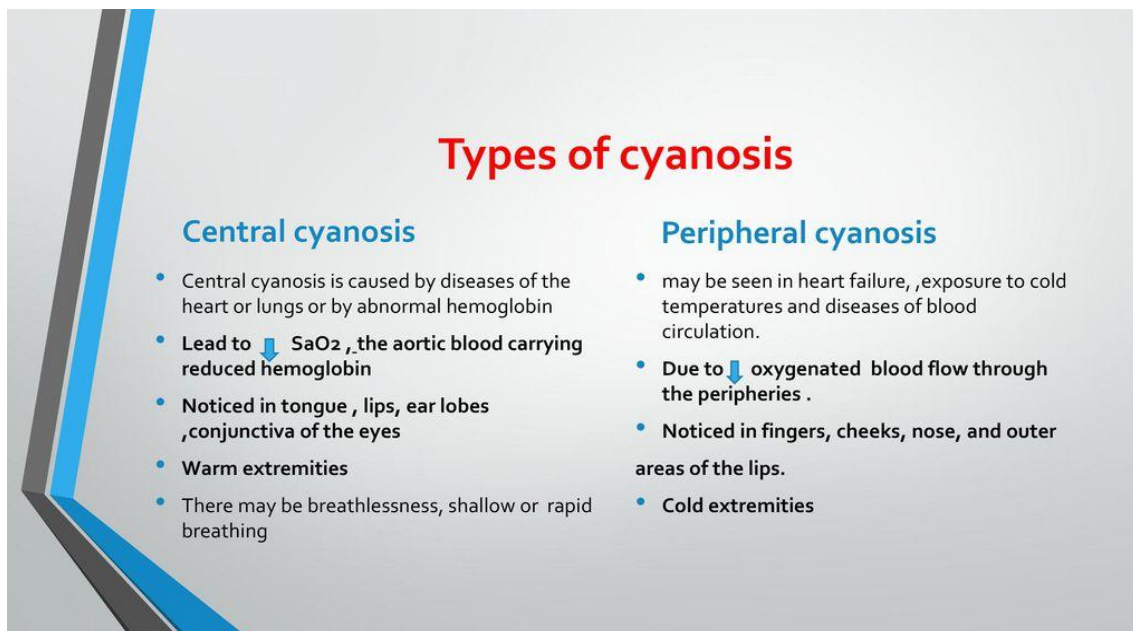


## 198 What are Causes of respiratory failure?

Acute respiratory failure happens quickly and without much warning. It is often caused by a disease or injury that affects your breathing, such as **pneumonia, opioid overdose, stroke**, or a lung or spinal cord injury. Acute respiratory failure requires emergency treatment

## 199 What is cyanosis and it's types?

Cyanosis refers to a **bluish-purple hue to the skin**. It is most easily seen where the skin is thin, such as the lips, mouth, earlobes and fingernails. Cyanosis indicates there may be decreased oxygen attached to red blood cells in the bloodstream. It may suggest a problem with the lungs or heart.



## 200 How to run polio campaign?

By Door-door, media, imam masjid, proper education, Health promotion

## 201 What is Organophosphates Poisoning?

- Organophosphate poisoning is poisoning due to organophosphates (OPs). Organophosphates are used as insecticides, medications, and nerve agents.
- Atropine competitively blocks the effects of acetylcholine, including excess acetylcholine due to organophosphorus poisoning, at muscarinic cholinergic receptors on smooth muscle, cardiac muscle, secretory gland cells, and in peripheral autonomic ganglia and the central nervous system

Organophosphate poisoning symptoms		
MUSCARINIC FEATURES	NICOTINIC FEATURES	CNS FEATURES
<b>D</b> iarrhoea	Muscle weakness	Fatigue
<b>U</b> rination	Muscle fasciculations	Confusion
<b>M</b> iosis	Muscle paralysis	Unconsciousness
<b>B</b> ronchorrhea <b>B</b> ronchospasm		Seizures
<b>E</b> mesis	Hypertension	Ataxia
<b>L</b> acrimation	Tachycardia	Resp. depression
<b>S</b> alivation <b>S</b> weating		

## 202 What is the difference between Typhoid and Paratyphoid fever?

Salmonella Typhi vs Paratyphi		
More Information Online <a href="http://WWW.DIFFERENCEBETWEEN.COM">WWW.DIFFERENCEBETWEEN.COM</a>		
	Salmonella Typhi	Salmonella Paratyphi
DEFINITION	Salmonella Typhi is the causative agent of typhoid fever	Salmonella Paratyphi is the causative agent of paratyphoid fever
ILLNESS	Typhoid fever	Paratyphoid fever
DISEASE SEVERITY	Higher	Milder
PREVALENCE	Highly prevalent	Less prevalent
TYPES	ST1 and ST2	Paratyphi A, Paratyphi B, and Paratyphi C

### 203 What is bacillary dysentery?

Bacillary dysentery is **an intestinal infection caused by a group of Shigella bacteria** which can be found in the human gut. Clinical features. Infection by Shigella may be asymptomatic or only cause mild illness

Amoebic dysentery is caused by an invasive protozoa parasite called Entamoeba histolytica	Bacillary Dysentery is a bacterial disease caused by a species of bacteria known as Shigella sp
Patients will have 6-8 episodes of loose motions per day	Patients will have more than 10 loose motions per day
Copious amount of stool	Small amount of stool
Stool has a dark color and an offensive odor	Fresh blood colored, odorless stool
RBCs, clumped together with numerous eosinophils, few pus cells and macrophages	Discrete amounts of RBCs which will form rouleaux, fewer eosinophils, numerous pus cells, & macrophages
Treated with anti-protozoal drugs	Treated with antibiotics

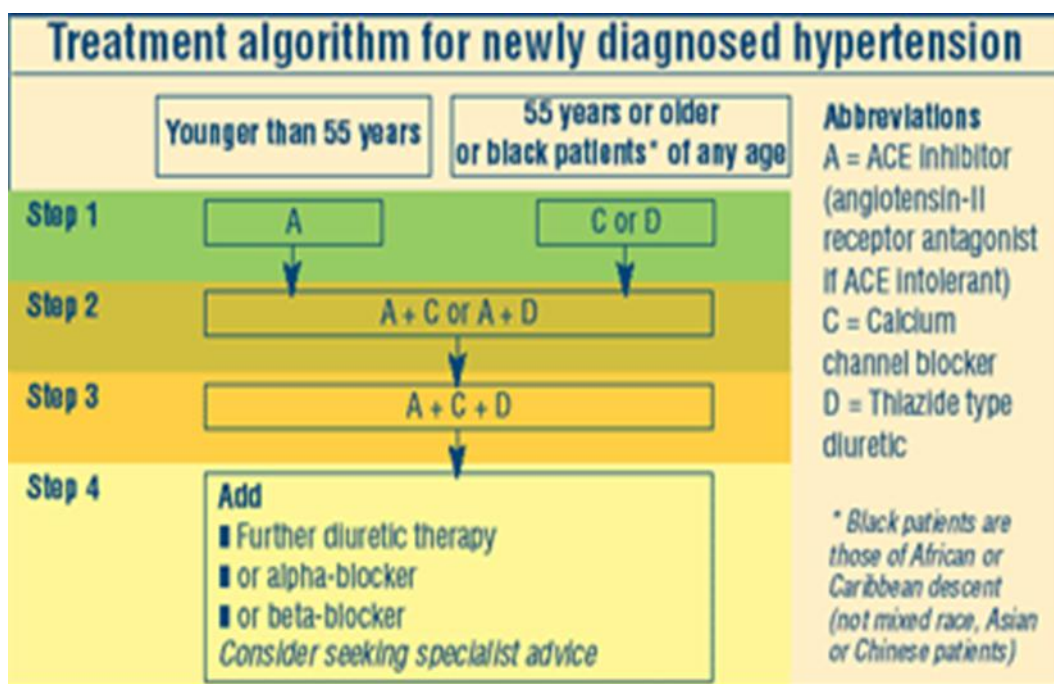
### 204 What is the diagnostic criteria of Typhoid fever?

- WBC count: relative leucopenia
- blood culture
- stool culture
- typhidot test
- widal test

## 205 What is HTN?

**The force of circulating blood on the walls of the arteries.** Blood pressure is taken using two measurements: systolic (measured when the heart beats, when blood pressure is at its highest) and diastolic (measured between heart beats, when blood pressure is at its lowest).

Category	Systolic		Diastolic
Normal	< 120	and	< 80
Prehypertension	120-139	or	80-89
<b>High Blood Pressure/Hypertension</b>			
Stage 1 Hypertension	140-159	or	90-99
Stage 2 Hypertension	≥ 160	or	≥ 100



## 206 What is Hyperthyroidism?

- Hyper functioning of thyroid hormones.



## 207 What are C-Section complications?

### Surgical

Haemorrhage  
Thromboembolism  
Delayed extraction and risk to foetus  
Amniotic fluid embolism  
Maternal collapse

### Anaesthetic

Failed intubation  
Pulmonary aspiration  
Failed neuraxial block  
Allergic reactions  
Awareness during anaesthesia  
Extensive spinal anaesthesia

## 208 What are Anesthesia complications?

Major Complications	Minor complications
Cardiac arrest	Airway obstruction
Perioperative MI	Post op Nausea / vomiting
Aspiration	Sore throat
Anaphylaxis	Persistent sedation
Drug overdose/ toxicity	Haemodynamic instability
Awareness	Pneumonia
Convulsion	Delirium
Nerve palsies	Shivering
Organ injury-	Organ dysfunction- kidney/liver
Malignant hyperthermia	Cognitive defect

## 209 Have you seen CT angiography?

CT angiography is a **type of medical test** that combines a CT scan with an injection of a special dye to produce pictures of blood vessels and tissues in a part of your body. The dye is injected through an intravenous (IV) line started in your arm or hand.

## 210 What can be the side effects of contrast used for CT scan?

### Mild reactions include:

- nausea and vomiting
- headache
- itching
- flushing
- mild skin rash or hives

### Moderate reactions include:

- severe skin rash or hives
- wheezing
- abnormal heart rhythms
- high or low blood pressure
- shortness of breath or difficulty breathing

### Severe reactions include:

- difficulty breathing



- cardiac arrest
- swelling of the throat or other parts of the body
- convulsions
- profound low blood pressure

## 211 What can be side effects of steroids?



- increased appetite.
- Weight gain.
- Changes in mood.
- Muscle weakness.
- Blurred vision.
- Increased growth of body hair.
- Easy bruising.
- Lower resistance to infection.

## 212 What is acute abdomen?

The 'acute abdomen' is defined as a sudden onset of severe abdominal pain developing over a short time period.

- The differential diagnosis of acute abdomen include:
- Acute appendicitis.
- Acute peptic ulcer and its complications.
- Acute cholecystitis.
- Acute pancreatitis.
- Acute intestinal ischemia (see section below)
- Acute diverticulitis.
- Ectopic pregnancy with tubal rupture.
- Ovarian torsion.

### 213 What is hysterectomy?

- Hysterectomy is a major surgical procedure in which the uterus and possibly the ovaries, fallopian tubes, and cervix are removed
- Types:
  1. total hysterectomy – where the uterus and cervix are removed
  2. subtotal (partial) hysterectomy – where the uterus is removed, but the cervix is left in place
  3. hysterectomy and bilateral salpingo-oophorectomy – where the uterus, fallopian tubes and ovaries are removed
  4. radical hysterectomy – the most extensive version of the operation. It involves the removal of the uterus, fallopian tubes, ovaries, upper part of the vagina, and associated pelvic ligaments and lymph nodes. This is performed if the woman has cancer of the cervix, ovaries, fallopian tubes or uterus
  5. hysterectomy with prophylactic bilateral salpingectomy

### 214 What are sites of ectopic pregnancy?

- (95%) occur in the ampullary, infundibular, and isthmic segments of the fallopian tube. 5% of ectopic pregnancies occur in the interstitial segment of the fallopian tube, cervix, anterior lower uterine segment in a cesarean delivery scar, ovary, or peritoneal cavity

### 215 What is Green stick fracture?

- greenstick fracture is a crack or break on one side of a long bone in the arm or leg that does not extend all the way through the bone. Children are more likely to have greenstick fractures because their bones are softer and less brittle than an adult's.

### 216 What is disease surveillance?

- Disease surveillance is the systematic collection, analysis and dissemination of data on diseases of public health importance so that appropriate action can be taken to either prevent or stop further spread of disease



## 2. DEPENDING ON THE TIME PERIOD AFTER SURGERY

- **Primary hemorrhage** : At the time of injury / surgery or continuously afterwards.
- **Reactionary hemorrhage** : Restarts after period of 3 hours post-operatively.
- **Secondary hemorrhage** : Restarts few days later after surgery.

## DISORDERS OF COAGULATION F

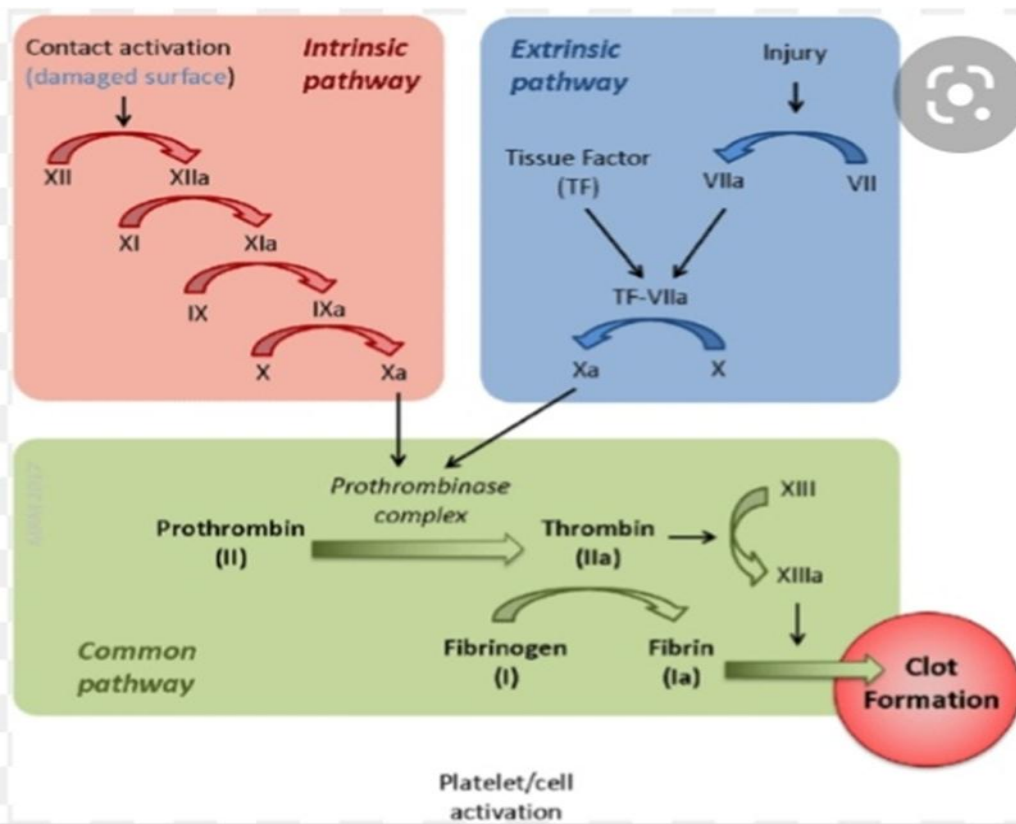
### ❖ Hereditary

- haemophilia A (factor VIII deficiency)
- haemophilia B (factor IX deficiency)
- von will brand disease
- Disorders of fibrinogen-
  - Hereditary afibrinogenaemia
  - hypofibrinogenaemia
  - Dysfibrinogenaemia

### ❖ Acquired

- Disseminated intravascular coagulation(DIC)
- Liver disease
- Vit k deficiency
- Massive transfusion of stored blood
- Acquired inhibitors of coagulation
- Heparin or oral anticoagulant therapy
- **Renal disease**

219 What is extrinsic and intrinsic pathways?



<p>Intrinsic pathway refers to multiple cascades of protein interactions activated by a trauma inside blood vessels</p>	<p>Extrinsic pathway refers to multiple cascades of protein interactions activated by damaged external surfaces</p>
<p>Activated by internal trauma</p>	<p>Activated by external trauma</p>
<p>Factors VIII, IX, XI, and XII are involved</p>	<p>Factor VII is involved</p>
<p>Slow</p>	<p>Fast</p>
<p>Takes about 15-20 seconds for the initiation of blood clotting</p>	<p>Takes about 2-6 minutes for the initiation of blood clotting</p>
<p>Requires ionized calcium for the activation of factor IX by factor IXa</p>	<p>Requires both calcium and tissue factor for the activation of factor IX by factor VIIa</p>

## 220 What is Pulmonary edema?

- Pulmonary edema is a condition caused by excess fluid in the lungs
- pathophysiology: (a) increased hydrostatic pressure edema, (b) permeability edema with diffuse alveolar damage (DAD), (c) permeability edema without DAD, and (d) mixed edema due to simultaneous increased hydrostatic pressure and permeability

- ✓ **Walking up at night with a breathless feeling that goes away when you sit up.**
- ✓ **Wheezing.**
- ✓ **Swelling in the lower part of the body.**
- ✓ **Rapid Weight gain Especially in the legs.**
- ✓ **Fatigue.**

## 221 What is Epidemics and Hepatitis?

- Epidemic is a widespread occurrence of an infectious disease in a community at a particular time.
- Hepatitis means inflammation of the liver.

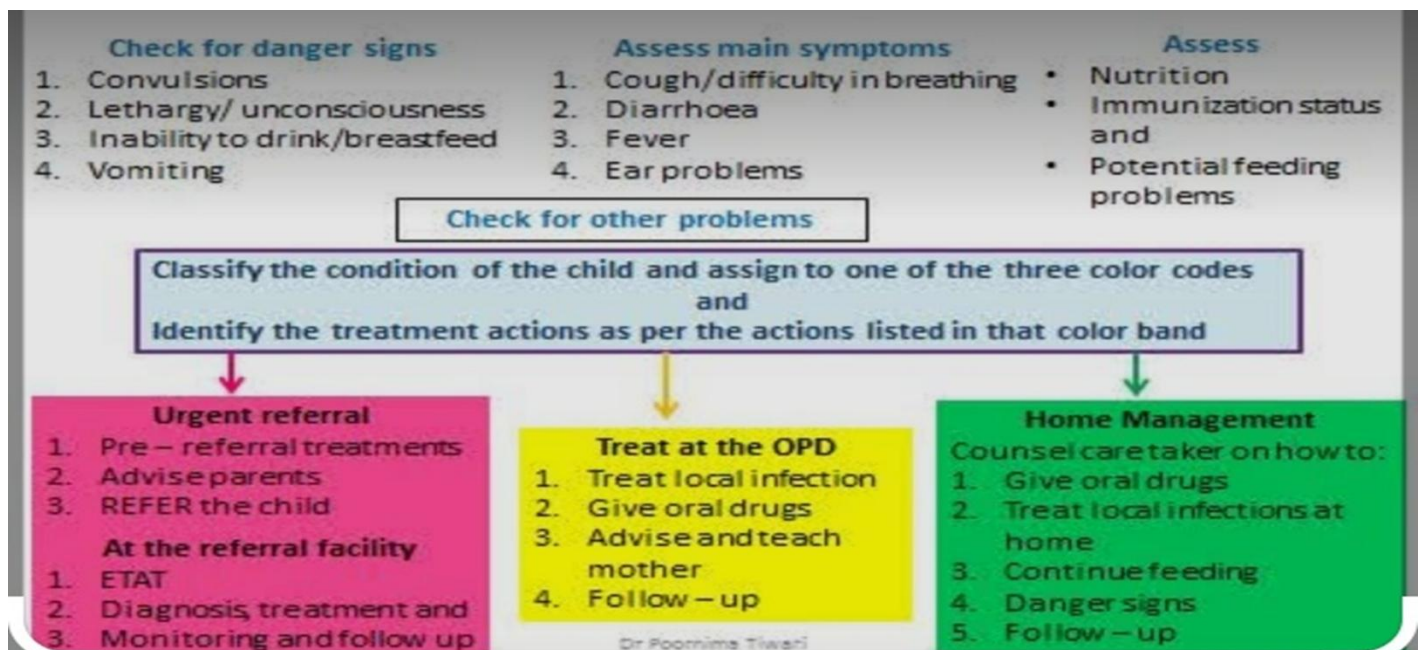
## 222 Dhq AWD in children?

Acute watery diarrhea ...Given above

## 223 What are types of shock?

<b>Hypovolemic</b>	Hypotension, tachycardia Weak thready pulse Cool, pale, moist skin U/O decreased	Decreased CO <b>Increased SVR</b>
<b>Cardiogenic</b>	Hypotension, tachycardia Weak thready pulse Cool, pale, moist skin U/O < 30 ml/hr Crackles, tachypnea	Decreased CO <b>Increased SVR</b>
<b>Neurogenic</b>	Hypotension, BRADYCARDIA <b>WARM DRY SKIN</b>	Decreased CO <b>Venous &amp; arterial vasodilation, loss sympathetic tone</b>
<b>Anaphylactic</b>	Hypotension, tachycardia Cough, dyspnea Pruritus, urticaria Restlessness, decreased LOC	Decreased CO <b>Decreased SVR</b>
<b>Septic</b>	Hypotension, Tachycardia Full bounding pulse, tachypnea <b>Pink, warm, flushed skin</b> Decreased U/O, fever	<b>Decreased CO,</b> <b>Decreased SVR</b>

## 224 What is Integrated program of child management?



## 225 What is Dehydration plan?

Explained above

## 226 What is Pre-eclampsia?

Explained above

## 227 What is Palliative treatment?

Palliative treatment is designed to relieve symptoms, and improve your quality of life. It can be used at any stage of an illness if there are troubling symptoms, such as pain or sickness. It can also be used to reduce or control the side effects of cancer treatments.

## 228 A child injected measles vaccine and suddenly collapsed what will you do?

Most probably a scenario of vasovagal syncope. lie down and lift your legs. This allows gravity to keep blood flowing to your brain. If you can't lie down, sit down and put your head between your knees until you feel better.

## 229. What is the most important step in the management of status asthmaticus?

Glucocorticosteroids are the most important treatment for status asthmaticus. These agents can decrease mucus production, improve oxygenation, reduce beta-agonist or theophylline requirements, and activate properties that may prevent late bronchoconstrictive responses to allergies and provocation.

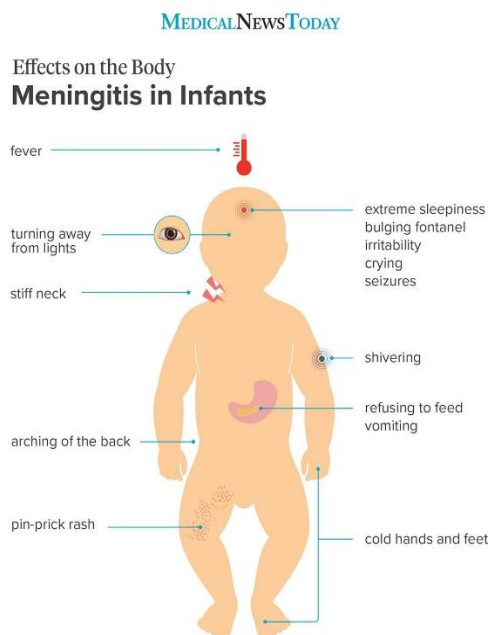
## 230. How to treat gestational diabetes?

Diabetic diet and exercise are first line. However, if fasting still  $>95$  mg/dl, and 1hr PPG  $>140$  mg/dl, then treat with NPH insulin before bed and aspart before meals. If a patient refuses insulin, metformin is safe and mostly effective as well.

## 232. What are viral bac differentiation and complications?

Question ??

## 231. Describe meningitis in children?



**Table 1. Most Common Bacterial Pathogens According to Age**

Age Group	Bacterial Pathogens
0-1 mo (neonate)	GBS ( <i>Streptococcus agalactiae</i> ) <i>Escherichia coli</i> <i>Listeria monocytogenes</i>
1-3 mo	GBS <i>E coli</i> <i>L monocytogenes</i> <i>Streptococcus pneumoniae</i> <i>Neisseria meningitidis</i>
3 mo-3 y	<i>S pneumoniae</i> <i>N meningitidis</i> GBS <i>E coli</i> <i>L monocytogenes</i>
3-10 y	<i>S pneumoniae</i> <i>N meningitidis</i>
10-19 y	<i>N meningitidis</i>

*GBS: group B streptococcus. Source: References 2, 4, 5.*

**Table 3. Empirical Therapy According to Age**

Age Group	Options for Antibiotics (IV)
0-1 mo	Ampicillin + gentamycin or Ampicillin + cefotaxime
≥1-23 mo	Vancomycin + cefotaxime or ceftriaxone
≥24 mo-50 y	Vancomycin + cefotaxime or ceftriaxone

*Source: References 2, 15, 19-21.*

### 233. What is pneumothorax and tension pneumothorax? Management at the level of RHC?

A pneumothorax is a collapsed lung. A pneumothorax occurs when air leaks into the space between your lung and chest wall. This air pushes on the outside of your lung and makes it collapse.

tension pneumothorax is a life-threatening condition that develops when air is trapped in the pleural cavity under positive pressure, displacing mediastinal structures and compromising cardiopulmonary function.

Treatment of tension pneumothorax is **immediate needle decompression** by inserting a large-bore (eg, 14- or 16-gauge) needle into the 2nd intercostal space in the midclavicular line. This followed by closing of the one-way valve causing the tension pneumothorax, possibly using a wet gauze, until patient can be treated at a higher centre for chest tube intubation.

### 234. What are common urological emergencies?

- Acute urinary retention
- Urethral trauma
- Testicular torsion
- Priapism
- Paraphimosis
- Fourniers' gangrene

### 235. What is APH?

Antepartum haemorrhage (APH) is defined as bleeding from or in to the genital tract, occurring from 24+0 weeks of pregnancy and prior to the birth of the baby. The most important causes of APH are placenta praevia and placental abruption, although these are not the most common.



## 236. What is PPH? How would you manage PPH?

Postpartum hemorrhage (also called PPH) is when a woman has heavy bleeding after giving birth. It's a serious but rare condition. It usually happens within 1 day of giving birth, but it can happen up to 12 weeks after having a baby.

# Postpartum Hemorrhage



### Definition

1. traditionally defined as  $\geq 500$  ml of blood following vaginal delivery
2. New ACOG definition: cumulative blood loss  $\geq 1000$  mL or blood loss with signs/symptoms of hypovolemia within 24 hours of the birth process

### Causes

- Uterine Atony – leading cause of PPH
- Retained products of conception
- adherent placenta (accreta, increta, percreta)
- Trauma including lacerations
- Coagulopathy (especially thrombocytopenia due to HELLP or preeclampsia with severe features)



### 4Ts of PPH

Tone  
Trauma  
Tissue  
Thrombin

### Risk Factors

- Large for gestational age
- Multiple gestational
- Polyhydramnios
- macrosomia
- Chorioamnionitis
- Prolonged use of oxytocin
- Instrumentation delivery
- Bleeding diathesis

### Treatment

1. Maneuvers:
  - uterine massage +/- bimanual compression
2. Medications:
  - Oxytocin (10-40 U in 1000 ml as continuous infusion)
  - TXA – (1g over 10 minutes)
  - Cytotec (600-1000 mg rectally, oral, or sublingual)
  - Carboprost (IM .25 mg, contraindicated in asthma)
  - Methylergonovine (IM .2 mg, contraindicated in CAD, HTN, preeclampsia)
3. Surgical/Invasive including Bakri Balloon, vascular ligation, TAH

## 237. how will a mother feed twins?

There are various twin breastfeeding positions you can try, such as the double rugby ball (with a baby under each arm), the parallel hold (with your babies lying across your body in the same direction), or the laid-back position (with both babies lying on your tummy).

## 238. What are true contraindications of breastfeeding?

Breast feeding is contraindicated

- 1) for **infants with phenylketonuria**, rare amino acidurias, and galactosemia;
- 2) for infants whose mothers have diseases such as infectious tuberculosis and venereal disease, HIV, EBV
- 3) for infants whose mothers are taking medications which might be harmful to the infant.
  - Birth Defects.
  - Breast Surgery.
  - Coronavirus Disease (COVID-19)
  - Ebola Virus Disease.
  - Food-borne and Waterborne Illness.
  - Hepatitis B or C Infections.
  - Herpes Simplex Virus (HSV) . HIV.

### 239. What is SJS and how will you manage patient at BHU?

Stevens-Johnson syndrome is a rare but serious disorder that affects the skin, mucous membrane, genitals and eyes. The mucous membrane is the soft layer of tissue that lines the digestive system from the mouth to the anus, as well as the genital tract (reproductive organs) and eyeballs.

Causes of Stevens-Johnson syndrome include:

- Allergic reaction to a medication (most cases of SJS and almost all cases of TEN).
- Infections, like mycoplasma pneumonia, herpes and hepatitis A.
- Vaccinations.
- [Graft-versus-host disease](#).

**Treatment:**

- Stopping the medication that has caused the problem.
- Replacing electrolytes with intravenous (IV) fluids.
- Using non-adhesive dressings on the affected skin.
- Using high-calorie food, possibly by tube-feeding, to promote healing.
- Using antibiotics when needed to prevent infection.
- Providing pain relief medications. Rest cant be done in an RHC, refer your patient accordingly.
- Treating you in a hospital, possibly even in an intensive care or burn unit. In some cases, treating you with IV immunoglobulin, cyclosporine, IV steroids, or amniotic membrane grafts (for your eyes).

### 240. what are types and uses of burnishes?

- Ball Burnisher.
- Beavertail Burnisher.
- Acorn Burnisher.
- Flat Plastic Burnisher.
- T-Ball Burnisher.
- Pear Shaped Burnisher.
- Rotary Burnisher.

Burnishers are dental hand instruments, normally used at the end of dental restoration procedures or operations. They are used for **polishing and contouring amalgam fillings and to polish composite fillings**. It is a process to emphasize grooves and to shave off surplus fins

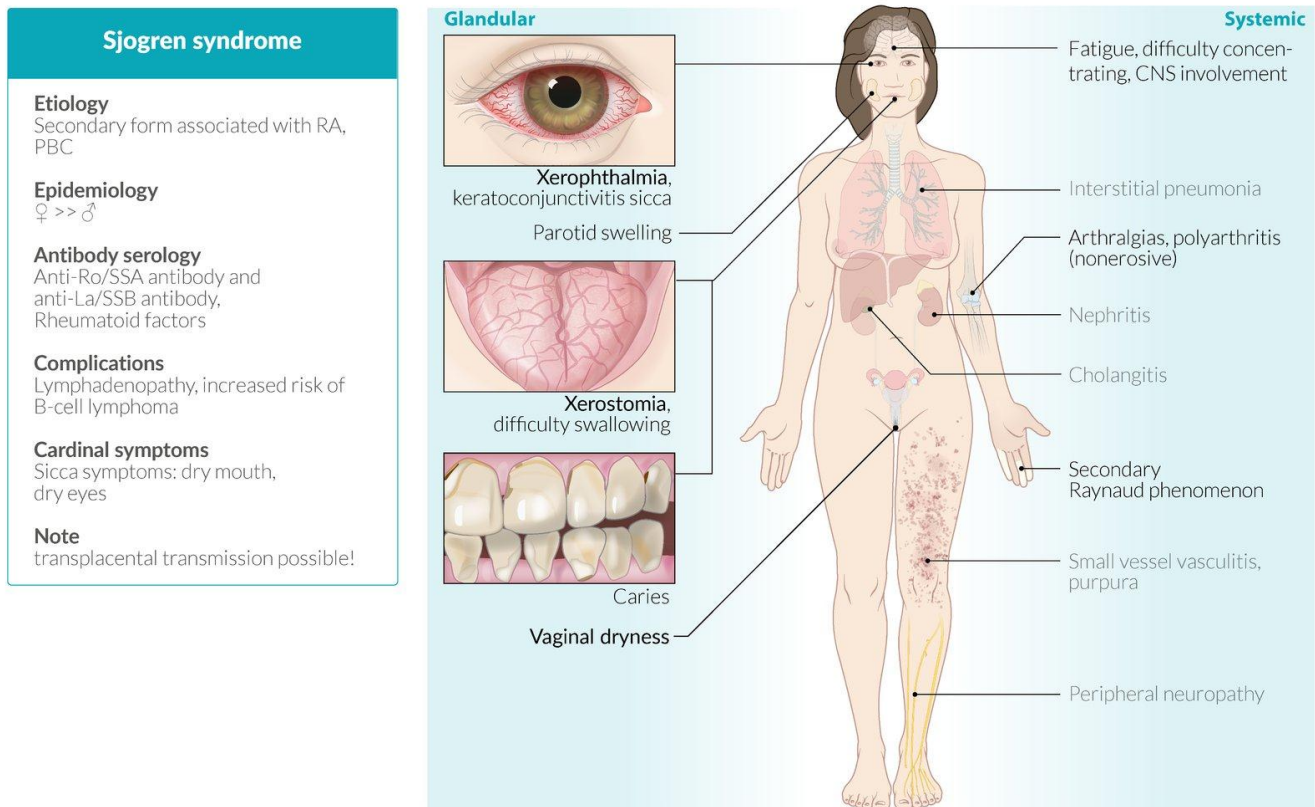
### 241. What is a plunger?

**A medical syringe** consists of a needle attached to a hollow cylinder that is fitted with a sliding plunger. The downward movement of the plunger injects fluid; upward movement withdraws fluid.

### 242. Where is pear shaped burr used?

The **pear shaped bur** is used to create an undercut for retention of filling materials. **Pear shaped burs** have a rounded edge unlike inverted cones

## 243. Give detail about Sjorgens'?



## 244. What is xerostomia ?

refers to a condition in which the salivary glands in your mouth don't make enough saliva to keep your mouth wet. Dry mouth is often due to the side effect of certain medications or aging issues or as a result of radiation therapy for cancer.

## 245. What is TB?

**Tuberculosis (TB)** is a potentially serious infectious disease that mainly affects the lungs. The bacteria that cause tuberculosis are spread from person to person through tiny droplets released into the air via coughs and sneezes

## 246. What is a gumma?

Gumma, also known as gummy tumor, is more common in the late stages of syphilis and is highly destructive. In the early stage, it is a deep, subcutaneous nodule that gradually grows and adheres to the skin. The central site gradually softens, ulcerates, and releases viscous, **gum-like pus**; hence, it is named gumma.

## 247. What is tongue tie?

Tongue-tie (ankyloglossia) is a condition in which an unusually short, thick or tight band of tissue (lingual frenulum) tethers the bottom of the tongue's tip to the floor of the mouth. If necessary, tongue-tie can be treated with a surgical cut to release the frenulum.

## 248. How will you manage a child with RTA avulsed tooth?

Pressure banding to control bleeding Since children have milky teeth, so they will regrow.

## 249. What is the fate of dentigerous cyst?

**Dentigerous cysts**, also called **follicular cysts**, are slow-growing benign and non-inflammatory [odontogenic cysts](#) that are thought to be developmental in origin.

Treatment usually involves removal of the entire cyst and the associated unerupted tooth. In patients with a very large lesion or who are unfit medically, marsupialisation is an option

Recurrence is uncommon but may occur if parts of the cyst lining are left *in situ* <sup>6</sup>.

### Complications

- pathological jaw fracture: if large enough
- very rarely dentigerous cysts may develop into mural [ameloblastoma](#)
- there is a potential for development of squamous cell carcinoma in the context of chronic infection

## 250 How can we get these collected questions ??

By different surveys, Team work, Research

## 251 What is Diastolic murmurs?

A diastolic murmur is a **sound of some duration occurring during diastole**. All diastolic murmurs imply some alteration of anatomy or function of the cardiovascular structures.

diastolic murmur a **heart murmur heard at diastole**, due to mitral obstruction or to aortic or pulmonic regurgitation with forward flow across the atrioventricular valve; it has a rumbling quality.

<u>Systolic murmurs</u>	<u>Diastolic murmurs</u>
<b><u>Midsystolic</u></b> Aortic stenosis Pulmonic stenosis Atrial septal defect HOCM	<b><u>Early diastolic</u></b> Aortic regurgitation Pulmonic regurgitation Austin-Flint
<b><u>Holosystolic</u></b> Mitral regurgitation Tricuspid regurgitation VSD	<b><u>Mid/late diastolic</u></b> Mitral stenosis Tricuspid stenosis
<b><u>Late systolic murmur</u></b> Mitral valve prolapse	<b><u>Other rare murmurs</u></b> Patent ductus arteriosus

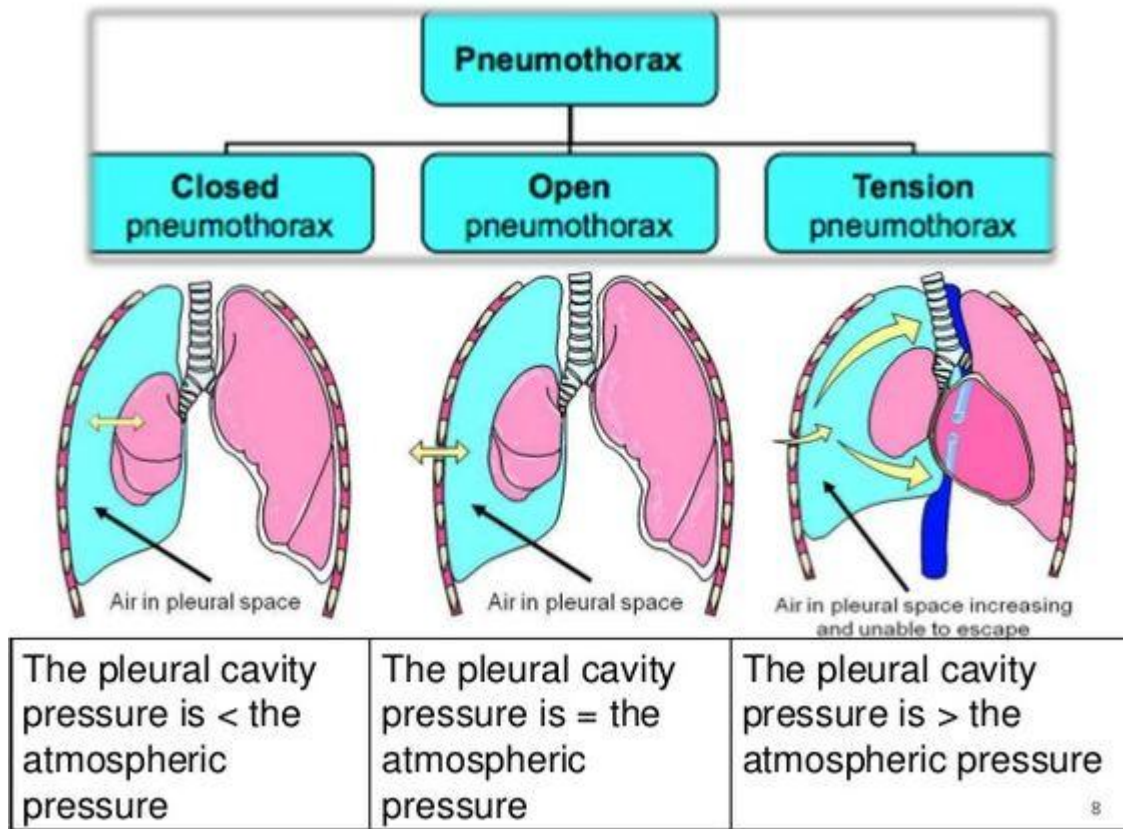
## 252 What are several nephrotic syndromn complains in patient?

**Signs and symptoms of nephrotic syndrome include:**

- Severe swelling (edema), particularly around your eyes and in your ankles and feet.
- Foamy urine, a result of excess protein in your urine.
- Weight gain due to fluid retention.
- Fatigue.
- Loss of appetite.

253 What is Tension pneumothorax and Open pneumothorax?

Tension pneumothorax develops when air continuously enters the chest without evacuation. The pleural pressure can reach supraatmospheric levels and can be life-threatening. In open pneumothorax, **sealing of the chest must occur**, followed by evaluation of air.



254 What are 1/V fluids?

ISOTONIC	HYPOTONIC	HYPERTONIC
<ul style="list-style-type: none"> <li>• Osmolality of 250-375 mOsm/L</li> <li>• No shifting of fluid</li> <li>• Only serves to increase the ECF</li> </ul>	<ul style="list-style-type: none"> <li>• Osmolarity of &gt;250 mOsm/L</li> <li>• Shifting of fluid from intravascular to both intracellular and interstitial spaces</li> <li>• Hydrate the cells causing them to swell.</li> </ul>	<ul style="list-style-type: none"> <li>• Osmolarity of 375 mOsm/L or higher</li> <li>• Water moves out of the intracellular space increasing ECF( volume expanders)</li> <li>• Dehydrate the cells causing shrinkage.</li> </ul>

## ISOTONIC

- 0.9% Nacl
- Lactated Ringer
- Ringers' Solution
- 5% Dextrose in water

## HYPOTONIC

- 0.45% Nacl
- 0.33% Nacl
- 0.2 % Nacl
- 2.5% Dextrose water

## HYPERTONIC

- 3% Nacl
- 5% Nacl
- 3%Nacl or 5% Nacl +D/W
- >5% D/W example, D10W

# ISOTONIC FLUIDS AND THEIR USES:

### 0.9% Nacl

- Shock
- Resuscitation
- Fluid challenges
- Blood transfusions
- Metabolic alkalosis
- Hyponatremia
- DKA
  
- Use with caution in patients with heart failure, edema, or hypernatremia.
  
- Can lead to fluid overload.

### Lactated Ringers'

- Dehydration
- Burns
- GI tract fluid loss
- Acute blood loss
- Hypovolemia
  
- Contains potassium, can cause hyperkalemia in renal patients.
  
- Patients with liver disease cannot metabolize lactate.
  
- Lactate is converted into bicarb by liver.

### D5W

- Fluid loss and dehydration
  
- Hypernatremia
  
- Solution becomes hypotonic when dextrose is metabolized
  
- Do not use for resuscitation
  
- Use cautiously in renal and cardiac patients

# HYPERTONIC SOLUTIONS

## INDICATIONS

### 5%Dextrose in 0.9% NaCl ( D<sub>5</sub>NS)

**USES:**

- Heat related disorders
- Fresh water drowning
- Peritonitis

**SPECIAL CONSIDERATIONS:**

- Avoid in impaired cardiac or renal function.
- Draw blood before administering to diabetics

### 5%Dextrose in Lactated Ringers' ( D<sub>5</sub>LR)

**USES:**

- Hypovolemic shock
- Hemorrhagic shock
- Certain cases of acidosis

**SPECIAL CONSIDERATIONS:**

- Avoid in patients with cardiac or renal dysfunction.
- Monitor for circulatory overload.

### 5% Dextrose in 0.45% NaCl (D<sub>5</sub>1/2NS)

**USES:**

- Heat exhaustion
- Diabetic disorders
- TKO solution in patients with renal or cardiac dysfunction

**SPECIAL CONSIDERATIONS:**

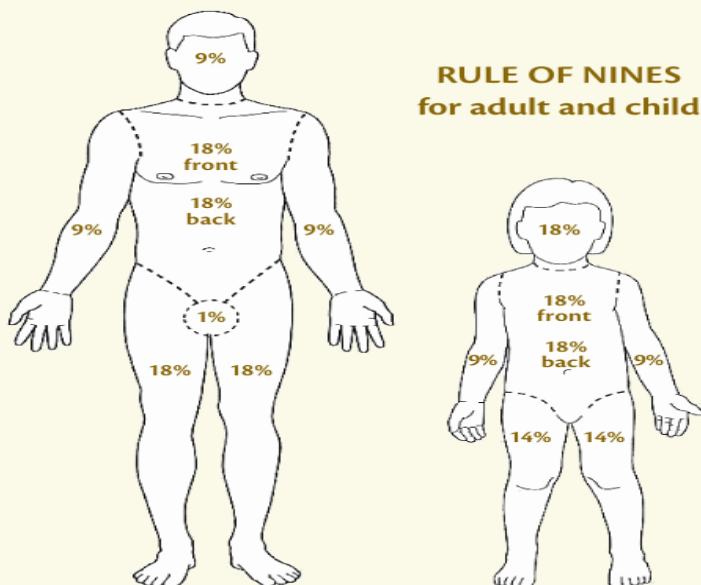
- NOT for rapid fluid replacement

255 What are Rules of 9 for burn patient?



UW Medicine

### QUICK REFERENCE CARD: BURN STABILIZATION



888-731-4791  
(TRANSFER CENTER)

800-426-2430  
(AIRLIFT NORTHWEST 24-HOUR COMMUNICATION CENTER)

## 256 What is CPR and ATLS?

Explained above

### **Q256. What is CPR and ATLS**

**Ans.** CPR Cardiopulmonary resuscitation is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest.

ATLS Advanced trauma life support (ATLS) is a training program for medical providers in the management of acute trauma cases, developed by the American College of Surgeons. Similar programs exist for immediate care providers such as paramedics. ... Its goal is to teach a simplified and standardized approach to trauma patients.

## 257 Which column of spinal cord is damaged by Polio virus?

Polio infects unilaterally motor neuron in anterior horn of spinal cord

## 258 Describe diarrhea management.

Given above

## 259 What is APGAR score?

Explained above



**Q259. What is APGAR score.**

**Ans**

**APGAR SCORING SYSTEM**

	0 Points	1 Point	2 Points	Points totaled
Activity (muscle tone)	Absent	Arms and legs flexed	Active movement	↓
Pulse	Absent	Below 100 bpm	Over 100 bpm	
Grimace (reflex irritability)	Flaccid	Some flexion of Extremities	Active motion (sneeze, cough, pull away)	
Appearance (skin color)	Blue, pale	Body pink, Extremities blue	Completely pink	
Respiration	Absent	Slow, irregular	Vigorous cry	

Severely depressed	0-3
Moderately depressed	4-6
Excellent condition	7-10

The Apgar score is a scoring system doctors and nurses use to assess newborns one minute and five minutes after they're born. Dr. Virginia Apgar created the system in 1952, and used her name as a mnemonic for each of the five categories that a person will score.

**260 Meningitis**

**Q260. Meningitis**

**Ans** Meningitis is an inflammation (swelling) of the protective membranes covering the brain and spinal cord. A bacterial or viral infection of the fluid surrounding the brain and spinal cord usually causes the swelling. However, injuries, cancer, certain drugs, and other types of infections also can cause meningitis.

Type of meningitis	Glucose	Protein	Cells
Acute bacterial	low	high	PMNs, often > 300/mm <sup>3</sup>
Acute viral	normal	normal or high	mononuclear, < 300/mm <sup>3</sup>
Tuberculous	low	high	mononuclear and PMNs, < 300/mm <sup>3</sup>
Fungal	low	high	< 300/mm <sup>3</sup>
Malignant	low	high	usually mononuclear

## 261 What is Palliative treatment?

Palliative treatment is **designed to relieve symptoms**, and improve your quality of life. It can be used at any stage of an illness if there are troubling symptoms, such as pain or sickness. It can also be used to reduce or control the side effects of cancer treatments.

## 262 Describe 1st Aid of RTA.

### Q262. Describe 1st aid of RTA.

#### Ans.

1. Make sure, if the vehicle ignition is turned off in order to stop further fire exposures as there is a high chance of petrol leakage.
  2. Place the victim to a safer place away from the accident area and check for the injuries. Give priority to the seriously injured person.
  3. Look for the signs of breathing, removal of clothes around the neck so the victim can easily breathe and call for help in emergency number.
  4. Clear the airway by the use of the index or middle finger, in case of obstructions in the victim's mouth and throat.
  5. Conduct Cardio pulmonary resuscitation (CPR) and other lifesaving skills.
  6. In case of mouth bleeding or vomiting, turn the victim to a comfortable position i.e. turn to his/her, side so there would be fewer chances of choking.
  7. In case of open wounds and heavy bleeding, place the wounded area with a piece of cloth using pressure with the help of palms so that it might stop bleeding until the medical help arrive.
  8. Every time be certain about spinal or head injuries if the victim's neck is in an abnormal spot because that might create, more problems while moving the victim from one place to another.
  9. Victim should not be moved to different areas and should be kept in a comfortable position
  10. Emergency help should be made available immediately.
  11. Generally, accident victims are in shock and might feel extreme cold. Therefore, to avoid hypothermia, keep the victims warm.
- Do not feed the victim through the mouth as it could lead to choking and obstruction while breathing.
- Q263

## 263 Is cardiac syncope pathological or physiological?

Both, Pathological by murmur.

## 264 What should a patient do before syncope to prevent it?

### These might include:

1. Avoiding triggers, such as standing for a long time or the sight of blood.
2. Moderate exercise training.
3. Discontinuing medicines that lower blood pressure, like diuretics.
4. Eating a higher salt diet, to help keep up blood volume.
5. Drinking plenty of fluids, to maintain blood volume.

## 265 Is snoring caused by URT or LRT?

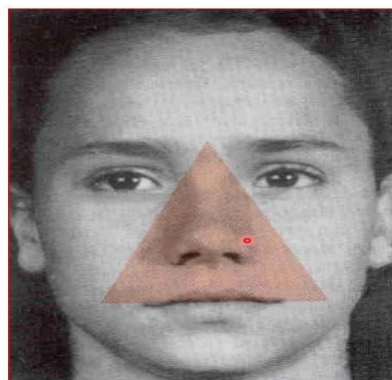
URT

## 266 Which is the danger area of face?

Dangerous area of face comprises of **upper lip, lower part of nose and adjacent area**. This area has been so named because boils, infections of the nose and injuries around the nose, especially those that become infected can readily spread to cavernous sinus resulting in cavernous sinus thrombosis (CST).

## Area known as 'Dangerous area of face/Dangerous triangle'

- **Dangerous area of Face** is a triangular area on face which includes:
  - Upper lip
  - Nose and
  - Adjacent area



267 Which is the Tumor causing hypertension?

If you have a **pheochromocytoma**, the tumor releases hormones that may cause high blood pressure, headache, sweating and symptoms of a panic attack. If a pheochromocytoma isn't treated, severe or life-threatening damage to other body systems can result

268 Give definition of eczema

**A group of conditions in which the skin becomes inflamed, forms blisters, and becomes crusty, thick, and scaly.** Eczema causes burning and itching, and may occur over a long period of time. Atopic dermatitis is the most common type of eczema.

269 Give types of hypertension?

Type of hypertension	Description	Blood pressure range
Essential hypertension (major type)	Chronic elevation in blood pressure with no underlying disease	Both systolic and diastolic blood pressure are elevated more than 140/90 mmHg
Secondary hypertension (second common type)	Chronic elevation in blood pressure due to underlying pathology (mostly due to renal problems)	Both systolic and diastolic blood pressure are elevated more than 140/90 mmHg
Malignant hypertension	When blood pressure is severely elevated and causes an organ damage	Both systolic and diastolic blood pressure are elevated but the diagnosis made mainly when the diastolic blood pressure is higher than 130 mmHg
Isolated systolic hypertension	Common in elderly due to the loss of elasticity of major blood arteries	The systolic blood pressure is higher than 140 mmHg while the diastolic blood pressure is close to the normal range
Resistant hypertension	When more than three different antihypertensive agents are prescribed and blood pressure is still elevated	Both systolic and diastolic blood pressure are elevated more than 140/90 mmHg

## MANAGEMENT

- **Management depends on presentation of CLD:**

**A) Asymptomatic:** Treatment of etiology like, If Chronic Hepatitis B infection with HBeAg and high HBV DNA level treated with lamivudine, Interferon alfa 2b, Adefovir.

- Wilson disease: Copper chelating agent Penicillamine (10mg/kg/d).
- Autoimmune hepatitis: Prednisolone at 1-2mg/kg.
- **B) CLD with complication:** Ascitis- Bed rest, Minimum cooking salt, Fluid restriction- Previous day output plus 400ml/sqm of body surface area/day, Diuretics : Spironolactone (1mg/kg day), if not control add furosemide (1-2mg/kg/day).

Ascites not response to high dose of diuretic is called Refractory ascites, treated with 20% albumin and paracentesis.

## Management

- Conservative
  - Low salt, high protein diet, avoid alcohol
- Medical
  - Diuretics
  - Human albumin solution
  - Paracentesis
  - Vitamins
- Surgical
  - TIPS (Transjugular intrahepatic portosystemic shunt)
  - Transplant

### 271 What is Portal hypertension?

Portal hypertension is a term used to **describe elevated pressures in the portal venous system** (a major vein that leads to the liver). Portal hypertension may be caused by intrinsic liver disease, obstruction, or structural changes that result in increased portal venous flow or increased hepatic resistance.

>10mmHg clinically significant PHTN.

>12mmHg PHTN associated with complications.

### 272 What is Normal pressure in portal vein

Normal portal vein pressures range from **5–10 mm Hg**. The term portal hypertension refers to elevated pressures in the portal venous system. Venous pressure more than 5 mm Hg greater than the inferior vena cava pressure is defined as portal hypertension.

### 273 Give Types of wound?

Wounds can be caused in a number of different ways by a variety of different objects, be it blunt, sharp or projectile. They are classified into several categories dependent on the cause and resulting injury:

**Incised wound** – A clean, straight cut caused by a sharp edge (i.e. a knife). Tends to bleed heavily as multiple vessels may be cut directly across. Connecting structures such as ligaments and tendons may also be involved.

**Laceration** – A messy looking wound caused by a tearing or crushing force. Doesn't tend to bleed as much as incised wounds but often causes more damage to surrounding tissues.

**Abrasion** – A wound caused by a scraping force or friction. Tends not to be very deep but can often contain many foreign bodies such as dirt (i.e. after a fall on loose ground).

**Puncture** – A deep wound caused by a sharp, stabbing object (i.e. a nail). May appear small from the outside but may damage deep tissues. Particularly dangerous on the chest, abdomen or head where major organs are at risk.

**Avulsion** – A wound caused by a tearing force in which tissue is torn away from its normal position. May bleed profusely depending on the size and location. The tissue is often completely detached.

**Amputation** – The loss of a distinct body part such as a limb, finger, toe or ear. Often very severe with profuse bleeding. In the cases of limb loss this is a medical emergency.

### 274 What is the Difference between firearm entry and exit wound?

## Differentiating entry from exit

Characteristics	Entry wound	Exit wound
Size	Smaller than diameter of bullet	Larger
Edges	Inverted	Everted
Abrasion and grease collar	Present	Absent
Burning, blackening, tattooing	May be present	Absent
Bleeding	Less	More
Fat extrusion	Absent	May be present
Cherry red	May be present	Absent
Lead ring	May be present	Absent

275 What are Anti tuberculosis drugs with one side effect each.

Drug	Antitubercular Action	Serious Toxicity
Isoniazid	Tuberculocidal- Acts on intra and extra cellular organism, Act on acidic and alkaline medium	Peripheral neuritis, hepatitis, seizures and psychosis
Rifampicin	Tuberculocidal- Acts on intra and extra cellular organism, persists and drug resistant organism	Hepatotoxicity, flue like syndrome, nephritis- urine and secretions are coloured- orange-red
Pyrazinamide	Tuberculocidal- Kills intracellular organism, More active in acidic pH	Hepatotoxicity, arthralgia, hyper uricaemia
Streptomycin	Tuberculocidal- Acts on extracellular organism	Ototoxicity, Nephrotoxicity
Ethambutol	Tuberculostatic, Inhibit tubercle bacilli in the walls of the cavity	Optic neuritis with inhibition of visual acuity and red-green colour blindness
Thiacetazone	Tuberculostatic, low efficacy, delays development of resistance to other drugs	hepatotoxicity, dermatitis

Reference- Pharmacology for Pharmacy Students- Padmaja Udaykumar (1<sup>st</sup> Ed. 2019. Page 574)

276 Describe anemia in pregnancy and its treatment in each trimester.

## ANAEMIA IN PREGNANCY

### Definition: By WHO

Hb. < 11 gm /dl

(or haematocrit <32%).

Mild anaemia ----- 9 -10.9 gm /dl

Moderate anaemia--- 7-8.9 gm /dl

Sever anaemia----- < 7gm /dl

Very sever anaemia-- < 4gm/dl

1<sup>st</sup> → Iron Supplement , folic acid , multivitamin

2<sup>nd</sup> → Iron supplement, folic acid , if sever → I/V iron

3<sup>rd</sup> → If mild-moderate → I/V iron if severe → Blood transfusion

## 277 Describe Management of eclampsia.



IM route: loading= 4g IV over 15-20mins then 5g IM on each buttock.

Maintenance= 5g on alternate buttock every 4hrly for 24hrs after last fit.

IV ROUTE: loading= 4-6g IV over 15-20 mins

Maintenance= 1g/kg/hr IVI for 24 hrs.

Plan for delivery of baby: emergency c section.

Bp monitoring and control with labetalol or hydralazine.

Observe closely for HELLP syndrome.

## 278 How would you treat dehydration of 1 year kid in emergency?

Given above

## 279 Which is the latest vaccine added in EPI, and why?

Typhoid conjugate vaccine. Started in november 2019 typhoid campaign in sindh n then after successfully vaccinating children of 6 months to 15yrs throughout the country, it is introduced nationally in EPI in March 2021 at 9 months. To prevent typhoid related complications n deaths in young children due to outbreak of drug resistant typhoid that began in November 2016 and caused 70% typhoid related deaths in children younger than 15 yrs.

## 280 What is the Percentage of pregnant women having iron deficiency anemia?

**WHO** says nearly 30-40% of pregnant women are iron deficient while half of them are anemic.

## 281 What is anemia

When there are not enough healthy RBCs in the body to supply oxygen to ur body organs thus there are feelings of cold, weakness and fatigue. There are various types and iron deficiency is the most common type.

## 282 What is Colle's fracture?

Colles fracture is the fracture of distal part of radius with dorsal angulation, displacement and shortening of radius with avulsion of ulnar styloid process. Diner fork deformity. Most common fracture in women.

## 283 Describe following: Hemoptysis, hematemesis, ECG and TOF

**Hemoptysis:** blood in the sputum

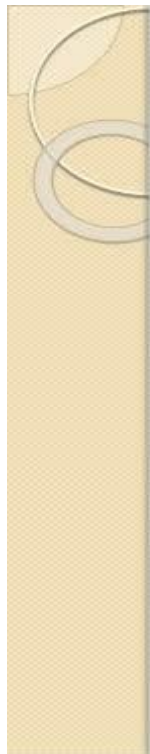
**Hematemesis:** blood in vomitus

**ECG:** electrocardiogram is the 12 lead record of electrical activity of heart.

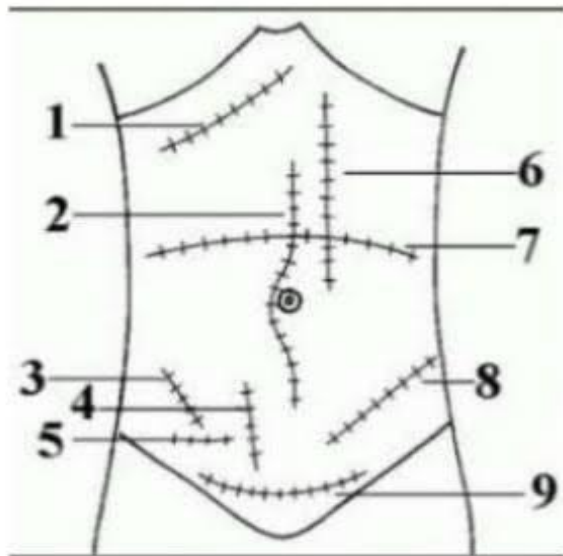
**TOF:** tetralogy of fallot. A heart disease that is combination of four defects usually occurring together.

1. VSD
2. Overriding of aorta.
3. Right ventricular hypertrophy.
4. Pulmonary stenosis.

284 What are the types of surgical incisions for abdominal surgery?



- 1)Kocher
- 2)Median
- 3)McBurny
- 4)Battle
- 5)Ianz
- 6)Paramedian
- 7)Transverse
- 8)Rutherford Morrison
- 9)Pfannensteil



285 What does Sars mean in COVID?

[Severe Acute Respiratory Syndrome \(SARS\)](#)

286 What are mantrels in acute appendicitis?

Already Explained

287 What is Hydatid cyst?

The larval form of tapeworm (*echinococcus granulosus*) infests various body organs n forms fluid filled cysts that contain immature daughter cells and can increase in size from 5-10cm or more. Thses fluid filled cysts are hydatid cysts which are most commonly formed in liver and lungs and can stay there for many years

288 What is Rabies?

Rabies is a vaccine preventable zoonotic viral disease which is caused by bite from infected animal including dogs, bats, foxes, racoons etc. Virus attacks CNS and cause inflammation in brain. There is usually tickling, itching sensation at bite site other symptoms include fever, headache nausea vomiting aggitation anxiety confusion hyperactivity.



## 289 How will you treat anemia in pregnancy?

**First trimester:** oral iron tablets oral folic acid.

**16-30 weeks:** oral ferrous sulphate 300mg tds to get a rise in hb of 1gm/month.

**30-34 weeks:** parenteral therapy

Intramuscular injection 250mg every other day

Or

Intravenous solution with one amp iron in 100ml crystalloid solution every other day

**>35weeks and hb <5g/dl:** packed RBCs transfusion or whole blood.

## 290 What are Protozoal diseases?

Diseases caused by protozoans that remain in their human host throughout their life cycle but many carry out part of their cycle in insects or other hosts like mosquitoes are vectors of plasmodium that causes malaria. Trypanosomiasis, leishmaniasis, cryptosporidiosis etc.

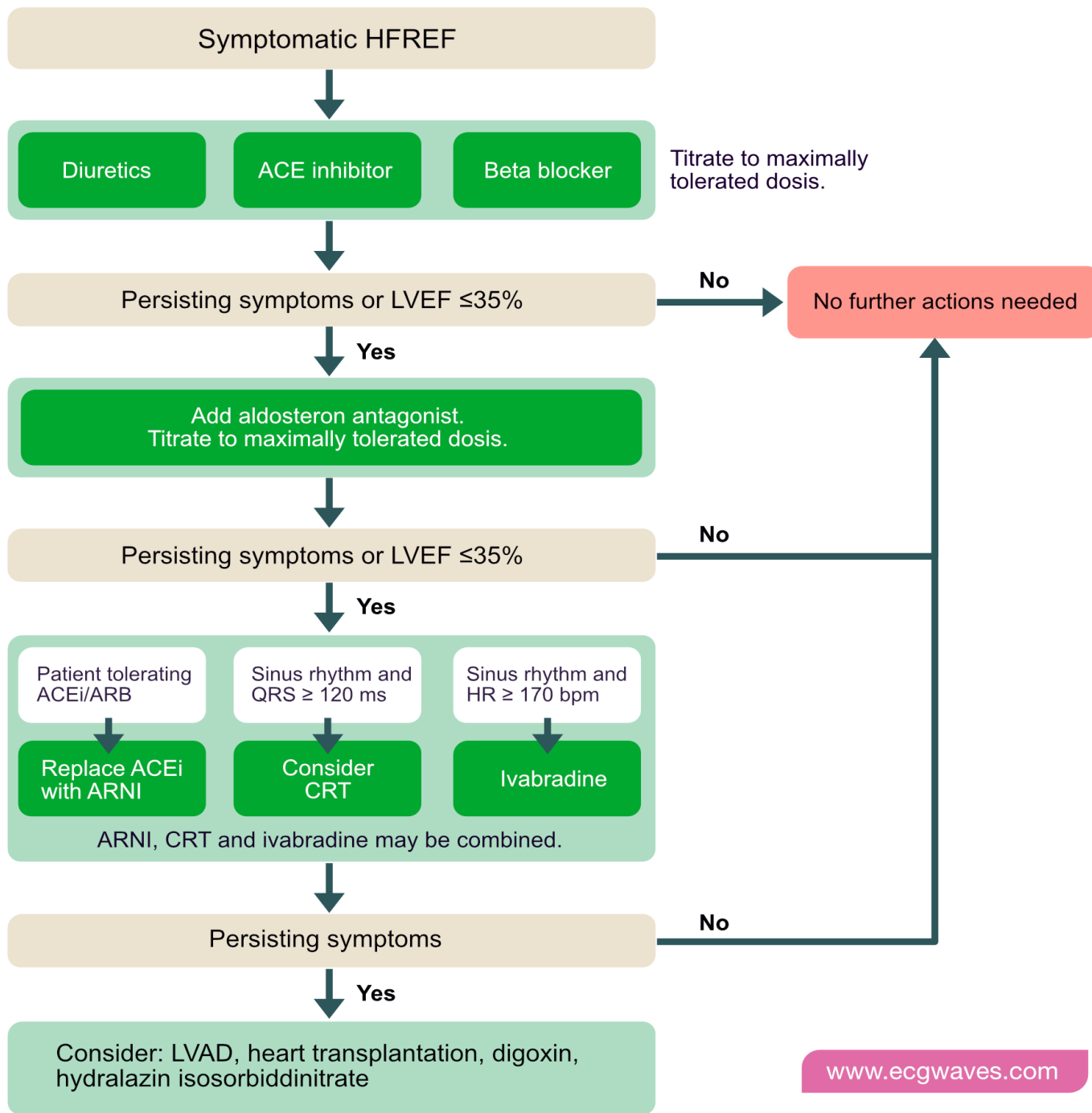
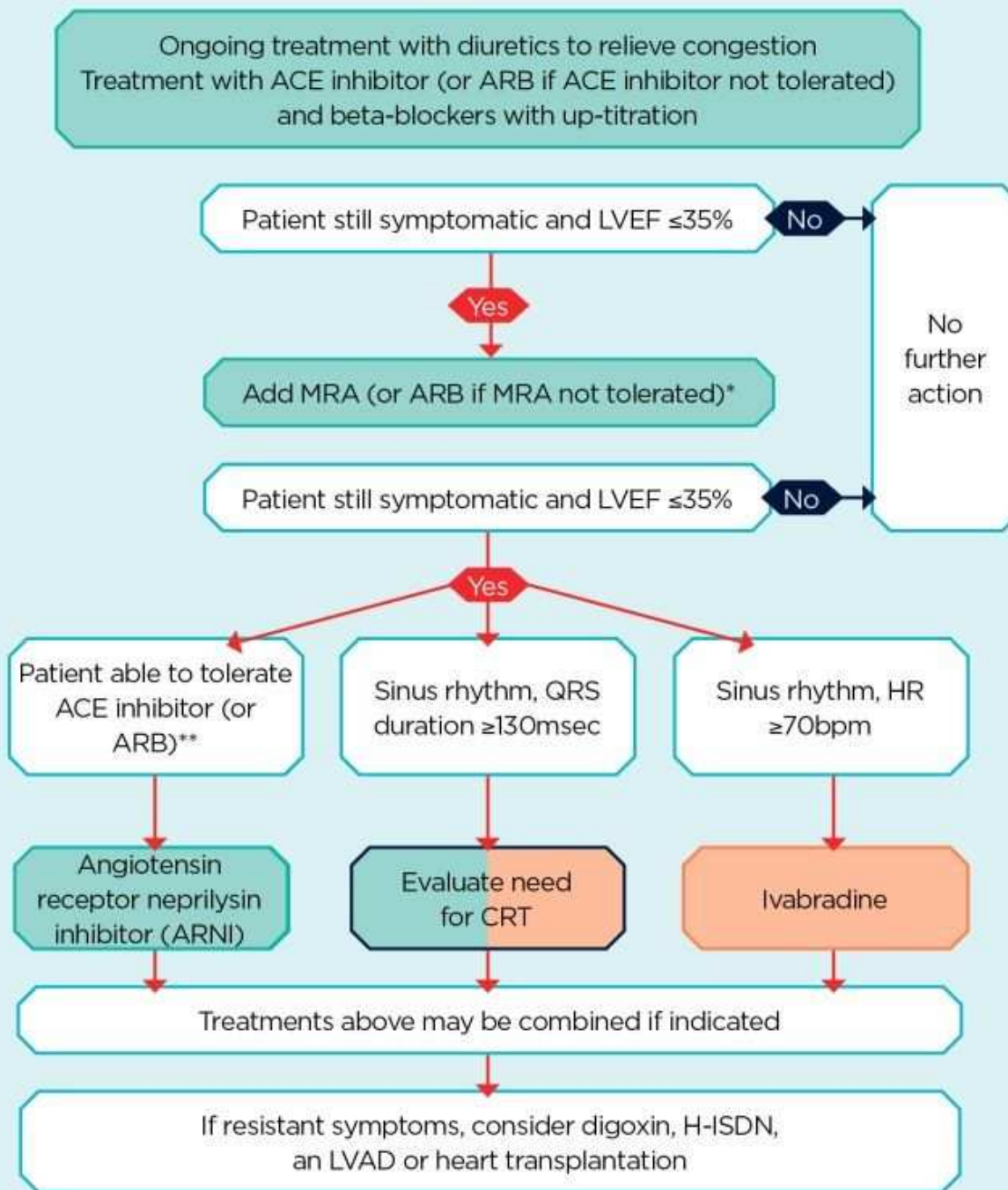


Fig 1. **Treatment algorithm for symptomatic HFrEF**



**Class I recommendation:** this treatment or procedure is recommended or indicated. There is evidence and/or general agreement that it is beneficial or useful or effective.

**Class IIa recommendation:** this treatment or procedure should be considered. The weight of evidence or opinion leans towards its usefulness or efficacy.

\* If the patient has had a hospital admission for HF within the last six months or has elevated natriuretic peptide level; \*\* If the patient has been admitted to hospital for HF within the last 12 months and/or has elevated natriuretic peptide level.

Key: ACE = angiotensin converting enzyme; ARB = angiotensin receptor blocker; CRT = cardiac resynchronisation therapy; HF = heart failure; HFrEF = heart failure with reduced ejection fraction; H-ISDN = hydralazine and isosorbide dinitrate; HR = heart rate; LVAD = left ventricular assist device; LVEF = left ventricular ejection fraction; MRA = mineralocorticoid receptor antagonist.

Source: Adapted with permission from Ponikowski et al (2016)

292 What are the Effects of beta blockers all over the body?

Beta-blocker effects	
$\beta_1$	$\beta_2$
↓ HR	↑ Airway resistance
↓ AV conduction	Arterial vasoconstriction
↓ Cardiac Output	↓ Gluconeogenesis
↓ O <sub>2</sub> consumption	↓ Glycogenolysis
↓ Blood Pressure	↓ Tremors
↓ Renin	
↓ Aqueous humour	

293 What is BMR and how to calculate it?

## Basal Metabolic Rate (BMR)

**Definition:** BMR is a measure of the rate at which a person's body "burns" energy, in the form of calories, while at rest.

This is the energy (calories) required to do **involuntary** work of the body

Such as: **breathing, blood flow, heart beat**

*\*The number of calories you'd burn if you stayed in bed all day.\**



An average man has a BMR of **around 7,100 kJ per day**, while an average woman has a BMR of around 5,900 kJ per day.

## BMR FORMULAS



**MEN**

$$\text{BMR} = (10 \times \text{weight [kg]}) + (6.25 \times \text{height [cm]}) - (5 \times \text{age [yrs]}) + 5$$



**WOMEN**

$$\text{BMR} = (10 \times \text{weight [kg]}) + (6.25 \times \text{height [cm]}) - (5 \times \text{age [yrs]}) - 161$$

 [www.inchcalculator.com](http://www.inchcalculator.com)

294 A Women in her bUS came to you With the complaint that she had excessive sweating and feels too hot what would you do?

Thyroid profile

295 What is the Difference between isolation and Quarantine?

# Isolation or Quarantine?



## ISOLATION IF YOU ARE SICK

Separates sick people with a contagious disease from people who are not sick.

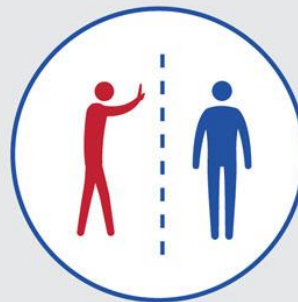


- You must stay away from others for at least 7 days after your symptoms started and until all your symptoms have gone away.

 **7 DAYS**

## QUARANTINE IF EXPOSED

Separates people and restricts their movement if they were exposed to a contagious disease to see if they become sick.



- For people who are not sick, but may have been exposed (in close contact with someone) who is sick.
- You must stay away from others for 14 days to see if you get sick.

 **14 DAYS**

## DIFFERENCE BETWEEN EPIDEMIC AND PANDEMIC



### EPIDEMIC

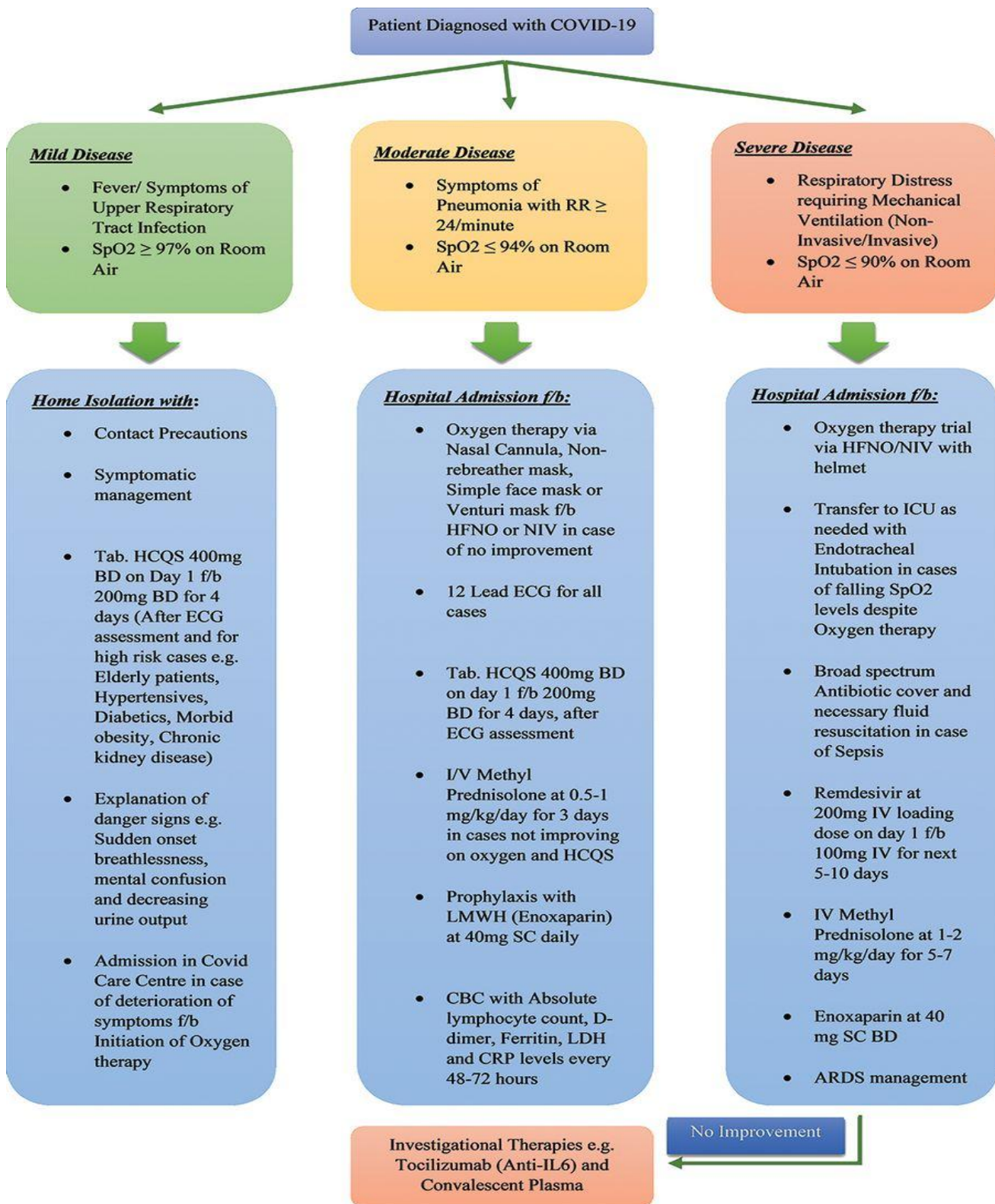
- An epidemic is an outbreak of disease that affects many in a population and begins to spread rapidly.
- An outbreak of disease is considered an epidemic if it affects a certain number of people within a short period of time, typically within 2 weeks.



### PANDEMIC

- Pandemic is a larger epidemic. A pandemic covers several countries or spreads from one continent to another.
- In pandemic outbreaks, the number of people affected or killed doesn't matter as much as the rate of spread and how far it has spread.

297 Describe specific Treatment of Covid.



298 Which Antiviral is used for treatment of COVID?

**Remdesivir** is a nucleotide analogue prodrug that is approved to treat COVID-19 in certain patients. Chloroquine and hydroxychloroquine are antimalarial drugs that were studied to treat COVID-19. Ivermectin is an antiparasitic drug that is being evaluated to treat COVID-19.

299 What is anaphylactic shock?

Anaphylaxis causes your **immune system** to release a flood of chemicals that can cause you to go into shock — your blood pressure drops suddenly and your airways narrow, blocking breathing. Signs and symptoms include a rapid, weak pulse; a skin rash; and nausea and vomiting

# TREATMENT

- Honeybee stinger should be removed from the skin
- Site cleansed and disinfected
- Ice pack
- Elevation
- Analgesics, antihistaminics
- topical calamine lotion
- Patients with multiple bee stings should be monitored for evidence of renal failure or coagulopathy
- Anaphylaxis – Iv adrenalin 0.5ml in 1:1000 dilution, with bronchodilators, O<sub>2</sub>, and intubation.

## 301 How to d-potash a patient?

In hospital confirm hyperkalemia by ECG(Tall T waves)

In pakistan **cocktail** method used

Take 100ml Burette add inj **Calcium Gluconate** 10ml, Add 10 units of **Insulin**, Add 4 ampule of 25% **Dextrose**.  
Give IV STAT in 15-20 minutes

## 302 What is Lipid profile and its values?

A pattern of lipids in the blood. It is used to measure the level of **total cholesterol, high density lipoproteins cholesterol, low density lipoproteins cholesterol and triglycerides** in the blood.

Normal: <150mg/dl

Borderline: 150-199mg/dl

High: 200-499mg/dl

Very high: >500mg/dl.



### 303 What is Cardiac arrhythmias

An Arrhythmia is an **abnormality of the heart rhythm**. It may beat too **slowly**, too **quickly**, or **irregularly**.

**Types:** Atrial fibrillation, ventricular fibrillation, Atrial flutters, Supraventricular tachycardia, Ventricular tachycardia, Long QT syndrome, Heart blocks.

### 304 What is Gastroenteritis?

Gastroenteritis is the **inflammation** of gastric and intestinal mucosa. It may be **erosive** or **non-erosive**.

**Clinical features:**

- ❖ It may be **asymptomatic**.
- ❖ If symptomatic~ **anorexia, nausea, epigastric pain & heart burn** may be the features.
- ❖ If it persists, a slow **Loss of blood** may lead to anemia.

### 305 Which is the most dangerous Arrhythmia?

Ventricular fibrillation

### 306 What are the Causes of spread of HIV?

## HIV / AIDS is transmitted



Unprotected  
Sex



Drug  
Addicts



Blood  
Transfusion



Pregnancy



Non-Sterile  
Instruments

## HIV / AIDS is not transmitted



Touching



Through Food



With A Kiss



Insects Bites



In The Pool

### 307 What is rheumatic fever and most commonly valve involvement?

Rheumatic fever is an **acute, inflammatory** disease principally in children but also in adults that usually follows a **pharyngeal infection** with group **A beta hemolytic streptococcus** after a latent period of approximately **3 weeks**.

It commonly involves **Mitral valve**.

### 308 Describe management of fever in BHU?

History, give symptomatic treatment, pcm, refer if necessary for further management.

### 309 What is OGTT and it's normal values?

**Oral Glucose Tolerance Test**, a method to diagnose instances of diabetes mellitus or insulin intolerance.

Normal: <100 mg/dl

Impaired: 100-125mg/dl

Elevated: >126mg/dl

### 310 What is fistula and it's examples?

Fistula is an abnormal tract or connection that connects two organs or vessels that don't usually connect.

For example, **fistula-in-ano**.

### 311 What is ruptured ectopic pregnancy?

Ectopic pregnancy, also called extra Uterine pregnancy, is when a fertilized egg grows outside the uterus.

### 312 What are Causes of tooth decay?

Dentist

### 313 Tell steps of RCT.

For dentist

### 314 What are vesiculobullous lesions?

For dentist

### 315 What are the Principles of instruments in extraction?

For dentist

### 316 What are the Causes of crown breakage during extraction?

For dentist

### 317 How to retrieve broken root?

For dentist

### 318 What does HIDA stands for? How it is performed?

#### Hepatobiliary iminodiacetic acid

During the procedure, a radioactive tracer is injected into a vein in patient's arm. As it runs through bloodstream in patient's liver, gallbladder, and small intestine, a camera tracks its movement and takes pictures of those organs.

### 319 What are Rhinolith, Rhinitis, labour 3rd stage and pneumothorax of both lungs management?

Rhinolith: **stone** in the **nasal cavity**.

Rhinitis: **inflammation** of the **nasal mucosa**, characterized by running nose.

3rd stage of Labour: The time from the **infant delivery** to the delivery of **maternal placenta** and its **membranes**.

Management of pneumothorax of both lungs:

**Chest tube drainage.**

### 320 What is upper and lower bleed?

**Upper Bleed:** bleeding occurs in **esophagus, stomach, or initial part of the small intestine (duodenum)**

**Lower Bleed:** Bleeding in the **lower small intestine, large intestine, rectum, or anus**

### 321 What is the difference between hemoptysis and haematemesis?

**Hemoptysis :** the **spitting** of **blood** that originated in the **lungs** or **bronchial tubes**.

**Haematemesis :** **Bloody vomiting** serious condition in which **blood** is **expelled** from the **mouth**

### 322 Give Methods of contraception.

## Birth Control Methods

There are **five types of birth control methods** from which to choose according to one's health, relationship status, lifestyle, and reproductive plans.



### 323 How fulminant hepatic failure is managed?

There is no specific treatment. Supportive therapy for the following condition is necessary :

- ❖ **Hepatic encephalopathy** : protein intake restricted, Syp. Metronidazole (200mg 4 times a day), Syp. Lactulose(30ml 6 hourly)
- ❖ **Cerebral edema**: 20% mannitol (1g/kg body weight)
- ❖ **Nutrition** : Glucose
- ❖ **Hemorrhage** : vitamin k, platelets, blood, fresh frozen plasma.
- ❖ **Antibiotics**
- ❖ **Renal failure**: Dialysis
- ❖ **Monitor cardiovascular function.**

### 324 You are sitting in DHQ Hospital on Duty as Medical Officer Suddenly a Staff Nurse Comes to you and tells you that while she was Administering Medicine to the Patients a Patient Suddenly have collapsed and Stopped Responding what will you do first?

CPR

### 325 What is the definition of mother health care?

It is defined as the health of **women** during **pregnancy, childbirth,** and the **postpartum period.**

### 326 What is normal Uric Acid level?

Female: **2.4-6.0 mg/dL**

Male: **3.4-7.0 mg/dL.**

### 327 Which disease is caused by Clostridium perfringens?

- ❖ Food poisoning
- ❖ Gas gangrene
- ❖ Necrotizing enteritis.

### 328 which receptors present in uterus?

Oxytocin Receptors.

Beta receptors

### 329 Where in the body beta agonist act?

**Heart:** SA node, AV node, atria, ventricles

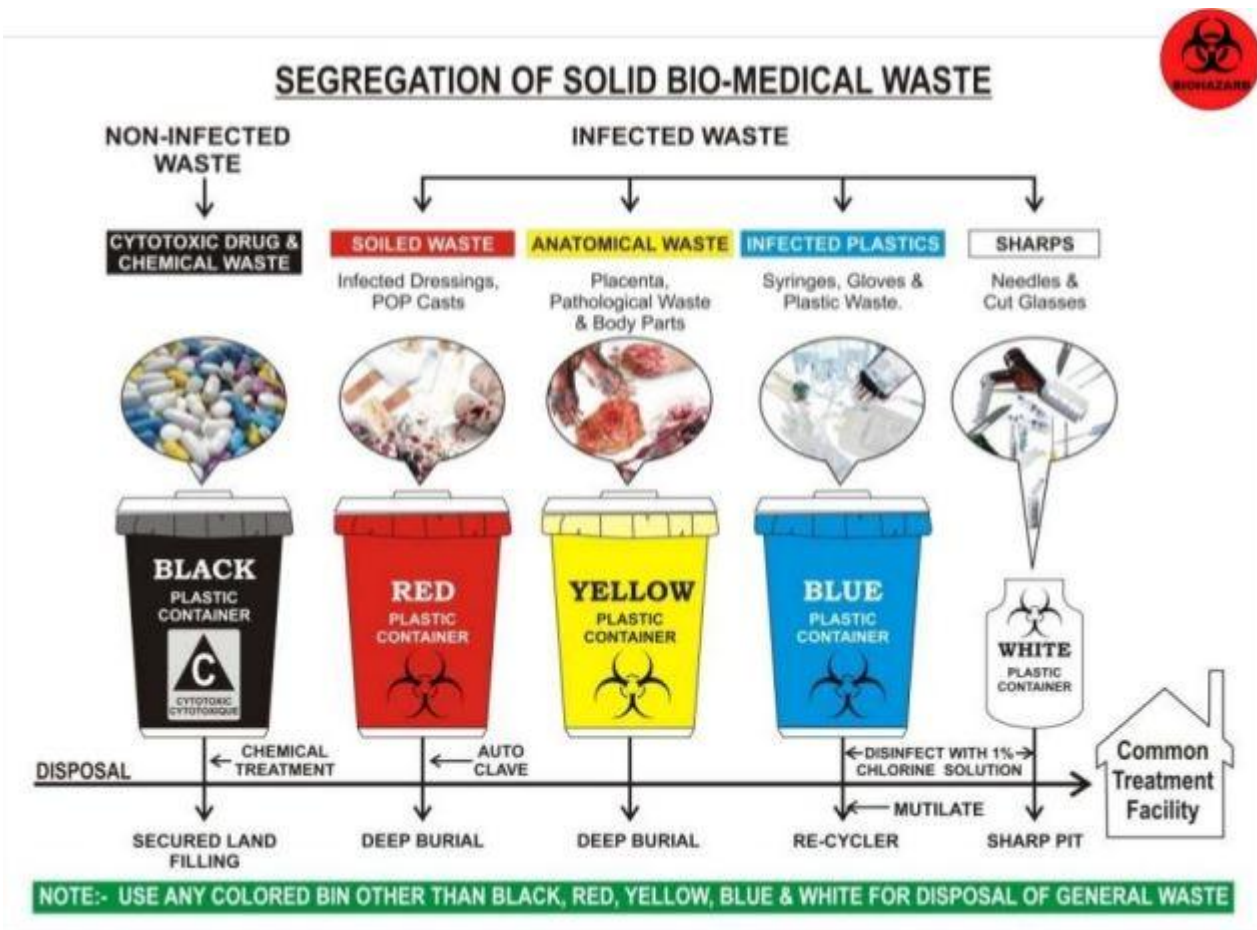
**Kidney:** juxtaglomerular apparatus

**Smooth muscle.**

330 What is B hcg levels in pregnancy?

hCG levels during pregnancy (in weeks since last menstrual period)	
3 weeks LMP	5 - 50 mIU/ml
4 weeks LMP	5 - 426 mIU/ml
5 weeks LMP	18 - 7,340 mIU/ml
6 weeks LMP	1,080 - 56,500 mIU/ml
7 - 8 weeks LMP	7, 650 - 229,000 mIU/ml
9 - 12 weeks LMP	25,700 - 288,000 mIU/ml
13 - 16 weeks LMP	13,300 - 254,000 mIU/ml
17 - 24 weeks LMP	4,060 - 165,400 mIU/ml
25 - 40 weeks LMP	3,640 - 117,000 mIU/ml
non pregnant	55-200 ng/ml

331 How to dispose waste ?



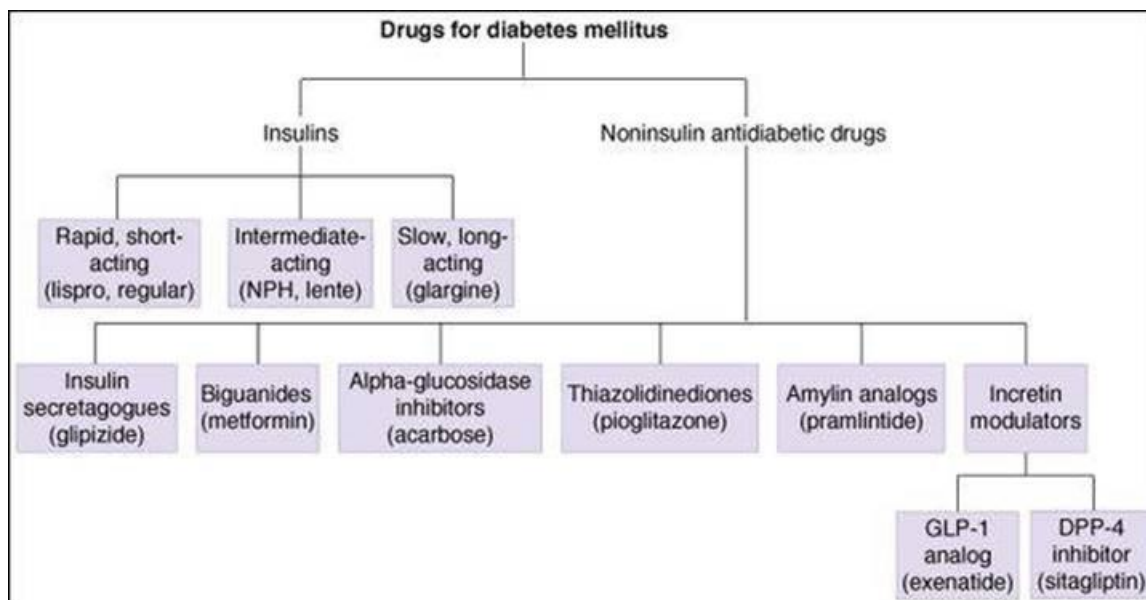
332 For what purpose yellow bin used

For anatomical waste like placenta, pathological waste and body parts.

333 Where to dispose off organ waste?

Deep burial

334 Classify Drugs for Diabetes mellitus.



335 What are thyroid hormones and most active?

- ❖ Triiodothyronine **T3**
- ❖ Tetraiodothyronine **T4**
- ❖ Calcitonin

Most active : **T3**

336 Name drugs of TB and side effects.

**Adverse effects of ATT drugs**

Drug	Adverse effects
Isoniazid	Hepatotoxicity, peripheral neuritis, hypersensitive reactions may precipitate epilepsy, drug induced lupus, psychotic changes
Rifampicin	Hepatotoxicity, gastrointestinal, autoimmune reactions (more with intermittent administration), which include flu syndrome, thrombocytopenias, purpura, respiratory shock syndrome, acute hemolytic anemia, ARF)
Pyrazinamide	Hepatotoxicity, arthralgia, hyperuricemia, gastrointestinal, allergic reactions
Ethambutol	Optic neuritis, colour blindness, gastrointestinal, allergic reactions, hyperuricemia
Streptomycin	Vestibular dysfunction, deafness, nephrotoxicity, neuromuscular blockade, peripheral neuritis

### 337 What is placental abruption?

It is defined as **bleeding** following **premature separation** of **placenta**.

### 338 Define Abortion and its types.

The **expulsion** or **extraction** of fetus before **24 weeks** of gestation.

#### Types:

- ❖ Spontaneous abortion
- ❖ Septic abortion
- ❖ Induced abortion
- ❖ Therapeutic abortion.

### 339 What is the number of doses of tetanus vaccine given in pregnancy?

Administered **Two doses**; between **27** and **36 weeks**, the 2nd dose at least 4 weeks after the 1st and at least 2 weeks before due date.

### 340 What are Emergency C section indications?

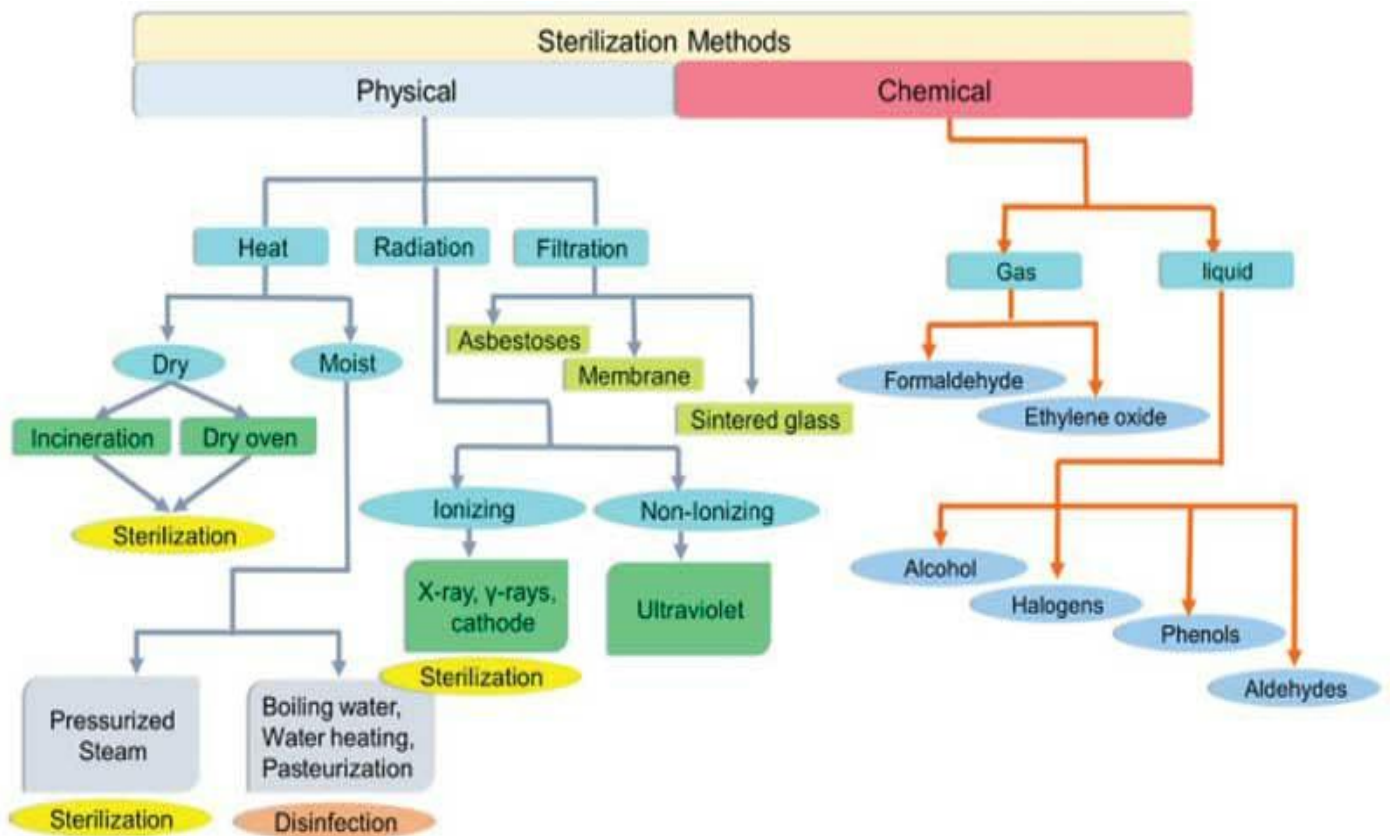
- ❖ Fetal Distress
- ❖ failed induction
- ❖ Prolonged labor.
- ❖ pregnancy induced hypertension
- ❖ cephalopelvic disproportion
- ❖ Maternal infection (eg, herpes, HIV)

### 341 What is PPH?

PPH is defined as **blood loss** of more than **500 mL** following **vaginal delivery** or more than **1000 mL** following **cesarean delivery**.

A loss of these amounts **within 24 hours** of delivery is termed early or **primary PPH**, whereas such losses are termed late or **secondary PPH** if they occur **24 hours after** delivery.

### 342 What techniques are used for sterilization?



### 343 What is autoclave? and what is the temperature of autoclave?

Autoclave is a **machine** used to kill **microorganisms** and **spores**. They are used to **decontaminate** certain **biological waste** and **sterilize media, instruments and lab ware**.

**Temperature: 121° C** for at least **30 minutes** by using **saturated steam** under at least **15 psi** of pressure.

### 344 What are local anesthetics?

A local anesthetic is a **medication** that causes **absence** of **pain sensation/numbing** an **area** of the **body**.

Examples:

- ❖ Benzocaine.
- ❖ Chlorprocaine.
- ❖ Cocaine.
- ❖ Procaine.
- ❖ Proparacaine.
- ❖ Tetracaine.
- ❖ Amylocaine.
- ❖ Oxybuprocaine.



### 345 What is acute renal injury?

It is defined as **acute** and **reversible deterioration** of **renal function** which develops over a period of **days**, or rarely weeks and results in **uremia**.

### 346 What is acute renal failure? Describe its treatment.

It is defined as **acute** and **reversible deterioration** of **renal function** which develops over a period of **days**, or rarely weeks and results in **uremia**. The cause may be **pre-renal, renal** or **post renal**.

#### **Treatment :**

**Hyperkalemia:** 50% DW + plain insulin

**Acidosis:** I/V sodium bicarbonate and dialysis

**Hypovolemia:** fluids / blood transfusion

**Pulmonary edema :** hemodialysis or peritoneal dialysis.

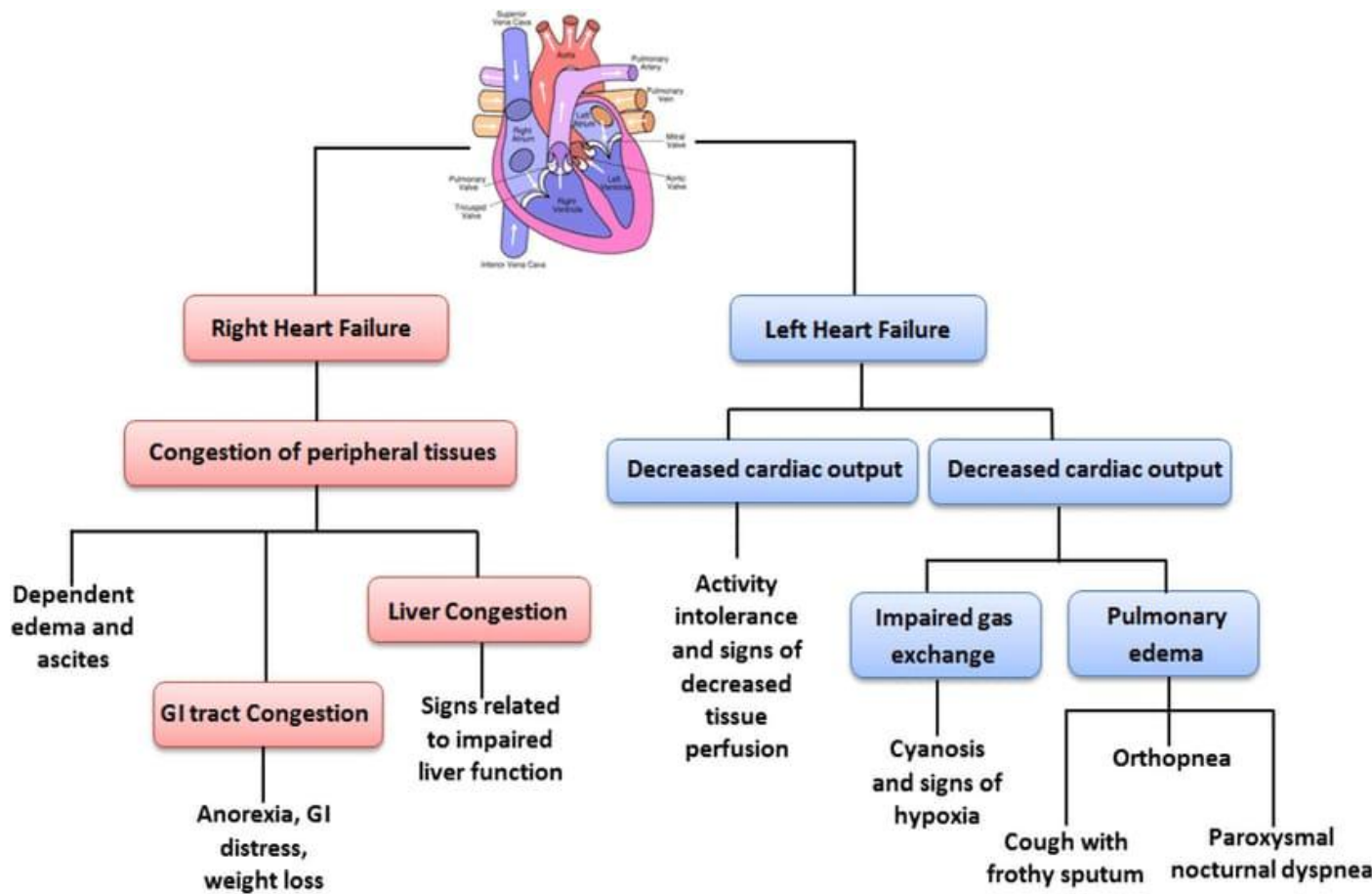
### 347 What are the causes of cardiac failure?

#### **Left Heart Failure:**

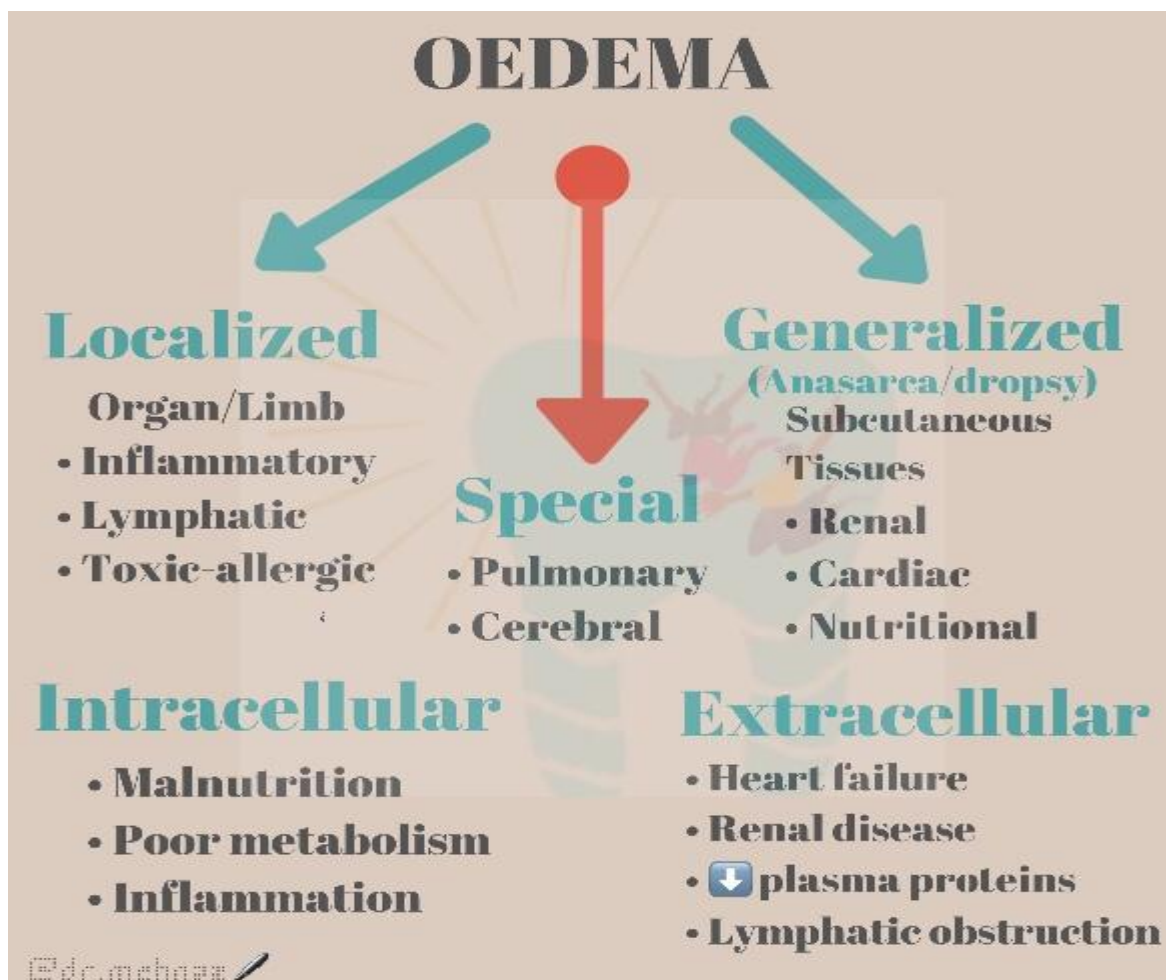
- ❖ Ischemic heart disease
- ❖ Systemic hypertension
- ❖ Mitral and aortic valve disease
- ❖ Cardiomyopathies

#### **Right heart failure:**

- ❖ Secondary to left heart failure
- ❖ Chronic lung disease
- ❖ Pulmonary embolism
- ❖ Pulmonary hypertension
- ❖ Tricuspid and pulmonary valve disease
- ❖ Asd and vsd
- ❖ Right ventricular cardiomyopathy.



348 What are types and causes of edema?



### 349 What is stridor? Give its causes and treatment.

Stridor is **noisy** or **high pitched** sound during **inspiration** produced by the **narrowing** or **spasm** of **upper airways**.

#### Causes:

- ❖ foreign body aspiration
- ❖ laryngeomalacia
- ❖ Infections like croup, epiglottitis
- ❖ laryngeal web or cyst
- ❖ vocal cord palsy
- ❖ reflux laryngitis
- ❖ papilloma/hemangioma

#### Treatment:

- ❖ **Oxygen** (humidified if possible)
- ❖ **Dexamethasone** oral (unless swallowing problems then IV) 8mg twice daily (morning and lunchtime) if no contraindications and add in **gastroprotection** if appropriate (e.g. omeprazole oral 20mg once daily or lansoprazole 30mg once daily if no contraindications).
- ❖ **Nebulised** salbutamol 5mg when required
- ❖ Treatment of any infection

If severe and not improving on conservative management may need to consider:

- ❖ **Tracheostomy** if upper airway obstruction – discuss with oncall ENT
- ❖ **Nebulised adrenaline** – discuss with senior doctor used to giving this e.g. ITU

**Definitive treatment** includes:

- ❖ **Radiotherapy** if appropriate – discuss with on-call clinical oncologist
- ❖ **Laser / stenting** for tracheal obstruction - discuss with local Respiratory team

If no other treatment options then make patient comfortable with sedation. Always discuss with senior member of team.

- ❖ Consider **Heliox** 80:20 if available (helium oxygen mix which is less viscous than air and easier to inhale past obstruction).

### 350 What is quinsy?

**Peritonsillar abscess** (PTA), also known as quinsy, is an **accumulation** of **pus** due to an infection behind the tonsil.

### 351 What are the X-Ray findings in bronchitis child?

There are generally no x ray findings in acute bronchitis except sometimes pneumonia like picture is seen. Chronic bronchitis is rare in children and its X ray findings are following:

- ❖ Hyperinflation and hyperleucency of lungs
- ❖ Flattening of diaphragm
- ❖ horizontal ribs
- ❖ tubular heart
- ❖ decrease costophrenic angle

### 352 What are types of microcytic hypochromic anemias?

- ❖ Iron deficiency anemia
- ❖ lead poisoning
- ❖ anemia of chronic disease
- ❖ Sideroblastic anemia
- ❖ Thalassemia major
- ❖ hereditary pyropoikilocytosis

### 353 Which anemia is life threatening?

Anemia is life threatening when Hb level is **below 6.5mg/dl** e.g

- ❖ aplastic anemia
- ❖ Thalassemia major
- ❖ severe iron deficiency anemia

### 354 What are causes and treatment of iron deficiency anemia in our setup?

#### CAUSES:

- ❖ diet low in iron
- ❖ pregnancy
- ❖ malnutrition
- ❖ Females of reproductive age due to decrease diet
- ❖ Chronic blood loss
- ❖ Parasitic infections in children

#### Treatment :

- ❖ Treatment is mainly by prevention:
- ❖ proper diet
- ❖ Iron should be supplemented with food
- ❖ balanced diet including fruit and green vegetables
- ❖ treatment of the cause and then iron tablets, injections and blood transfusion according to severity of anemia

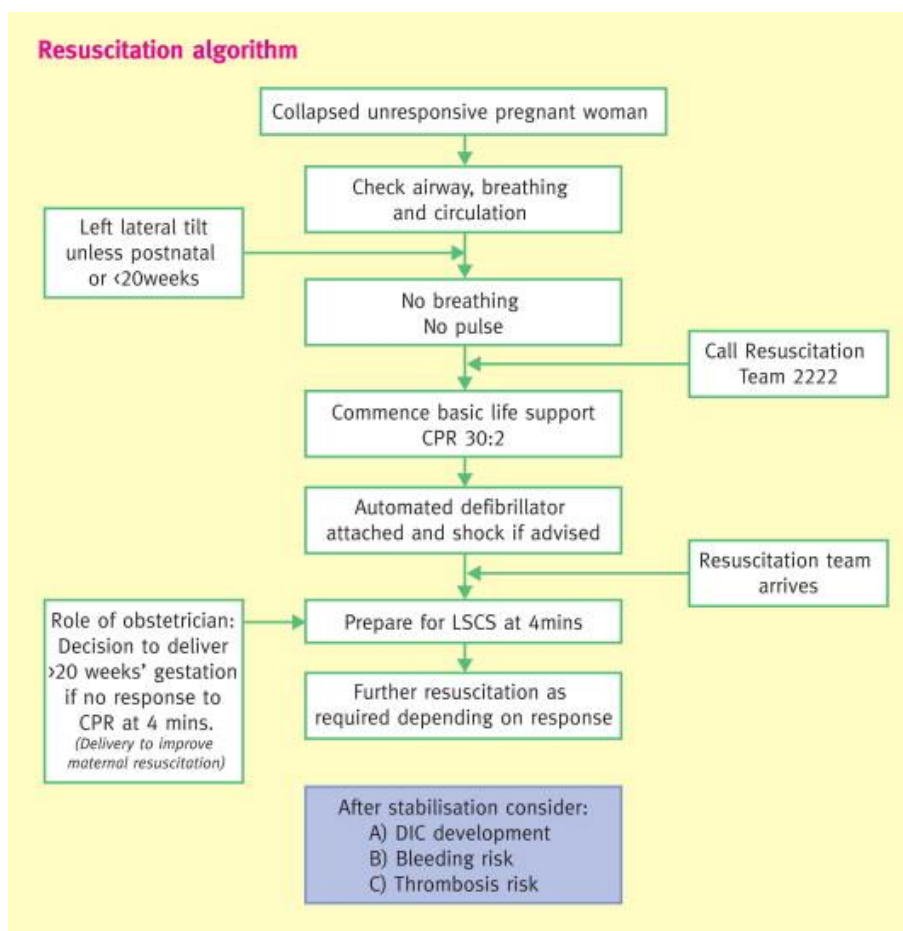
355 What is the quantity of elemental iron in different iron formulations?

Iron Salt	Dose per tablet	Elemental iron
Ferrous Fumarate	200mg	65mg
Ferrous Gluconate	300mg	35mg
Ferrous Sulphate (dried)	200mg	65mg
Ferrous Sulphate	300mg	60mg
Ferrous Feredetate (Sytron)	190mg / 5ml elixir	27.5 mg / 5ml

356 How will you manage a female patient in labour about to deliver who is also about to collapse if you are in BHU?

Firstly we have to **stabilize** the patient by giving basic Management and **fluids** and **deliver** the baby then refer the patient if condition improved for further management.

357 How will you manage if such pt collapses and goes into cardiopulmonary arrest?



### 358 Will you refer the pt to better care hospital in such condition?

**No**, in such condition we don't refer the patient as it will be cause of maternal death due to negligence. First, We have to do our best by using resources available at our setup, stabilize her and then refer the patient for further mangament.

### 359 What is Bishop score and its interpretation?

# What is a Bishop Score? @jerseydoula

Bishop scoring system: An assessment of the cervix before labor to determine if an induction is likely to be successful. It can also determine if spontaneous labor may occur soon.

Score	Dilation (cm)	Position of cervix	Effacement (%)	Station (-3 to +3)	Cervical Consistency
0	Closed	Posterior	0-30	-3	Firm
1	1-2	Mid position	40-50	-2	Medium
2	3-4	Anterior	60-70	-1, 0	Soft
3	5-6	--	80	+1, +2	--

A score of **6 or less** is considered unfavorable. If an induction is indicated, cervical ripening agents will most likely be used.

@jerseydoula

A score of **8 or more** is considered favorable for induction, or that a vaginal delivery with induction will be similar to spontaneous labor.

### 360 What are Clinical stages of AIDS?

There are **Three** clinical stages of HIV infection.

- ❖ acute infection
- ❖ chronic infection/layency period
- ❖ AIDS

### 361 How many diseases are in epi?

12 diseases

EXPANDED PROGRAMME OF IMMUNIZATION					
Time	Vaccines	Dose	Route	Site	Type
At Birth	Polio-O	2-3 drops	Orally	Orally	Live
	BCG	0.1ml above 1 month 0.05ml below 1 month	I/D	Rt. Deltoid	Live
At 6 Weeks	Polio-1	2-3 drops	Orally	Orally	Live
	DPT-1	1/2ml	I/M	Ant. Lat. aspect of right thigh	D and T toxoid P = killed
	Hep. B-1	1/2ml	I/M	Ant. Lat. Aspect of left thigh	Recombinant
At 10 Weeks	Polio-2	2-3 drops	Orally	Orally	Live
	DPT-2	1/2ml	I/M	Ant. Lat. aspect of right thigh	D and T toxoid P=killed
	Hep. B-2	1/2ml	I/M	Ant. Lat. Aspect of left thigh	Recombinant
At 14 Weeks	Polio-3	2-3 drops	Orally	Orally	Live
	DPT-3	1/2ml	I/M	Ant. Lat. aspect of right thigh	D and T toxoid P=killed
	Hep. B-3	1/2ml	I/M	Ant. Lat. Aspect of left thigh	Recombinant
At 9 Months	Measles	1/2cc	S/C	Lt. Deltoid	Live
Booster Dose 20to23months	DPT Polio	If baby is 24 months then only DT is given			

### 362 What is RIF pain ? give its differential diagnosis.

- ❖ **Liver:** Hepatitis, liver injury or liver disease
- ❖ **Intestinal:** acute appendicitis, illeocecal chron disease, mesenteric adenitis, intestinal CA, Caecal or mecle diverticulitis
- ❖ **Obs and gynaecological:** ectopic pregnancy, torsion ovarian cyst or tumor
- ❖ **Urological:** ureteric colic, torted testies.

Picture of next page

RIGHT		LEFT
<ul style="list-style-type: none"> <li>- Cholelithiasis</li> <li>- Biliary colic</li> <li>- Acute Cholecystitis</li> <li>- Acute cholangitis</li> <li>- Acute hepatitis</li> <li>- Liver abscess</li> <li>- Budd-Chiari syndrome</li> <li>- Portal vein thrombosis</li> <li>- Pancreatitis</li> <li>- Duodenal ulcer</li> <li>- Nephrolithiasis</li> </ul>	<ul style="list-style-type: none"> <li>- Acute myocardial infarction</li> <li>- Acute pancreatitis</li> <li>- Chronic pancreatitis</li> <li>- Peptic ulcer disease</li> <li>- GERD</li> <li>- Gastritis</li> <li>- Functional dyspepsia</li> <li>- Gastroparesis</li> </ul>	<ul style="list-style-type: none"> <li>- Splenomegaly</li> <li>- Splenic infarct</li> <li>- Peptic ulcer</li> <li>- Gastritis</li> <li>- Nephrolithiasis</li> </ul>
<a href="http://www.Medical-Institution.com">www.Medical-Institution.com</a>		
<ul style="list-style-type: none"> <li>- Nephrolithiasis</li> <li>- Pyelonephritis</li> <li>- Constipation</li> <li>- Infectious colitis</li> <li>- Ischemic colitis</li> </ul>	<ul style="list-style-type: none"> <li>- Appendicitis</li> <li>- Constipation</li> <li>- Small bowel obstruction</li> <li>- Large bowel obstruction</li> <li>- Inflammatory bowel disease</li> <li>- Irritable bowel syndrome</li> <li>- Gastroenteritis</li> <li>- Ischemic colitis</li> <li>- Abdominal aortic aneurysm</li> </ul>	<ul style="list-style-type: none"> <li>- Nephrolithiasis</li> <li>- Pyelonephritis</li> <li>- Constipation</li> <li>- Infectious colitis</li> <li>- Ischemic colitis</li> </ul>
<a href="http://www.FreeMedicalVideos.com">www.FreeMedicalVideos.com</a>		
<ul style="list-style-type: none"> <li>- Appendicitis</li> <li>- Nephrolithiasis</li> <li>- Pyelonephritis</li> <li>- Infectious colitis</li> <li>- Inflammatory bowel disease</li> <li>- Inguinal hernia</li> <li>- Ovarian cyst / torsion</li> <li>- Ectopic pregnancy (unilateral)</li> <li>- PID (bilateral)</li> </ul>	<ul style="list-style-type: none"> <li>- Cystitis (UTI)</li> <li>- Acute urinary retention</li> <li>- Appendicitis</li> <li>- Inflammatory bowel disease</li> <li>- Ovarian cyst</li> </ul>	<ul style="list-style-type: none"> <li>- Diverticulosis / Diverticulitis</li> <li>- Nephrolithiasis</li> <li>- Pyelonephritis</li> <li>- Irritable bowel syndrome</li> <li>- Infectious colitis</li> <li>- Inguinal hernia</li> <li>- Ovarian cyst / torsion</li> <li>- Ectopic pregnancy (unilateral)</li> <li>- PID (bilateral)</li> </ul>

363 Give differential diagnosis of LIF.

- ❖ diverticulitis
- ❖ sigmoid volvulus
- ❖ CA colon
- ❖ PID
- ❖ ovarian cyst rupture or torsion
- ❖ Ruptured ectopic pregnancy
- ❖ renal colic
- ❖ threaten abortion
- ❖ psoas abscess



### 364 Describe following: Chronic HTN, shock, snake bite, dog bite, MI, Angina, CVA, DKA, acute pancreatitis.

- ❖ **Chronic Hypertension:** Chronic hypertension is defined as **blood pressure** exceeding **140/90** mm Hg before pregnancy or before 20 weeks' gestation.
- ❖ **Shock:** Shock is the state of **insufficient blood flow** to the tissues of the body as a result of trauma, heatstroke, blood loss, an allergic reaction, severe infection, poisoning, severe burns or other causes.
- ❖ **Snake bite:** snakebite is an injury caused by the bite of a snake, especially a venomous Snake. **Treatment:** Wash the wound, bandage, give antivenom.
- ❖ **Dog bite:** A dog bite is a bite upon a person or other animal by a dog, including from a rabid dog. **Treatment** :Wash the wound, stop the bleeding, give ARV.
- ❖ **Myocardial Infarction :** Myocardial infarction (MI) (ie, heart attack) is the irreversible death (necrosis) of heart muscle secondary to prolonged lack of oxygen.
- ❖ **Angina:** Angina is chest pain or discomfort caused when your heart muscle doesn't get enough oxygen-rich blood.
- ❖ **CVA:** a loss of blood flow to part of the brain, which damages brain tissue.
- ❖ **DKA:** Diabetic ketoacidosis (DKA) is an acute, major, life-threatening complication of diabetes characterized by hyperglycemia, ketoacidosis, and ketonuria.
- ❖ **Acute Pancreatitis:** Pancreatitis is an inflammatory process in which pancreatic enzymes autodigest the gland. The gland sometimes heals without any impairment of function or any morphologic changes; this process is known as acute pancreatitis. Pancreatitis can also recur intermittently, contributing to the functional and morphologic loss of the gland; recurrent attacks are referred to as chronic pancreatitis.

### 365 What are the cases in medical urgency?

It is a state when there is immediate need of action

- ❖ bleeding :cuts,wounds,internal bleeding
- ❖ breathing problems
- ❖ collapsing patient
- ❖ heart attack
- ❖ stroke
- ❖ fits/convulsions
- ❖ poisoning
- ❖ Severe pain

### 366 Differential diagnosis of lower abdominal pain in females?

- ❖ miscarriage
- ❖ endometriosis
- ❖ Ectopic pregnancy may be ruptured
- ❖ PID
- ❖ ruptured or torsion of ovarian cyst
- ❖ Mittelschmerz
- ❖ Pelvic congestion syndrome
- ❖ adenomyosis
- ❖ menstrual pain

### 367 Describe PPH management at RHC

- ❖ stabilize the pt by giving IV fluids and then find the cause of PPH:
- ❖ Give oxytocin
- ❖ uterine massage
- ❖ if traumatic tissue or any kind of rupture, repair it
- ❖ bimanual Uterine compression
- ❖ uterine packing
- ❖ uterine artery embolization
- ❖ if DIC then FFP and platelets transfusion
- ❖ If all measures fail then stabilize the patient and refer for further management or hysterectomy.

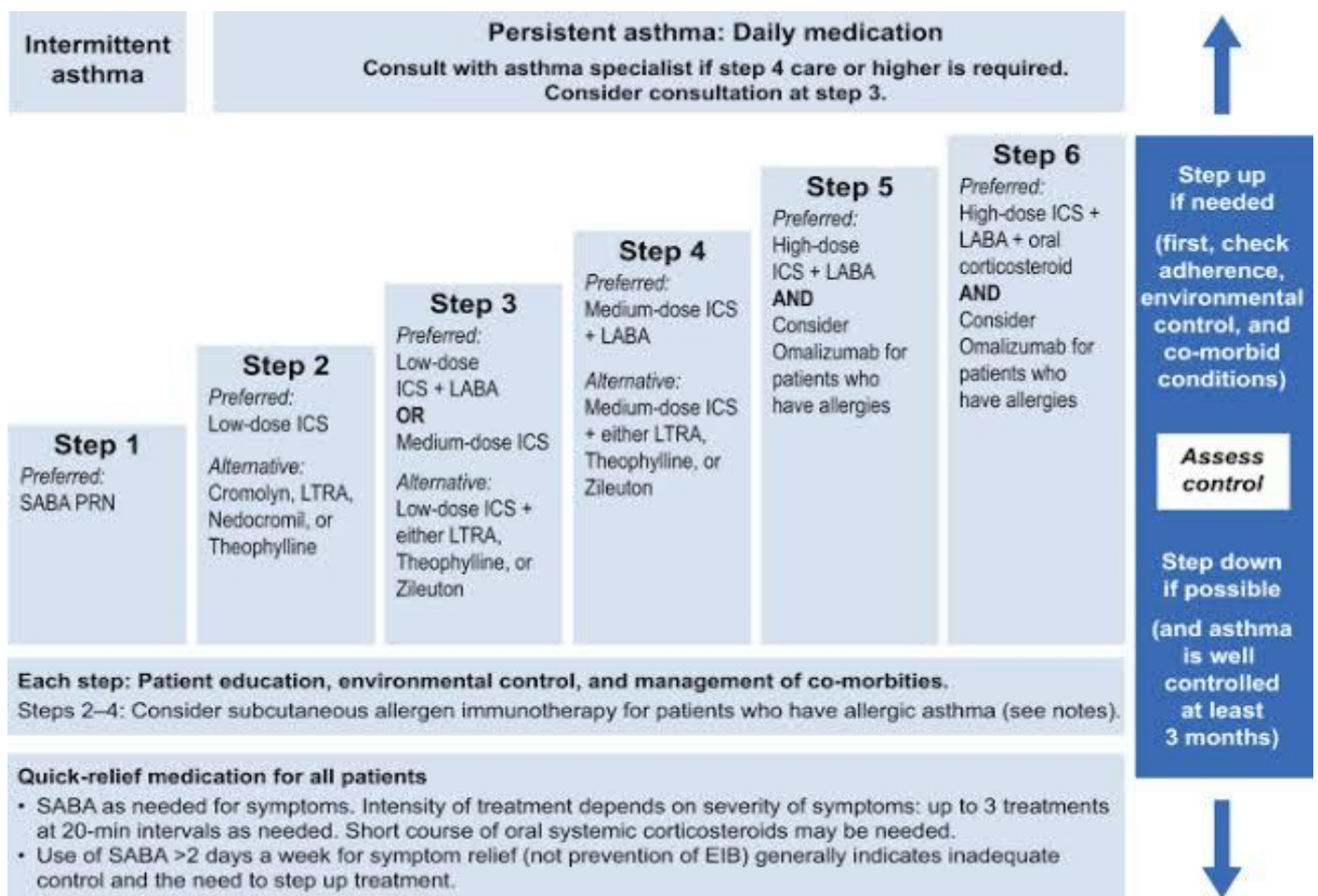
### 368 Which is safe antimalarial in 2nd trimester pregnancy?

Artemether-Lumefantrine, brand name coartem.

### 369 Describe scabies counseling.

- ❖ Avoid prolonged skin to skin contact with infected patient
- ❖ wash all clothings, bed lining and then spread them in sunlight
- ❖ maintain good hygiene
- ❖ Take daily bath and then apply prescribed lotion on whole body except face and head
- ❖ Take shower next morning
- ❖ Anyone who is diagnosed with scabies, as well as his or her sexual partner and persons who have close, prolonged contact to the infested person should also be treated.

### 370 How is asthma managed?



### 371 What are types of placenta previa?

There are 3 types of placenta previa:

- ❖ **Complete placenta previa.** The placenta completely covers the cervix.
- ❖ **Partial placenta previa.** The placenta is partly over the cervix.
- ❖ **Marginal placenta previa.** The placenta is near the edge of the cervix

### 372 What is high grade fever?

A high grade fever happens when your **body temperature** is **103°F (39.4°C)** or above. Most fevers usually go away by themselves after 1 to 3 days

### 373 Describe method of tepid sponging

- ❖ Use tap or luke warm water to sponge
- ❖ Apply the compresses to nape of neck ,forehead ,armpit and groin
- ❖ Proceed to sponge body starting from back to front
- ❖ Do not sponge more than 30 minutes
- ❖ Stop sponging when shivering occurs
- ❖ Usually sponging will drop down the fever 1 to 2 degrees in 30 to 45 mins.

### 374 In which type of abortion in pregnancy can be saved?

In threatened abortion pregnancy can be saved.

### 375 What are antenatal visits in last trimester?

The third trimester goes from **week 28** through **week 40**. In your third trimester, you will have a prenatal visit **every 2 weeks** until **week 36** then visit **weekly** till delivery. During visits, the provider will:

- ❖ Weigh you
- ❖ Measure your abdomen to see if your baby is growing as expected
- ❖ Check your blood pressure
- ❖ Take a urine sample to test for protein in your urine, if you have high blood pressure. Your
- ❖ provider may also give you a pelvic exam to see if your cervix is dilating
- ❖ In between your appointments, you will need to pay attention to how much your baby is
- ❖ moving.

### 376 What are different positions of baby?

- ❖ Occiput anterior
- ❖ Occiput posterior
- ❖ Breech position
  - a. Frank
  - b. Footling
  - c. complete
- ❖ Oblique position
- ❖ Transverse position

## INDICATIONS FOR CAESAREAN SECTION

### **Absolute**

#### Maternal

- Cephalo-pelvic Disproportion
- Non progression of labour

#### Fetal:

- Fetal Distress
- Non-cephalic presentations
- Multiple gestations

#### Pregnancy Related

- Abruptio Placenta
- Grade 3 or 4 Placenta Previa
- Cervical obstructive lesions
- Large vulvar condylomata

### **Relative**

#### Maternal

- Relative CPD
- Maternal preference

#### Fetal:

- Twins with first in non cephalic presentation

#### Pregnancy Related

- Lesser degrees APH
- Previous Caesarean

## **TYPES OF ANEMIA IN PREGNANCY**

### **COMMON TYPES**

*Nutritional Deficiency Anemias*

- 1) *Iron deficiency*
- 2) *Folic acid deficiency*
- 3) *Vit B12 deficiency*

*Haemoglobinopathies*

- 1) *Thalassaemia*
- 2) *Sickle cell disorder*

### **RARE TYPES**

*Aplastic anemia*

*Autoimmune hemolytic anemia*



### 379 What are indications of dialysis?

Indications to commence dialysis are:

- ❖ intractable hyperkalaemia;
- ❖ acidosis;
- ❖ uraemic symptoms (nausea, pruritus, malaise);
- ❖ Therapy-resistant fluid overload;
- ❖ chronic kidney disease (CKD) stage 5

## Emergent or Urgent Hemodialysis

### Indications: "AEIOU"

- A** Acidosis ( pH < 7.1 )
- E** Electrolytes - refractory hyperkalemia ( K > 6.5 mEq/L )
- I** Intoxications
- O** Overload with fluid refractory to diuresis
- U** Uremic pericarditis, uremic encephalopathy



### Dialyzable drugs/toxins

- I** INH, isopropyl alcohol
- S** Salicyclates
- T** Theophylline
- U** Uremia
- M** Methanol
- B** Barbiturates
- L** Lithium
- E** Ethylene glycol
- D** Dabigatran (Pradaxa), divalproex (Depakote)



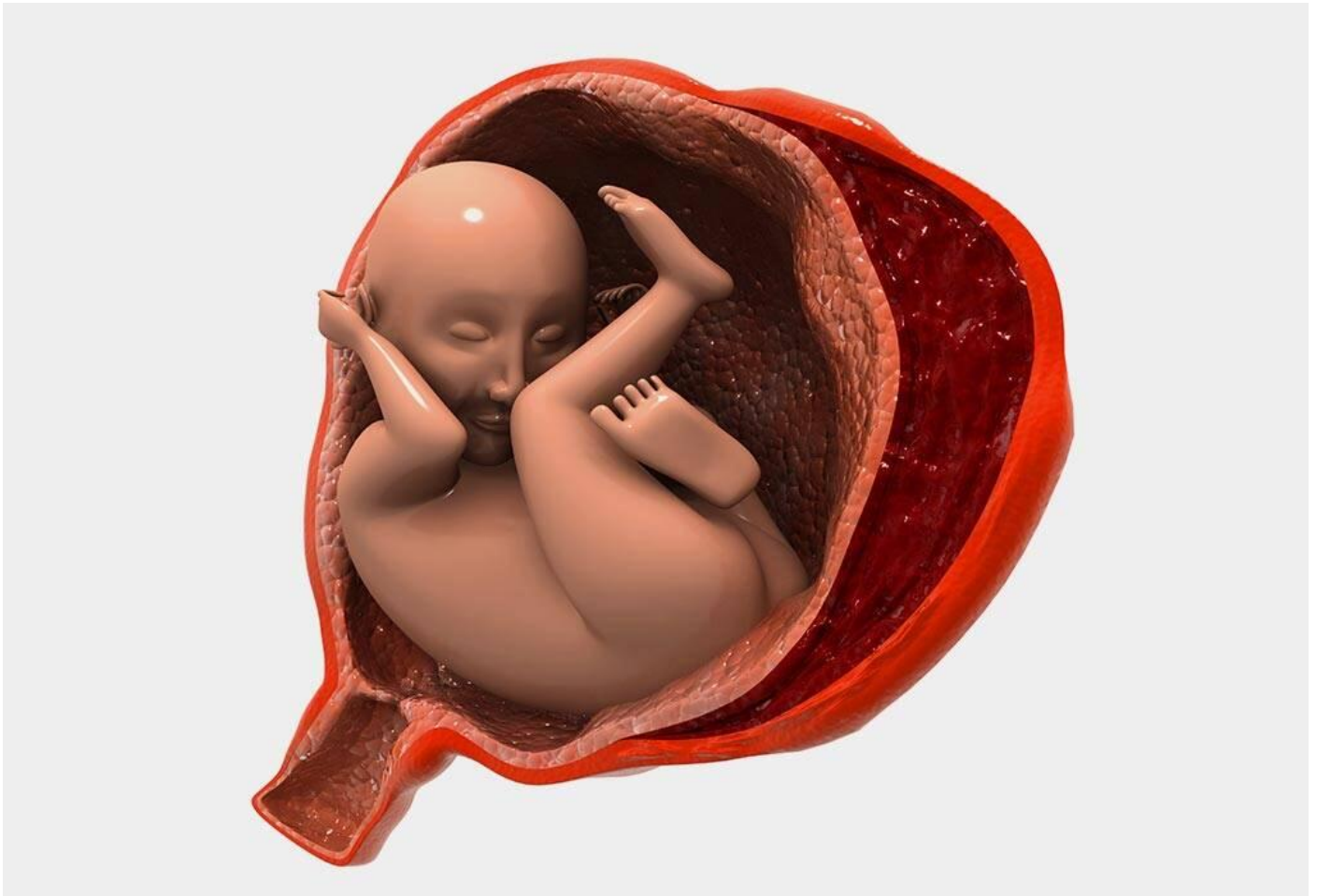
@ lookofhans

### 380 What type of dialysis which is more Common?

**Hemodialysis** is the most common type of dialysis. This process uses an artificial kidney (hemodialyzer) to remove waste and extra fluid from the blood. The blood is removed from the body and filtered through the artificial kidney. The filtered blood is then returned to the body with the help of a dialysis machine

### 381 What is Shoulder presentation?

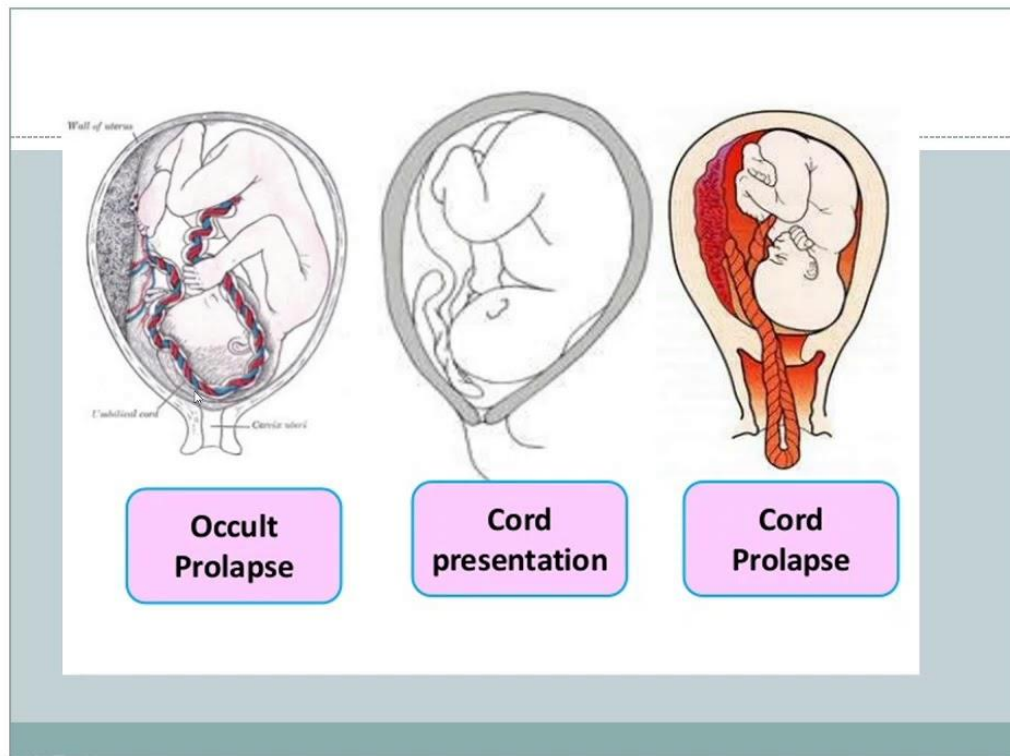
A shoulder presentation refers to a **malpresentation** at childbirth where the baby is in a **transverse lie** (its vertebral column is perpendicular to that of the mother), thus the **leading part** (the part that enters first the birth canal) is an **arm, shoulder, or the trunk**. While a baby can be delivered vaginally when either the head or the feet/buttocks are the leading part, it usually cannot be expected to be delivered successfully with a shoulder presentation unless a cesarean section (C/S) is performed





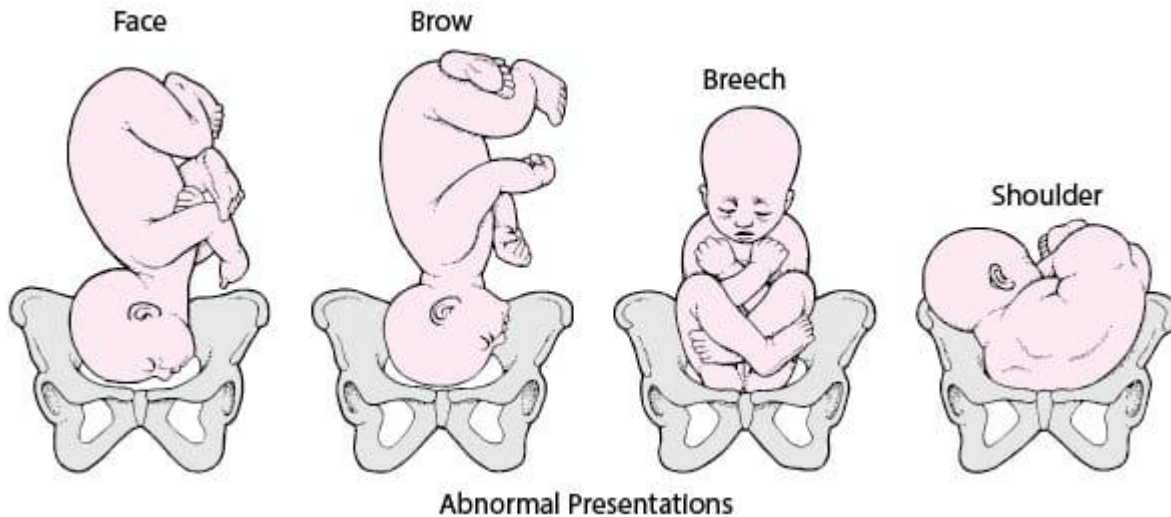
### 382 What is Cord presentation?

A cord presentation (also known as a **funic** presentation) is a variation in the fetal presentation where the **umbilical cord** points towards the **internal cervical os** or **lower uterine segment**. It may be a transient phenomenon and usually considered insignificant until **~32 weeks**.



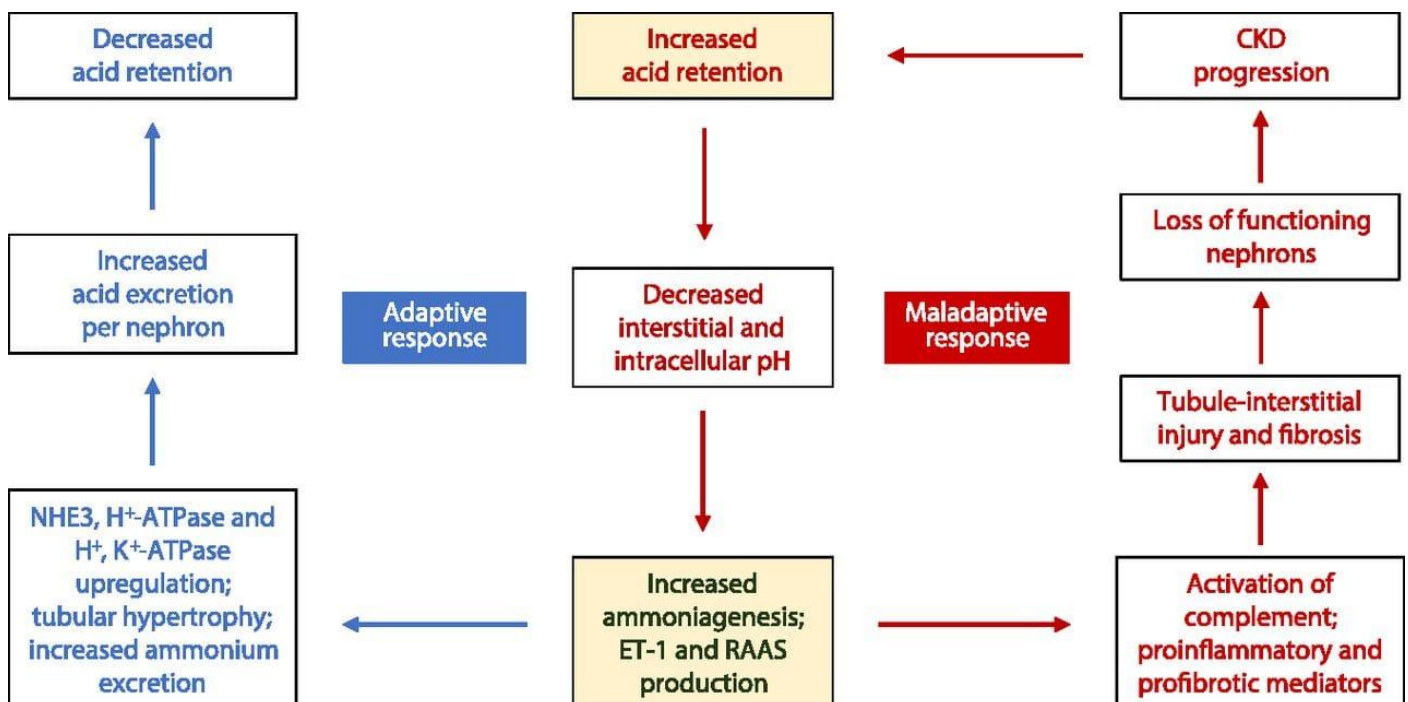
### 383 What is Brow presentation?

Brow presentation is one of many abnormal positions that can lead to labor and delivery complications and subsequent birth injuries. A fetus in brow presentation has the **chin untucked**, and the **neck is extended** slightly backward. It is similar to face presentation, except the neck is less extended



### 384 Describe Acidosis due to renal failure.

**Metabolic acidosis** results due to renal failure. The buildup of acid in the body due to kidney disease or kidney failure is called metabolic acidosis. When your body fluids contain too much acid, it means that your body is either not getting rid of enough acid, is making too much acid, or cannot balance the acid in your body.



### 385 What is Electrolyte disturbance(hyperkalaemia)?

Hyperkalemia is a serum potassium concentration **> 5.5 mEq/L** (> 5.5 mmol/L),

usually resulting from **decreased** renal potassium **excretion** or **abnormal movement** of potassium out of cells. There are usually several simultaneous contributing factors, including **increased** potassium **intake**, **drugs** that impair renal potassium excretion, and acute kidney injury or chronic kidney disease. Hyperkalemia can also occur in metabolic acidosis as in diabetic ketoacidosis. Clinical manifestations are

generally **neuromuscular**, resulting in **muscle weakness** and **cardiac toxicity** that, when severe, can degenerate to **ventricular fibrillation** or **asystole**. Diagnosis is by measuring serum potassium. Treatment may involve decreasing potassium intake, adjusting drugs, giving a cation exchange resin and, in emergencies, giving **calcium gluconate**, **insulin**, and **dialysis**

### 386 What is Uremic encephalopathy?

Uremic encephalopathy is an **organic brain disorder**. It develops in patients with acute or chronic renal failure, usually when the estimated glomerular filtration rate (eGFR) falls and remains **below 15 mL/min**.

Manifestations of this syndrome vary from mild symptoms (eg, lassitude, fatigue) to severe signs (eg, seizures, coma). Severity and progression depend on the rate of decline in renal function; thus, symptoms are usually worse in patients with acute kidney injury. Prompt identification of uremia as the cause of encephalopathy is essential because symptoms are readily reversible following initiation of **dialysis**.

### 387 What is Fluid overload( pulmonary edema)?

Pulmonary edema occurs when **fluid accumulates** in the **air sacs** of the **lungs** – the alveoli – making it **difficult** to **breathe**. This interferes with gas exchange and can cause respiratory failure.

Pulmonary edema can be acute (sudden onset) or chronic (occurring more slowly over time). If it is acute, it is classed as a medical emergency needing immediate attention.

The most common cause of pulmonary edema is **congestive heart failure**, where the heart cannot keep up with the demands of the body. Treatment of pulmonary edema usually focuses on improving respiratory function and dealing with the source of the problem. It generally includes providing additional oxygen and medications to treat the underlying conditions.

### 388 Which nerve is involved in foot drop and wrist drop?

Foot drop: **Deep peroneal nerve**.

Wrist drop: **Radial nerve**.

### 389 What is difference between uremia and azotemia?

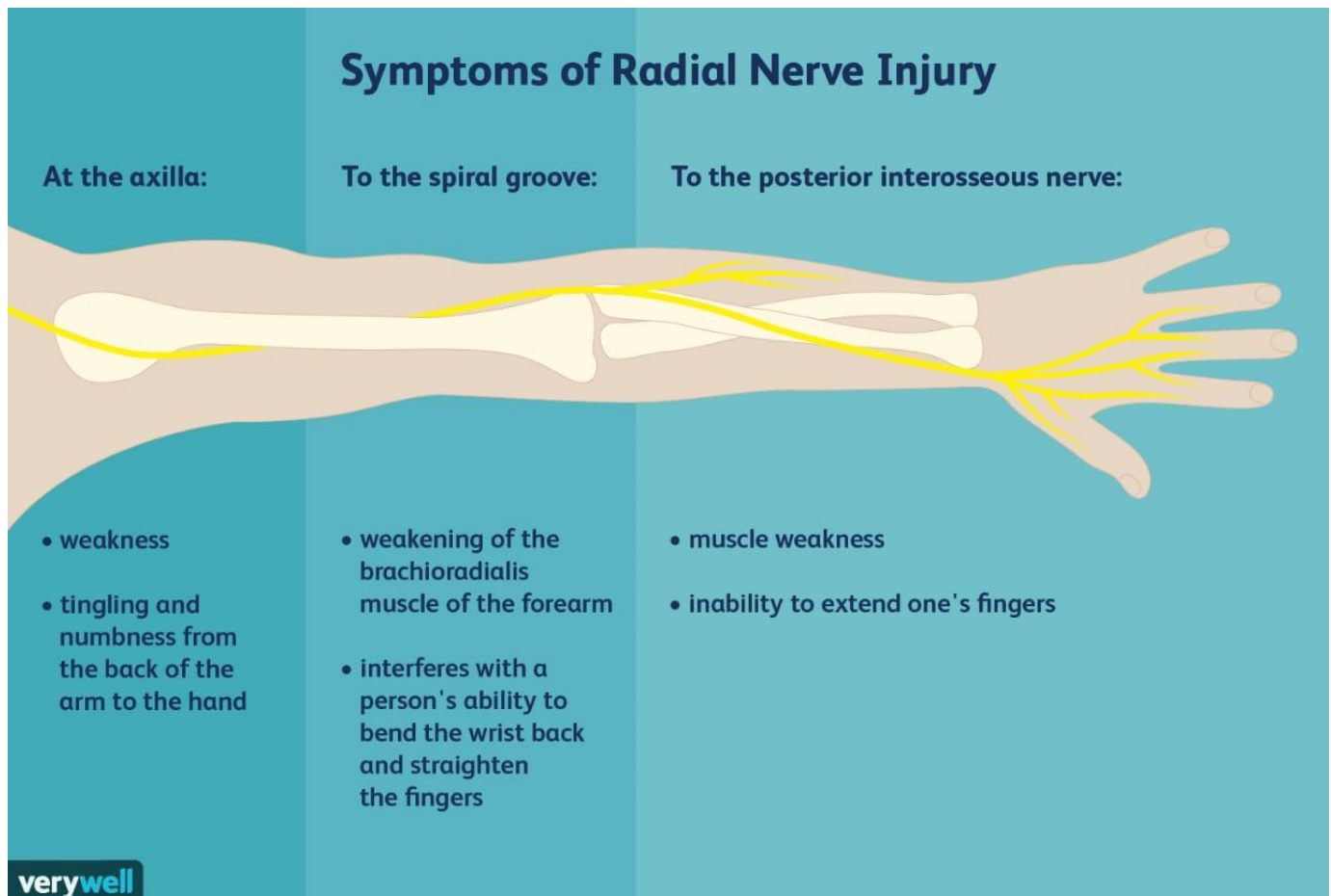
**Azotemia** :there is **nitrogen** in the **blood**.

**Uremia**: when there is **urea** in the **blood**

### 390 What is Radial nerve damage?

Entrapment of the radial nerve in the arm can cause a myriad of signs and symptoms, the most often diagnosed are ;

- ❖ loss of the ability to supinate the forearm.
- ❖ Loss of mobility in the extensor carpi radialis
- ❖ Inability to extend the fingers at the metacarpophalangeal joints
- ❖ Wrist drop
- ❖ Saturday night palsy
- ❖ Honeymoon palsy
- ❖ Crutch palsy.

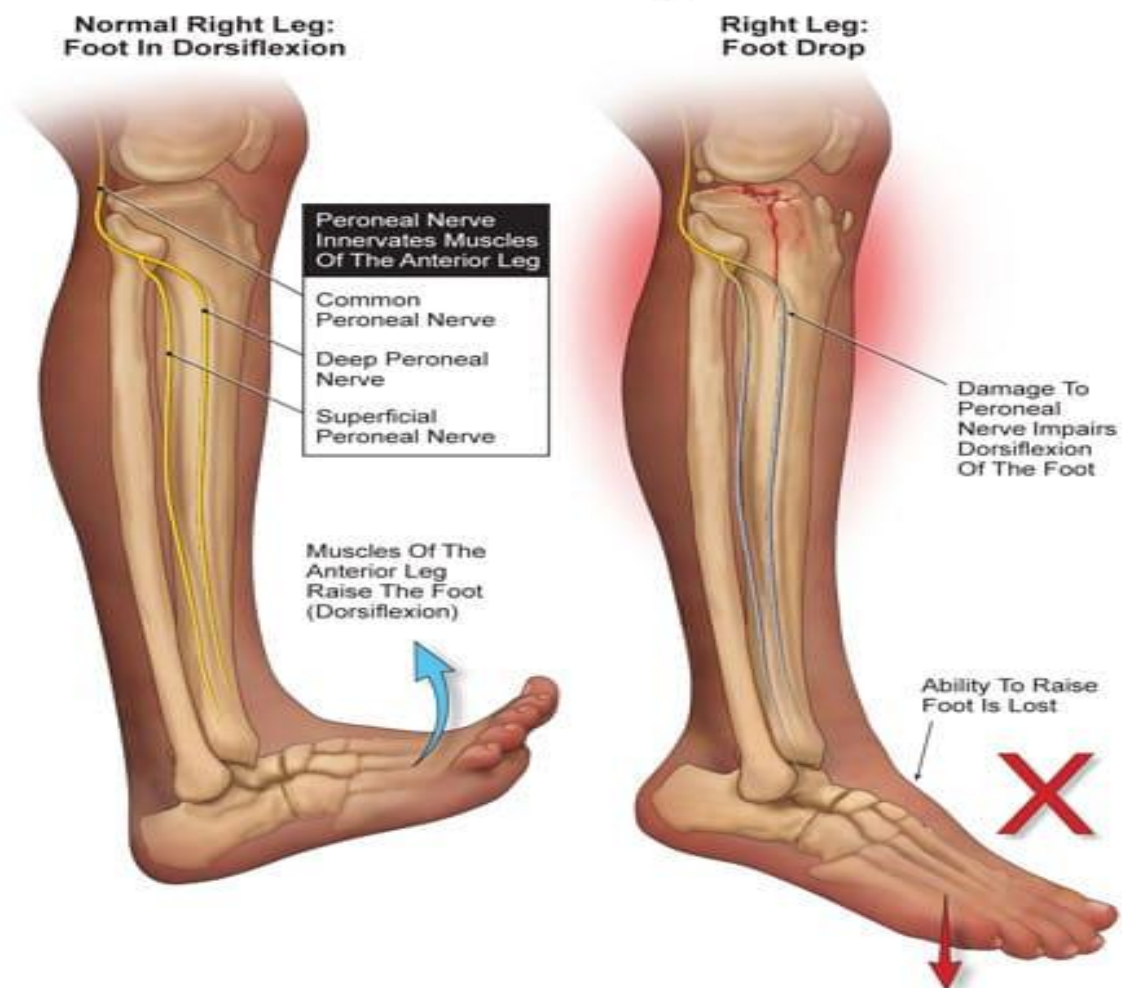


## 391 What is Common peroneal nerve damage?

When the nerve is injured and results in dysfunction, symptoms may include:

- ❖ Decreased sensation, numbness, or tingling in the top of the foot or the outer part of the upper or lower leg
- ❖ Foot drops (unable to hold the foot up)
- ❖ "Slapping" gait (walking pattern in which each step makes a slapping noise)
- ❖ Toes drag while walking
- ❖ Walking problems
- ❖ Weakness of the ankles or feet
- ❖ Loss of muscle mass because the nerves aren't stimulating the muscles

### Foot Drop



### 392 Describe Blunt Abdominal Trauma and its management ?

Blunt abdominal trauma usually results from motor vehicle collisions (MVCs), assaults, recreational accidents, or falls. The most commonly injured organs are the spleen, liver, retroperitoneum, small bowel, kidneys (see the image below), bladder, colorectum, diaphragm, and pancreas.

#### Management:

- ❖ reassessment of the airway.
- ❖ Protection of the cervical spine with in-line immobilization is absolutely mandatory
- ❖ intubation if indicated,
- ❖ supplemental oxygen
- ❖ volume resuscitation
- ❖ neurologic assessment (Glasgow Coma Scale)
- ❖ head-to-toe examination,
- ❖ nasogastric tube and Foley catheter,
- ❖ Ultrasonography
- ❖ Approach Considerations
- ❖ Treatment of blunt abdominal trauma begins at the scene of the injury and is continued upon the patient's arrival at the emergency department (ED) or trauma center. Management may involve nonoperative measures or surgical treatment, as appropriate.
- ❖ Indications for laparotomy in a patient with blunt abdominal injury include the following:
  - a. Signs of peritonitis
  - b. Uncontrolled shock or hemorrhage
  - c. Clinical deterioration during observation
  - d. Hemoperitoneum findings after focused assessment with sonography for trauma (FAST) or diagnostic peritoneal lavage (DPL) examinations.

### 393 What is Acute abdomen and burst abdomen?

**Acute abdomen** : An acute abdomen refers to a sudden, severe abdominal pain that demands urgent attention and treatment. It may be caused by an infection, inflammation, vascular occlusion, or obstruction.

**Burst Abdomen** : Also known as abdominal wound dehiscence, wound failure, wound disruption, evisceration or eventration. It describes partial or complete post operative separation of an abdominal wound closure with protrusion of the abdominal contents. Wound dehiscence and Incisional hernia are part of the same wound failure process, it is the timing and healing of the skin that distinguish the two. Wound dehiscence occur before cutaneous healing while incisional hernia lies under well healed skin.

### 394 What are types of C.section. Describe steps.

There are **Three** types of cesarean section:

- ❖ Lower segment caesarean section
- ❖ Upper Segment caesarean segment
- ❖ Modified classical (De-Lee) caesarean section

**Steps:**

- ❖ Abdominal incision (skin, subcutaneous tissue, fat)
- ❖ Incision to rectus sheath
- ❖ Separation of muscles
- ❖ Opening of peritoneum
- ❖ Uterine incision
- ❖ Delivery of baby
- ❖ Delivery of placenta and membranes
- ❖ Uterine closure
- ❖ Close all the layers in reversal manner
- ❖ Abdominal closure
- ❖ Bandage

### 395 What is kangaroo care?

Kangaroo care is a method of holding a baby that involves **skin-to-skin contact**.

The benefits of kangaroo care to baby include:

- ❖ Stabilizing baby's heart rate
- ❖ Improving baby's breathing pattern
- ❖ making the breathing more regular.

### 396 which disease kangaroo care prevents in neonate?

'Kangaroo mother care' to prevent neonatal deaths due to **preterm birth complications**. Infections and neonatal sepsis.

### 397 What is PPH and APH?

**Antepartum haemorrhage (APH)**: it is defined as bleeding from or in to the genital tract, occurring after 20th week of pregnancy and prior to the birth of the baby. The most important causes of APH are placenta praevia and placental abruption.

**Postpartum hemorrhage (PPH)** : It is defined as blood loss of more than 500 mL following vaginal delivery or more than 1000 mL following cesarean delivery.

### 398 What is postnatal Care and advice given to mother related to neonate?

Postnatal care or PNC is specialized care for the mother that starts within an hour after the delivery and lasts through the following six to eight weeks. The care includes the prevention, elimination, early detection and cure of health complications (if any), counselling on breastfeeding, immunization, an interactive session on the importance of birth spacing and maternal nutrition, etc

### 399 Describe rabies management in bhv?

Route	Dose	Site	Schedule
Intra muscular	0.5ml	At deltoid	Day 0,7,28
Intra dermal	0.1ml	At deltoid	Day 0,7,28

### 400 What to do with rabid dog?

There is no treatment for a dog with rabies. If rabies is suspected, the dog has to be kept in isolation and prevented from escaping or injuring someone.

### 401 What is BMI formula?

**BMI (Body Mass Index)**

BMI is measure of body weight based on your weight and height.

**BMI Formula:**

$$\text{BMI} = \frac{\text{Weight (kg)}}{(\text{Height (m)})^2} \quad \text{or} \quad \text{BMI} = \frac{\text{Weight (lb)}}{(\text{Height (in)})^2} \times 703$$

Weight Categories	BMI
Underweight	< 18.5
Perfect Weight	18.5 - 24.9
OverWeight	25 - 29.9
Obese	> 30

### 402 What are air borne diseases?

- ❖ COVID-19
- ❖ common cold
- ❖ measles
- ❖ mumps
- ❖ chickenpox
- ❖ whooping cough
- ❖ Tuberculosis



#### 403 What are water borne diseases?

- ❖ Diarrhea
- ❖ Typhoid
- ❖ Amoebiasis
- ❖ Hepatitis A
- ❖ Legionellosis
- ❖ Giardiasis
- ❖ Hookworm
- ❖ E. coli
- ❖ Cholera
- ❖ Taeniasis
- ❖ Tuberculosis
- ❖ Smallpox
- ❖ Influenza
- ❖ Chickenpox
- ❖ Anthrax
- ❖ Ebola

#### 404 What is treatment of eclampsia?

- ❖ Patient lie **flat in left lateral position.**
- ❖ **Free air way** is ensured.
- ❖ Maintain **I/V line.**
- ❖ **Foley's** catheterization
- ❖ **Anticonvulsant** drugs (diazepam, mgSO<sub>4</sub>, phenytoin)
- ❖ **Antihypertensive** drugs
- ❖ **Termination** of pregnancy

#### 405 What is treatment of pre-eclampsia?

- ❖ Bed rest
- ❖ Medications to **lower blood pressure** (labetalol, nefidipine, hydralazine)
- ❖ **Corticosteroids**
- ❖ **Anticonvulsant** medications.( if proteinuria)
- ❖ Monitor **fetal heart beat.**
- ❖ If blood pressure is not controlled then **termination** of pregnancy.

#### 406 How chest pain is managed in emergency and BHU?

- ❖ Complete **History**.
- ❖ Manage according to the **ABC protocol**.
- ❖ Give low flow **oxygen**
- ❖ Check **vitals**.
- ❖ Give **ACS** protocol
- ❖ Give Inj. **Omeprazole**
- ❖ Pass **I/V line**.
- ❖ **Refer** for further management and treatment.

#### 407 How are chest(MI,ANGINA,SHOCK), Acute diarrhea, asthma, PPH and CPR are managed at BHU level.

Already explained

#### 408 What is active immunization?

Active immunization is the **induction** of **immunity** after **exposure** to an antigen. **Antibodies** are **created** by the **recipient** and may be stored permanently.

**Active immunity** occurs when our own immune system is responsible for **protecting** us from a **pathogen**. **Passive immunity** occurs when we are protected from a pathogen by **immunity gained** from **externally**.

#### 409 What are the stages of labour?

There are **three** stages of labour.

- ❖ **Stage one of labor:** begins at the onset of **uterine contraction** and lasts till cervix is **fully dilated**.

It lasts for **13 hours** in nulliparous to **7 hours** in multipara.

- ❖ **Second stage of labor:** begins with **full dilatation** of cervix and is completed with the **birth** of the baby.

It lasts for **15 mins** for multipara and **40 mins** for primigravida.

- ❖ **Third stage of labour:** begins with **delivery** of the **baby** and ends with the **delivery** of **placenta** and **membranes**.

It lasts for **30 mins**.

#### 410 What are the types of abortions?

The **expulsion** or **extraction** of fetus before **24 weeks** of gestation.

**Types:**

- ❖ Spontaneous abortion
- ❖ Septic abortion
- ❖ Induced abortion
- ❖ Therapeutic abortion.

#### 411 Describe delivery Of fetus.

- ❖ Engagement
- ❖ Descent
- ❖ Flexion
- ❖ Internal rotation
- ❖ Extension
- ❖ Restitution
- ❖ External rotation
- ❖ Deliver of baby

#### 412 What is the product of conception during implantation?

Norplant: **Levonogestrel**

#### 413 What is controlled cord traction?

Controlled cord traction (CCT) is **traction applied** to the **umbilical cord** once the woman's uterus has contracted after the **delivery** of the baby, and her placenta is felt to have separated from the uterine wall, whilst **counter-pressure** is applied to her uterus beneath her pubic bone until her placenta delivers.

Characteristics	Staging	Grading
<b>Definition</b>	Staging is a system that doctors use to evaluate and determine the size of a tumor and amount of spread of cancer in the body	Grading is a system that doctors use to assess how differentiated cancer cells are
<b>Names of the categories</b>	TNM system	Categories are indicated by the letter G and either an X or a number is assigned
<b>What the categories mean</b>	T0 – no tumor found Tis – tumor in situ T1 to T4 – size of the tumor N0 – no spread to lymph nodes N1 to N4 – extent of spread to lymph nodes M0 – no metastasis M1 – metastasis found	GX – cancer is not graded G1 – cells very differentiated (look like normal cells) G2 – cells moderately differentiated G3 – cells poorly differentiated G4 – cells undifferentiated (most abnormal)
<b>Microscopic features</b>	Not concerned with the microscopic appearance of cells	Is concerned with the microscopic appearance of cells
<b>Tumors</b>	Focus is on the tumors	Focus is on the cells

#### 415 What is HCC tumor marker?

Alpha fetoprotein level

### Serological Tumor Marker Associated with Individual Abdominal Malignant Disease

Malignant Disease	Major Marker	Other marker
Colorectal cancer	CEA	CA 19-5, CA 19-9, CA 72-4, NSE
Gastric carcinoma	CA 72-4	CA 19-9, CA 50, CEA, ferritin, CK-BB, hCG, LASA-P, pepsinogen II
Hepatocellular carcinoma	AFP	CEA, ferritin, rGT, ALP, TPA, $\gamma$ -glutamyltransferase
Pancreatic carcinoma	CA 19-9	CA 19-5, CA 50, CA 72-4, CEA, CK-BB, ADH, ALP
Vipoma (pancreas)	VIP	CA 19-5, CA 50, CA 72-4, CEA, CK-BB, ADH, ALP

#### 416 What protocol you will follow for diabetic patients delivery and also for patient who was on heparin treatment.

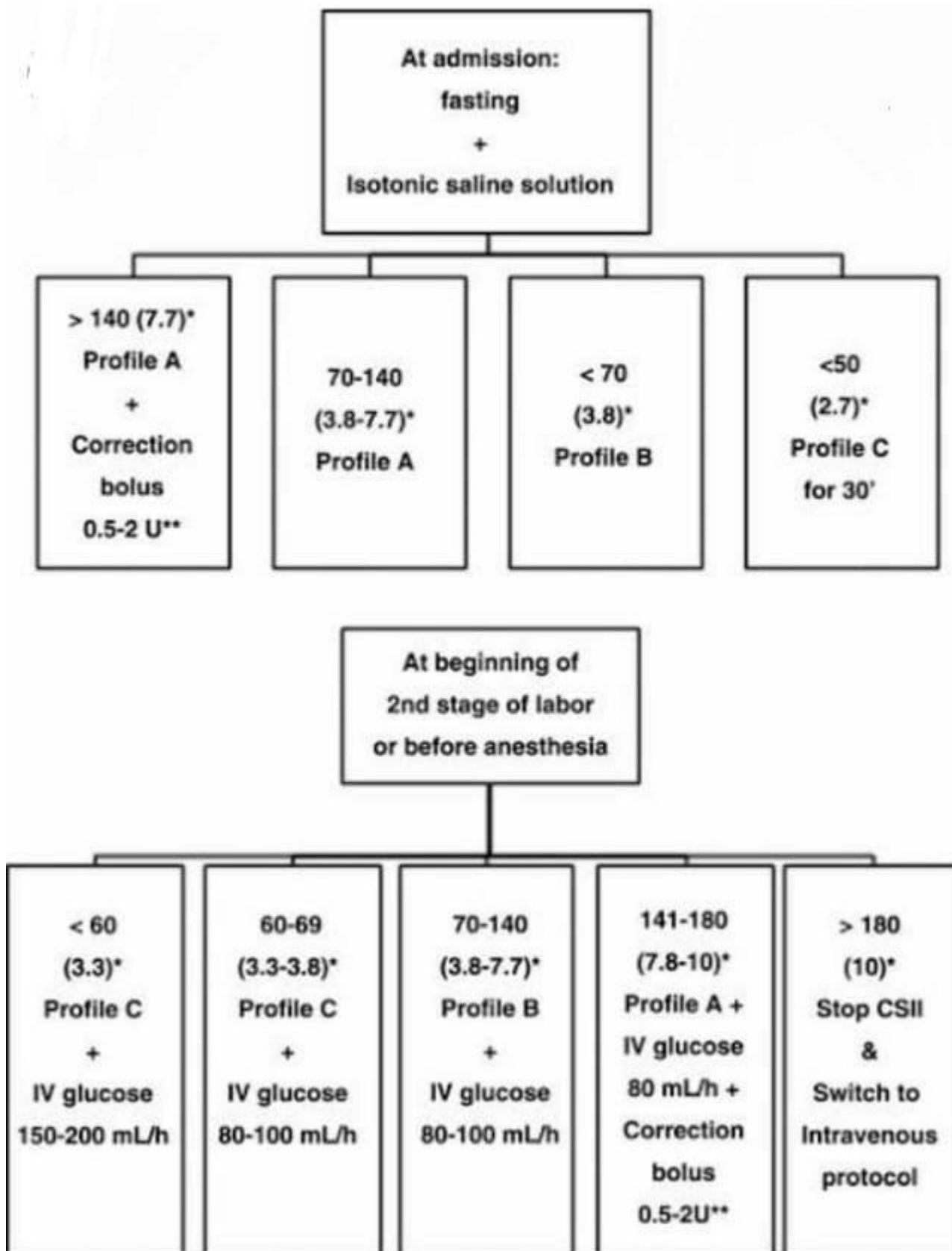
##### Diabetes

##### Management :

- ❖ Insulin therapy
- ❖ Monitor BSR
- ❖ Monitor fetal cardiac activity

If diabetes is under well controlled then mode of choice is vaginal delivery (if no other indication of caesarean section) at term.

If uncontrolled diabetes then insulin therapy given acc. to sliding scale.



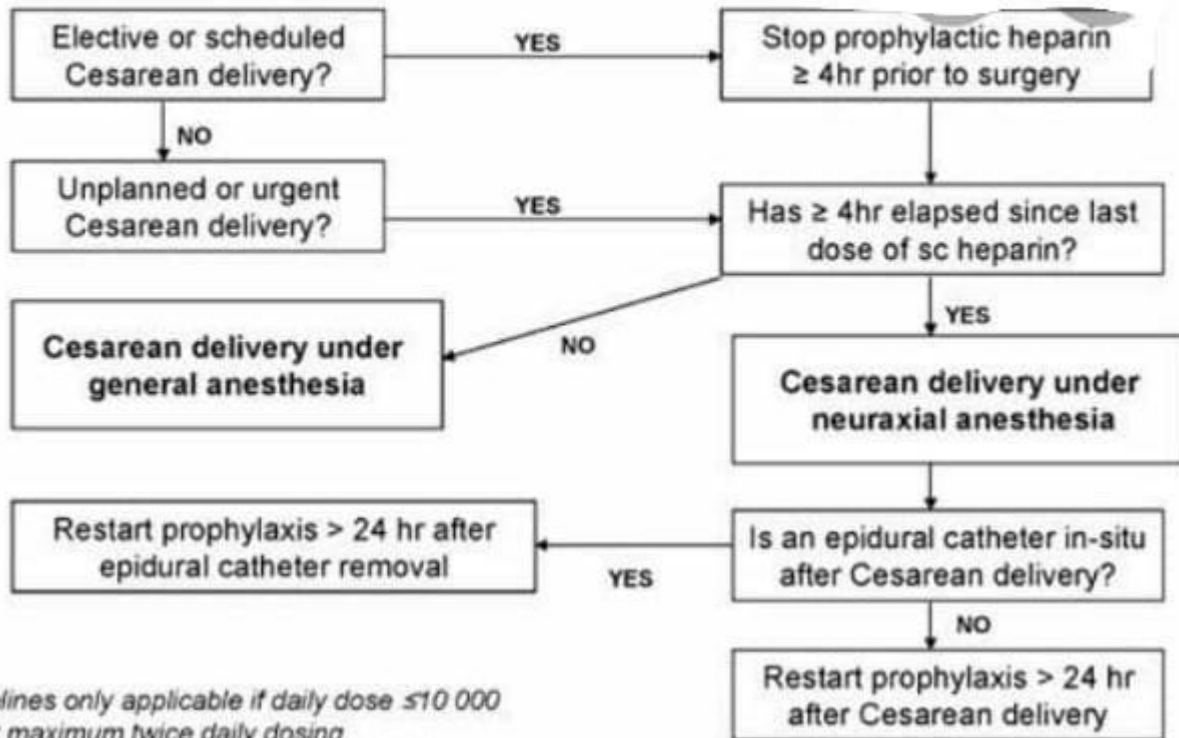
## Heparin

### Management

- ❖ At 38 week dose of heparin decrease to 0.2 u/ml.
- ❖ Stop heparin 4 hours before delivery

- ❖ Monitor vitals
- ❖ Monitor fetal cardiac activity

## CESAREAN DELIVERY MANAGEMENT Prophylactic sc Heparin \*



\* Guidelines only applicable if daily dose ≤10 000 units or maximum twice daily dosing.  
Check platelet count if heparin therapy ≥4 days.

### 417 What are the complications of spinal anesthesia and ketamine?

#### Spinal anesthesia :

- ❖ Allergic reaction
- ❖ Hematoma around spinal column
- ❖ Hypotension
- ❖ Difficulty in Urination
- ❖ Infection (meningitis)
- ❖ Spinal Headache
- ❖ Nerve damage
- ❖ Seizures

#### Ketamine :

- ❖ HTN/ hypotension
- ❖ Emergency reaction
- ❖ Increase ICP
- ❖ Increase intra ocular pressure

- ❖ Increase cardiac output
- ❖ Seizures
- ❖ Visual hallucinations
- ❖ Cardiac arrhythmias

#### 418 What is Teeth eruption? Age and its types.

For dentist

#### 419 What is neonatal jaundice?

It is defined as a **Harmless** condition of baby in which due to not fully development of liver, **less effective** processing of **bilirubin** cause **yellowing** of skin and whites of eye.

**Physiological** : appears in **2nd** or **3rd day**.

**Pathological** : with in **24 hours**.

#### 420 What is hyperemesis gravidarum?

It is defined as **severe nausea** and **vomiting** during **pregnancy**.

**Treatment** : Doxylamine and pyridoxine.

#### 421 What is difference between heparin, disprin and streptokinase?

Heparin	Disprin	Streptokinase
Naturally occurring glycoaminoglycans	Synthetic acetylsalicylic acid	Enzyme produce by streptococci
Anticoagulant	Antiplatelet	Thrombolytic

#### 422 What are labs for Hepatitis A??

- ❖ Lft's
- ❖ Anti HAV Igm (ELISA)
- ❖ Anti HAV IgG
- ❖ NAAT(nucleic acid amplification test)

#### 423 Why BCG given at birth??

In tuberculosis endemic countries BCG given at birth to **prevent** severe **tuberculosis** in infants because neonatal **immune system** is **immature** and weak.



#### 424 When and how is Hepatitis B is treated?

Treatment is recommended for adults with chronic hepatitis B infection without clinical evidence of cirrhosis (or based on **APRI score  $\leq 2$**  in adults), but who have all of the following features , and regardless of HBeAg status (strong recommendation) ;

- ❖ Are older than **30 years** (in particular)
- ❖ Have persistently **abnormal ALT levels**
- ❖ Have evidence of high-level HBV replication (**HBV DNA  $>20,000$  IU/mL**). (If HBV DNA testing is unavailable, consider treatment based on persistently abnormal ALT levels alone, regardless of HBeAg status.

Antiviral therapy is **not recommended** for HBeAg-positive children aged **2 years** up to **18 years** who have persistently **normal ALT** (conservative value: **30 U/L**), regardless of the HBV DNA level

#### Preferred Agents :

- ❖ **Pegylated interferon (PEG-IFN)-alpha-2a** (adults) or IFN-alpha-2b (children) –( Adult dose 180  $\mu$ g weekly; pediatric dose (age  $\geq 1$  year): 6 million IU/m<sup>2</sup> three times weekly)
- ❖ **Entecavir** – Adult dose: Daily 0.5 mg (lamivudine-/telbivudine-naive persons) or 1.0 mg (those with lamivudine/telbivudine experience or decompensated cirrhosis); pediatric dose (age  $\geq 2$  years): Weight-based to 10-30 kg; for children weighing more than 30 kg, use 0.5 mg daily
- ❖ **Tenofovir dipovoxil fumarate** – Adult and pediatric (age  $\geq 12$  years) dose: 300 mg daily
- ❖ **Tenofovir alafenamide** – Adult dose only: 25 mg daily; no pediatric dosing

#### Nonpreferred agents:

- ❖ **Adefovir** – Adult and pediatric dose (age  $\geq 12$  years): 10 mg daily
- ❖ **Lamivudine** – Adult dose: 100 mg daily; pediatric dose (age  $\geq 2$  years): 3 mg/kg daily (maximum: 100 mg)
- ❖ **Telbivudine** – Adult dose only: 600 mg daily; no pediatric dosing.

#### 425 Give ways of approaching a patient with chest pain?

- ❖ Manage according to the **ABC** protocol.
- ❖ Give **ACS** and **omeprazole**.
- ❖ Take **history** about character, radiation, onset, duration and pattern of pain.
- ❖ **ECG**
- ❖ Treat accordingly.

#### 426 Describe VVM, ILR, PPH Management at BHU level?

1996

In **1996**, VVMs were introduced on the oral polio vaccine (OPV). Their use was then extended to all Expanded Program on Immunization (EPI) vaccines.

A **vaccine vial monitor (VVM)** is a label containing a heat-sensitive material which is placed on a vaccine vial to register cumulative heat exposure over time. The combined effects of time and temperature cause the inner square of the VVM to darken, gradually and irreversibly.

initial stage or start point and has received no heat exposure, stage 2 represents a VVM that has received some heat exposure but is still usable, stage 3 represents a VVM that is at a discard point, and stage 4 **represents a VVM that is beyond the discard point.**

An **implantable loop recorder**, or ILR, is a heart recording device that is implanted in the body underneath the chest skin.

The implantable loop recorder (ILR) is a **small device which is implanted just under the skin of the chest to the left of your breastbone.** The actual size is 0.5 ounces and 61mm by 19mm by 8mm. The ILR has the ability to record the electrical activity of the heart in two ways.

An implantable loop recorder, or ILR, is a **heart recording device** that is implanted in the body underneath the chest skin. It has several uses. The most common ones include looking for causes of fainting, palpitations, very fast or slow heartbeats, and hidden rhythms that can cause strokes.

PPH management already explained

#### 427 What is relative bradycardia?

Relative bradycardia is a poorly understood **paradoxical phenomenon** that refers to a clinical sign whereby the pulse rate is **lower** than expected for a given body temperature.

For **example** : b-blocker medications or typhoid fever, malaria. .

#### 428 What are serotypes of dengue?

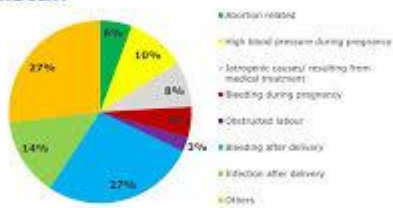
There are **Four serotypes** of dengue virus;

- ❖ DENV-1
- ❖ DENV-2
- ❖ DENV-3
- ❖ DENV-4

#### 429 What are cause of maternal mortality??

- ❖ severe bleeding (mostly bleeding after childbirth)
- ❖ infections (usually after childbirth)
- ❖ high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- ❖ Obstructed labour
- ❖ complications from delivery.
- ❖ unsafe abortion.
- ❖ ectopic pregnancy
- ❖ Embolism.

#### Causes of Maternal Deaths in Pakistan



Source: Pakistan demographic and health survey, 2006-07

#### 430 What is major cause of Maternal mortality in Pakistan?

Obstetric Hemorrhage

#### 431 Organisms of pneumonia

Typical Pneumonia	Atypical Pneumonia
<ul style="list-style-type: none"> <li>❖ Streptococcus pneumoniae</li> <li>❖ H. Influenza</li> </ul>	<ul style="list-style-type: none"> <li>❖ Mycoplasma pneumoniae</li> <li>❖ Legionella pneumophila</li> <li>❖ Chlamydia pneumoniae</li> <li>❖ Viral pneumoniae</li> <li>❖ Coxiella burnetii</li> <li>❖ Streptococcus pneumoniae</li> </ul>

## DIFFERENTIAL DIAGNOSIS OF JAUNDICE

Parameter	Pre-hepatic	Hepatocellular	Obstructive
Basic mechanism of raised bilirubin	Hemolysis leading to excess production	Deficient uptake, conjugation, or excretion by hepatocytes	Deficient excretion due to obstruction of biliary tract
Type of serum bilirubin increased	Mainly unconjugated	Unconjugated + Conjugated	Mainly conjugated (>50%)
Urine Bilirubin	Absent	Present	Present
Urine urobilinogen	Increased	Variable	Decreased/Absent
Prototype	Hemolytic anemia	Viral hepatitis	Common duct stone
Prothrombin time	Normal	Abnormal that isn't corrected with Vitamin K	Abnormal that is corrected with Vitamin K
Additional features	Features of hemolysis on blood smear (reticulocytosis, low haptoglobin, low Hb)	Marked rise of serum ALT and AST	Marked rise of serum ALP (>3 times normal)

### 433 What is shock

Shock is defined as a state of **cellular** and **tissue hypoxia** due to either **reduced oxygen delivery**, **increased oxygen consumption**, **inadequate oxygen utilization**, or a combination of these processes.

#### Phases:

The **three** phases of shock:

- ❖ Irreversible
- ❖ Compensated
- ❖ decompensated shock

#### Types:

- ❖ Hypovolemic Shock.
- ❖ Cardiogenic Shock.
- ❖ Obstructive Shock.
- ❖ Distributive Shock.
- ❖ Septic.
- ❖ Anaphylactic.
- ❖ Neurogenic.

#### 434 What is vertical transmission

Vertical transmission refers to **generational transmission** of viruses from **mother** to **offspring**.

**HIV-1**, e.g., can be acquired **in utero** (via breaks in the placental barrier or transcytosis of cell-associated virus), **during delivery** (intrapartum), or via **breastfeeding**.

#### 435 Tell some antibiotics that are safe in pregnancy?

##### Antibiotics in pregnancy :

- ❖ Amoxicillin.
- ❖ Ampicillin.
- ❖ Augmentin.
- ❖ Penicillin.
- ❖ Cephalexin.
- ❖ Clindamycin.
- ❖ Erythromycin.

Some antibiotics are known to be **teratogenic** and should be avoided entirely during pregnancy. These include **streptomycin** and **kanamycin** (which may cause hearing loss) and **tetracycline** (which can lead to weakening, hypoplasia, and discoloration of long bones and teeth).

#### 436 Tell some Antihypertensive that are safe in pregnancy and it's side effects?

**Table 2. Medications for Hypertensive Disorders of Pregnancy**

Drug	Dose	Effects
Methyldopa	250 mg PO BID up to 1,000 mg PO every 8 hours (3,000 mg total daily dose)	Agent with greatest available data in pregnancy and followup of offspring; limited by maternal dizziness, fatigue.
Labetalol	100 mg PO BID up to 800 mg PO every 8 hours, 10-80 mg IV for BP $\geq$ 160/110 (2,400 mg total daily dose)	First line for acute hypertensive crisis; uteroplacental flow mostly unaffected; no fetal growth impairment in contrast to atenolol, propranolol.
Nifedipine	Short-acting: 10 mg PO every 8 hrs.; extended release: 30-90 mg PO qd (120 mg total daily dose)	Short-acting use preferable; rapid vasodilation/hypotension; pregnancy data limited.
Hydralazine	10 mg PO every 6 hours up to 50 mg PO every 6 hours, 2.5-10 mg IV for BP $\geq$ 160/110 (200 mg total daily dose)	Consider for acute hypertensive crisis; note delayed onset, reflex tachycardia, flushing, headache.
ACE inhibitors/ Angiotensin Receptor Blockers	Any dosage	Contraindicated, adverse fetal effects in later gestation.

#### 437 What are Blood transfusion complications?

- ❖ Fever
- ❖ Chills
- ❖ urticaria
- ❖ Itching
- ❖ Allergic Reactions.
- ❖ Acute Immune Hemolytic Reaction.

#### 438 What are Complications of cholelithiasis?

- ❖ Acute and chronic cholecystitis
- ❖ Acute cholangitis
- ❖ Acute pancreatitis
- ❖ Empyema of gall bladder
- ❖ Choledochoduodenal fistula
- ❖ Gall bladder perforation

#### 439 What is pneumonia

Pneumonia is an **infection** that **inflames** the **air sacs** in one or both lungs. It is characterized by recently developed signs of **consolidation**.

**Xray** : localized **patchy** or **homogenous** opacity.

**Treatment** : Analgesics, oxygen, fluid, cough suppressant (Syp. Pholcodine), antibiotics (azithromycin, levofloxacin, amoxicillin).

#### 440 Which three bins are used for waste disposal??

Red, yellow, blue.

#### 441 What is Congestive heart failure?

It is a **chronic, progressive** condition in which there is **Inability** of heart to maintain adequate cardiac output to meet the demands of the body.

#### 442 What is Hyperkalemia?

Hyperkalemia is a serum potassium concentration **> 5.5 mEq/L (> 5.5 mmol/L)**, usually resulting from **decreased** renal potassium **excretion** or **abnormal movement** of potassium out of cells.

- ❖ There are usually several simultaneous contributing factors, including **increased potassium intake, drugs** that impair renal potassium excretion, and acute kidney injury or chronic kidney disease.
- ❖ Hyperkalemia can also occur in metabolic acidosis as in diabetic ketoacidosis.
- ❖ Clinical manifestations are generally **neuromuscular**, resulting in **muscle weakness** and **cardiac toxicity** that, when severe, can degenerate to **ventricular fibrillation** or **asystole**.
- ❖ **Diagnosis** is by measuring serum potassium. **Treatment** may involve **decreasing potassium intake**, adjusting **drugs**, giving a cation exchange resin and, in emergencies, giving **calcium gluconate, insulin, and dialysis**.

#### 443 What is Hypothermia?

Hypothermia is defined as a body core **temperature** below **35.0 °C** (95.0 °F) in humans.

#### 444 What is Thrombophlebitis?

Thrombophlebitis involves the **formation** of a **blood clot** in the presence of venous **inflammation** or **injury**.

Most common in **lower extremities**.

#### 445 What is POLIOMYELITIS?

Polio, or poliomyelitis, is a **disabling** and **life-threatening** disease caused by the **type 1, II and III poliovirus**. These viruses have marked propensity for the nervous system, especially the anterior horn cells of lumbar segment of **spinal cord**. Spread via **oro-fecal route**.

**Treatment** : Complete bed rest in early course of disease, exercise at this stage predispose to paralysis.

If respiratory difficulty, **Tracheostomy** and **intermittent positive pressure ventilation**.

Once acute phase has subsided, subsequent treatment is by **physiotherapy** and **orthopedic** measures.

#### 446 What is Guillain Barre Syndrome?

It is a collection of clinical syndromes that manifests as an acute **inflammatory polyradiculoneuropathy** with resultant **weakness** and **diminished reflexes**.

It is a rare, **autoimmune, demyelinating neuropathy** with ascending weakness.

**Treatment** :

- ❖ Respiratory therapy
- ❖ Cardiac monitoring
- ❖ Safe nutritional supplementation
- ❖ Monitoring for infectious complications (eg, pneumonia, urinary tract infections, septicemia)
- ❖ Immunomodulation
- ❖ Physical, occupational, and speech therapy.

#### 447 Explain Transverse Myelitis.

It is an acute or subacute **inflammation** of **spinal cord** occurring after infection or recent vaccination.

Multiple sclerosis may present as Transverse myelitis.

**Treatment** : Glucocorticoids..... Inj. Methylprednisolone followed by oral prednisolone.

#### 448 What is Traumatic Neuritis?

It is defined as **inflammation** of **nerves after injury**.

- ❖ Progression to complete paralysis is Of hours to 4 days.
- ❖ No onset of fever
- ❖ **Flaccidity** is acute and **asymmetric**.
- ❖ **Hypotonia** and deep tendon **reflexes diminished**
- ❖ **Pain** in gluteal region
- ❖ No cranial nerve involvement.

#### 449 Describe Muscle hypotonia.

Hypotonia is the medical term for **decreased muscle tone**.

Hypotonia can happen from damage to the brain, spinal cord, nerves, or muscles. The damage can be the result of trauma, environmental factors, or genetic, muscle, or central nervous system disorders.

#### 450 What is Hypokalemic Paralysis?

Hypokalemic is a **periodic paralysis**, also known as familial hypokalemic periodic paralysis, is a **rare, autosomal dominant** channelopathy characterized by muscle **weakness** or paralysis when there is a **fall in potassium levels** in the blood.

In individuals with this mutation, attacks sometimes begin in adolescence and most commonly occur with individual triggers such as **rest** after **strenuous exercise** (attacks during exercise are rare), high **carbohydrate meals**, meals with **high sodium** content, sudden **changes in temperature**, and even excitement, noise, flashing lights, cold temperatures and stress

❖ . **Weakness may be mild and limited to certain muscle groups, or more severe full-body paralysis.**

- ❖ During an attack, reflexes may be decreased or absent. Attacks may last for a few hours or persist for several days.
- ❖ Recovery is usually sudden when it occurs, due to release of potassium from swollen muscles as they recover. Some patients may fall into an abortive attack or develop chronic muscle weakness later in life.

**Treatment** :Acetazolamide carbonic anhydrase inhibitor.

#### 451 Describe POTT's disease

Spinal tuberculosis or pott'S disease usually occurs in the absence of extraspinal tuberculosis.

It often involves two or more adjacent vertebral bodies. **Upper thoracic spine** is most commonly involved in **children** while **lower thoracic** and **upper lumbar vertebrae** are usually affected in **adults**.

**Intervertebral disc** is also **destroyed**. A **Paravertebral cold abscess** may also formed.

Pain occurs over effected area and worse by weight bearing.

Anterior superior or inferior angle of vertebral body is initially involved. With advanced disease, collapse of vertebral bodies results in kyphosis, called **gibbous**.

**Treatment** :

- ❖ Immobilization
- ❖ Antituberculous therapy
- ❖ Decompression surgery.



#### 452 What happens when you have encephalitis?

It is defined as **inflammation** of **brain parenchyma**.

##### **Sign and Symptoms:**

- ❖ Acute onset of headache, fever, meningism and drowsiness in mild cases.
- ❖ In severe illness focal signs e.g; aphasia, hemiplegia or cranial nerve palsies, .... seizures and coma develop.
- ❖ Patient may be agitated .

##### **Treatment:**

- ❖ Nursing
- ❖ Dexamethasone
- ❖ Acyclovir
- ❖ Anticonvulsant..

#### 453 Give definition of CVA.

It is defined as a **loss** of **blood flow** to part of the **brain**, which **damages** brain tissue.

CVAs are caused by **blood clots** and **broken blood vessels** in the brain

##### **Types:**

- ❖ Ischemic CVA
- ❖ Hemorrhagic CVA.

#### 454 Give definition of Osteomyelitis?

Osteomyelitis is a serious **bone infection** that should be properly diagnosed and treated in time.

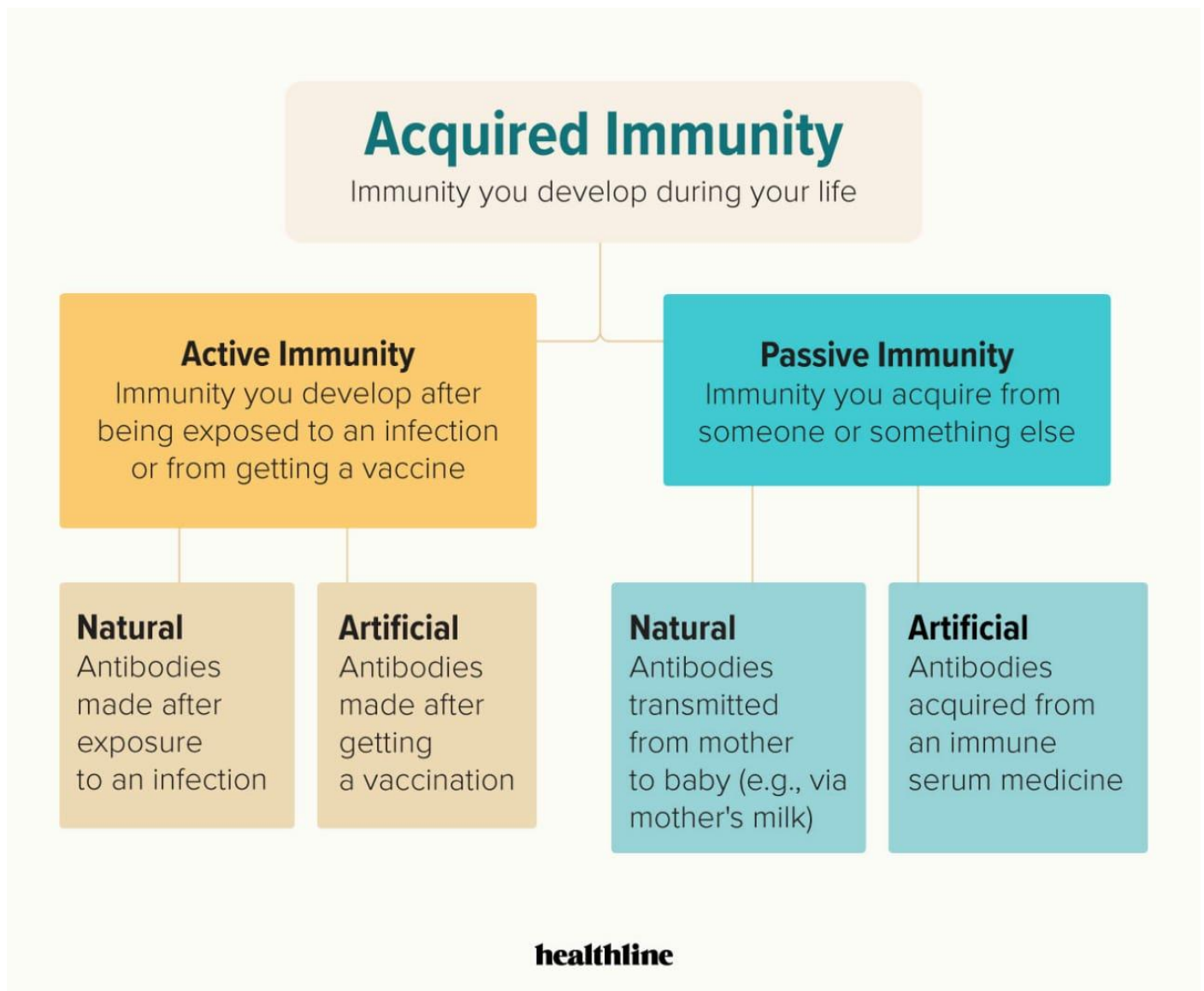
It is caused by **staphylococcus**, streptococci, H. Influenza and salmonella.

**Treatment** : Debridement of necrotic bone, antibiotic cover.

## 455 Give types of active immunization?

The 2 major approaches to active immunization are

- (1) **live, attenuated vaccines**
- (2) **inactivated or detoxified agents or their purified components**

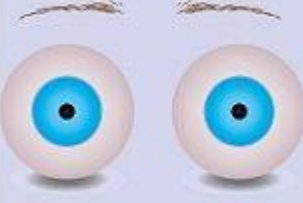




## 456 What is oligouria?

Oliguria is defined as a **urine output** that is **less than 1 mL/kg/h** in **infants**, less than **0.5 mL/kg/h** in **children**, and less than **400 mL daily** in **adults**.

#### 457 What does a GCS mean?

The Glasgow Coma Scale is a clinical scale used to reliably **measure** a person's **level of consciousness** after a **brain injury**.

Behaviour	Response
 Eye Opening Response	<ol style="list-style-type: none"><li>4. Spontaneously</li><li>3. To speech</li><li>2. To pain</li><li>1. No response</li></ol>
 Verbal Response	<ol style="list-style-type: none"><li>5. Oriented to time, person and place</li><li>4. Confused</li><li>3. Inappropriate words</li><li>2. Incomprehensible sounds</li><li>1. No response</li></ol>
 Motor Response	<ol style="list-style-type: none"><li>6. Obeys command</li><li>5. Moves to localised pain</li><li>4. Flex to withdraw from pain</li><li>3. Abnormal flexion</li><li>2. Abnormal extension</li><li>1. No response</li></ol>

#### 458 For what purpose glucophage is given?

- ❖ Diabetes mellitus
- ❖ Hyperlipoproteinemia
- ❖ Insulin resistance
- ❖ Insulin dependent diabetes mellitus
- ❖ Non insulin dependent diabetes mellitus
- ❖ Obesity

#### 459 What are the causes of rectal bleeding?

- ❖ anal fissures or small tears in the lining of the anus.
- ❖ constipation or passing hard, dry stools.
- ❖ hemorrhoids or veins in the anus or rectum that become irritated.
- ❖ polyps, or small tissue growths in the lining of the rectum or colon that can bleed after passing stool
- ❖ rectal prolapse

#### 460 What is haemorrhoids and its treatment?

Hemorrhoids are **swollen, enlarged veins** that form inside and outside the **anus** and **rectum**. They can be **painful, uncomfortable** and cause rectal **bleeding**.

##### Treatment:

- ❖ High Fibre diet
- ❖ Laxatives
- ❖ Topical anesthetics
- ❖ Topical corticosteroids.
- ❖ Mild astringent
- ❖ Analgesics
- ❖ Surgery (sclerotherapy or rubber band ligation).

#### 461 Define epidemic and pandemic?

##### Epidemic:

It is defined as a widespread **occurrence** of an **infectious disease** in a **community** at a **particular time**.

##### Pandemic:

"A pandemic is basically a **global epidemic** -- an epidemic that **spreads** to **more than one continent**

#### 462 What is Gout?

It is an **abnormality** of **uric acid** metabolism that results in the **deposition** of **sodium urate** crystals in **joint** (gouty arthritis), **soft tissue** (tophi and tenosynovitis), **urinary tract** (urate stone).

##### **Management :**

Never treat acute arthritis and hyperuricemia simultaneously as sudden reduction of serum uric acid often precipitates further episodes of gouty arthritis.

##### **Treatment :**

NSAIDs, colchicine, corticosteroids, uricosuric drugs, allopurinol.

# Arthritis vs Rheumatoid Arthritis Symptoms

More Information Online [WWW.DIFFERENCEBETWEEN.COM](http://WWW.DIFFERENCEBETWEEN.COM)

## DEFINITION

**Arthritis**  
The inflammation of the joint or joints resulting in pain and/or disability, joint swelling, and stiffness.

**Rheumatoid Arthritis**  
A type of inflammatory arthritis that causes synovial inflammation.

## SYMPTOMS

### DEPEND ON THE ARTHRITIS FORM

- Osteoarthritis**
- Mechanical pain with movement and/or loss of function
  - Crepitus can be felt and heard when the joint is moved
  - Bony enlargement
- Spondyloarthritis**
1. **Ankylosing Spondylitis**
    - Back pain
    - Pain in one or both buttocks
    - Retention of the lumbar lordosis during spinal flexion
  2. **Psoriatic Arthritis**
    - 2.1 · **Monoarthritis, Oligoarthritis or Polyarthritis**
      - One or more joints can be affected
    - 2.2 · **Distal Interphalangeal Arthritis**
      - small joints of the fingers are usually affected
    - 2.3 · **Arthritis Mutilans**
      - There can be deformities in the joints such as changes in size and shape.

- A progressive, symmetrical and peripheral polyarthritis occurs over a period of few weeks or months in patients between 30 and 50 years of age.
- Pain and stiffness of small joints of the hands and feet, which worsen in the morning,
- Distal interphalangeal joints are usually spared,
- Affected joints are warm, tender, swollen.

### Nonarticular Manifestations

- Scleritis or scleromalacia-associated with pain and redness in the eyes,
- Dry eyes and dry mouth,
- Pericarditis,
- Lymphadenopathy,
- Pleural effusion,
- Bursitis, Tendon sheath swelling,
- Anemia, Tenosynovitis, Carpal tunnel syndrome, Vasculitis, Splenomegaly, Polyneuropathy, Leg ulcers

#### 464 What is Lipid profile?

A **pattern of lipids** in the **blood**. It is used to measure the level of **total cholesterol, high density lipoproteins cholesterol, low density lipoproteins cholesterol** and **triglycerides** in the blood.

Normal: **<150mg/dl**

Borderline: **150-199mg/dl**

High: **200-499mg/dl**

Very high: **>500mg/dl**.

#### 465 Which view and angle we take for DNS X-Ray?

Water's view ....45 degrees

#### 466 What is Mastoiditis?

Mastoiditis is a **bacterial infection** of the **mastoid air cells** surrounding the inner and middle ear. The mastoid bone, which is full of these air cells, is part of the temporal bone of the skull.

#### 467 Difference between M.I and angina?

Angina	MI
Precipitated by exercise or emotion	No obvious precipitant
Relieved by rest	Not relieved by rest, nitrates
Mild to moderate severity	Usually severe
Anxiety absent or mild	Severe
No increased sympathetic activity	Increase sympathetic activity
No nausea or vomiting	Nausea and vomiting common
Heaviness in chest	Deep pain in chest
Last for 5-10 minutes	Last for more than 30 mins

#### 468 Difference between acute and chronic tonsillitis?

**Acute tonsillitis** is an **infection** of the tonsils caused by one of several types of bacteria or viruses.

**Hemolytic streptococcus** is the most common organism.

**Symptoms:** fever, earache, sore throat, difficulty in swallowing.

**Treatment :** encourage to take plenty of fluids, Analgesics, antipyretics, antimicrobial therapy (penicillin, erythromycin).

**Chronic tonsillitis** is a **persistent** infection of the tonsils and can cause tonsil **stone formation**.

It may be a complication of acute tonsillitis.

**Symptoms :** recurrent attacks of sore throat, thick speech, difficulty in swallowing.

**Treatment :** tonsillectomy.

#### 469 Give complications of tonsillectomy.

- ❖ Moderate to severe pain in the throat for one to two weeks.
- ❖ Pain in the ears, neck or jaw.
- ❖ Nausea and vomiting for a few days.
- ❖ Mild fever for several days.
- ❖ Bad breath for up to two weeks.
- ❖ Swelling of the tongue or throat.
- ❖ Feeling of something stuck in the throat.
- ❖ Reaction to anesthesia
- ❖ Bleeding during and after surgery
- ❖ infection

#### 470 What are the temperatures for sterilization and pasteurization?

**Pasteurization** \_\_\_\_ the main processes for **food preservation** based on specific heat treatment. The pasteurization process involves heating foodstuffs for a predefined duration to a temperature usually between **70** and **85 °C** and then cooling them rapidly.

**Sterilization:** -The two common steam-sterilizing temperatures are **121°C** (250°F) and **132°C** (270°F). These temperatures (and other high temperatures) must be maintained for a minimal time to kill microorganisms.

#### 471 What are causes of Rectal bleed?

- ❖ anal fissures or small tears in the lining of the anus.
- ❖ constipation or passing hard, dry stools.
- ❖ hemorrhoids or veins in the anus or rectum that become irritated.
- ❖ polyps, or small tissue growths in the lining of the rectum or colon that can bleed after passing stool
- ❖ rectal prolapse

#### 472 Describe following hemorrhoids, rectal carcinoma, G.IT ulcer, trauma.

**Hemorrhoids** are **swollen, enlarged veins** that form inside and outside the **anus** and **rectum**. They can be **painful, uncomfortable** and cause **rectal bleeding**.

**Rectal Carcinoma:** Rectal cancer is a disease in which malignant (cancer) cells form in the tissues of the rectum.

**Bleeding** is the most common symptom of rectal cancer,

#### Investigation

- ❖ :Digital rectal examination
- ❖ Guaiac-based FOBT
- ❖ Stool DNA screening (SDNA)

- ❖ Fecal immunochemical test (FIT)
- ❖ Rigid proctoscopy
- ❖ Flexible sigmoidoscopy (FSIG)
- ❖ Combined glucose-based FOBT and flexible sigmoidoscopy
- ❖ Double-contrast barium enema (DCBE)
- ❖ Computed tomography (CT) colonography
- ❖ Fiberoptic flexible colonoscopy (FFC)

**Treatment :**

- ❖ Transanal excision
- ❖ Endocavity radiotherapy:
- ❖ Transanal endoscopic microsurgery
- ❖ Sphincter-sparing procedures
- ❖ Adjuvant radiation therapy
- ❖ Intraoperative radiation therapy
- ❖ Adjuvant chemotherapy
- ❖ Adjuvant chemoradiation therapy
- ❖ Radioembolization

**GIT ulcers:**

Also known **Peptic ulcers**. The term applies to the **mucosal ulceration** near the acid bearing regions of the gastrointestinal tract.

It includes both **Doudenal** and **gastric ulcers**.

**Treatment :**

- ❖ H2 receptor blocker
- ❖ Proton pump inhibitor
- ❖ Partial gastrectomy
- ❖ Vagotomy

**Trauma** is an **emotional response** to a terrible event like an accident, rape or natural disaster.

There are **three types** of trauma.

- ❖ **Acute trauma** results from a single incident.
- ❖ **Chronic trauma** is repeated and prolonged such as domestic violence or abuse.
- ❖ **Complex trauma** is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.



**473 If two patients in ER comes with h/o RTA, one has head injury and the other has chest trauma. Which patient would you attend first and why? Emphasis on detailed reason.**

I guess Chest trauma patient should be assessed first due to certain chest emergencies, Pneumothorax, hemothorax. Head injury is a chronic process, ICP decrease takes a lot of time.

**474 What does triage mean?**

The process of **sorting people** based on their **need** for immediate medical **treatment**, especially battle and disaster .

<b>Level I — Resuscitation</b>
<b>Level II — Emergent</b>
<b>Level III — Urgent</b>
<b>Level IV — Less Urgent</b>
<b>Level V — Non Urgent</b>

<b>Rapid Triage</b>			
<b>(for multiple patient scenes)</b>			
Priority	Color	Condition	Notes
1	Red	Immediate	Life threatening
2	Yellow	Urgent	Can delay up to 1 hour.
3	Green	Delayed	Up to 3 hours.
4	Black	Deceased	No care needed

#### 475 What are macrovascular complications of DM?

- ❖ coronary heart disease,
- ❖ cardiomyopathy,
- ❖ arrhythmias
- ❖ , cerebrovascular disease
- ❖ peripheral artery disease

. Cardiovascular disease is the primary cause of death in diabetic patients.

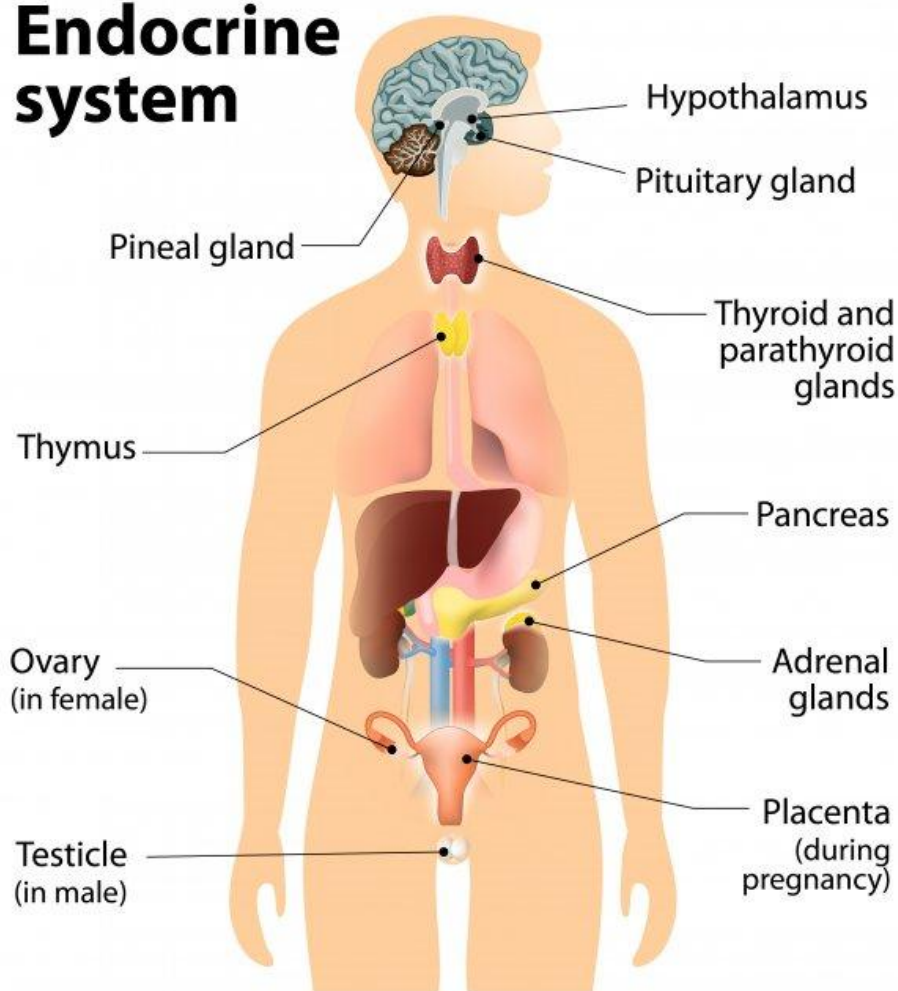
**476 What are glands? Difference between Endocrine and exocrine system. Names of endocrine glands in body.**

**Glands** are important organs located throughout the body. They **produce** and **release substances** that perform certain functions.

**Endocrine Gland:**

- ❖ Pituitary Gland
- ❖ Thyroid Gland
- ❖ Parathyroid Gland
- ❖ Adrenal Gland
- ❖ Pancreas
- ❖ Pineal body
- ❖ Ovary / testis

## Endocrine system



Endocrine glands are a type of glands that secrete substances (hormones) into the blood stream

Are a type of ductless glands

Secrete into the blood

Secrete hormones

Target of the glands is located away from the gland

Response is delayed since the secretion should be transported through the blood to the target organ

Mainly control long term activities of the target organs

There are two types named primary endocrine glands and the secondary endocrine glands

Thyroid gland, pituitary gland, and adrenal glands are examples

Exocrine glands are a type of glands which release its secretion external to or at the surface of an organ with the help of a canal or duct

May or may not have ducts

Pour their secretions directly at the site of action

Secrete enzymes

Target of the glands is very close to the gland

Show a rapid response since the substances are secreted directly to the target organ

Secretions mainly control short term activities of the body

There are different types such as unicellular exocrine glands, multicellular exocrine glands, merocrine glands, apocrine glands, serous glands, mucous glands, and mixed glands

Gastric glands, salivary glands, and sweat glands are examples

#### 477 Which gland can cause hypertension?

Adrenal glands

Thyroid gland

#### 478 Describe dog bite scenario and management.

##### Management :

- ❖ Cleaning, debridement and repeated flushing of wound with soap and water
- ❖ Tetanous toxoid
- ❖ ARV
- ❖ Analgesics.

#### 479 Give ARV schedule.

five doses on days 0, 3, 7, 14 and 21

#### 480 Describe Scabies scenario and management.

##### Management :

- ❖ Permethrin (lotrix cream)
- ❖ Benzyl Bemzoate
- ❖ Take\_bath daily
- ❖ Change clothes daily
- ❖ Change bed linings daily.

#### 481 Name of water borne diseases.

- ❖ Diarrhea
- ❖ Typhoid
- ❖ Amoebiasis
- ❖ Hepatitis A
- ❖ Legionellosis
- ❖ Giardiasis
- ❖ Hookworm
- ❖ E. coli
- ❖ Cholera
- ❖ Taeniasis
- ❖ Tuberculosis
- ❖ Smallpox
- ❖ Influenza
- ❖ Chickenpox
- ❖ Anthrax

#### 482 Name of Air borne diseases.

- ❖ COVID-19
- ❖ common cold
- ❖ measles
- ❖ mumps
- ❖ chickenpox
- ❖ whooping cough
- ❖ Tuberculosis

#### 483 What is HbA1c and for how much duration it calculates the blood Sugar?

The hemoglobin A1c test tells you your average level of blood sugar over the past **2 to 3 months**. It's also called **HbA1c**, **glycated hemoglobin test**, and **glycohemoglobin**.

#### 484 What is normal fasting and random blood sugar levels?

Blood Glucose Chart			
Mg/DL	Fasting	After Eating	2-3 Hours After Eating
Normal	80-100	170-200	120-140
Impaired Glucose	101-125	190-230	140-160
Diabetic	126+	220-300	200+

#### 485 What are number of beds in DHQ hospitals and in tertiary care hospital?

THQ; **400 TO 600**

DHQ; **360**

#### 486 What does Immunity, immunization, EPI stands for?

**IMMUNITY**; the **ability** of an organism to **resist** a particular **infection** or **toxin** by the action of specific antibodies or sensitized white blood cells.

**IMMUNIZATION**; the **action** of making a person or animal immune to **infection**, typically by inoculation.

**EPI** stands for; **Expanded Programme on Immunization** (EPI) was launched in Pakistan in 1978 to protect children by immunizing them against childhood tuberculosis, poliomyelitis, diphtheria, pertussis, tetanus and measles.

#### 487 Which two new vaccines are added in the the new EPI schedule?

- ❖ Rota virus
- ❖ IPV

#### 488 What is herd immunity?

It is defined as a **resistance** to the **spread** of an **infectious disease** within a population that is based on pre-existing immunity of a high proportion of individuals as a result of previous infection or vaccination.

#### 489 What causes albumin in urine during pregnancy?

During pregnancy, protein in your urine can mean a very dangerous condition called **preeclampsia**, or extremely high blood pressure. Proteinuria shows kidney damage.

Other causes are **stress, fever** or **infection**.

#### 490 What is first line infertility treatment for Polycystic ovarian syndrome?

- ❖ **Clomiphene** is used to induce ovulation.
- ❖ **Metformin** is used for weight reduction.
- ❖ **Oral contraceptives** are the most common and effective option used to manage PCOS symptoms. There are two types of oral contraceptives: **combination pills** and **progestin-only pills**. Both types of birth control are effective for treating PCOS symptoms and can help to ovulate.

#### 491 What is Nephrotic syndrome?,

Nephrotic syndrome is a condition in which there is;

- ❖ Heavy proteinuria (>3g/day)
- ❖ Hypoalbuminemia
- ❖ Edema
- ❖ Hyperlipidemia
- ❖ Hypercoagulability

#### Treatment :

- ❖ Low salt diet
- ❖ Diuretics
- ❖ HMG-CoA reductase inhibitor e.g: atorvastatin
- ❖ Anticoagulation therapy
- ❖ Corticosteroids
- ❖ Maintain blood pressure and fluid volume.

#### 492 What are causes of hematuria a man age less than 40 years?

#### Renal :

- ❖ Nephritic syndrome
- ❖ Post streptococcal glomerulonephritis
- ❖ Renal cyst
- ❖ Renal stone
- ❖ Interstitial nephritis

#### Extral Renal:

- ❖ **Ureter** stones
- ❖ **Bladder:** Trauma, infection, injury, stone
- ❖ **Urethra:** trauma, infection, stone
- ❖ **Blood disorder:** sickle cell trait or disease
- ❖ **Drugs:** anticoagulant, analgesic abuse,.

#### 493 What is Chronic kidney disease?

Chronic renal failure is the **slowly, progressive, irreversible deterioration** in renal function which results from a **diminished** mass of the **excretory, metabolic and endocrine functions** of the kidney which leads to the development of the clinical syndrome of **uremia**.

#### Stages:

- ❖ Diminished renal reserve
- ❖ Renal insufficiency
- ❖ Renal Failure                      Uremic syndrome



## 494 What are causes of chronic renal failure.

### Pre-Renal:

- ❖ Hypertensive nephrosclerosis
- ❖ Renal artery stenosis

### Renal:

#### ❖ **Glomerular :**

- 1) **Primary Glomerular Disease** (focal segmental glomerulosclerosis, membranoproliferative GN, IgA nephropathy, membranous GN)
- 2) **Secondary Glomerular Disease** (Diabetes nephropathy, amyloidosis, Post infectious GN, SLE, Polyarteritis nodosa)

#### ❖ **Tubulointerstitial**

1. Analgesic nephropathy
2. Nephrotoxins Multiple myeloma
3. Reflux nephropathy
4. Chronic pyelonephritis
5. Tuberculosis

#### ❖ **Hereditary**

- 1) Polycystic kidney disease
- 2) medullary cystic disease

### Post Renal:

- ❖ Renal stones
- ❖ Urethral

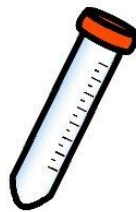
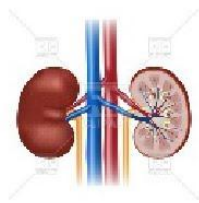
#### 495 Describe Derranged Renal function tests.

Derranged kidney function is when your kidneys are not working as well as they should. Normally, kidneys remove fluid, chemicals, and waste from your blood. These wastes are removed from your body in the urine made by your kidneys

#### Normal levels:

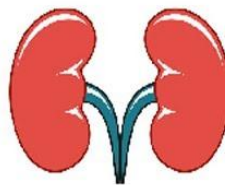
- ❖ Urea: **6-24mg/dl**
- ❖ Creatinine: **0.6-1.3mg/dl.**

# Kidney Function Tests



• The tests that are part of the Kidney Function test panel are:

- (a) Urine examination
- (b) Serum Urea
- (c) Serum creatinine
- (d) Blood urea nitrogen (BUN)
- (e) Calcium
- (f) Phosphorus
- (g) Protein
- (h) Albumin
- (i) Creatinine clearance
- (j) Urea clearance
- (k) Inulin clearance
- (l) Dilution and Concentration test
- (l) Serum electrolyte levels



#### 496 Describe fistula formation after Total abdominal Hysterectomy.

- ❖ Severe **continuous leakage** of **urine** is a rare **complication** after routine hysterectomy. This can be a sign of a fistula between the bladder, vaginal wall, or the ureter and the vaginal wall
- ❖ . The fistula may develop as a result of an **injury** during **surgery** or a **leak** or **infection** that develops afterward.

#### 497 What are the types of fistula?

- ❖ **Anorectal fistula:** between the anal canal and the skin surrounding the anus.
- ❖ **Anovaginal fistula:** between the anal canal and vagina.
- ❖ **Colovaginal fistula:** between the vagina and colon.
- ❖ **Colocutaneous fistula:** between the colon and the epidermis.

## 498 What is renal carcinoma and lung carcinoma?

**Renal cell carcinoma** (RCC) is also called **hypernephroma**, **renal adenocarcinoma**, or **renal** or **kidney cancer**. It's the most common kind of kidney cancer found in adults.

Cause is unknown but smoking is a significant risk factor.

### Treatment:

- ❖ Conservative management
- ❖ Removal of infected kidney
- ❖ Radiotherapy
- ❖ Medroxyprogesterone.

**Lung cancer**, is a malignant lung tumor characterized by uncontrolled cell growth in tissues of the lung.

Lung carcinoma is the leading cause of cancer-related death worldwide.

### Risk factor:

- ❖ Cigarettes
- ❖ Industrial carcinogens (Arsenic, asbestos, coal dust, ionizing radiations)
- ❖ Air pollution
- ❖ Existing lung disease (COPD, lung fibrosis).

### Treatment :

- ❖ Conservative management
- ❖ Surgical resection
- ❖ Radiotherapy
- ❖ Chemotherapy
- ❖ Laser therapy.

## 499 What is stress urinary incontinence?

Stress incontinence happens when **physical movement** or **activity** — such as coughing, laughing, sneezing, running or heavy lifting — puts **pressure** (stress) on your bladder, causing you to **leak urine**. Stress incontinence is not related to psychological stress.

## 500 Describe over active bladder case Scenario.

Overactive bladder is a combination of symptoms that can cause you to need to **urinate** more **frequently**, have more **urgency**, experience **incontinence** (leakage) and a need to urinate at night.

Behavioral interventions to stop it may include:

- ❖ Pelvic floor muscle exercises. Kegel exercises strengthen your pelvic floor muscles and urinary sphincter.
- ❖ Biofeedback
- ❖ Healthy weight
- ❖ Scheduled toilet trips.
- ❖ Intermittent catheterization.
- ❖ Absorbent pads
- ❖ Bladder training.

## 500 Describe over active bladder case Scenario.

### Symptoms

- Feel a sudden urge to urinate that's difficult to control.
- Experience unintentional loss of urine immediately after an urgent need to urinate (urgency incontinence)
- Urinate frequently, usually eight or more times in 24 hours.
- Wake up more than two times in the night to urinate (nocturia)

## 501 What is Myocardial infarction

Explained Above

## 502 Describe Management of M1.

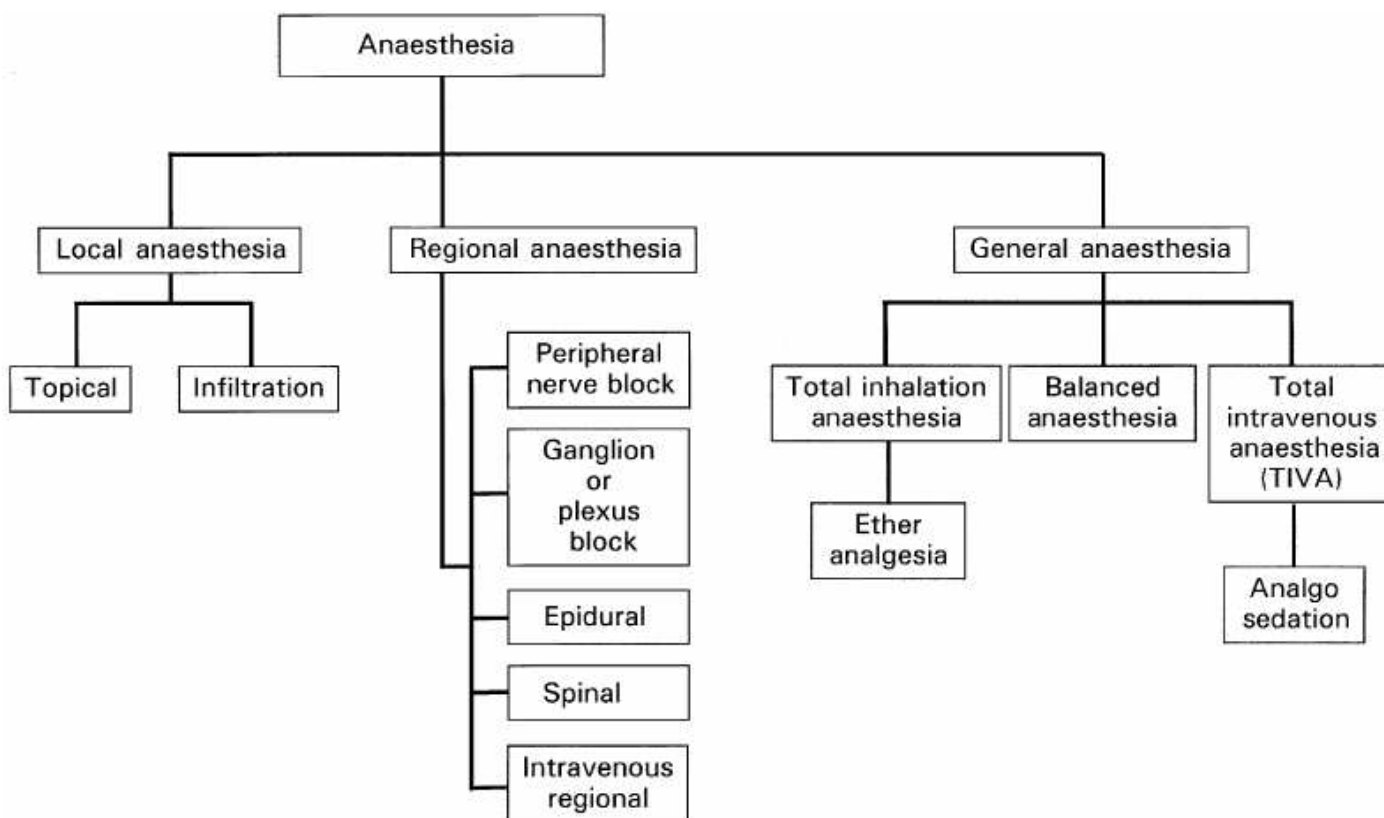
Explained above

## 503 What is Pneumothorax?

Explained above

## 504 What are findings of Pulmonary embolism ECG?

S1Q3T3



## Cardiology

## Hypertensive Urgency & Emergency

### Definitions, Triage, and Management:

- **Hypertensive urgency:** BP  $\geq 180/120$  **without** evidence of end-organ damage (may have mild headache)
- **Hypertensive emergency:** BP  $\geq 180/120$  **with** evidence of end-organ damage
  - **End organ damage = *Neuro*:** HTN encephalopathy (severe HA, seizure, AMS), PRES, TIA, CVA (SAH, ICH); ***Retinopathy*:** papilledema, hemorrhage; ***Resp/CV*:** pulm edema, MI, +cTn, angina, Ao dissection; ***Heme*:** MAHA; ***Renal*:** AKI, hematuria
- **NB:** no standardized def'n of HTN crises; absolute values not as important as rate of rise and  $\Delta$  from baseline [Chest 2007;131:194](#)

	Hypertensive Urgency	Hypertensive Emergency
<b>Triage location</b>	Floor vs. outpatient management (can be managed in ambulatory setting with close follow up) <a href="#">JAMA IM 2016;176:981</a>	Floor vs. ICU (ICU $\rightarrow$ if need for arterial line, continuous infusion of anti-HTN medications, or severe end-organ damage)
<b>Correction time course</b>	Reduce BP to <b>&lt;160/100</b> over the course of <b>several hours</b> ; then reduce to <b>normal range (&lt;130/90)</b> over <b>1-2 days</b>	Reduce <b>MAP 10-20%</b> within <b>the first hour</b> , and no more than <b>25%</b> over <b>first 24 hours</b> . Then reduce to <b>normal range (&lt;130/90)</b> over <b>1-2 days</b> .
<b>Route of medication administration</b>	Initial <b>PO</b> short-acting medications; convert to long-acting prior to d/c	Initial short-acting titratable <b>IV</b> agents; transition to <b>PO</b> agents for floor/discharge
<b>Suggested medications (see below for dosing table)</b>	<b>PO:</b> <b>captopril, labetalol</b> >> hydralazine (unpredictable effect, reflex tachycardia), isosorbide dinitrate	<b>IV:</b> <b>labetalol, hydralazine</b> <b>Topical:</b> <b>nitropaste</b> (may be used on the floor) <b>Gtt:</b> <b>labetalol, nitroglycerin</b> , nitroprusside, esmolol, nicardipine, clevidipine, fenoldopam (rarely used)
<b>Comments</b>	<b>Assess compliance</b> with prior medication regimen before aggressively uptitrating in order to avoid <b>overcorrection of BP leading to hypotension</b>	*Specific management situations: <ul style="list-style-type: none"> <li>• <b>Ischemic CVA:</b> permissive hypertension (goal: <math>\leq 185/110</math> if tPA, <math>\leq 220/120</math> if no tPA)</li> <li>• <b>Aortic dissection:</b> BP should immediately be reduced to <b>SBP&lt;120mmHg</b> and <b>MAP&lt;80mmHg</b> within <b>20 minutes</b> to avoid shearing forces (dp/dt)</li> </ul>

### 507 What are signs and symptoms of mumps?

Mumps is best known for the **puffy cheeks and tender, swollen jaw** that it causes. This is a result of swollen salivary glands under the ears on one or both sides, often referred to as parotitis.

...

**Other symptoms that might begin a few days before parotitis include:**

- Fever.
- Headache.
- Muscle aches.
- Tiredness.
- Loss of appetite.

### 508 What is HCC tumor marker?

HCC → AFP

## Serological Tumor Marker Associated with Individual Abdominal Malignant Disease

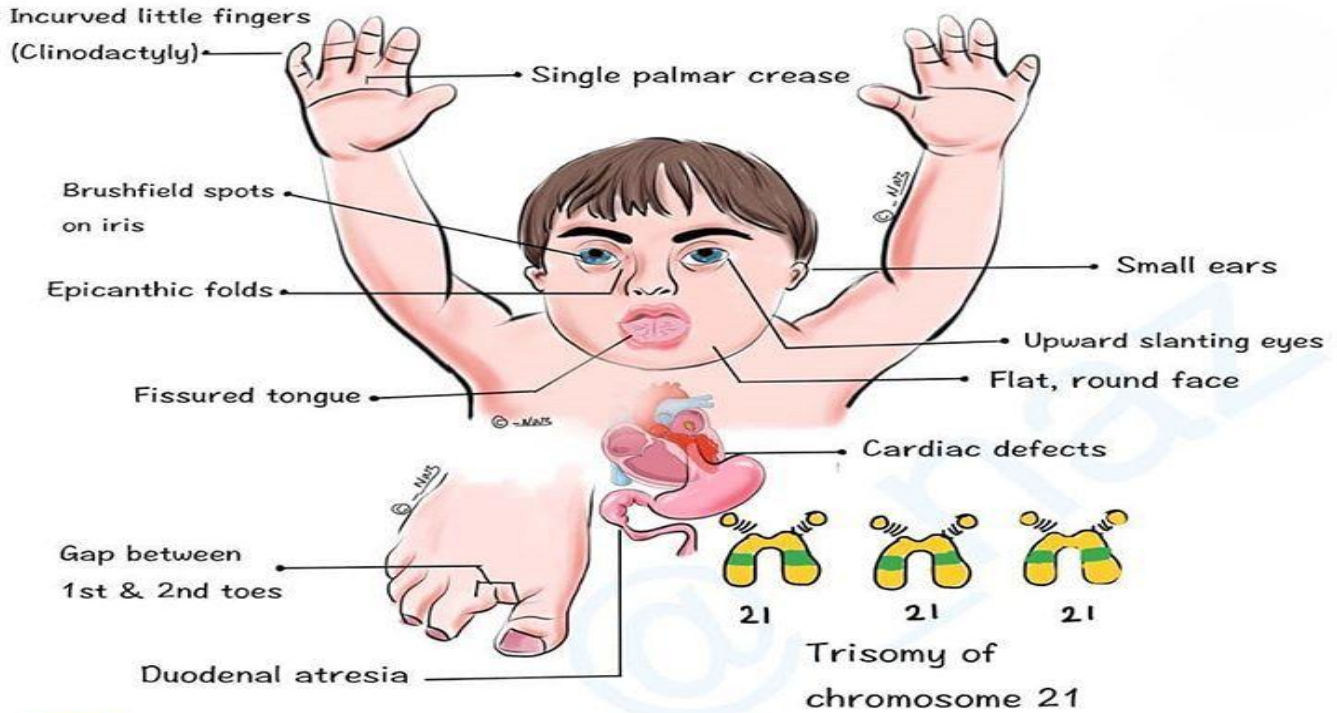
Malignant Disease	Major Marker	Other marker
Colorectal cancer	CEA	CA 19-5, CA 19-9, CA 72-4, NSE
Gastric carcinoma	CA 72-4	CA 19-9, CA 50, CEA, ferritin, CK-BB, hCG, LASA-P, pepsinogen II
Hepatocellular carcinoma	AFP	CEA, ferritin, rGT, ALP, TPA, $\gamma$ -glutamyltransferase
Pancreatic carcinoma	CA 19-9	CA 19-5, CA 50, CA 72-4, CEA, CK-BB, ADH, ALP
Vipoma (pancreas)	VIP	CA 19-5, CA 50, CA 72-4, CEA, CK-BB, ADH, ALP

### 509 What is down syndrome?

Down syndrome is a chromosomal condition that occurs when an error in cell division results in an **extra chromosome 21 (Trisomy 21)**. Down syndrome can affect a person's cognitive ability and physical growth, cause mild to moderate developmental issues, and present a higher risk of some health problems.

# Down Syndrome

www.medinaz.com



naz\_artonomy



510 What are ACE inhibitors name and their side effects.

All of ACE inhibitors share the common suffix pril (remember of **APRIL**):

- CaptoPRIL
- RamiPRIL
- EnalaPRIL
- FosinoPRIL
- LisinoPRIL
- BenazePRIL
- QuinaPRIL

Medical uses of ACE inhibitors include (remember of **Home Care Makes Patients Definitely Strong**):

- H**ypertension
- C**ongestive Heart Failure
- M**ycardial infarction
- P**rophylaxis of cardiovascular risk subjects
- D**iabetic Nephropathy
- S**cleroderma crisis

Side effects of ACE inhibitors include (remember of **CAPTOPRIL**):

- C**ough (persistent dry cough)
- A**llergic reactions
- P**otassium elevation /Proteinuria
- T**aste change
- O**edema (angioedema)
- P**hotosensitivity
- R**enal failure
- I**ndigestion
- L**ow blood pressure

## 511 What are duties of MO in BHU?

1. Curative
2. Preventive
3. Administrative
4. There is no female doctor so he will performed female doctor job
5. Promotive
6. Refferal

## 512 What is DNC? and purpose of DNC.

**Dilation and curettage (D&C)** is a surgical procedure in which the cervix is opened (dilated) and a thin instrument is inserted into the uterus. This instrument is used to remove tissue from the inside of the uterus (curettage).

Dilation and curettage (D&C) is a **procedure to remove tissue from inside your uterus**. Doctors perform dilation and curettage to diagnose and treat certain uterine conditions — such as heavy bleeding — or to clear the uterine lining after a miscarriage or abortion.

**Purpose :**

### INDICATIONS OF D&C

#### **DIAGNOSTIC INDICATIONS :**

1. DUB
2. Infertility
3. Pathologic amenorrhoea
4. Postmenopausal bleeding
5. Endometrial pathology

#### **THERAPEUTIC INDICATIONS :**

1. DUB
2. Endometrial polyp
3. Removal of IUD
4. Incomplete abortion
5. Molar pregnancies



# INTERPRETING THE BISHOP SCORE

## Bishop score

- Position
- Consistency
- Effacement (%)
- Dilation (cm)
- Station of fetal head

	0	1	2	3
Dilation, cm	Closed	1 to 2	3 to 4	5 to 6
Effacement, percent	0 to 30	40 to 50	60 to 70	≥80
Station*	-3	-2	-1, 0	+1, +2
Cervical consistency	Firm	Medium	Soft	
Position of the cervix	Posterior	Midposition	Anterior	

A Bishop score  $\geq 8$  suggests the chances of having a vaginal delivery are good and the cervix is considered favorable or ripe for induction. If the Bishop score is  $\leq 6$  the chances of having a vaginal delivery are low and the cervix is considered unfavorable or unripe for induction. A simplified Bishop score can be calculated using only dilation, station and effacement. Using these three variables, a simplified Bishop score  $\geq 5$  has a similar predictive value for vaginal delivery as a classic Bishop score  $\geq 8$ .

\* Based on a -3 to +3 scale.

## 514 What is mottling?

The mottled definition is that of smears and spots of colors presenting on any surface. Thus, mottled skin, also known as **livedo reticularis** or **dyschromia**, occurs when the skin shows patchy and irregular colors

## 515 What instruments are used in pelvic surgery?

**Scalpels** are often one of the first instruments used during surgery. The handle of a scalpel can be fitted with various size blades. While a #10 or #20 size blade may be used for skin incisions, a #15 blade offers a good option for making smaller incisions during vaginal and laparoscopic surgery

## 516 What are complications of pelvic surgery?

### Stoma care issues

#### Gastrointestinal

##### Bleeding

##### Anastomotic leak/Abdominal collection

##### Obstruction/Adhesions

##### Enteroperineal fistulation

##### Parastomal hernia

#### Urinary

##### Urinary conduit leak

##### Anastomotic stricture

##### Urosepsis

#### Pelvis

##### Pelvic abscess/fistula

#### Reconstruction issues

##### Flap necrosis/break-down

## 517 What is Parkinson's disease ?

Parkinson's disease is a **progressive nervous system disorder that affects movement**. Symptoms start gradually, sometimes starting with a barely noticeable tremor in just one hand. Tremors are common, but the disorder also commonly causes stiffness or slowing of movement.

**Symptoms:** Constipation; Balance disorder...



## 518 What is Alzheimer's disease?

Alzheimer's disease is **the most common type of dementia**. It is a progressive disease beginning with mild memory loss and possibly leading to loss of the ability to carry on a conversation and respond to the environment.

Alzheimer's disease involves parts of the brain that control thought, memory, and language.

# Alzheimer's Symptoms



## SIGNS & SYMPTOMS

- ◆ 4 stages – each stages lasts for a week
- ◆ 1<sup>st</sup> week
  - ◆ **Asymptomatic**
  - ◆ **Temperature** rises slowly + fever fluctuations
  - ◆ **Relative Bradycardia**
  - ◆ **Malaise + headache + cough**
  - ◆ bloody nose (**Epistaxis**) is seen in a quarter of cases
  - ◆ **Abdominal pain** is also possible.
  - ◆ **Leukopenia** with eosinopenia and relative lymphocytosis
  - ◆ Adult – constipation, Child and HIV infected - diarrhoea

## SIGNS & SYMPTOMS

- ◆ 3<sup>rd</sup> week – complications occur
  - ◆ **Intestinal hemorrhage** due to bleeding in congested Peyer's patches; this can be very serious but is usually not fatal.
  - ◆ **Intestinal perforation in the distal ileum:** this is a very serious complication and is frequently fatal. It may occur without alarming symptoms until septicaemia or diffuse peritonitis sets in.
  - ◆ **Encephalitis**
  - ◆ **Neuropsychiatric symptoms**, with picking at bedclothes or imaginary objects.
  - ◆ **Metastatic abscesses, cholecystitis, endocarditis and osteitis**
  - ◆ Lie motionless and exhausted with your eyes half-closed

◆ 4<sup>th</sup> week – fever subsides

## SIGNS & SYMPTOMS

- ◆ 2<sup>nd</sup> week –
  - ◆ **High fever** in plateau around 40 °C (104 °F) (**Step ladder fever**)
  - ◆ **Rose spots** appear on the lower chest and abdomen (in around a third of patients)
  - ◆ **Bradycardia**
  - ◆ **Delirium** is frequent, frequently calm, but sometimes agitated.
  - ◆ **Rhonchi** in lung bases.
  - ◆ abdomen is distended and painful in the right lower quadrant
  - ◆ **Diarrhea** : six to eight stools in a day, green with a characteristic smell, comparable to pea soup. Constipation is also frequent.
  - ◆ **Hepatomegaly, Splenomegaly** + tender ~ there is elevation of liver transaminases.
  - ◆ **Widal test** is strongly positive with antiO and antiH antibodies.

## Treatment

- ◆ **oral rehydration therapy** - prevent many of the deaths of diarrheal diseases
- ◆ **Chloramphenicol** - bacteriostatic
- ◆ **Ciprofloxacin (fluoroquinolone)** - Where resistance is uncommon, the treatment of choice is a
- ◆ **ceftriaxone or cefotaxime** (third-generation cephalosporin) such as is the first choice

Some of the more common types of cysts and pseudocysts include the following:

- Epidermoid cyst. These are small, benign bumps filled with the protein keratin. ...
- Sebaceous cyst. ...
- Breast cyst. ...
- Pilonidal cyst. ...
- Ovarian cyst. ...
- Baker's (popliteal) cyst. ...
- Pilar cyst. ...
- Mucous cyst.

#### 521 Describe differential diagnosis of lower abdominal pain in females?

**Appendicitis and obstetrics and gynecological conditions** (OB-GYNc), such as ectopic pregnancy, pelvic inflammatory diseases, and complicated ovarian cyst, are common causes of acute lower abdominal pain in females during reproductive age

#### 522 What is ACS?

Acute coronary syndrome is a term used to describe **a range of conditions associated with sudden, reduced blood flow to the heart**. One such condition is a heart attack (myocardial infarction) — when cell death results in damaged or destroyed heart tissue.

**Non-ST-elevation myocardial infarction (NSTEMI), ST-elevation MI (STEMI), and unstable angina** are the three traditional types of ACS.

#### 523 What is difference between unstable angina and NSTEMI

During non-STEMI, there will be elevation of the cardiac enzymes, indicative of myocardial necrosis. During unstable angina, however, **there is no — or only very minimal — elevation**. This is the main distinguishing feature between the two diagnoses.

#### 524 Which is antidote to Heparin?

Expert opinion: Despite of the low therapeutic index, **protamine** is the only registered antidote of heparins. The toxicology of protamine depends on a complex interaction of the high molecular weight, a cationic peptide with the surfaces of the vasculature and blood cells.

#### 525 How to determine age of a married girl?

Age at first marriage or first union is calculated as **the difference between date when woman began living with first husband or consensual partner and date of birth of woman in completed single years**.

#### 526 At which age epiphyseal reunion happens?

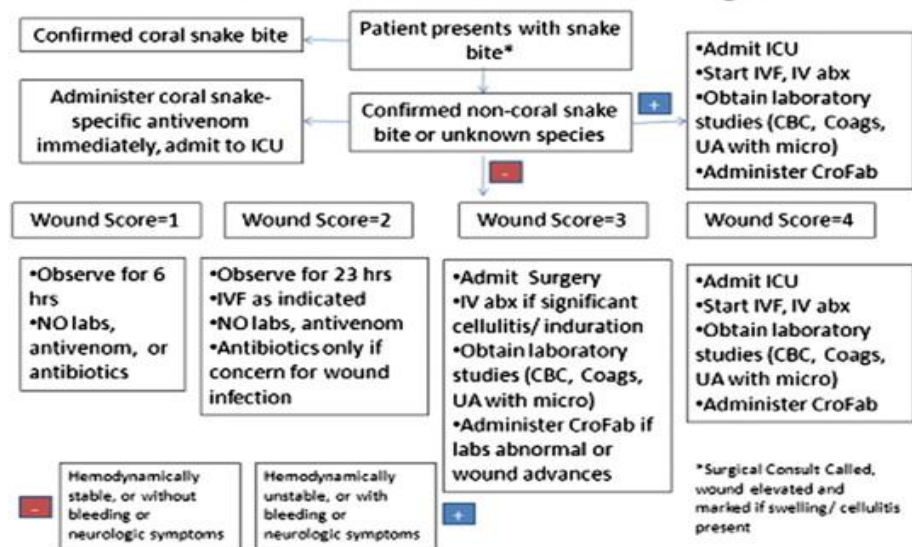
Complete fusion in males occurs **as early as 14 years** in both epiphyses. All males demonstrated complete fusion by 19 years.

This replacement is known as epiphyseal closure or growth plate fusion. Complete fusion happens on average **between ages 15 and 20 for girls** (with the most common being 15–18 years for girls) and between 17 and 24 for boys (with the most common being 18–22 years for boys).

527 Describe snake bite management.

Cover the bite with a **clean, dry bandage**. Try to use a pressure immobilization bandage if you can. This type of bandage should be tightly wrapped around the bite. Then, wrap another bandage around the entire limb, so that it's immobilized.

### TCH Snake Bite Treatment Algorithm



528 Describe dose of anti venom?

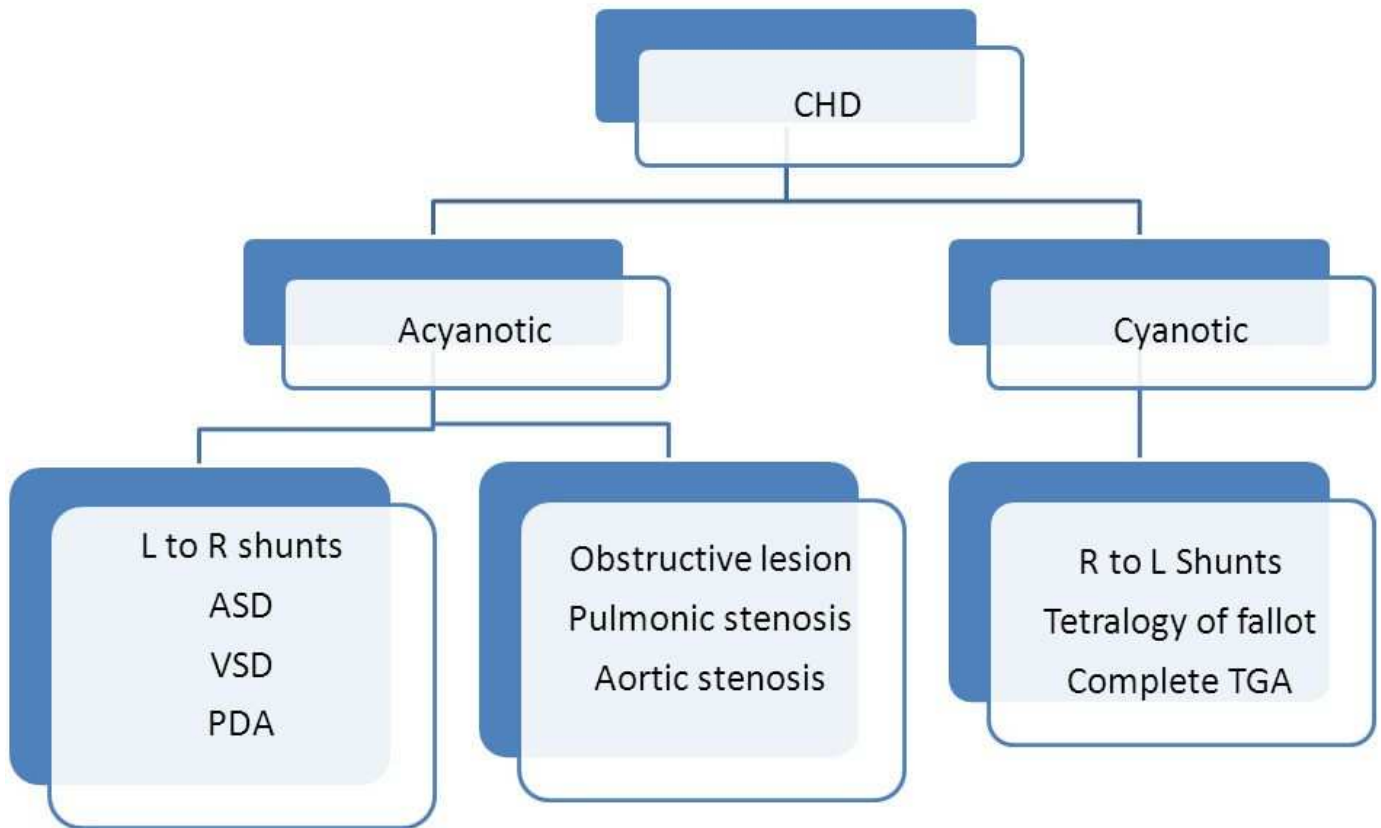
**Table:- Doses of Anti Snake Venom<sup>[4]</sup>**

Mild envenomation neurotoxic/hemotoxic	systemic symptoms manifest > 3 hours after bite	8–10 Vials(Each vial contain 10mi)
Severe envenomation neurotoxic or hemotoxic	systemic symptoms manifest < 3 hours after bite	8 Vials(Each vial contain 10mi)

## 529 What are congenital heart defects?

Congenital heart disease is a general term for a **range of birth defects that affect the normal way the heart works**. The term "congenital" means the condition is present from birth. Congenital heart disease is one of the most common types of birth defect, affecting up to 8 in every 1,000 babies born in the UK.

# Types of Congenital cardiovascular defects

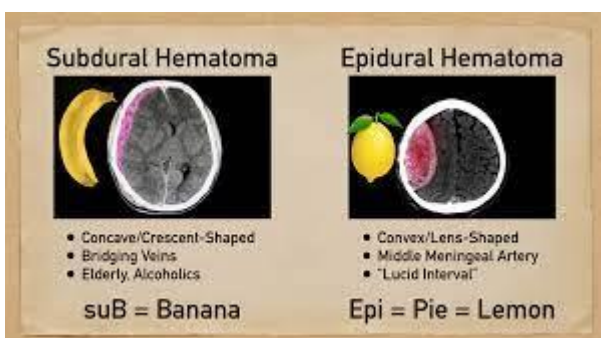


## 530 What is EEG

An electroencephalogram (EEG) is a **test that detects electrical activity in your brain** using small, metal discs (electrodes) attached to your scalp. Your brain cells communicate via electrical impulses and are active all the time, even when you're asleep. This activity shows up as wavy lines on an EEG recording

## 531 What is difference between Extradural hematoma and subdural.

Extradural haematoma (EDH) is a blood clot that forms on the outside of the natural covering of the brain ('dura mater'), while acute subdural haematoma (ASDH) refers to a blood clot on the inner surface of the dura that appears within the first few days of head injury.



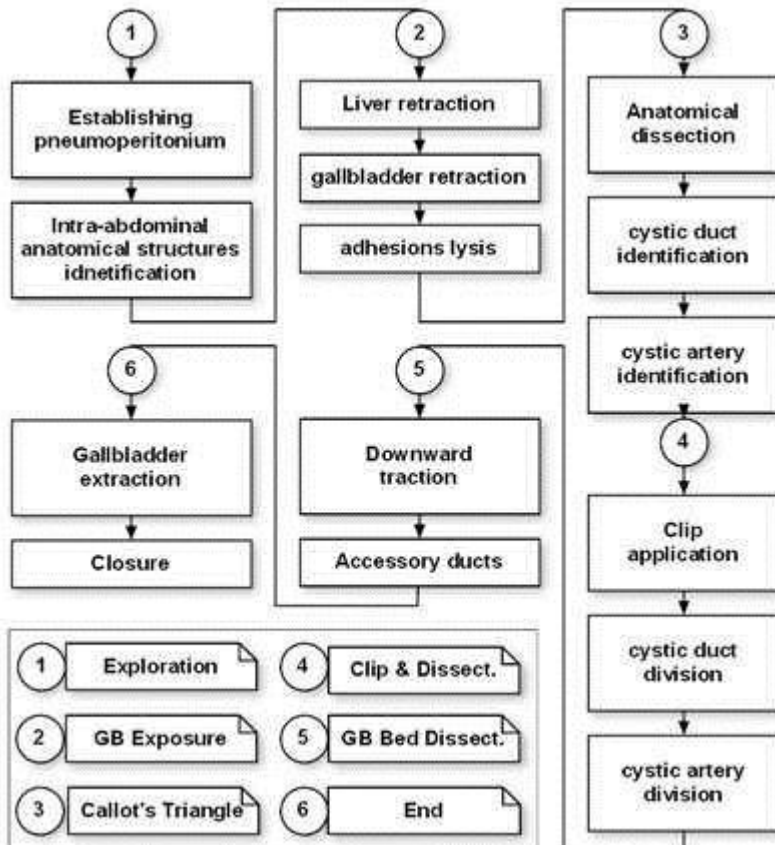
### 532 What are Anti hypertensive drugs

Explained above

### 533 What is Burr hole craniotomy

In general, burr holes **are less invasive than a craniotomy**. During a craniotomy, a part of your skull is removed through a temporary incision. After your surgeon is done needing access to your brain, the section of your skull is placed back over your brain and secured with screws or metal plates

### 534 Describe Laparoscopic cholecystectomy steps.



### 535 What is direct and Indirect Bilirubin?

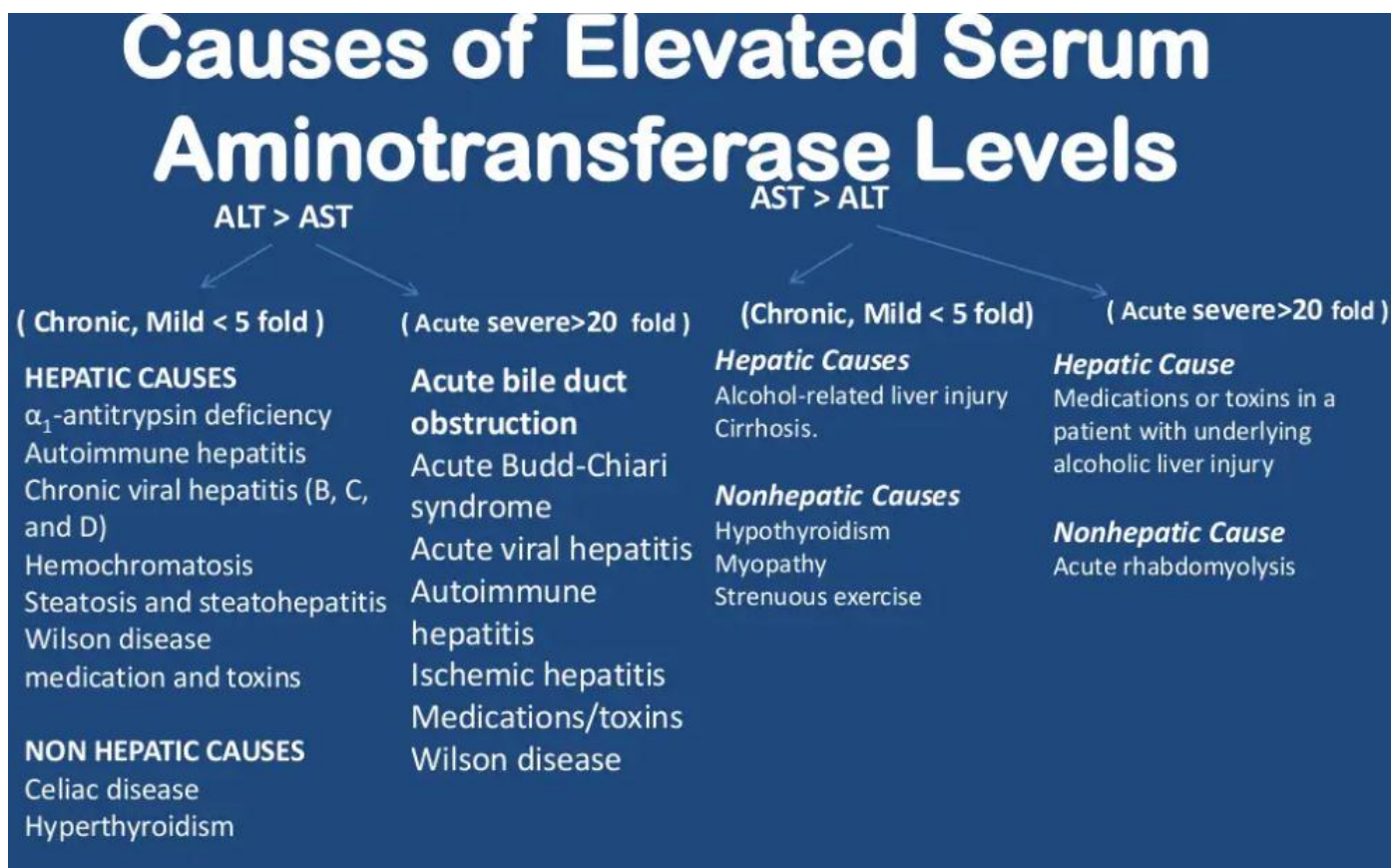
This type of bilirubin is called unconjugated, or indirect, bilirubin. In the liver, bilirubin is changed into a form that your body **can** get rid of. This is called conjugated bilirubin or direct bilirubin. This bilirubin travels from the liver into the small intestine.

Type of Jaundice	Mechanism (source)	Clinical conditions
Prehepatic jaundice Reticuloendothelial system	Hemoglobin Other sources ↓ Heme (over production) ↓ Unconjugated bilirubin	Dyserythropoiesis (Ineffective erythropoiesis) Physiologic hemolysis
Prehepatic jaundice Blood	Unconjugated bilirubin	Neonates drug competition for albumin Low plasma albumin
	Transport protein (ligandin Y and Z) Impaired uptake	Drug competition like Rifampicin Probenecid Neonatal deficiency
Hepatic jaundice	Decreased Conjugation	Neonatal enzyme deficiency Gilbert's syndrome Criggler-Najar syndrome Drug inhibition
Posthepatic jaundice	Active transport and excretion defective	Cholestasis Drugs Dubon-Jonson's syndrome Rotor's syndrome

### 536 What are peripheral smear finding of Hemolytic anemia?

The peripheral smear will show schistocytes or **other fragmented red cells** with mechanical hemolysis. Other suggestive findings include increased levels of serum LDH and indirect bilirubin with a normal ALT, and the presence of urinary urobilinogen.

### 537 What are causes of highly elevated and mildly elevated AST?





### 538 When Is Spinal Anaesthesia used at which level?

Spinal anaesthesia (or spinal anesthesia), also called spinal block, subarachnoid block, intradural block and intrathecal block, is a **form of neuraxial regional anaesthesia involving the injection of a local anaesthetic or opioid into the subarachnoid space**, generally through a fine needle, usually 9 cm (3.5 in) long.

Because the spinal cord (conus medullaris) is typically at the L1 or L2 level of the spine, the needle should be inserted below this **between L3 and L4 space or L4 and L5 space** in order to avoid injury to the spinal cord.

### 539 What is High Spinal?

Sometimes misnamed a total spinal, high spinal anaesthesia is defined as a **rapidly progressing motor block followed by respiratory paralysis, hypotension and loss of consciousness**. Summary data for the years 1989 to 1998 gave us the number of high spinal anaesthetics, and when and where they happened.

High spinal is a **rare but life-threatening complication most commonly associated with epidural analgesia**. In epidural analgesia, a catheter is placed in the epidural space and a local anesthetic is injected into the epidural space via a needle or catheter.

Treat with **bed rest, IVF, analgesia, caffeine**, and possibly a blood patch (15-20 mL, injected at or below the site, as the blood will travel cephalad). High spinals are often accompanied by hypotension, nausea, and agitation.

### 540 What is spinal headache and Spinal Shock?

Headache after spinal injury

The surrounding nerves and tissues become **stretched**, which results in the headache. Other conditions can cause spinal fluid leaks that lead to spinal headaches. These problems include a ruptured (burst) cyst on the spinal cord and a head or face injury such as a fractured skull.

Treatment for spinal headaches begins conservatively. Your doctor may recommend getting bed rest, drinking plenty of fluids, consuming caffeine and **taking oral pain relievers**. If your headache hasn't improved within 24 hours, your doctor might suggest an epidural blood patch.

The term "spinal shock" applies to all phenomena surrounding physiologic or anatomic transection of the spinal cord that **results in temporary loss or depression of all or most spinal reflex activity below the level of the injury**.

In the immediate aftermath of a spinal cord injury, treatment may include: **Surgery to remove bone fragments or items lodged in the spinal cord**. Spinal fusion surgery. Various brain and spinal cord imaging tests, as well as functional tests such as assessments of reflexes, cognition, and motor skills.

### 541 How you will give anesthesia in a pt with Liver disease?

When anesthesia induction of patients with liver disease is done, **oxygen supply-demand relationship should be considered**. The major target is to maintain adequate pulmonary ventilation and cardiovascular function. For this reason, cardiac output, blood volume, and perfusion pressures should be kept in the normal range.

. Anesthesia holds the risk of causing liver decompensation. You must get a preOp coagulation profile, and arrange FFPs. Also get all BLIs done along with hepatic profile and USG Abd. ECG, echo, CXR, ABGs.

For acute liver disease; acute hepatitis is a contraindication, invasive monitoring is done, esp electrolytes imbalance and hypoglycemia.

For chronic liver disease, CHILD PUBG score is calculated, as well as grades of encephalopathy.

PROPOFOL, thiopental is a safe choice. For NMB, cisatracurium is used.

PPIs and H2 blockers both are safe, lorazepam maybe used.

#### 542 What is Toxicity of lignicaine?

Manifestations of local anesthetic toxicity typically appear 1 to 5 minutes after the injection, but onset may range from 30 seconds to as long as 60 minutes.

The maximum safe dose of lidocaine is **3 mg/kg**.

Early symptoms are circumoral **numbness**, tongue paresthesia, and dizziness. Sensory complaints may include tinnitus and blurred vision. Excitatory signs, such as restlessness, agitation, nervousness, or paranoia, may progress to muscle twitches and seizures.

Treatment is done according to the ASRA guidelines recommend starting lipid emulsion therapy at the first signs of systemic toxicity from LAs, after airway management.

#### 543 What are the side effects of Ciprofloxacin?

Nausea, vomiting, stomach pain, heartburn

severe diarrhea (watery or bloody stools)

vaginal itching and/or discharge

pale skin?

unusual tiredness, sleepiness

Ciprofloxacin may cause problems with bones, joints, and tissues around joints in children.

#### 544 Describe management of RTA pt with chest and limb injuries.

Airway, breathing, circulation first.

Basic principles such as respiratory support, **fluid therapy** and analgesia are the main-stay of management in these cases. Close monitoring of the urinary system and neurological system are critical to ensure complications such as pneumothorax, hemothorax and fractures and identified and treated promptly.

#### 545 What is chemical Name of Plaster of Paris?

Calcium sulfate hemihydrate

#### 546 Describe management of pt with 30% burn.

Stop the burning - ABCDE - Determine the percentage area of burn (Rule of 9's) - Good IV access and early fluid replacement. Burns more than 15% in adults is treated at a hospital.

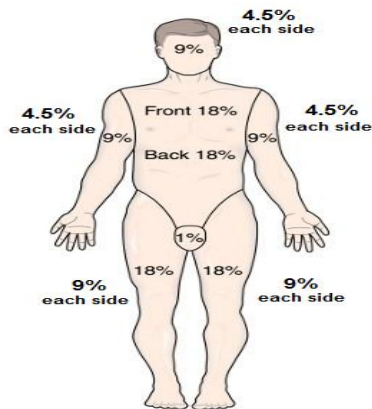
Drench the burn thoroughly with cool water to prevent further damage and remove all burned clothing. Then apply clean wraps about the burned area (or the whole patient) to prevent systemic heat loss and hypothermia. administer tetanus prophylaxis. Excise necrotic tissue and debride all bullae. Cleanse with chlorhexidine solution or other water based antiseptic. Apply layer of antibiotic (silver sulfadiazine)

Silver nitrate (0.5% aqueous) is the cheapest, silver sulfadiazine (1% miscible ointment), • Mafenide acetate (11% in a miscible ointment) is used without dressings. It penetrates eschar but causes acidosis.

Dress the burn with petroleum gauze and dry gauze thick enough to prevent seepage to the outer layers. Do daily dressing, Inspect the wounds for discoloration or haemorrhage, which indicate developing infection. If necessary, feed the patient through a nasogastric tube to ensure an adequate energy intake (up to 6000 kcal a day).

### 547. What is the rule of nine?

The "Rule of 9's" is commonly used to estimate the burned surface area in adults. • The body is divided into anatomical regions that represent 9% (or multiples of 9%) of the total body surface. The outstretched palm and fingers approximates to 1% of the body surface area.



Credit: Blamb/Shutterstock.com  
Additions: RegisteredNurseRN.com

### 548. How to calculate fluid in burn cases?

The Parkland formula for the total fluid requirement in 24 hours is as follows:

1.  $4\text{ml} \times \text{TBSA} (\%) \times \text{body weight (kg)}$ ;
2. 50% given in first eight hours;
3. 50% given in next 16 hours.

### 549. What is osteoarthritis and RA? What is the difference between them?

Follow question no. 549

### 550. What are first line ATT drugs?

isoniazid (INH), rifampin (RIF), ethambutol (EMB), pyrazinamide (PZA)

### 551. How to check optic nerve?

Ophthalmoscopy. evaluates the optic disk, where the optic nerve enters the retina in your eye.

For the 2nd (optic) cranial nerve, visual acuity is tested **using a Snellen chart for distance vision or a handheld chart for near vision**; each eye is assessed individually, with the other eye covered.

### 552. What is Bipolar Disorder?

Bipolar disorder is a brain disorder that causes changes in a person's mood, energy, and ability to function. People with bipolar disorder experience intense emotional states that typically occur during distinct periods of days to weeks, called mood episodes. Mostly genetic (90%)

Treatment: Anxiolytics, Benzodiazepines (Lorazepam)

Mood stabilizers, antipsychotics, esp. **Lithium** is the first-line choice for preventing mood instability and treating mania.

Anticonvulsants such as valproate are used as mood stabilizers as well. Treatment is given according to dominant episodes. CBT is frequently used.

### 553. What is depression?

Depression is a constant feeling of sadness and loss of interest, which stops you doing your normal activities. Different types of depression exist, with symptoms ranging from relatively minor to severe. Generally, depression does not result from a single event, but from a mix of events and factors.

Treatment: SSRIs citalopram, escitalopram, fluoxetine

SNRIs Duloxetine

TCA's Amitriptyline, desipramine

### 554. What are barbiturates?

Barbiturates are a group of drugs in the class of drugs known as sedative-hypnotics, which generally describes their sleep-inducing and anxiety-decreasing effects.

Barbiturates act by depressing the central nervous system. treatment for anxiety, insomnia, or seizure disorders.

Common barbiturates include amobarbital, butabarbital, pentobarbital, secobarbital, phenobarbital

### 549. What is osteoarthritis and RA? What is the difference between them?

#### OSTEOARTHRITIS VERSUS RHEUMATOID ARTHRITIS

Osteoarthritis is a degenerative, wear & tear type disorder	Rheumatoid arthritis is an autoimmune condition
Usually affects people over 40	Incidence is higher among individuals around the age of 20
Can be caused by long-term pressure on large joints	Etiology is not very clear
Typically affects one particular area or joint	Affect multiple joints all over the body
Does not cause extra-articular manifestations	Extra-articular manifestations such as fatigue & fever
ESR, CPR, anti-CCP may be elevated	No change in ESR, CPR & anti-CCP
Immune suppressants are not required	Has to be treated specifically with immune-suppressants

**555. What is comminuted fracture?**

A comminuted fracture is a break or splinter of the bone into more than two fragments. Since considerable force and energy is required to fragment bone, fractures of this degree occur after high-impact trauma such as in vehicular accidents.

**556. Describe types of pacemaker?**

- Single chamber. One lead attaches to the upper or lower heart chamber.
- Dual-chamber. Uses two leads, one for the upper and one for the lower chamber. The doctor programs the dual-chamber pacemaker to regulate the pace of contractions of both chambers.
- Biventricular pacemakers (used in cardiac resynchronization therapy). connected to the right atrium and both ventricles. We use the biventricular pacemaker to treat people with arrhythmias caused by advanced heart failure.

**557. How do you diagnose intestinal perforation?**

Patient presents with severe abdominal pain and tenderness. The abdomen may also protrude or feel hard to the touch

Get X-rays of your chest or abdomen. In case of perforation, you will see air under diaphragm. Get CT abdomen to specify the site of perforation.

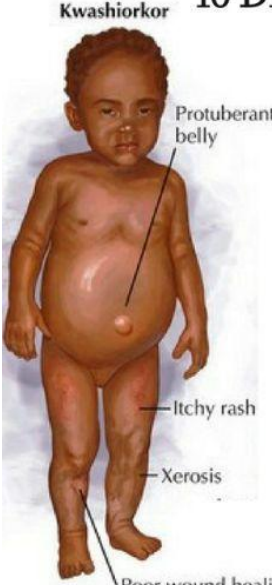
**558. What is chest tube intubation?**

A chest tube is a hollow, flexible tube placed into the chest. It acts as a drain. Chest tubes drain blood, fluid, or air from around your lungs, heart, or esophagus. A thoracostomy tube is usually placed between the mid to anterior axillary line in the fourth or fifth intercostal space tracking above the rib so as not to injure the intercostal bundle (artery, vein, nerve).

**559. What is the difference between Marasmus and Kwashiorkor?**

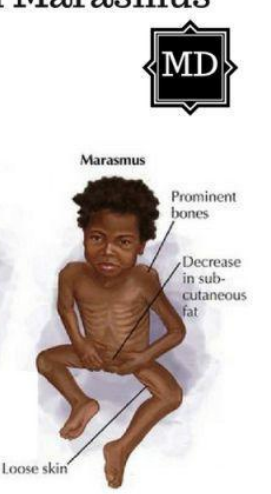
**10 Differences between Kwashiorkor and Marasmus**  
[www.majordifferences.com](http://www.majordifferences.com)  
 Comparison Table

Kwashiorkor	Marasmus
It develops in children whose diets are deficient of protein.	It is due to deficiency of proteins and calories.
It occurs in children between 6 months and 3 years of age.	It is common in infants under 1 year of age.
Subcutaneous fat is preserved.	Subcutaneous fat is not preserved.
Oedema is present.	Oedema is absent
Enlarged fatty liver.	No fatty liver.
Ribs are not very prominent.	Ribs become very prominent.
Lethargic	Alert and irritable.
Muscle wasting mild or absent.	Severe muscle wasting
Poor appetite.	Voracious feeder.
The person suffering from Kwashiorkor needs adequate amounts of proteins.	The person suffering from Marasmus needs adequate amount of protein, fats and carbohydrates.



**Kwashiorkor**

- Protuberant belly
- Itchy rash
- Xerosis
- Poor wound healing



**Marasmus**

- Prominent bones
- Decrease in subcutaneous fat
- Loose skin

**Kwashiorkor vs Marasmus**

## 560. How do you treat a 6 month old child with severe dehydration?

**➤ Plan C: Treat Severe Dehydration Quickly**

➤ FOLLOW THE ARROWS. IF ANSWER IS "YES", GO ACROSS. IF "NO", GO DOWN.

START HERE

Can you give intravenous (IV) fluid immediately?

**YES** →

- Start IV fluid immediately. If the child can drink, give ORS by mouth while the drip is set up. Give 100 ml/kg Ringer's Lactate Solution (or, if not available, normal saline), divided as follows:

AGE	First give 30 ml/kg in:	Then give 70 ml/kg in:
Infants (under 12 months)	1 hour*	5 hours
Children (12 months up to 5 years)	30 minutes*	2 1/2 hours

\* Repeat once if radial pulse is still very weak or not detectable.

- Reassess the child every 1-2 hours. If hydration status is not improving, give the IV drip more rapidly.
- Also give ORS (about 5 ml/kg/hour) as soon as the child can drink: usually after 3-4 hours (infants) or 1-2 hours (children).
- Reassess an infant after 6 hours and a child after 3 hours. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

**NO** ↓

Is IV treatment available nearby (within 30 minutes)?

**YES** →

- Refer URGENTLY to hospital for IV treatment.
- If the child can drink, provide the mother with ORS solution and show her how to give frequent sips during the trip.

**NO** ↓

Are you trained to use a naso-gastric (NG) tube for rehydration?

**NO** ↓

**YES** →

- Start rehydration by tube (or mouth) with ORS solution: give 20 ml/kg/hour for 6 hours (total of 120 ml/kg).
- Reassess the child every 1-2 hours:
  - If there is repeated vomiting or increasing abdominal distension, give the fluid more slowly.
  - If hydration status is not improving after 3 hours, send the child for IV therapy.
- After 6 hours, reassess the child. Classify dehydration. Then choose the appropriate plan (A, B, or C) to continue treatment.

Can the child drink?

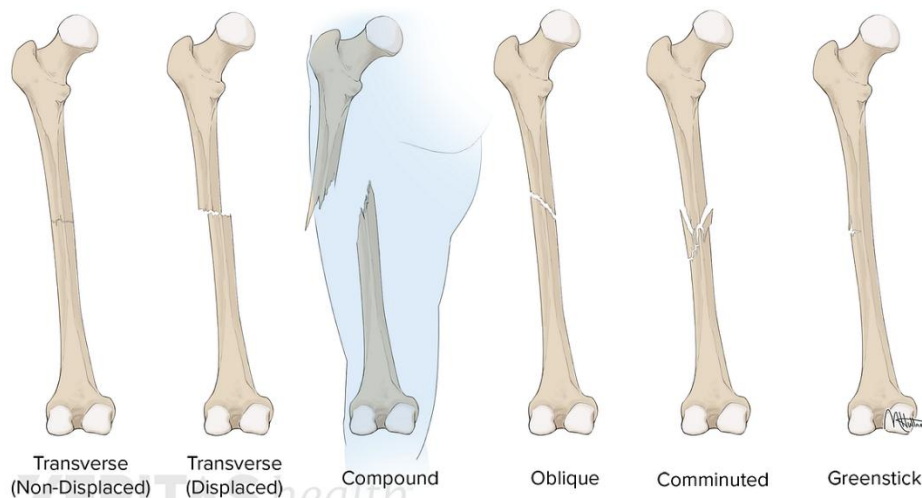
**NO** ↓

Refer URGENTLY to hospital for IV or NG treatment

**NOTE:**

- If possible, observe the child at least 6 hours after rehydration to be sure the mother can maintain hydration giving the child ORS solution by mouth.

## 561. What are types of fractures?



**562. What is VDROL and how is it managed???** (Couldn't figure out the treatment to a test so I am guessing they are asking the treatment in case of a positive test?)

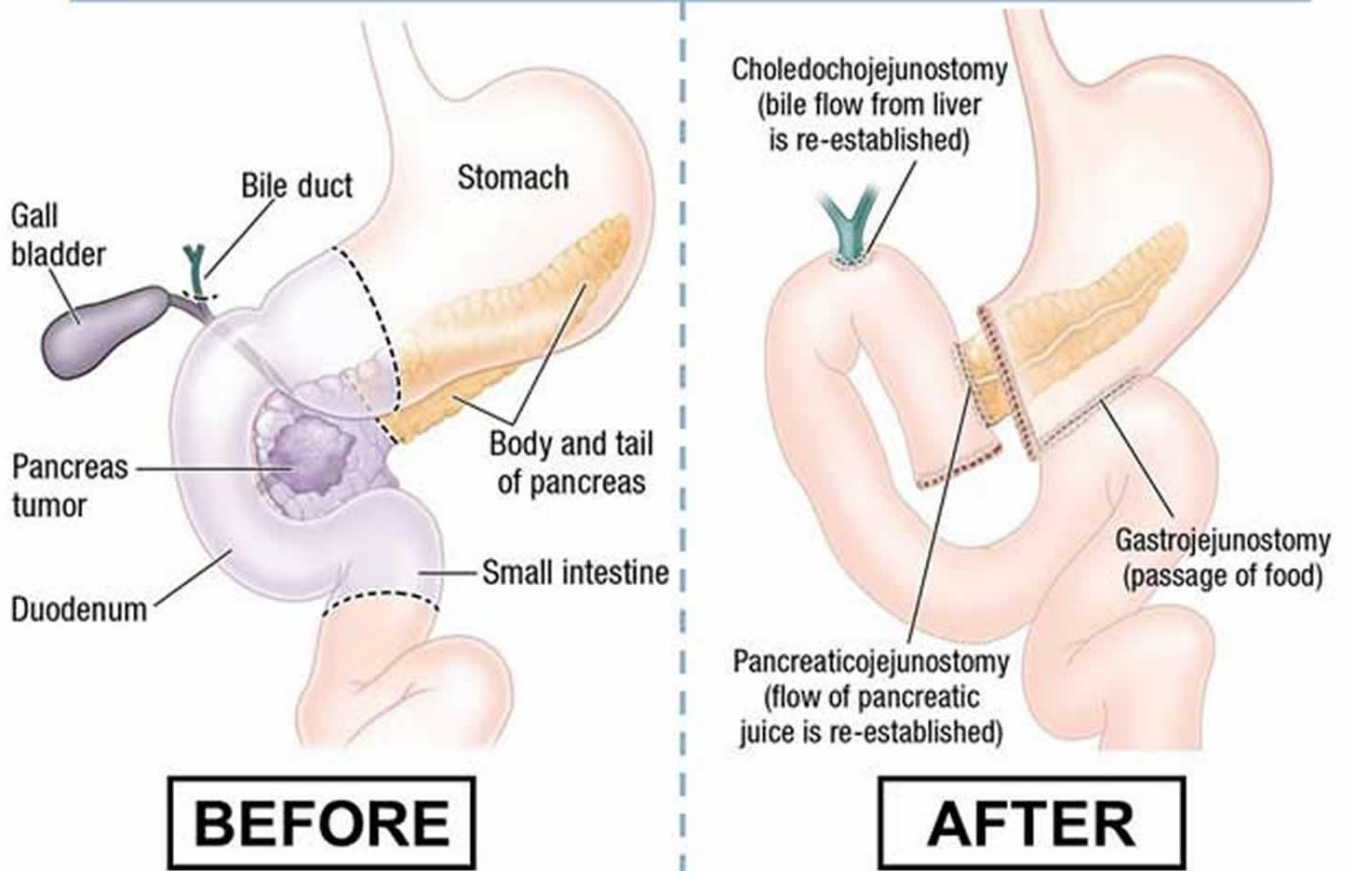
The venereal disease research laboratory test (VDRL) is a blood test that can identify syphilis infections.

Treatment: benzathine penicillin.

**563. What is whipples procedure?**

A pancreaticoduodenectomy, also known as a Whipple procedure, is a major surgical operation most often performed to remove cancerous tumours from the head of the pancreas. It is also used for the treatment of pancreatic or duodenal trauma, or chronic pancreatitis.

## THE WHIPPLE PROCEDURE



#### 564. What are the indications of ETT?

### Indications for Tracheal Intubation

- Airway protection and risk for aspiration.
- Need for a definitive airway.
- Patient will be going to OR and has an unstable airway.
- Respiratory failure/arrest and in need of mechanical ventilation
- PEEP administration
- GCS<9 or on AVPU scale a "P" or "U"
- ACLS drug administration
- Pulmonary toilet
- Hypoxemia refractory to oxygen therapy
- Uncontrolled seizure activity
- Depressed LOC in a trauma patient
- Combative patient with a compromised airway.

#### 565. What is the length of esophagus?

25-cm long

#### 566. What are the constriction points of ureter?

pelviureteric junction, pelvic brim, uretero-vesical junction

#### 567. What does COPD stand for?

Chronic obstructive pulmonary disease

two primary types of COPD are emphysema and chronic bronchitis

#### 568. Why do we call status asthmaticus with this name?

**Status asthmaticus** is the medical **name** for the most severe cases of acute ... **You** may hear a severe **asthma** attack **called** a "severe **asthma** ...

: a **prolonged severe attack of asthma that is unresponsive to initial standard therapy**, is characterized especially by dyspnea, dry cough, wheezing, and hypoxemia, and that may lead to respiratory failure.