**CLINIQUIZ**

**Intensive care**

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**Q. 1:** Pulmonary artery catheter is most useful in one of the following situations;
- a. Septic shock
- b. Severe pulmonary hypertension
- c. Post CPR patient with acute STEMI
- d. Peripartum cardiomyopathy with hypotension

**Q. 2:** Which of the following is most indicative of pneumothorax;
- a. Lung point on chest USG
- b. Prominent visceral pleural line on a radiograph
- c. Deep sulcus sign on supine chest radiograph
- d. Sliding sign present on ultrasonography

**Q. 3:** The best approach to nutrition of a young female with acute pancreatitis on ventilator is;
- a. Start TPN after 48 hours of NPO
- b. Bowel rest of 3 days followed by enteral feeding
- c. No need of bowel rest and start nasogastric tube feeding
- d. No need of bowel rest and start nasojejunal tube feeding

**Q. 4:** The Berlin definition includes all of following except;
- a. Acute onset of one week or less
- b. PF ratio < 200
- c. Respiratory failure not fully explained by cardiac failure or fluid overload
- d. Bilateral opacities on CXR or CT chest

**Q. 5:** The most common dyselectrolytemia during massive transfusion is;
- a. Hypocalcemia
- b. Hyperkalemia
- c. Hyperphosphatemia
- d. Hypokalemia

**Q. 6:** A young male is admitted with hemorrhagic shock in ICU after rivaroxaban overdose, which of the following is recommended?
- a. Vitamin K
- b. Idarucizumab
- c. Prothrombin complex concentrate
- d. Fresh frozen plasma

**Q. 7:** The nasogastric feeding is contraindicated in a critical patient in following situation;
- a. Absent bowel sounds and gastroparesis
- b. Reflux of 200 ml residual gastric feed contents
- c. Acute peritonitis
- d. Inability to pass stools for 2 days

**Q. 8:** The most common infection in a critical post-surgical patient in ICU is;
- a. Wound infection
- b. Nosocomial pneumonia
- c. Catheter related infections
- d. Urinary tract infection

**Q. 9:** The best course of action in a 67 year old stage IV bronchial carcinoma with severe COPD and respiratory failure is;
- a. Let him die with dignity
- b. Oxygen and morphine infusion to alleviate dyspnea
- c. Intubation and mechanical ventilation
- d. A trial of BiPAP-NIV

**ANSWERS**

A. 1-b: severe pulmonary hypertension is most indicative of PAC insertion among given options.
A. 2-a: The lung point sign is a highly specific sign of pneumothorax on USG.1
A. 3-d: Early enteral nutrition improves outcome in critical patients. In acute pancreatitis, nasojejunal feeding is the best approach as it bypasses second part of duodenum.
A. 4-b: Berlin definition includes PF < 300, acute onset within one week, bilateral opacities on imaging and respiratory failure without evidence of cardiac failure or fluid overload.
A. 5-a: Hypocalcemia occurs due to binding with citrate, which is added as anticoagulant into blood transfusion bags. Massive transfusion can precipitate severe hypocalcemia.
A. 6-c: PCC are recommended for treatment of life threatening bleeding due to NOACs like rivaroxaban. Idarucizumab is used in apixaban overdose, vitamin K in warfarin overdose.
A. 7-c: NG feeding is contraindicated in acute peritonitis. Residual volume of > 250 ml requires holding feeding for 4-6 hours and then restart. Use prokinetics if required. Absent bowel sounds or constipation are common and feeding should be continued.
A. 8-b: Hospital acquired pneumonia is the most common infection in post surgical critically ill patients.
A. 9-a: Although NIV-BiPAP could buy some time but a firm decision needs to be be taken to avoid prolongation of misery of such patient with poor prognosis.

REFERENCES

1.  "https://radiopaedia.org/articles/pneumothorax-ultrasound-1" It involves visualising the point where the visceral pleura (lung) begins to separate from the parietal pleural (chest wall) at the margin of

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