نموزج اجابة دور اول 2016 د/ منتصر دباح

**I- short account:**

 **1- cardiopulmonary arrest**

 **Definition:** sudden unexpected cessation of respiration and circulation in a patient in whom potential recovery is good.

**Causes:** - sudden withdrawal of support e.g. mechanical ventilation. – Stressful procedures e.g. lumbar puncture.

-acute critical illness e.g. respiratory emergencies.

**Diagnosis:** 1- pre-arrest (cyanosis, bradycardia, weak pulse)

 2- arrest state (apnea, no pulse, no respiration, no response to painful stimuli)

**2- clinical grading of shock**

**Grade I (early shock= peripheral hypoperfusion)**

 - tachycardia & poor peripheral perfusion

**Grade II(established shock=arterial hypoperfusion)**

 -tachycardia, poor peripheral perfusion & hypotension

**Grade III (advanced shock=vital organ hypoperfusion)**

 - multiple organ system failure(MOSF )

**Grade IV (irreversible shock=irreversible cellular damage )**

 - refractory metabolic acidosis

**3- hyponatremia**

**Definition:** - serum Na less than 130 mEq/ l

**Causes:** - Hyponatremic dehydration - diuretics

- Volume overload - iatrogenic hyponatremia

- Fresh water- near drowning

**Clinical manifestation:** - Shock , coma and convulsion

**Management:** - I.V infusion of normal saline, Nacl 3% slow I.V infusion

**II- 1- diagnosis**: a case of gastroenteritis complicated by Hypovolemic shock and metabolic acidosis.

 **2- management:** correction of shock by i.v. saline or ringer solution and metabolic acidosis by sodium bicarbonate 5% (2ml / kg) over 10 minutes.

**III- match:**

1- (b) 2- (f) 3- (a)

 4- (c) 5-(e) 6-(d)