CARDIOVASCULAR SYSTEM ECG

- Small square represents 0.045 TOR
- Large square (5 small squares) represents 0.25 1
- PR interval 0.12 to 0.20 · (1)
- QRS complex 0.04 to 0.10 1
- QT interval 0.32 to 0.40 - Page of
- $CVP \rightarrow 3$ to 8 mmHg Links-
- BP→ 120/80 mmHg Mr.
- Pericardial fluid \rightarrow 5 to 20 ml Saler
- Cardiac index = C.O = 2.5 4 L/min/m2-100 BSA
- Cardiac output = HR x Stroke volume = 4-6 L/mt - 14
- Mean Arterial pressure (MAP) 100
 - = 2(DBP) + SBP

3

- = 70 105 mmHg.
- Pulmonary artery pressure \rightarrow 8-20 \rightarrow mmHg **品件**。

Pulmonary capillary wedge pressure \rightarrow 2 - 15 mmHg 300

THERAPEUTIC POSITION -addition

- Myocardial infarction→ Semifowler's position -
- Heart failure → Highfowler's position
- Shock→ Trendelenburg position

Position for CVP measurement -> Supine position with head of the bed at 45 degree

THERAPEUTIC DIET WHE-

- MI →Soft diet, moderate calorie, salt ANNI,

Answer-a 200

7. The cardiac marker which is elevated soon after MI is (MSc ENTRANCE JIPMER) a) Trop T b) CKMB c) LDH d) Myoglobin Answer-d

8. The diagnostic study to assess left ventricular dysfunction is (RCC) a) Angiogram b) ECG c) Catheterization d) Echocardiography Manswer-d

9. Absence of recognizable QRS complex in ECG indicate (DHA) a) Atrial fibrillation b) Ventricular fibrillation c) Sinus arrhythmias d) Paroxysmal ventricular tachycardia Answer-b

10. Which of the following

Cardiac failure → Sodium restriction and fluid restriction. Tell them to avoid coffee, tea, chocolate and carbonated beverages. Instructed to have potassium rich food if he is on diuretics (Lasix) Hypertension \rightarrow Sodium restriction to 2 gm daily and low cholesterol diet.

For more informations refer "NUTSHELL PLUS" CLINICAL POINTS

- Agranulocytosis/neutropenia → Schulz's disease
- Kissing disease → IMN (Infectious mononucleosis) 1982
- HemophiliaA&B(Royaldisease) → BT normal 1
- Von Willebrand's disease \rightarrow BT, CT prolonged 100
- Hemophilia $B \rightarrow$ Christmas disease due to deficiency of 金田 factor IX
- Mineral needed for clotting Calcium
- Reiter's syndrome → Reactive arthritis
- Lyme disease → Rheumatic joint disease -
- Hodgkin's disease → Reed Sternburg cells (Epstein Barr virus) **Here**
- If RBC Increase, viscosity increases NO:
- At high altitude, RBC count increases

PREVIOUS QUESTIONS

1. Which of the following changes seen in ECG indicates Hyperkalemia (HAAD) a) Tall T wave, widened QRS Complex, prolonged PR interval, flat P waves b) Flattened / T wave inversion, appearance of U wave, ST depression c) Shortened ST segment, widened Twave d) Prolonged ST and QT intervals Answer-a

c) Ventricular depolarization d) Ventricular repolarization Answer-b 1

4. P wave is commonly absent in (MSc ENTRANCE KERALA) a) Atrial fibrillation b) Tachycardia

coagulation study is done for one patient on heparin (DHA, HAAD, AIIMS) a) PT

- b) INR
- c) APTT
- d) Chrismas factor
- Answer-c ALC: N

11. INR value of patient with mechanical valves (PROMETRIC QUATAR) a) 2.5 - 3.5 b) 1 - 2 c) 0 - 1 d) None of the above Answer-a (because on anticoagulants)

12. Isotope used for radionuclide imaging (PSC, ESI MUMBAI) a) Thallium 201 b) Technetium 99m c) Both a & b d) Radioactive iodine

Answer-c

13. Cardiac catheterization means(PSC)

- a) It is an invasive procedure b) It is used to measure cardiac
- chamber pressure

2. Electrocardiographic tracing recorded continuously over a period of 24 hr during routine activities, is (ESI HYDRABAD) a) Holter b) Echocardiography c) DSA d) Tredmill test Answer-a

3. P wave represent (ACTREC) a) End of QRS complex & begining of ST segment b) Atrial depolarization

c) Bradycardia d) All of the above Answer-a

5. The procedure that involves insertion of a catheter into heart and surrounding vessels to obtain the structure and performance of heart is (PSC) a) Angioplasty b) Laser ablation c) Cardioversion d) Cardiac catheterization Answer-d -

6. M shaped QRS complex is seen in (PROMETRIC SOUDI) a) Bundle branch block b) Atrial flutter c) Atrial fibrillation d) None of these data and and a first c) It is used to asses the patency of coronary arteries d) All the above Answer-d

14. Which among the following is most specific cardiac enzyme (MSc ENTRANCE AIIMS) a) Creatine kinase (CK) b) CK-MB c) LDH d) None of the above Answer-b

15. Which test reflects the blood glucose level for last 2 to 3 months? (DHA) a) Glycosylated hemoglobin b) PPBS c) FBS d) RBS Answer-a Once Hb is combined with glucose it will last for 3 month.

16. Normal range of Glycosylated hemoglobin is (RCC)

a) 1% - 2% b) 4% - 7% c) 8% - 10% d) Above 10%

Answer-b

17. Which of the following is a cardiac specific creatine kinase? (SCTIMST) a) CKMM b) CKBB c) CKCB d) CKMB i Answer-d

18. Which of the following shows flipped pattern that signify myocardial infarction? (BARC)

a) LDH1>LDH2

- b) LDH1=LDH2
- c) LDH2>LDH1
- d) LDH3>LDH2

Answer-a

LDH1> LDH2 This pattern is termed as flipped pattern Anaemia can cause palpitation elevated thyroxine level causes tachycardia both hyper and hypokalemia causes arrhythmias.

24. Which of the following ECG lead shows changes in IWMI? (SHS - BIHAR) a) Lead 2 b) AV/

b) AVL c) Lead 1 d) V3

Answer- a

25. Appearance of U1 wave in ECG suggests (HAAD, PROMET-RIC SAUDI)
a) Hypocalcemia
b) Hypercalcemia
c) Hyperkalemia
d) Hypokalemia
Answer- d
Please refer chapter I of "SUCCESS IN A NUTSHELL PLUS"

26. During CVP measurement, Zero point on the transducer needs to be at (MSc ENTRANCE RAK)

a) Rt atrium b) Rt ventricle a) Lt bundle branch block b) Rt bundle branch block c) 20 Heart block d) Both a & b

Answer-a

M shaped QRS complex in V1 lead indicate Right bundle brach block. (For further notes and Mnemonics refer chapter I of "SUCCESS IN A NUTSHELL PLUS"

32. Which of the ECG change is observed in mobitz II type of heart block (HAAD)
a) Progrssively increasing PR intervel
b) Dropped QRS complex
c) Shuffled waves

d) Both a & b

Option (d) indicate mobitz I or wenkebach phenomenon. Option (c) indicate 30 heart block. There is no relationship between waves.

33. Which of the following investigation is suggested for a patient on antilipid therapy? (PROMETRIC) a) RFT

19. Which of the following is most specific cardiac marker? (VSSC, PSC, ESI KOLLAM) a) CKMB b) Trop I

c) Trop T d) LDH **Market Answer-b**

20. Which of the following cardiac enzyme level returns to normal initially? (HSSC)
a) CKMB
b) Myoglobin
c) Trop T
d) Trop I
Answer- b
Myoglobin will be settled down within 24 hours.

21. Which of the following blood Parameters has been elevated after MI (CUK) a) RBCs b) WBCs c) Platelets d) Plasma level Answer-b Inorder to phagocyte damaged cells of MI, WBC level is elevated.

c) Lt atrium
d) Lt ventricle
Answer- a
Because CVP measures the pressure of Right atrium.
27. "Saw tooth appearance" of

27. "Saw tooth appearance" of ECG wave is seen in (PSC)

a) Atrial flutter b) Atrial fibrillation c) SVT d) PVC **Answer- a**

28. What is the most accurate cardiac marker? (JIPMER)

a) Trop T b) Trop I c) Trop C d) CKMB **Answer- a**

Trop T is the most accurate cardiac marker except CRF, because CRF patients show already elevated values of trop T

29. Pt had a history of chest pain 2 wks back. Which of the following cardiac marker can be evaluated? (AIIMS) a) Trop T b) LFT c) S.E d) CBC

📖 Answer- b

Because antilipid medication mobilizes lipid from blood vessels in to the liver. That may cause fatty liver.

25

35. Trendelenburg test is used to detect (PSC)
a) DVT
b) Varicose vein
c) Thrombophlebitis
d) Valvular disorder
Answer- b

36. Drug of choice for patient with heart failure to improve cardiac output (HCL)
a) Digibind
b) Morphine
c) Digoxin
d) Dobutamine

So, CBC to be evaluated.

22. Which of the following is considered as the most favourable findings of lipid profile? (DHFWP) a) Elavated LDL level

b) Elevated VLDL level
c) Elevated HDL level
d) Elevated triglyceride level
Answer- c

23. One patient is admitted with palpitation, which of following investigation can be suggested for the patient? (RPSC)
a) Hb level
b) TFT
c) S.E
d) All of the above
Answer- d

b) Trop I c) CKMB d) Myoglobin

Answer- a

Because all other markers come into normal limit with in 1 wk. Trop T will be elevated for 21 days.

30. What is the most accurate cardiac marker for CRF patient? (PSC) a) Trop T b) Trop I c) S. creatinine d) BUN

Answer - b (CRF patients show already elevated values of trop T)

31.'W' shaped QRS complex in V1 lead indicate (RCC)

📖 Answer- c

38. Antidote of digoxin (PSC)
a) N-Acetyl cystiene
b) Protamine sulfate
c) Warfarin
d) Digibind
Answer- d

39. The drug used for managing morphine induced respiratory depression is (NIMHANS)

- a) Pethedine b) Deriphylline c) Nalaxone d) Atropine
- Answer- c

40. Drug of choice for rheumatic fever is (ESI KOLLAM)

- a) Cephalosporin
- b) Penicillin
- c) Streptomycin
- d) Gentamycin
- Answer-b Sala

41. One of the toxic sign to be watched for a patient getting digoxin is (SCTIMST) a) Peripheral edema b) Rashes

c) Oliguria d) Bradycardia Answer- d (Due to increased) vagal stimulation at AV Node)

42. When providing care to patient with thrombocytopenia, avoid aspirin because (RCC) a) Interferes with platelet aggression

b) Destroy thrombocytes c) Reduces circulation d) Produces haemolysis 📰 Answer- a

43. Captopril is (PSC) a) Antipyretic b) Diuretic c) Antihypertensive

Answer- c

(DSSB) a) Beta blocker b) Calcium channel blocker c) ACE inhibitors d) Antiplatelet drugs Answer- a Sint.

45. Streptokinase to be infused over (VSSC) b) 3 hours a) 1 hours d) 8 hours c) 6 hours Answer- a

d) Antipsychotic

44. Propanolol is included under