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PRACTICE QUESTIONS

Dubai Health Authority (DHA)

ANAES

Specialist Anaesthesia

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 practice questions for Dubai Health Authority (DHA) ANAES , each with its answer key and an explanation. Answer a question before you read its key - the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, ANAES
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

Original Mometrix demo. This free sample contains fewer questions than the full paid edition.

QUESTION 1

SINGLE CHOICE

A patient undergoing an upper limb block develops perioral numbness, tinnitus and metallic taste after injection of bupivacaine 0.5% with epinephrine 1:200,000. Which is the first-line treatment for suspected local anaesthetic systemic toxicity (LAST)?

- ☐ A Intravenous adrenaline 1 mg bolus
- ☒ B 20% lipid emulsion infusion (Intralipid)
- ☐ C Sodium bicarbonate 8.4% intravenous bolus
- ☐ D Hydroxocobalamin 5 g intravenous infusion

ANSWER B

WHY The Association of Anaesthetists' (and equivalent international) guidance on LAST recommends 20% lipid emulsion as the first-line specific therapy, started at the first sign of neurological or cardiovascular toxicity after airway management and seizure control. Adrenaline doses in LAST are smaller than standard ACLS doses (e.g., 10-100 micrograms), and sodium bicarbonate and hydroxocobalamin are not part of LAST management.

QUESTION 2

MULTIPLE CHOICE

Which of the following are recognised early clinical features of a malignant hyperthermia crisis? (Choose two.)

- ☒ A Progressive hypercapnia despite increased minute ventilation
- ☒ B Generalised or masseter muscle rigidity
- ☐ C Bradycardia with QT prolongation
- ☐ D Hypothermia in the early phase

ANSWER A - B

WHY Early features of MH reflect the hypermetabolic state: tachycardia (often the earliest sign), hypercapnia (rising ETCO₂ with increased ventilation), tachypnoea (if spontaneously breathing), generalised muscle rigidity (often starting as masseter spasm after succinylcholine), and a rising temperature. Bradycardia and hypothermia are NOT features - bradycardia is a late, pre-arrest sign, and MH characteristically produces hyperthermia.

QUESTION 3

SINGLE CHOICE

Which of the following volatile anaesthetic agents has the lowest blood:gas partition coefficient and therefore the most rapid onset and offset of action?

- ☐ A Isoflurane
- ☐ B Sevoflurane
- ☒ C Desflurane
- ☐ D Halothane

ANSWER C

WHY The blood:gas partition coefficients are approximately: desflurane 0.45, sevoflurane 0.65, isoflurane 1.4 and halothane 2.4. A lower blood:gas coefficient means lower solubility in blood, faster equilibration with alveolar gas and therefore more rapid induction and emergence. Desflurane has the lowest coefficient and the fastest offset, although its pungency limits its use for inhalational induction.

QUESTION 4

SINGLE CHOICE

Which intravenous induction agent is most appropriate for a haemodynamically unstable patient with significant hypovolaemia requiring rapid sequence induction for emergency laparotomy?

- ☐ A Propofol 2 mg/kg
- ☒ B Etomidate 0.3 mg/kg
- ☐ C Thiopental 5 mg/kg
- ☐ D Midazolam 0.1 mg/kg

ANSWER B

WHY Etomidate produces reliable hypnosis with minimal effect on systemic vascular resistance and minimal myocardial depression, making it the agent of choice for haemodynamically unstable patients. Propofol and thiopental cause significant hypotension through vasodilation and myocardial depression, which would be poorly tolerated in hypovolaemia. Midazolam alone is unreliable and slow for induction.

QUESTION 5

SINGLE CHOICE

Which intravenous induction agent has the most favourable haemodynamic profile in a patient with severe aortic stenosis presenting for emergency laparotomy?

- ☐ A Thiopentone
- ☐ B Propofol
- ☒ C Etomidate
- ☐ D Ketamine

ANSWER C

WHY Etomidate maintains systemic vascular resistance and has minimal effect on cardiac contractility, making it the agent of choice when haemodynamic stability is paramount. Propofol and thiopentone cause significant venodilation and myocardial depression, which can precipitate circulatory collapse in severe aortic stenosis (fixed preload-dependent state). Ketamine increases heart rate, contractility and SVR, which is poorly tolerated in this lesion.

QUESTION 6

SINGLE CHOICE

Which of the following volatile anaesthetic agents has the LOWEST blood:gas partition coefficient, and therefore the FASTEST onset and offset of action?

- ☐ A Sevoflurane
- ☐ B Isoflurane
- ☒ C Desflurane
- ☐ D Halothane

ANSWER C

WHY The blood:gas partition coefficients of the common volatile agents are approximately: desflurane 0.42, sevoflurane 0.65, isoflurane 1.4, and halothane 2.4. Desflurane has the lowest blood solubility and therefore the most rapid uptake, distribution, and elimination. This explains its very fast offset, particularly useful in ambulatory and bariatric anaesthesia. Sevoflurane is the second-fastest and is favoured for inhalational induction because of its low pungency.

QUESTION 7

SINGLE CHOICE

A 60-year-old patient with severe aortic stenosis is scheduled for emergency laparotomy for bowel perforation and is haemodynamically unstable. Which intravenous induction agent is most appropriate for rapid sequence induction in this patient?

- ☐ A Propofol 2 mg/kg
- ☒ B Etomidate 0.3 mg/kg
- ☐ C Thiopentone 5 mg/kg
- ☐ D Ketamine 2 mg/kg

ANSWER B

WHY Etomidate has the most favourable cardiovascular stability profile among induction agents, maintaining systemic vascular resistance and cardiac output, which is critical in severe aortic stenosis where maintenance of afterload and sinus rhythm is essential. Ketamine's sympathomimetic effects increase heart rate and contractility, which is poorly tolerated in fixed-output aortic stenosis. Propofol and thiopentone cause significant vasodilation and myocardial depression, leading to dangerous hypotension in this population.

QUESTION 8

SINGLE CHOICE

Which of the following is the correct initial bolus dose of dantrolene for an adult patient in a malignant hyperthermia crisis?

- ☐ A 1 mg/kg
- ☒ B 2.5 mg/kg
- ☐ C 5 mg/kg
- ☐ D 10 mg/kg

ANSWER B

WHY The recommended initial bolus of dantrolene for treatment of a malignant hyperthermia crisis in an adult is 2.5 mg/kg IV, which may be repeated every 5-10 minutes until symptoms resolve. Lower doses are inadequate, and 5 mg/kg or 10 mg/kg exceed the recommended initial bolus.

QUESTION 9

SINGLE CHOICE

Which of the following statements about ultrasound-guided peripheral nerve block performance is correct?

- ☒ **A** The block needle should always be advanced in-plane with the probe to ensure the entire shaft is visualised
- ☐ **B** Local anaesthetic should always be deposited intraneurally for optimal block quality
- ☐ **C** Ultrasound completely eliminates the risk of inadvertent intravascular injection
- ☐ **D** Nerve stimulation must always be used in addition to ultrasound

ANSWER A

WHY The in-plane (longitudinal) needle approach allows the entire shaft and tip of the block needle to be visualised throughout advancement, which is the recommended safety principle for ultrasound-guided regional anaesthesia. Intraneural injection should be avoided, ultrasound does not eliminate intravascular risk, and nerve stimulation is an optional adjunct rather than mandatory.

QUESTION 10

SINGLE CHOICE

Which volatile anaesthetic agent has the lowest blood:gas partition coefficient and therefore the most rapid onset and offset of action?

- ☐ **A** Isoflurane
- ☐ **B** Sevoflurane
- ☒ **C** Desflurane
- ☐ **D** Halothane

ANSWER C

WHY Desflurane has the lowest blood:gas partition coefficient (~0.42) among the commonly used volatile agents, giving it the most rapid onset and offset. Sevoflurane is next (~0.65), followed by isoflurane (~1.4) and halothane (~2.4).

QUESTION 11

SINGLE CHOICE

In the preoperative airway assessment of an adult patient, which bedside examination finding is the most reliable single predictor of difficult intubation?

- ☐ A Mouth opening less than 3 cm
- ☒ B Mallampati class III or IV airway
- ☐ C Short thyromental distance (< 6 cm)
- ☐ D Limited neck extension

ANSWER B

WHY Although mouth opening, thyromental distance and neck mobility are all part of airway assessment, the modified Mallampati classification is the single most useful bedside predictor of difficult laryngoscopy and intubation in the adult patient.

QUESTION 12

MULTIPLE CHOICE

Which of the following are recognised early clinical features of local anaesthetic systemic toxicity (LAST)? (Choose two.)

- ☒ A Perioral numbness and tinnitus
- ☐ B Generalised tonic-clonic seizures
- ☐ C Cardiac standstill without preceding neurological signs
- ☒ D Metallic taste and agitation

ANSWER A • D

WHY LAST classically progresses through CNS excitation then depression and finally cardiovascular collapse. Early (prodromal) features reflect CNS excitation and include perioral numbness, metallic taste, tinnitus, auditory changes and agitation. Generalised seizures and cardiac arrest are late, severe manifestations, not early features.

QUESTION 13

SINGLE CHOICE

Which of the following is the most reliable indicator of the adequacy of myocardial oxygen supply-demand balance during off-pump coronary artery bypass grafting?

- ☐ A Mean arterial pressure
- ☒ B ST-segment changes on a standard 5-lead ECG
- ☐ C Mixed venous oxygen saturation (SvO₂)
- ☐ D Pulmonary capillary wedge pressure

ANSWER B

WHY ST-segment analysis using continuous multilead (ideally with V-lead) ECG monitoring is the most reliable and specific indicator of myocardial ischaemia and oxygen supply-demand imbalance during cardiac surgery. Mean arterial pressure and SvO₂ reflect global perfusion, while PCWP is a poor surrogate for ischaemia. Transoesophageal echocardiography detects new regional wall motion abnormalities but is not the single most reliable indicator of ischaemia.

QUESTION 14

SINGLE CHOICE

According to the Surviving Sepsis Campaign, what is the recommended initial fluid of choice for resuscitation of a patient with septic shock?

- ☐ A 0.9% sodium chloride (normal saline)
- ☐ B 4% albumin
- ☒ C Balanced crystalloid solution (e.g., Ringer's lactate)
- ☐ D 6% hydroxyethyl starch (HES)

ANSWER C

WHY Current Surviving Sepsis Campaign guidelines recommend balanced crystalloids (such as Ringer's lactate or Plasma-Lyte) as the first-line fluid for resuscitation in sepsis, while recommending against the use of starches (HES) because of increased risk of renal injury and mortality.

QUESTION 15

SINGLE CHOICE

According to current difficult airway society guidelines, which of the following is the recommended immediate rescue technique for an unanticipated difficult intubation in an adult patient where facemask ventilation is also difficult?

- ☐ A Repeat direct laryngoscopy with a Macintosh blade
- ☐ B Insertion of a supraglottic airway device
- ☐ C Awake fiberoptic intubation
- ☒ D Emergency front-of-neck airway (FONA)

ANSWER D

WHY In the 'cannot intubate, cannot oxygenate' (CICO) scenario, guidelines (DAS/ASA) mandate immediate progression to a front-of-neck airway such as a surgical cricothyroidotomy. Supraglottic airway insertion is the step before CICO; awake fiberoptic intubation is not feasible in an anaesthetised emergency; repeat laryngoscopy is inappropriate once CICO is established.