



01	A	B	C	D	E
02	A	B	C	D	E
03	A	B	C	D	E
04	A	B	C	D	E
05	A	B	C	D	E
06	A	B	C	D	E
07	A	B	C	D	E
08	A	B	C	D	E
09	A	B	C	D	E
10	A	B	C	D	E
11	A	B	C	D	E
12	A	B	C	D	E
13	A	B	C	D	E

14	A	B	C	D	E
15	A	B	C	D	E
16	A	B	C	D	E
17	A	B	C	D	E
18	A	B	C	D	E
19	A	B	C	D	E
20	A	B	C	D	E
21	A	B	C	D	E
22	A	B	C	D	E
23	A	B	C	D	E
24	A	B	C	D	E
25	A	B	C	D	E
26	A	B	C	D	E

27	A	B	C	D	E
28	A	B	C	D	E
29	A	B	C	D	E
30	A	B	C	D	E
31	A	B	C	D	E
32	A	B	C	D	E
33	A	B	C	D	E
34	A	B	C	D	E
35	A	B	C	D	E
36	A	B	C	D	E
37	A	B	C	D	E
38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

UAE Ministry Of Health And Prevention

ANAES

Anesthesia

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for UAE Ministry Of Health And Prevention **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

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1 SINGLE CHOICE

During rapid sequence induction in a patient with a suspected full stomach, the first attempt at direct laryngoscopy fails to visualize the vocal cords. According to the ASA difficult airway algorithm, what is the most appropriate immediate next step?

- ☐ A Place a supraglottic airway device and proceed with surgery
- ☐ B Wake the patient up and cancel the case
- ☒ C Call for help and attempt a different intubation technique (e.g., video laryngoscope or fiberoptic scope) while maintaining oxygenation
- ☐ D Perform an immediate emergency surgical airway (front-of-neck access)

ANSWER C

WHY When an unanticipated difficult intubation occurs in a non-emergent path, the ASA algorithm emphasizes calling for help and switching to an alternative technique (video laryngoscope, fiberoptic, lighted stylet, or supraglottic airway) while ensuring adequate oxygenation between attempts. Emergency surgical airway (front-of-neck access) is reserved for the 'cannot intubate, cannot ventilate/oxygenate' (CICO) scenario, which does not yet apply if mask ventilation or oxygenation is being maintained.

QUESTION 2 SINGLE CHOICE

Which intravenous anesthetic agent is associated with a well-documented reduction in cerebral metabolic rate (CMRO₂) and is commonly used in neuroanesthesia for its cerebral protective effects?

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

ANSWER C

WHY Propofol reduces CMRO₂, cerebral blood flow, and intracranial pressure while maintaining cerebral perfusion pressure, making it a frequent choice in neuroanesthesia. Etomidate also reduces CMRO₂ but raises concerns due to adrenal suppression; ketamine increases CMRO₂; thiopental reduces CMRO₂ but is rarely used clinically now.

QUESTION 3

SINGLE CHOICE

Which intravenous induction agent is associated with the greatest reduction in systemic vascular resistance and mean arterial pressure at typical induction doses in a healthy adult?

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

ANSWER B

WHY Propofol causes the largest decrease in systemic vascular resistance (vasodilation) and myocardial depression among standard induction doses, often producing a clinically significant drop in MAP. Ketamine tends to increase SVR and MAP, etomidate is notable for hemodynamic stability, and midazolam alone causes only modest hypotension.

QUESTION 4

MULTIPLE CHOICE

Which of the following nerves are commonly blocked in an ankle block for forefoot surgery? (Choose three.)

- ☒ A Sural nerve
- ☒ B Saphenous nerve
- ☐ C Sciatic nerve at the popliteal fossa
- ☒ D Posterior tibial nerve
- ☐ E Femoral nerve

ANSWER A • B • D

WHY A standard ankle block for forefoot surgery requires blocking the five terminal branches of the sciatic and femoral nerves at the ankle: the posterior tibial, sural, and superficial peroneal nerves (from the sciatic nerve) and the saphenous nerve (from the femoral nerve) along with the deep peroneal nerve. The sciatic nerve itself is blocked more proximally at the popliteal fossa, not at the ankle, and the femoral nerve supplies sensation to the anteromedial leg via the saphenous branch, not at the ankle directly.

QUESTION 5

SINGLE CHOICE

Which of the following best describes the recommended lower limit of mean arterial pressure (MAP) to avoid end-organ hypoperfusion in most adult patients under general anesthesia, based on perioperative monitoring principles?

- ☐ A MAP > 30 mmHg
- ☒ B MAP > 50 mmHg
- ☐ C MAP > 70 mmHg
- ☐ D MAP > 90 mmHg

ANSWER B

WHY Autoregulation of cerebral and renal blood flow in healthy adults is generally maintained above a MAP of approximately 60-65 mmHg, and perioperative guidelines commonly target a MAP $\geq$ 65 mmHg to minimize the risk of organ hypoperfusion. A MAP of 50 mmHg is widely cited as the lower limit below which end-organ ischemic injury becomes a significant concern, especially in patients with chronic hypertension whose autoregulatory curve is shifted rightward.

QUESTION 6

SINGLE CHOICE

Which of the following best describes multimodal analgesia?

- ☐ A Use of high-dose opioids alone for postoperative pain control
- ☐ B Use of epidural anesthesia as the sole technique for analgesia
- ☒ C Use of non-opioid analgesics from different classes (e.g., NSAIDs, acetaminophen, gabapentinoids, regional techniques) to reduce opioid requirements
- ☐ D Use of patient-controlled analgesia exclusively

ANSWER C

WHY Multimodal analgesia combines analgesic agents from different classes and regional techniques to target multiple pain pathways, thereby improving analgesia and reducing opioid consumption and opioid-related side effects.