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39	A	B	C	D	E

PRACTICE QUESTIONS

UAE Ministry Of Health And Prevention

ANAES

Anesthesia

Uploaded by Community B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 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

For labor analgesia in a healthy parturient, which neuraxial technique provides the most effective pain relief with the lowest risk of motor block and neonatal drug transfer?

- ☐ A Single-shot spinal anesthesia with hyperbaric bupivacaine 0.5%
- ☒ B Epidural analgesia with low-concentration bupivacaine plus fentanyl (PIEB/CEI)
- ☐ C Continuous paravertebral block
- ☐ D General anesthesia with sevoflurane

ANSWER B

WHY Walking or low-dose epidural analgesia (e.g., 0.0625%-0.1% bupivacaine with fentanyl 2 µg/mL) provides excellent labor analgesia with minimal motor block (allowing ambulation) and minimal neonatal exposure due to the small doses and segmental epidural distribution. Single-shot spinal with hyperbaric bupivacaine is suitable for cesarean delivery, not titratable labor analgesia. General anesthesia is reserved for emergent situations.

QUESTION 2

SINGLE CHOICE

Which volatile anesthetic has the lowest blood:gas partition coefficient among the commonly used agents, resulting in the fastest onset and offset of action?

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

ANSWER C

WHY Desflurane has the lowest blood:gas partition coefficient (~0.42) among the commonly used volatile anesthetics, giving it the fastest onset and offset. Sevoflurane (~0.65) is next, while isoflurane (~1.4) and halothane (~2.4) are more soluble with slower equilibration.

QUESTION 3

MULTIPLE CHOICE

Which of the following are early clinical features of an evolving malignant hyperthermia crisis under general anesthesia? (Choose two.)

- ☒ **A** Unexplained rise in end-tidal CO₂ (ETCO₂)
- ☒ **B** Muscle rigidity, particularly masseter spasm
- ☐ **C** Decreased body temperature
- ☐ **D** Bradycardia with hypotension

ANSWER A • B

WHY Early signs of malignant hyperthermia include a sudden, unexplained rise in ETCO₂ (often the earliest sign) due to hypermetabolism, and masseter or generalized muscle rigidity. Hyperthermia and tachycardia are also characteristic, but hypothermia and bradycardia are not features of MH.

QUESTION 4

SINGLE CHOICE

Which hemodynamic effect is most characteristic of a moderate-dose spinal anesthetic in a healthy adult?

- ☐ **A** Tachycardia and increased systemic vascular resistance
- ☐ **B** Marked increase in cardiac output
- ☒ **C** Hypotension due to decreased systemic vascular resistance and bradycardia
- ☐ **D** Hypertension from sympathetic activation

ANSWER C

WHY Spinal anesthesia produces sympathetic blockade leading to vasodilation (decreased SVR) and, when reaching cardioaccelerator fibers (T1-T4), bradycardia. The net effect is hypotension. Patients are typically not tachycardic unless a compensatory response or high block affects cardiac accelerator fibers.

QUESTION 5

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 6

SINGLE CHOICE

According to current ASA preoperative fasting guidelines for healthy adults undergoing elective surgery, what is the minimum fasting interval required for clear liquids?

- ☒ **A** 2 hours
- ☐ **B** 4 hours
- ☐ **C** 6 hours
- ☐ **D** 8 hours

ANSWER A

WHY The ASA Practice Guidelines for Preoperative Fasting recommend a minimum fasting period of 2 hours for clear liquids, 6 hours for a light meal or non-human milk, and 8 hours for a full fatty meal in healthy adults. Clear liquids leave the stomach rapidly and are cleared within 1-2 hours.

QUESTION 7

SINGLE CHOICE

Which drug is the specific and definitive treatment for a suspected malignant hyperthermia crisis in the operating room?

- ☐ A Sodium bicarbonate
- ☒ B Dantrolene sodium
- ☐ C Insulin with dextrose
- ☐ D Magnesium sulfate

ANSWER B

WHY Dantrolene sodium directly inhibits calcium release from the sarcoplasmic reticulum via the ryanodine receptor, which is the underlying defect in malignant hyperthermia. Early administration of dantrolene is essential for survival, alongside discontinuation of the triggering agent and active cooling. The other drugs are supportive adjuncts but do not treat the underlying mechanism.

QUESTION 8

SINGLE CHOICE

For labor analgesia in a healthy ASA I parturient with a singleton vertex pregnancy at 5 cm dilation, which neuraxial technique provides the most effective pain relief with the lowest risk of maternal hypotension?

- ☐ A Single-shot spinal anesthesia with 0.5% bupivacaine
- ☒ B Combined spinal-epidural (CSE) with intrathecal opioid + epidural catheter
- ☐ C Epidural analgesia with bupivacaine 0.25% bolus
- ☐ D Continuous spinal catheter with morphine

ANSWER B

WHY Combined spinal-epidural with a small intrathecal opioid (e.g., fentanyl 10-25 mcg ± sufentanil) plus an epidural catheter provides rapid, profound analgesia with minimal sympathetic block and thus less hypotension. Single-shot spinals with local anesthetic produce high blocks and hypotension; 0.25% bupivacaine epidurals cause more motor block and hypotension.