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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Dubai Health Authority (DHA)

ANATE

Anesthesia - Allied

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) ANATE , 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, ANATE
- the question number
- the email address on your order

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

QUESTION 1

SINGLE CHOICE

Which of the following is the correct classification on the ASA Physical Status scale for a patient with severe systemic disease that is a constant threat to life?

- ☐ A ASA I
- ☐ B ASA II
- ☐ C ASA III
- ☒ D ASA IV

ANSWER D

WHY The ASA Physical Status Classification System assigns ASA IV to a patient with severe systemic disease that is a constant threat to life (for example, recent myocardial infarction, severe sepsis, or end-stage renal disease). ASA I is a normal healthy patient, ASA II is mild systemic disease, and ASA III is severe systemic disease that is not a constant threat to life.

QUESTION 2

SINGLE CHOICE

Which view described by Cormack and Lehane corresponds to visualization of only the epiglottis, with no visible glottic opening, on direct laryngoscopy?

- ☐ A Grade 1
- ☐ B Grade 2
- ☒ C Grade 3
- ☐ D Grade 4

ANSWER C

WHY The Cormack–Lehane classification grades the laryngoscopic view: Grade 1 = full glottis visible, Grade 2 = only the posterior commissure or arytenoids visible, Grade 3 = only the epiglottis visible, and Grade 4 = neither glottis nor epiglottis visible. Therefore, visualization of only the epiglottis corresponds to Grade 3, which is also the view most often associated with difficult intubation.

QUESTION 3

SINGLE CHOICE

Which intravenous induction agent is associated with histamine release and is the agent of choice for rapid-sequence induction in a patient with suspected elevated intracranial pressure when hemodynamic stability is not a primary concern?

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

ANSWER C

WHY Ketamine is a phencyclidine derivative that produces dissociative anesthesia, releases catecholamines (preserving blood pressure), and is a bronchodilator with associated histamine-like effects. It is unique among induction agents because, through NMDA-receptor antagonism and sympathomimetic activity, it tends to maintain or increase cerebral metabolic rate and is therefore generally avoided as the sole agent when elevated intracranial pressure is the primary concern. Of the listed agents, ketamine is the one classically associated with histamine release and sympathomimetic cardiovascular effects.

QUESTION 4

SINGLE CHOICE

Which of the following is required as a component of basic intraoperative monitoring by the American Society of Anesthesiologists (ASA) Standards for Basic Anesthetic Monitoring?

- ☐ A Bispectral index (BIS)
- ☐ B Invasive arterial blood pressure
- ☒ C Pulse oximetry
- ☐ D Central venous pressure

ANSWER C

WHY The ASA Standards for Basic Anesthetic Monitoring mandate that, throughout the administration of anesthesia, the patient's oxygenation, ventilation, circulation, and temperature be continually evaluated. Specifically, the standards require a pulse oximeter for oxygenation, adequacy of ventilation to be assessed continually, continuous ECG, and at least one means of measuring arterial blood pressure every 5 minutes. BIS, invasive arterial pressure, and central venous pressure are advanced monitors that are used only when clinically indicated, not as basic requirements.

QUESTION 5

SINGLE CHOICE

A patient receiving a bupivacaine brachial plexus block develops circumoral numbness, tinnitus, and a metallic taste. The most appropriate immediate action is to:

- ☐ A Continue the block but reduce the dose
- ☒ B Administer intravenous lipid emulsion 20%
- ☐ C Administer intravenous propranolol
- ☐ D Increase the inspired oxygen concentration only

ANSWER B

WHY Circumoral numbness, tinnitus, and metallic taste are classic early signs of local anesthetic systemic toxicity (LAST), most commonly seen with bupivacaine because of its high lipid solubility and cardiotoxicity. The recognized emergency management of LAST includes airway management, suppression of seizures with benzodiazepines, and prompt administration of intravenous lipid emulsion 20% to bind the lipid-soluble local anesthetic and reduce its free plasma fraction. Reducing the dose does not address toxicity already absorbed, propranolol would worsen cardiovascular collapse, and increasing oxygen alone does not reverse systemic toxicity.

QUESTION 6

SINGLE CHOICE

Which of the following is the most appropriate first pharmacologic treatment for suspected malignant hyperthermia?

- ☒ **A** Dantrolene 2.5 mg/kg IV
- ☐ **B** Sodium bicarbonate 1 mEq/kg IV
- ☐ **C** Insulin with dextrose
- ☐ **D** Hydrocortisone 100 mg IV

ANSWER A

WHY Malignant hyperthermia is a hypermetabolic crisis triggered in susceptible patients by volatile anesthetics and succinylcholine, caused by uncontrolled calcium release through defective ryanodine receptors. The specific antidote is dantrolene, which blocks calcium release from the sarcoplasmic reticulum. The currently recommended initial dose is 2.5 mg/kg IV, repeated as needed, alongside discontinuation of the triggering agent, active cooling, and management of hyperkalemia and acidosis. Sodium bicarbonate, insulin/dextrose, and hydrocortisone are supportive but are not the first-line specific therapy.

QUESTION 7

SINGLE CHOICE

Which intravenous fluid is most appropriate for the initial resuscitation of a hemodynamically unstable adult perioperative patient with acute hemorrhage?

- ☐ **A** 5% Dextrose in water (D5W)
- ☐ **B** Half-normal saline (0.45% NaCl)
- ☒ **C** Balanced crystalloid solution (e.g., Ringer's lactate)
- ☐ **D** 3% Hypertonic saline

ANSWER C

WHY Isotonic balanced crystalloid solutions such as Ringer's lactate or Plasma-Lyte are the preferred initial fluids for acute perioperative volume resuscitation in adults because they expand the intravascular space, contain electrolytes in physiologic concentrations, and reduce the risk of hyperchloremic metabolic acidosis compared with normal saline. D5W is hypotonic once dextrose is metabolized and is unsuitable for resuscitation. Half-normal saline is hypotonic and inappropriate for hypovolemia. Hypertonic 3% saline is reserved for the treatment of symptomatic hyponatremia, not acute hemorrhage.

QUESTION 8

SINGLE CHOICE

According to current adult advanced cardiac life support (ACLS) guidelines, what is the recommended chest compression rate during cardiac arrest?

- ☐ A 60–80 per minute
- ☐ B 80–100 per minute
- ☒ C 100–120 per minute
- ☐ D 140–160 per minute

ANSWER C

WHY Current adult basic and advanced life support guidelines specify a chest compression rate of 100 to 120 compressions per minute with a depth of at least 5 cm (2 inches) but not exceeding 6 cm (2.4 inches), allowing full chest recoil between compressions. Rates below 100/min or above 120/min are associated with worse outcomes due to inadequate cardiac output or excessive fatigue with reduced compression depth.

QUESTION 9

SINGLE CHOICE

Which of the following anatomical features is a component of the Mallampati classification used to predict a difficult intubation?

- ☐ A Thyromental distance measured in centimeters
- ☒ B Visibility of the uvula, faucial pillars, and soft palate with maximal mouth opening and tongue protrusion
- ☐ C Cervical spine range of motion in degrees
- ☐ D Mandibular protrusion ability graded by the upper lip bite test

ANSWER B

WHY The Mallampati (and modified Mallampati/Samsoon–Young) classification is based on the visualization of the uvula, faucial pillars, and soft palate when the patient maximally opens the mouth and protrudes the tongue in the seated position. Thyromental distance, cervical mobility, and the upper lip bite test are separate bedside predictors of a difficult airway, not components of the Mallampati scoring itself.