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

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

ANESM

Anesthesia

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) **ANESM**, 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, **ANESM**
- 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 Mallampati classification indicates that only the base of the tongue and soft palate are visible, with the hard palate obscuring the rest?

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

ANSWER C

WHY Mallampati Class III shows only the soft palate and base of uvula (or soft palate and base of tongue) visible, suggesting a potentially difficult laryngoscopy, whereas Class IV shows only the hard palate.

QUESTION 2

SINGLE CHOICE

Which property of an inhalational anesthetic agent determines the speed of induction and recovery?

- ☐ A Minimum alveolar concentration
- ☒ B Blood-gas partition coefficient
- ☐ C Oil-gas partition coefficient
- ☐ D Vapor pressure

ANSWER B

WHY The blood-gas partition coefficient determines the solubility of an anesthetic gas in blood; a lower coefficient means faster equilibration between alveolar and blood partial pressures, resulting in quicker induction and emergence.

QUESTION 3

SINGLE CHOICE

A patient develops seizures and cardiovascular collapse shortly after an interscalene brachial plexus block. Which agent should be administered first as part of the treatment protocol for local anesthetic systemic toxicity (LAST)?

- ☒ **A** 20% lipid emulsion
- ☐ **B** Intravenous lidocaine
- ☐ **C** High-dose vasopressin
- ☐ **D** Calcium channel blocker

ANSWER A

WHY 20% lipid emulsion (Intralipid) is the cornerstone treatment for local anesthetic systemic toxicity, acting as a 'lipid sink' to sequester the lipophilic local anesthetic and restore cardiac conduction.

QUESTION 4

SINGLE CHOICE

A sudden drop in end-tidal CO₂ to near zero during general anesthesia most likely indicates which of the following?

- ☐ **A** Malignant hyperthermia
- ☒ **B** Esophageal intubation or complete circuit disconnection
- ☐ **C** Hypoventilation
- ☐ **D** Partial airway obstruction

ANSWER B

WHY A sudden drop of end-tidal CO₂ to near zero suggests loss of ventilation to the lungs, such as accidental esophageal intubation, complete tube dislodgement, or circuit disconnection, and requires immediate assessment of the airway.

QUESTION 5

TRUE/FALSE

Sugammadex reverses neuromuscular blockade produced by aminosteroid agents such as rocuronium and vecuronium by encapsulating the drug molecule, but it is not effective for reversing benzylisoquinolinium agents such as cisatracurium.

☒ **A** True☐ B False**ANSWER A**

WHY Sugammadex is a modified gamma-cyclodextrin that selectively encapsulates aminosteroid neuromuscular blockers (rocuronium, vecuronium). It has no clinically significant effect on benzylisoquinolinium agents like cisatracurium or atracurium.

QUESTION 6

SINGLE CHOICE

Which physiologic change of pregnancy increases the risk of rapid desaturation during induction of general anesthesia in a parturient?

☐ A Increased functional residual capacity☐ B Decreased oxygen consumption☒ **C Decreased functional residual capacity with increased oxygen consumption**☐ D Increased plasma cholinesterase activity☐ E Reduced minute ventilation**ANSWER C**

WHY Pregnancy reduces functional residual capacity (due to the gravid uterus elevating the diaphragm) while increasing oxygen consumption, decreasing the oxygen reserve and predisposing parturients to rapid desaturation during apnea.

QUESTION 7

MULTIPLE CHOICE

Which of the following are recognized early clinical signs of malignant hyperthermia during general anesthesia? (Choose two.)

- ☒ **A** Unexplained tachycardia and rising end-tidal CO₂
- ☒ **B** Masseter muscle rigidity after succinylcholine
- ☐ **C** Profound hypotonia of all skeletal muscles
- ☐ **D** Bradycardia with decreased end-tidal CO₂

ANSWER A • B

WHY Early signs of malignant hyperthermia include unexplained tachycardia, rising end-tidal CO₂ despite increased minute ventilation, and masseter muscle rigidity following succinylcholine administration. Muscle rigidity, not hypotonia, and tachycardia, not bradycardia, are characteristic.

QUESTION 8

MULTIPLE CHOICE

Which of the following are established independent risk factors for postoperative nausea and vomiting (PONV) according to the Apfel simplified risk score? (Choose two.)

- ☒ **A** Female gender
- ☒ **B** History of motion sickness or PONV
- ☐ **C** Advanced patient age
- ☐ **D** Use of regional anesthesia instead of general anesthesia

ANSWER A • B

WHY The Apfel simplified risk score includes female gender, history of motion sickness or previous PONV, nonsmoking status, and use of postoperative opioids as independent risk factors. Advanced age and use of regional anesthesia are actually associated with decreased PONV risk.

QUESTION 9

SINGLE CHOICE

Fentanyl produces analgesia primarily through agonist activity at which receptor?

- ☐ A GABA-A receptor
- ☒ B Mu-opioid receptor
- ☐ C NMDA receptor
- ☐ D Alpha-2 adrenergic receptor

ANSWER B

WHY Fentanyl is a synthetic opioid that acts primarily as an agonist at mu-opioid receptors, producing potent analgesia, respiratory depression, and other classic opioid effects.

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