

**THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY**

**[DM 0822]**

**AUGUST 2022**

**Sub. Code :1489**

**D.M. – CRITICAL CARE MEDICINE**

**Paper IV – RECENT ADVANCES, EHTICS AND COMMUNICATION  
ADMINSTRATION AND LEGAL ASPECTS**

*Q.P. Code: 161489*

**Time: Three Hours**

**Maximum: 100 Marks**

**I. Elaborate on:**

**(2 x 15 = 30)**

1. Discuss the neuroprotective measures you would employ in the management of traumatic brain injury. Critically appraise the role of prophylactic osmotherapy for moderate and severe traumatic brain injury patients.
2. Ergotrauma-discuss strategies and concepts that can be used to decrease ergotrauma.

**II. Write notes on**

**(10x7=70)**

1. Define “Open Disclosure” in the healthcare setting. Outline the general steps involved in “Open Disclosure”. Briefly discuss the importance of “Open Disclosure”.
2. As a newly appointed Intensive Care consultant, you are put in charge of Quality in your ICU. The infection control department informs you that your ICU has a higher than acceptable rate of central line associated blood stream infections (CLABSI).
  - a. Define CLABSI rate.
  - b. Outline your approach to this problem in terms of initial investigation and ongoing management and monitoring.
3. Discuss the role of extracorporeal blood purification in sepsis.
4. ‘Respiratory dialysis’: what does it mean, what are the indications and what is the evidence in favour of this modality?
5. In critically ill patients with acute altered level of consciousness and no recent seizures, discuss the role of continuous EEG (cEEG) compared to repeated routine EEG (rEEG) in your practice.

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6. Metabolic resuscitation in the ICU.
7. Requirements and recommendations to set up a 12-bedded level 3 ICU in a tertiary care hospital.
8. You are supervising a registrar who suffers a needle stick injury during the insertion of a central line in a patient with a history of intravenous drug use. Outline your approach to this problem.
9. Discuss the biomedical ethics in relation to end of life care in India.
10. Blood pressure lowering in stroke: current recommendations.

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