

**Final FRCA Written PAEDIATRICS Past Paper Questions
November 1996- March 2014**

March 2014

A 5-year-old patient presents for a myringotomy and grommet insertion as a day case. During your pre-operative assessment you notice that the patient has a nasal discharge.

- a) Why would it be inappropriate to cancel the operation on the basis of this information alone? (25%)
- b) List the features in the history (35%) & examination (25%) that might cause you to postpone the operation due to an increased risk of airway complications in this patient.
- c) What social factors would preclude this child's treatment as a day case? (15%)

September 2013

- a) List the normal anatomical features of young children (< 3 years old) which may adversely affect upper airway management. (35%)
- b) Which airway problems may occur due to these anatomical features? (30%)
- c) Outline how these problems are overcome in clinical practice. (35%)

March 2013

An 8-year-old child with severe cerebral palsy is scheduled for an elective femoral osteotomy.

- a) Define cerebral palsy? (15%)
- b) List the clinical effects of cerebral palsy on the central nervous, gastro-intestinal, respiratory and musculoskeletal systems with their associated anaesthetic implications. (50%)
- c) What are the specific issues in managing postoperative pain in this patient? (35%)

September 2012

A 4 year-old child is admitted to the Emergency Department with suspected meningococcal septicaemia. You are asked to help resuscitate the patient prior to transfer to a tertiary centre.

- a) List the clinical features of meningococcal septicaemia. (35%)
- b) Outline the initial management of this patient. (45%)
- c) Which investigations will guide care? (20%)

March 2012

No question

September 2011

A 9 year-old child with Down's syndrome is scheduled for an adenotonsillectomy.

- a) List the airway/respiratory (30%), cardiovascular (10%) and neurological (10%) features of the syndrome relevant to the anaesthetist.
- b) What are the general principles involved in the preoperative (15%), intraoperative (25%) and postoperative (10%) management of this patient with Down's syndrome?

March 2011

You are asked to assess a 4 year-old child who is scheduled for a strabismus (squint) correction as a day case procedure.

- a) List the anaesthetic related issues this case presents. (60%)
- b) During surgical traction, the patient suddenly develops profound sinus bradycardia. How would you manage this situation? (10%)
- c) Describe the key postoperative problems and relevant management strategies. (30%)

September 2010

A two year-old child presents to the Emergency Department (ED) with sudden onset of fever (38.5 oC aural), sore throat, drooling and stridor.

- a) What conditions should be considered in the differential diagnosis? (20%)
- b) What would be your initial management of this child in the ED? (25%)
- c) How would you subsequently manage a deteriorating child? (45%)

March 2010

You are asked to review a 5 year-old child who has undergone a tonsillectomy earlier that day. The child needs to return to theatre for control of bleeding.

- a) What are the important considerations in the assessment of this child? (40%)
- b) Compare the advantages and disadvantages of intravenous and inhalational induction of anaesthesia in this patient. (40%)
- c) How may the incidence of post-operative nausea and vomiting be reduced in this child? (10%)

You are asked to review a 2 year-old child admitted to the Emergency Department with status epilepticus.

- a) Define status epilepticus. (10%)
- b) Outline your initial management plan to deal with this patient. (50%)
- c) List the common causes of status epilepticus in children. (30%)

September 2009

No question

April 2009

A 4 year-old (20kg) girl is admitted with acute appendicitis and is scheduled for urgent surgery. She has been vomiting for two days and is pyrexial 38.7 oC. Her pulse rate is 170 beats per minute with a capillary refill time of 4 seconds.

- a) Describe the perioperative intravenous fluid management of this case. (60%)
- b) Outline the metabolic and clinical complications that can occur with inappropriate intravenous crystalloid therapy. (30%)

October 2008

All health care professionals have a responsibility to act if they suspect that a child has been subjected to physical abuse.

- a) In what situations may the anaesthetist encounter possible child abuse? (20%)
- b) List the clinical features that would arouse suspicion that physical child abuse has

occurred. (40%)

c) What should the anaesthetist do if they suspect child abuse has taken place? (30%)

April 2008

A 4 year old (20kg) is admitted with acute appendicitis and is scheduled for urgent surgery. She has been vomiting for 2 days, is pyrexial, has a tachycardia of 170 bpm and prolonged capillary refill.

a) Describe the perioperative fluid management of this case using intravenous crystalloids. (60%)

b) Outline the complications that can occur with inappropriate intravenous crystalloid therapy. (30%)

A 12 year old girl is admitted for prominent ear correction as a day case. She is very anxious and uncooperative when you see her preoperatively. She will not engage with any attempts to calm her down and subsequently refuses to cooperate with anaesthetic induction. However, her mother is insistent that you go ahead with the anaesthetic.

a) What strategies are available and appropriate to decrease preoperative anxiety in children for day case surgery? (45%)

b) How would you proceed with this scenario? Explain your reasoning. (45%)

October 2007

You are asked to see a 2 year-old boy in the Emergency Department who has stridor and a barking cough. He is febrile and is sitting upright with suprasternal and subcostal recessions.

a) What is stridor and what does it indicate? (15%)

b) List the possible causes of stridor in a child of this age, indicating which is the most likely in this case. (35%)

c) Outline your initial management of this child in the Emergency Department. (40%)

May 2007

a) List the normal anatomical features of young children (< 3 years old) which may adversely affect airway management. (25%)

b) What airway problems may occur due to these anatomical features? (30%) c) Describe how these problems are overcome in clinical practice. (35%)

October 2006

Regarding caudal anaesthesia in children:

a) What anatomical features are important to consider when performing the block (caudal) safely? (30%)

b) What are the contraindications? (20%)

c) What are the problems and complications? (20%) d) What constraints limit the effectiveness of the block and how can they be overcome? (20%)

You are scheduled to anaesthetise a 15 year-old girl for correction of her idiopathic

scoliosis. What are the key (a) preoperative (25%), (b) intraoperative (40%), and (c) postoperative (25%) issues in your anaesthetic management of this patient?

May 2006

No question

October 2005

You are scheduled to anaesthetise a 15 year-old girl with idiopathic scoliosis. What are the key issues in your anaesthetic management of this patient? (marks- preoperative 30%, intraoperative 40%, postoperative 30%)

Describe the perioperative fluid and electrolyte management of a 6 month old child presenting in casualty with abdominal distention requiring urgent laparotomy.

Describe the anaesthesia and analgesia considerations in a child presenting for elective day case orchidopexy.

May 2005

A one day old term neonate has arrived at your regional paediatric intensive care unit. A congenital diaphragmatic hernia has been diagnosed. The baby is already intubated and receiving artificial ventilation. Outline, with reasons, the principles of preoperative management.

October 2004

You are asked to anaesthetise a 5 year old (weight 20kg) for an emergency appendicectomy. Describe in detail the induction of anaesthesia with special reference to:- Fluid management (20%)

The airway (50%) Drug management, including doses (30%)

May 2004

Outline, with reasons, your peri-operative management of an otherwise healthy 4 year old admitted for tonsillectomy.

October 2003

You are called to the A and E department to review a 4 year old child who required intubation. She has a clinical diagnosis of meningococcal sepsis. She has a reduced consciousness and a petechial rash. Describe your immediate management.

May 2003

A 4 year-old child who has been knocked unconscious by a blow from a cricket bat arrives at a paediatric neurosurgical centre. After initial appropriate management a CT scan shows an extradural haematoma. There are no other injuries. Discuss the subsequent management.

October 2002

No question

April 2002

Describe the anaesthetic management of a penetrating eye injury in a screaming 5 year old child.

October 2001

A ten week old male infant weighing 3.5kg is scheduled for inguinal hernia repair. He was delivered prematurely at 34 weeks. List the risk factors and state how these can be minimised.

May 2001

Outline the early management of a one year old child with 25% burns caused by scalding.

October 2000

A ten week old male infant weighing 3.5kg is scheduled for inguinal hernia repair. He was delivered prematurely at 34 weeks. List the risk factors and state how these can be minimised.

May 2000

Describe your procedure for cardiac life support of a child aged 5 years.

November 1999

What is the anaesthetic management of pyloric stenosis in a 6 week old child?

May 1999

No question

November 1998

Outline the anaesthetic management of a 2 year old child who is scheduled for therapeutic bronchoscopy following inhalation of a foreign body 2 days ago. The child does not exhibit any signs of upper airway obstruction.

May 1998

Describe your procedure for cardiac life support in a child aged five years.

November 1997

No question

May 1997

What are the choices for post-operative analgesia for a child aged 4 years presenting for repair of an inguinal hernia as a day case? State briefly the advantages and disadvantages of each method.

November 1996

No question