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MANIPAL UNIVERSITY

THIRD YEAR M.Sc. (RRT & DT) DEGREE EXAMINATION – JUNE 2014

SUBJECT: MDT 802 – MANAGEMENT OF HEALTHCARE ORGANIZATION

Monday, June 02, 2014

Time: 10:00 – 13:00 Hrs.

Max. Marks: 80

✍ Answer ALL the questions.

1. Explain classification of ward accommodation. Give examples

(15+5 = 20 marks)

2. **Write short notes on the following questions:**

2A. Matrix organization

2B. Managerial functions

2C. Henry Fayols principles

2D. Evaluation of medical care

2E. Workflow in CSSD unit

2F. Importance of training in healthcare

(10 marks × 6 = 60 marks)



MANIPAL UNIVERSITY**THIRD YEAR M.Sc. (RRT & DT) DEGREE EXAMINATION – JUNE 2014****SUBJECT: MDT 801 – ADVANCED HD PROCEDURES, COMPLICATIONS IN RENAL DISEASE PATIENTS & DIALYSIS PATIENTS AND PATIENT EDUCATION**

Wednesday, June 04, 2014

Time: 10:00 – 13:00 Hrs.

Max. Marks: 80

✍ **Answer ALL the questions.**

✍ **Single best answer:**

1A. The normal serum osmolarity is:

- i) 290-300 mosm/L ii) 300-310 mosm/L
iii) 270-300 mosm/L iv) 260-310 mosm/L

1B. SLED usually has a dialysate flow rate of:

- i) 400 ml/min ii) 600 ml/min iii) 500 ml/min iv) 60-200ml/min

1C. One of the following is a complication of hemadsorption:

- i) Hypocalcemia ii) Hypertension iii) Hemolysis iv) Thrombocytopenia

1D. Plasmapheresis is not indicated in:

- i) Myasthenic crisis ii) TTP-HUS
iii) Acute antibody mediated rejection iv) Acute tubular necrosis post transplant

1E. One of the following is false about predilution CVVHF:

- i) Requires more heparin ii) Lesser solute clearance than post dilution
iii) Reduced filter clotting iv) The replacement fluid is the same as for postdilution

1F. One of the following is not a known risk factor for recurrent PD peritonitis:

- i) Exit site infection ii) Tunnel infection
iii) Improper technique iv) APD

1G. Hemadsorption may be considered in one of the following overdoses:

- i) Theophylline ii) Lithium iii) Aspirin iv) Protein bound drug

1H. One of the following is true about MARS:

- i) Is less expensive than Hemodiafiltration
ii) Can be useful in Liver failure awaiting a liver transplant
iii) Cannot be used in Liver failure with renal failure
iv) Useful in Lithium poisoning

- 1I. The osmolarity of the 4.25% CAPD bag is approximately:
i) 400 mosm/L ii) 300-310 mosm/L iii) 345 mosm/L iv) 485 mosm/L
- 1J. One of the following is true about CAVHD:
i) Blood flow is kept at 250ml/min
ii) Solute and fluid removal is variable
iii) Does not require heparinization
iv) Most useful CRRT modality in hypotensive patients

(1 mark × 10 = 10 marks)

2. Long Essays:

- 2A. Describe the administrative setup of a HD unit.
2B. Describe the EC circuit for CVVHDF.

(10 marks × 2 = 20 marks)

3. Short notes:

- 3A. Describe the complications of CRRT
3B. Discuss dialysis disequilibrium syndrome
3C. Discuss the vaccination strategy for the HD unit staff
3D. Discuss SLED
3E. How would you monitor the AVfistula?
3F. Discuss the complications of plasmapheresis

(5 marks × 6 = 30 marks)

4. Short notes.

- 4A. What is the hepatitis B immunisation regimen for patients with CKD?
4B. Name the basic requirements of a dialyzer reprocessing area?
4C. What are the clinical features of major depression?
4D. What is SCUF?
4E. What is single pass albumin dialysis?
4F. Name 2 clinical tests to monitor AVF patency.
4G. What is 'Liver dialysis'?
4H. Name 4 important causes of chest pain during HD.
4I. What is the typical composition of CAPD fluid?
4J. Name 2 important causes for hemolysis during HD.

(2 marks × 10 = 20 marks)

