

AIIMS NORCET 11 Memory based paper part A 12 Sept. 2026-exam

Q1. Correct method for calculating EDD:

- (a) Last day of first period + 280 days
- (b) Last day of last menstrual period + 280 days
- (c) 1st day of last menstrual period + 200 days
- (d) 1st day of last menstrual period + 280 days + 7 days

Ans.(d)

Sol. Explanation:

The Expected Date of Delivery (EDD) is calculated using Naegele's rule. It is determined from the first day of the last menstrual period (LMP) by adding 280 days (40 weeks) and 7 days. This method is commonly used to estimate the due date in women with regular menstrual cycles.

Information Booster:

- Normal duration of pregnancy is approximately 40 weeks or 280 days from the first day of the LMP.
- Naegele's rule can also be stated as: Add 1 year, subtract 3 months, and add 7 days to the LMP.

Additional Knowledge:

- Option (A) and (B) use the last day of the menstrual period, which is incorrect.
- Option (C) underestimates the duration of pregnancy.
- Accurate EDD calculation is important for antenatal monitoring and planning.

Q2. COPD is the acronym used for the disease caused due to atmospheric pollution. The full form of COPD is:

- (a) Chronic Oncological Pulmonary Disease
- (b) Chronic Ortho Pulmonary Disease
- (c) Chronic Obstructive Pulmonary Disease
- (d) Chronic Osmotic Pulmonary Disease

Ans.(c)

Sol. COPD (Chronic Obstructive Pulmonary Disease) is a progressive lung disease caused by long-term exposure to pollutants such as smoke, dust, and harmful gases. It is characterized by obstructed airflow, making it difficult to breathe.

Information Booster

1. Common symptoms include shortness of breath, chronic cough, and wheezing.
2. It includes conditions like emphysema and chronic bronchitis.
3. Cigarette smoking is the leading cause of COPD.
4. There is no complete cure, but treatments like bronchodilators, oxygen therapy, and pulmonary rehabilitation help manage the symptoms.
5. Indoor pollution from burning biomass fuels is a major contributor in rural areas.
6. COPD is the third leading cause of death globally, according to WHO.

Additional Knowledge

- ❑ Chronic Oncological Pulmonary Disease: Incorrect, "oncological" relates to cancer.
- ❑ Chronic Ortho Pulmonary Disease: Not a recognized medical term.
- ❑ Chronic Osmotic Pulmonary Disease: Misleading; no such condition exists.
- ❑ Preventive measures include quitting smoking, using clean fuels, and wearing protective gear in polluted environments.

Q3. Maximum & minimum score of GCS are:

- (a) 8-9
- (b) 8-12
- (c) 12-13
- (d) 3-15

Ans.(d)

Sol. 8-9: These values do not represent the minimum and maximum scores of the Glasgow Coma Scale (GCS).

8-12: This range represents moderate brain injury according to the GCS, but it is not the total scoring range.

12-13: This range is part of mild brain injury in GCS but does not include the minimum or maximum scores.

3-15: The GCS ranges from 3 (indicating deep unconsciousness or coma) to 15 (indicating full consciousness). This range assesses eye-opening, verbal response, and motor response.

Q4. Anemia Mukht Bharat strategy focuses on children in the age group:

- (a) 6–59 months & 5–9 years
- (b) Only 0–6 months
- (c) Only adolescents
- (d) Only pregnant women

Ans.(a)

Sol. Anemia Mukht Bharat (AMB) targets multiple age groups, and children from 6–59 months and 5–9 years are key focus groups because they are at high risk of iron deficiency.

Information Booster • Anemia Mukht Bharat (AMB) is a national initiative under the National Health Mission.

- It aims to reduce anemia across six target groups using the 6×6×6 strategy (6 target groups × 6 interventions × 6 institutional mechanisms).

- Target groups include: • Children 6–59 months • Children 5–9 years • Adolescents (10–19 years) • Women of reproductive age • Pregnant women • Lactating mothers

- Key interventions include iron-folic acid (IFA) supplementation, deworming, behaviour change communication, and fortification.

Additional Knowledge • (b) Only 0–6 months: Infants this young usually rely on breastmilk; not the main AMB focus group.

- (c) Only adolescents: Adolescents are included but not the only group.

- (d) Only pregnant women: Pregnant women are targeted, but AMB covers many more groups.

Q5. Which arterial blood gas (ABG) finding is typical in respiratory alkalosis?

- (a) pH ↑, PaCO₂ ↓, HCO₃⁻ normal
- (b) pH ↓, PaCO₂ ↑, HCO₃⁻ ↑
- (c) pH ↑, PaCO₂ ↑, HCO₃⁻ ↑
- (d) pH ↓, PaCO₂ ↓, HCO₃⁻ ↓

Ans.(a)

Sol. Correct Answer: (a)

Information Booster:

- Respiratory alkalosis results from hyperventilation (anxiety, pain, hypoxemia).
- Monitor vital signs and mental status.
- Educate patient on breathing control techniques.
- Document ABG results and interventions.
- Identify underlying cause (fever, sepsis, pulmonary embolism).
- Encourage slow, controlled breathing.
- Monitor electrolyte changes, particularly potassium.
- Assess for paresthesia, dizziness, and tetany.
- Collaborate with respiratory therapy for intervention.
- Provide reassurance to patient experiencing anxiety-induced hyperventilation.

Additional Knowledge:

- ABG shows elevated pH (>7.45) and low PaCO_2 (<35 mmHg).
- Chronic respiratory alkalosis may show decreased HCO_3^- as compensation.
- Encourage relaxation techniques to prevent recurrence.
- Monitor oxygenation and perfusion.
- Educate patient/family about early warning signs of hypoxemia.
- Avoid unnecessary mechanical ventilation if patient conscious and stable.
- Document response to interventions.
- Support emotional well-being during acute episodes.
- Evaluate need for anxiolytic therapy if indicated.
- Reinforce patient understanding of cause-effect relationship.