1. **Which of the following is FALSE regarding orogastric tubes?**

   a) They are useful for the relief of gastric distension

   b) **They can distinguish distension from distension with volvulus**

   c) They should be lubricated and measured from the nares to the last rib

   d) They are useful for gastric lavage

2. **Plasma lactate levels:**

   a) Are diagnostic for GDV if >6 mmol/L

   b) Contribute to metabolic alkalosis

   c) **Are a useful prognostic indicator**

   d) Can increase by up to 40%

3. **What type of shock is associated with the physiology of a GDV?**

   a) Cardiogenic

   b) Distributive

   c) Hypovolaemic

   d) **All of the above**
4. What radiographic feature confirms your diagnosis of GDV?
   a) Poor serosal detail
   b) Large gas filled hollow organ
   c) The reverse C sign
   d) Twisting of the oesophagus

5. What is true of the surgical procedure?
   a) Gastric tissue necrosis is associated with poorer outcomes
   b) Splenectomy should be routinely performed at the time of the volvulus correction and gastropexy
   c) Decompression by orogastric tube or trocharisation pre-operatively increases the chance of survival
   d) Splenectomies are associated with more positive outcomes

6. IV fluids are critical in the treatment of GD/GDV patients and response should be monitored every 5 minutes. Traditionally shock rate fluids are given initially, but recent work suggests:
   a) Colloids given at 20 mL/kg over 15 minutes
   b) Hypertonic saline
   c) Crystalloids given at 60-90 mL/kg for first hour
   d) Crystalloids given at 20 mL/kg over 15 minutes

7. Select the FALSE answer. Trochars should:
   a) Be used in patients who are relatively still due to the risk of gastric or splenic lacerations
   b) Improve the chance of passing an orogastric tube, even if previously not possible
   c) Be placed in the area of minimum tympany while the patient is in right lateral recumbency
   d) Be more useful than orogastric tubes because a full GA is not necessary