1) A morbidly obese patient with BMI of 50 intubated now with ARDS 2ry to head and neck trauma and unstable cervical spine. He is on volume-controlled ventilation with, tidal volume 500 ml, FiO₂ 80%, PEEP 15, PaO₂ 90 mmHg. The contraindication for proning is?

A) Morbid obesity  
B) ARDS not severe  
C) Patient is in shock  
D) Unstable Cervical spine fracture

2) All below are supposed mechanisms of improvement in oxygenation after the prone position except?

A) Improved homogeneity of lung units  
B) Improved chest wall compliance  
C) Improved lung compliance  
D) Reduce compression of Left lung from the weight of the heart

3) Lung perfusion (Q) during the prone position:

A) Increases  
B) Decreases  
C) Unchanged

4) Benefits of prone position in severe ARDS include all except?

A) Oxygenation  
B) Survival  
C) Reduction in length of stay on ventilator  
D) Improved right heart circulation

5) Risks of prone position include all except?

A) Dislodgment of endotracheal tube  
B) Facial ulcers  
C) Aspiration  
D) Increased intra ocular pressure
6) Recommended time for placing patients in the prone position is?

A) 8 hours  
B) 12 hours  
C) 16 hours  
D) 24 hours

7) Enteral nutrition should be held during the prone position to prevent aspiration:

A) True  
B) False

8) Shock and the use of intravenous vasopressors are contraindications for the prone position:

A) True  
B) False

9) Prone position only improves oxygenation but not ventilation:

A) True  
B) False

10) The effects of awake prone position in non-mechanically ventilated patients with COVID-19

A) Improves oxygenation and mortality  
B) Improves oxygenation but not mortality  
C) Unclear effect on both oxygenation and mortality