

**SCHEME AND SYLLABUS OF EXAMINATION FOR THE PURPOSE OF FILLING UP THE POST OF OPERATION THEATRE TECHNICIAN UNDER THE SIKKIM STATE SUBORDINATE ALLIED AND HEALTHCARE SERVICE.**

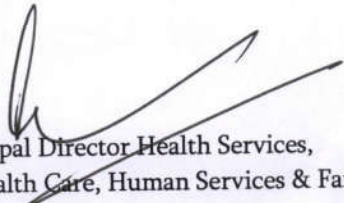
I. The mode of examination and setting-up of question-papers shall be both, i.e., conventional type and objectives type MCQs in paper I and II. The candidates are required to answer the objective type MCQs in the OMR Sheets and are required to follow the guidelines provided in the OMR Sheet while answering the questions.

II. The subject wise allotment of maximum marks shall be as under:

Syllabus:-		
General English	PAPER I	50 marks
General Knowledge		30 marks
Main Paper Operation Theatre Technician Course	PAPER II	100 marks
TOTAL		180 marks
Viva voce/ interview		20 marks
Grand Total		200 marks

**III. Syllabus for written examination for Operation Theatre Technician: -**

01. Written Informed Consent : Its content and importance
02. Assessment of patient :Vitals, Monitoring, Cyanosis, Hydration, shock septicaemia, Hypovolemic
03. Premedication:Drug used
04. Airway:Endotracheal intubation Indication Contra indication. Technique, Tube selection, Types of tubes.Sellickmanoeuvre
05. Preparation of :Crash intubation tray, Spinal anesthesia tray, Crea anaesthesia drug tray, Pediatric resuscitation set
06. Patient Positioning :Various position for various procedure, safety factors involved in positioning
07. Anaestheticequipment :Breathing circuits, Boyles machine.Cylinders : O<sub>2</sub>, N<sub>2</sub>O : Colour coding, Pin, Crackling.Vaporizers : Preparation of check list, evaluation
08. Drugs :Common inducing agents : Thipentane, Ketamine, Fentanye.Muscle Relaxant :Artracurionium, Scoline.Local anaesthetics : lignocaine, Bupivacaine.TIVA drugs used : Atropine,Glycopyrolate, Mephenteramine, Nitroglycerine.
09. IV Fluids :Crystalliods, Blood transfusion.
10. Cautery :Types of cautery, safety factors.
11. Autoclave :Sterilization techniques, waste disposal.
12. Spinal anaesthesia :Contraa indication, Indication.Pre loading its importance.Monitoring during spinal Anaesthesia.Transfer of patient for various post operative cases.

  
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