



Colombian Journal of Anesthesiology

Revista Colombiana de Anestesiología

www.revcolanest.com.co



QUESTIONS AND
ANSWERS

Questions and answers[☆]

Preguntas y respuestas

Fernando Raffán-Sanabria^{a,b}

^a Anesthesiologist and Intensivist, Hospital Universitario Fundación Santa Fe de Bogotá, Bogotá, Colombia

^b Professor, Universidad El Bosque and Universidad de los Andes, Bogotá, Colombia

This section includes questions prepared on the basis of the contents of the articles published in volume 43, number 2 of the Colombian Journal of Anesthesiology. Accept this challenge to test your reading comprehension and knowledge.

- 1 Which is the first link in the recommended chain of survival for cardiocerebropulmonary resuscitation?
 - a) Secure the scene and determine the state of awareness
 - b) Activation of the emergency response system
 - c) Rapid defibrillation
 - d) Chest compressions
- 2 The CPR practice has shown that poor defibrillator management is one of the most common medical errors and emphasis is placed on educating the critical care staff on the functioning of the device. Which of the following statements is correct with regards to the defibrillator charge:
 - a) 360 Jules if the defibrillator uses biphasic truncated waveform
 - b) 120 Jules if the defibrillator uses biphasic truncated waveform
 - c) 200 Jules if the defibrillator is monophasic
 - d) Start with 120 Jules if the defibrillator is rectilinear biphasic waveform
- 3 In terms of the recommended dose of vasopressin for CPR, the following is true:
 - a) The maximum dose must not exceed 20 U
 - b) The recommendation is a single 40 U dose following the administration of amiodarone
 - c) Only administer a single 40 U dose anytime during the resuscitation procedure
 - d) The recommendation is a single 40 U dose after the second defibrillator discharge if arrhythmia persists
- 4 The second recommended dose of amiodarone in CPR is:
 - a) 300 mg as bolus
 - b) 150 mg as bolus
 - c) 6 mg/K infusion for 24 hours
 - d) 150 mg infusion for 10 minutes
- 5 According to the manual of evidence-based clinical practice of Benavides CA, Prieto FE, Torres M, et al., the first line drug for managing postoperative nausea and vomiting at the post anesthesia care unit is:
 - a) Ondansetron
 - b) Droperidol
 - c) Dexamethasone
 - d) Metoclopramide
- 6 Which of the following parameters are excluded from the modified Aldrete score in post anesthesia units?
 - a) Activity
 - b) Circulation
 - c) Hb saturation
 - d) Temperature
- 7 Which of the following criteria does NOT represent a risk factor in the preoperative evaluation of patients with sleep apnea?
 - a) Female gender

[☆] Please cite this article as: Sanabria FR. Preguntas y respuestas. Rev Colomb Anestesiología. 2015;43:171-172.

* Correspondence to: Anesthesiologist and Intensivist, University Hospital Fundación Santa Fe de Bogotá, Colombia. 2256-2087/

- b) High blood pressure
c) BMI >35
d) Over 50 years old
- 8 Which is the first line drug for the management of post-operative nausea and vomiting when prophylaxis was not used?
a) Propofol
b) Haloperidol
c) Dexamethasone
d) Ondansetron
- 9 Prioritize in terms of frequency of plastic surgery-related postoperative death
a) Pulmonary thromboembolism > pulmonary edema > lidocaine poisoning
b) Pulmonary thromboembolism > lidocaine poisoning > pulmonary edema
c) Pulmonary edema > pulmonary thromboembolism > lidocaine poisoning
d) Pulmonary edema > lidocaine poisoning > pulmonary thromboembolism
- 10 The recommended dose for lipid rescue with Intralipid 20% in CPR due to arrest secondary to local anesthetic poisoning is?
a) 1.5 ml/kg in one minute, followed by a 0.25 ml/kg/minute infusion
b) 2.5 ml/kg in one minute, followed by a 0.5 ml/kg/minute infusion
c) 3 ml/kg in one minute, followed by 0.5 ml/kg/minute
d) 1 ml/kg in one minute followed by a 1 ml/kg/minute infusion
- 11 Cerebral oximetry based on Near Infrared Spectroscopy (NIRS), monitors hemoglobin saturation in:
a) Mixed arterial blood
b) Venous blood
c) Capillary blood
d) All of the above
- 12 The volume percentage of different cerebral blood compartments may change with the following conditions, except for:
a) Hypoxia
b) Remifentanyl
c) Hypercapnia/hypocapnia
d) Phenylephrine
- 13 The following statements about cerebral oximetry are true, except for:
a) It is an overall measure of the balance between cerebral oxygen delivery and consumption
b) Depends on the regional blood flow
c) Is directly related to the content of blood hemoglobin
d) Monitors cerebral perfusion
- 14 The risk factors associated with the use of neuraxial opioids include the following, except for:
a) High body mass index
b) High blood pressure
c) Mg sulfate infusion
d) Prior opioid use
- 15 The paper by Cristancho RA, Vecino AI and Misas JD on cost-effectiveness of 3 combinations of acetaminophen-opioids for the management of acute pain in Colombia concluded that the best formulation was the combination of:
a) Acetaminophen – Hydrocodone
b) Acetaminophen – Codeine
c) Acetaminophen – Tramadol
d) Acetaminophen – Morphine

Answers

- 1) a
2) d
3) d
4) b
5) a
6) d
7) a
8) d
9) a
10) a
11) d
12) b
13) c
14) b
15) b

References

Raffan F. Preguntas y respuestas. Rev Colomb Anesthesiol. 2015;43:1-114.