

CME QUESTIONS

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- The answer grid and evaluation form may be submitted as the page from the printed journal or as a printout from the ITACCS website.
- On the answer form at the bottom of page 161, circle only one response next to each number.
- Complete the evaluation form.
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- The completed test will be accepted for grading if received by March 31, 2006.
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CME QUESTIONS

1. In the United States, among all age groups, trauma-related injuries are the fourth cause of death after heart diseases, cancer, and stroke.
 - a. True
 - b. False
2. Trauma due to road traffic accidents, a problem resulting in substantial economic, social, and emotional loss all over the world, is said to be a more evident public health problem especially in developing countries without adequate infrastructure, but studies from the Western world also cite motor vehicle accidents as the leading cause of trauma.
 - a. True
 - b. False
3. Improving emergency care systems and developing hospitals selected as regional trauma care centers do not decrease trauma-related disabilities and mortality.
 - a. True
 - b. False
4. According to World Health Organization, injuries and traumatic deaths are more common in men than women.
 - a. True
 - b. False
5. The most frequently injured body sites are external body surfaces, head and neck, and extremities.
 - a. True
 - b. False
6. The following diagnosis may be followed by episodic rebleeding in the presence of aggressive fluid resuscitation:
 - a. Fracture of the humerus.
 - b. Rupture of an aortic aneurysm.
 - c. Fracture of the femoral neck.
 - d. Inguinal hernia.
 - e. All of the above.
7. What is the most typical clinical evidence of episodic rebleeding?
 - a. Sudden drop in arterial pressure during aggressive volume replacement.
 - b. No increase in arterial pressure during aggressive volume replacement.
 - c. Loss of consciousness during aggressive volume replacement.
 - d. Sudden increase in heart rate during aggressive volume replacement.
 - e. None of the above.
8. What is the mechanism of episodic rebleeding?
 - a. Vasoconstriction in venous vessels markedly increases the capillary pressure.
 - b. An immature blood clot is washed away by increased blood flow/pressure.
 - c. Vagal reflexes increase parasympathetic tone, which overdistends the large veins.
 - d. Coagulation factors are consumed, causing blood clots to dissolve.
 - e. An immature blood clot is washed away by increased blood flow/pressure.
9. Which of the following proposals about episodic rebleeding is correct?
 - a. It is known to worsen the outcome of trauma patients.
 - b. It occurs when the blood pressure is normal.
 - c. The risk increases with the time from injury.
 - d. It implicates that a major blood vessel has been injured.
10. Which one of the following proposals about episodic rebleeding is false:
 - a. Pelvic fracture may be associated with episodic rebleeding.
 - b. Stabilizing the pelvis is the most important means of reducing subsequent blood loss in traumatic pelvic fracture.
 - c. Measuring coagulation factors is a viable means of monitoring rebleeding.
 - d. Rebleeding increases total blood loss and prolongs the period of hemodynamic instability.
 - e. More often follows penetrating trauma than blunt trauma.
11. Treatment of rhabdomyolysis includes
 - a. Hydration
 - b. Alkalinization of the urine
 - c. Diuretic therapy
 - d. Fresh-frozen plasma
 - e. All of the above

12. Which of the following complications is seen in rhabdomyolysis?
 - a. Renal failure
 - b. Hyperkalemia
 - c. Hyperphosphatemia
 - d. DIC
 - e. All of the above
13. To prevent renal failure in a patient with rhabdomyolysis, the following can be performed.
 - a. Maintain adequate circulatory volume
 - b. Use of osmotic diuretics
 - c. Mannitol, 0.25 g/kg
 - d. Lasix, 10-100 mg IV
 - e. Bicarbonate
14. A 21-year-old male patient undergoes bilateral tibia fracture repair under general anesthesia. Postoperatively, the patient develops tachycardia, mild hypotension, and acidosis on ABG, and severe pain in the lower limbs is not relieved by the PCA he is on. You should
 - a. Increase the PCA morphine dose
 - b. Administer bicarbonate to correct the acidosis
 - c. Send for laboratory check for serum creatinine levels
 - d. Do nothing; the patient is malingering
 - e. Check compartmental pressures in the legs
15. Alcoholism can cause rhabdomyolysis.
 - a. True
 - b. False
16. If the ICU ventilator settings exceed the capabilities of the OR ventilator for an ICU patient who requires surgery, it is recommended that:
 - a. The patient should be weaned from the ICU ventilator before surgery.
 - b. The operating room ventilator settings should be approximated in the ICU before transport to the OR, then the patient taken to the OR on ambuventilation.
 - c. The patient should be taken to the OR on the ICU ventilator and remain on that ventilator during the surgical procedure.
17. Which of the following basic mechanisms of atelectasis formation seem(s) to be the major offender(s) during anesthesia?
 - a. Compression and absorption atelectasis.
 - b. Loss-of-surfactant atelectasis.
18. In a categorization of ARDS based on physiologic changes and CT findings, a process of consolidation, with alveolar filling of fibrin, edema, blood cells, and collagen, representing a "stiffer" lung, which may not improve with PEEP, describes which of the following?
 - a. Pulmonary ("primary" or "direct" insult) ARDS (ARDSp)
 - b. Extrapulmonary ("secondary" or "indirect" insult) ARDS (ARDSexp)
19. In a categorization of ARDS based on physiologic changes and CT findings, the presentation of atelectasis of alveolar architecture accompanied by microvascular congestion, as well as a stiffer thoracoabdominal cage and a more compliant lung, which improve with PEEP, describes which of the following?
 - a. Pulmonary ("primary" or "direct" insult) ARDS (ARDSp)
 - b. Extrapulmonary ("secondary" or "indirect" insult) ARDS (ARDSexp)
20. Recruitment of lung tissue requires all but which of the following?
 - a. A high-inspired fraction of oxygen.
 - b. Airway pressure that exceeds the critical opening pressure of the airways.
 - c. Time to allow redistribution of delivered gas volume.

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TraumaCare Fall 2004 issue

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References:

- 1) BMJ Volume 320, 18 March 2000
- 2) To Err is Human: Building a Safer Health System, Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Editors, © 2000 by the National Academy of Sciences.

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