

# CME QUESTIONS

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**INSTRUCTIONS**

- The answer grid and evaluation form should be submitted as a printout from the ITACCS website.
- On the answer form at the bottom of page 35, circle only one response next to each number.
- Complete the evaluation form.
- Keep a copy of your completed answer form and evaluation form.
- Write a check for \$200 (or \$100 accompanied by verification of current ITACCS membership), payable to the International Trauma Anesthesia and Critical Care Society.
- Mail the forms and your check (and membership verification, if applicable) to ITACCS, Department of CME Credit, PO Box 4826, Baltimore, MD 21211.
- The completed test will be accepted for grading if received by June 30, 2008.
- Please allow 4 to 6 weeks for processing.

**CME QUESTIONS**

<p>1. When the FDA approved the use of dexmedetomidine, there were no limitations to its use. a. True            b. False</p> <p>2. Dexmedetomidine’s mechanism of action is mediated via which receptor type? a. α<sub>1</sub>-adrenergic b. α<sub>2</sub>-adrenergic c. β<sub>1</sub>-adrenergic d. β<sub>2</sub>-adrenergic</p> <p>3. Adverse effects of dexmedetomidine include all of the following except: a. Hypertension b. Hypotension c. Bradycardia d. Tachycardia</p> <p>4. Dexmedetomidine’s site of action in the central nervous system is: a. The cerebral cortex b. The locus ceruleus c. The reticular activating system d. The hypothalamus</p>	<p>5. Dexmedetomidine is currently FDA-approved for which indication in adults? a. Sedation during mechanical ventilation b. Treatment of withdrawal c. Prevention of emergence delirium d. Procedural sedation</p> <p>6. Dexmedetomidine’s physiologic effects include all of the following except: a. Sedation b. Slowing of the heart rate c. Decrease in the cerebral metabolic rate for oxygen d. Increase in gastrointestinal motility</p> <p>7. Dexmedetomidine is generally administered in a dose of 0.2-0.7: a. mcg/kg/min b. mcg/kg/hr c. mg/kg/min d. mg/kg/hr</p> <p>8. Dexmedetomidine’s physiologic effects include all of the following except: a. Potentiation of opioid analgesia b. Neuroprotection during ischemia or hypoxia c. Potentiation of neuromuscular blockade d. Increase in cerebral perfusion pressure</p>	<p>9. Why is awake intubation the method of choice in patients with cervical spine injury? a. It allows neurologic examination after intubation. b. Patients can alert the intubating personnel if there is any change in neurologic symptoms. c. It involves less cervical motion when compared to the use of rigid laryngoscope. d. All of the above.</p> <p>10. What is the prominent hemodynamic effect of dexmedetomidine? a. Tachycardia and hypotension b. Bradycardia and Hypertension c. Bradycardia and transient hypertension changing to hypotension d. Tachycardia and hypotension changing to hypertension</p> <p>11. Which is not a characteristic that makes dexmedetomidine suitable for awake intubations? a. Sedation b. Definite amnesia c. Analgesia d. Minimal effect on respiratory drive</p>
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- 12. Symptoms and signs of withdrawal include all the following except:
  - a. Agitation
  - b. Hypotension
  - c. Tachycardia
  - d. Diaphoresis
- 13. Emergence delirium is a frequent phenomenon in children recovering from general anesthesia.
  - a. True                      b. False
- 14. Compared to placebo, children who receive dexmedetomidine a few minutes before extubation following general anesthesia have all the following except:
  - a. Smoother emergence
  - b. Higher pain scores
  - c. Lower frequency of airway problem
- 15. Benzodiazepines and opioids can cause agitation and confusion.
  - a. True                      b. False
- 16. Dexmedetomidine causes all of the following except:
  - a. sedation
  - b. increase in sympathetic activities
  - c. analgesia
  - d. anxiolysis
- 17. The multiple pharmacologic agents usually administered in the ICU do not play a role in agitation.
  - a. True                      b. False
- 18. Compared with patients receiving crystalloid fluid alone, intraoperative Hextend administration was associated with:
  - a. worsened alveolar-arterial oxygen gradient
  - b. altered vital signs
  - c. longer and more complex surgery
  - d. decreased blood loss
- 19. Concerning postoperative mechanical ventilation:
  - a. patients receiving Hextend had a longer duration of mechanical ventilation compared with the crystalloid-only group
  - b. patients receiving Hextend had a shorter duration of mechanical ventilation compared with the crystalloid-only group
  - c. patients receiving Hextend required postoperative mechanical ventilation less frequently than patients in the crystalloid-only group
  - d. patients receiving Hextend required postoperative mechanical ventilation more frequently than patients in the crystalloid-only group
- 20. In the Hextend group there was a significant correlation between which of the following variable(s):
  - a. ASA physical status
  - b. Injury severity
  - c. Postoperative mechanical ventilation
  - d. All the above

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**Answer Form: Please circle the one best answer for each question.**

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- 1. a b
- 11. a b c d
- 2. a b c d
- 12. a b c d
- 3. a b c d
- 13. a b
- 4. a b c d
- 14. a b c
- 5. a b c d
- 15. a b
- 6. a b c d
- 16. a b c d
- 7. a b c d
- 17. a b
- 8. a b c d
- 18. a b c d
- 9. a b c d
- 19. a b c d
- 10. a b c d
- 20. a b c d

I certify that I have completed the "TraumaCare/Vol. 17, No. 1, 2007 issue" activity as designed and claim 10 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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