

CONTINUING MEDICAL EDUCATION

This issue of *TraumaCare* can be used to earn 10 CME credit hours.

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INSTRUCTIONS

- On the answer form at the bottom of page 23, circle only one response next to each number.
- Complete the evaluation form.
- Cut out or copy your completed answer form and evaluation form.
- Write a check for \$100 (or \$50 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 October 1, 2003.
- Please allow 4 to 6 weeks for processing.

CME QUESTIONS

1. Hypertonic solutions were initially used to treat
 - a. prehospital patients.
 - b. burn patients.
 - c. septic patients.
 - d. patients with vascular diseases.
2. Cardiovascular effects of administration of hypertonic solutions result in
 - a. recruitment of endothelial fluid.
 - b. lowered preload.
 - c. lowered heart rate.
 - d. lowered contractility of the heart.
3. In the clinical setting, patients who benefit most from the administration of hypertonic solutions are
 - a. penetrating trauma patients.
 - b. head trauma patients.
 - c. patients with blunt trauma.
 - d. multitrauma patients.
4. The recommended infusion time of hypertonic solutions in the prehospital setting is
 - a. <2 min.
 - b. 5–10 min.
 - c. 15 min.
 - d. >20 min.
5. Administration of clinically appropriate doses of hypertonic saline has no effect on blood typing or cross-matching.
 - a. True
 - b. False
6. Infusion of hypertonic solutions causes
 - a. increased diuresis.
 - b. increased natriuresis.
 - c. kaluresis.
 - d. all of the above.
7. The hallmark of abdominal aortic injury is the triad of blunt abdominal trauma, acute aortic insufficiency, and lower-extremity paralysis.
 - a. True
 - b. False
8. Among children who sustain complete aortic transection in vehicular crashes, what percentage of the injuries occur at the aortic isthmus?
 - a. 5%–10%
 - b. 20%–25%
 - c. 75%–80%
 - d. 100%
9. Simplicity and lack of the need for heparin administration are advantages of which technique for repair of abdominal aortic rupture?
 - a. clamp and sew
 - b. distal aortic perfusion during surgical repair
10. In children with blunt abdominal trauma aortic rupture should be suspected based on
 - a. mechanism of injury.
 - b. chest film abnormalities.
 - c. pseudocoarctation.
 - d. all of the above.
11. A candidate for emergency department thoracotomy will have
 - a. cardiac arrest and loss of vital signs at the scene.
 - b. loss of consciousness at the scene after blunt trauma.
 - c. vital signs at the scene of injury and subsequent witnessed cardiac arrest.
 - d. hypotension upon arrival in the emergency department.

Questions continue on page 23

12. After a child sustains blunt chest trauma, reparable internal organ damage will always be suggested by an external sign such as ecchymosis or hematoma.
a. True b. False
13. Extracorporeal life support is a well-established technique for the treatment of respiratory failure in children who have sustained blunt chest trauma.
a. True b. False
14. The use of balloon tamponade to control endobronchial bleeding carries the risk of
a. rupture of the bronchus. b. endobronchial occlusion with clotted blood.
c. occlusion of the endotracheal tube. d. sudden deflation of the balloon.
15. A patient with potentially lethal respiratory failure and a transpulmonary shunt >30%, who is unresponsive to conventional management and whose primary condition is reversible is a candidate for
a. chaplain's consult. b. extracorporeal life support.
c. lung transplantation. d. high-frequency ventilation.
16. The development of military anesthesia dates back to the discovery of anesthesia itself.
a. True b. False
17. Which of the following anesthesia problems were encountered on the Northern Indian battlefield?
a. Hostile weather conditions and lack of warming equipment. b. Loss of the "Golden Hour" due to remote locations.
c. Lack of conventional anesthesia and surgical equipment. d. All of the above.
e. None of the above.
18. Initial airway management in the forward surgical center involves
a. Only an oxygen mask. b. Early extubation.
c. Facilitating intubation with improvised devices such as a spoon and torch. d. Doing nothing.
19. The most common injuries treated in the Northern Indian forward surgical center were those caused by land mine explosions.
a. True b. False
20. Fluid administration in the forward surgical center includes
a. Rescueflow. b. Fresh whole blood. c. Oral electrolyte solutions. d. Packed red blood cells.

Evaluation Form: Please rate this self-study activity by marking one response for each statement.

Did the articles meet their stated objectives? ___Yes ___No

How do you rank the quality of this educational activity? ___5 (high) ___4 ___3 ___2 ___1 (low)

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Did this material stimulate your intellectual curiosity? ___5 (high) ___4 ___3 ___2 ___1 (low)

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

TraumaCare Summer 2002 issue

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| 2. | a | b | c | d | |
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| 18. | a | b | c | d | |
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| 20. | a | b | c | d | |

I certify that I have completed the "TraumaCare/Summer 2002" 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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References:

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

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