

CONTINUING MEDICAL EDUCATION

5 This issue of *TraumaCare* can be used to earn AMA Category 1 credit.

The International Trauma Anesthesia and Critical Care Society (ITACCS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) for physicians. This CME activity was planned and produced in accordance with the ACCME Essentials. ITACCS designates this CME activity for ten (10) credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

INSTRUCTIONS

- On the answer form at the bottom of page 95, circle only one response next to each number.
- Cut out or copy your completed response 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 form 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, 2002.
- Please allow 4 to 6 weeks for processing.

CME QUESTIONS

- The major field predictor of poor outcome from traumatic brain injury in a 27-year-old male is
 - Hypothermia
 - Loss of pupillary reflexes
 - Glasgow Coma Scale score of 10
 - Hypotension
- Which of the following statements is true?
 - Mannitol reduces intracranial pressure (ICP) more rapidly than hypertonic saline.
 - Mannitol is less efficacious than barbiturates at reducing ICP.
 - Mannitol produces an initial reduction in ICP by diuresis.
 - Mannitol can be used as a small volume resuscitation fluid in patients with traumatic brain injury.
- Future interventions in the field management of traumatic brain injury include all of the following except:
 - Prehospital administration of neuroprotective agents
 - Rapid cerebral cooling
 - Intravenous barbiturates
 - Administration of hypertonic saline
- The most common ECG abnormality observed after blunt cardiac injury is
 - Complete heart block
 - Sinus tachycardia with nonspecific ST-T changes
 - Atrial fibrillation
 - Ventricular tachycardia
- Blunt cardiac injury may not be obvious on ECG because
 - ECG abnormalities develop only after 24 hours.
 - Blunt cardiac injuries are usually electrically silent.
 - The right ventricle is often injured and is poorly evaluated by conventional ECG.
 - Clinicians should rely on cardiac enzymes to diagnose blunt cardiac injury.
- Which of the following tests will best detect valvular injury after blunt chest injury?
 - Echocardiography
 - Radionuclide scan
 - Electrocardiography
 - Chest radiograph
- Which of the following statements about blunt cardiac injury and anesthesia is true?
 - These patients are at high risk for death and anesthesia should be avoided.
 - No case should proceed without transesophageal echocardiographic capability.
 - Other injuries are irrelevant in determining outcome.
 - General anesthesia is generally safe and no technique is inherently superior.
- Concerning penetrating cardiac injuries, which of the following statements is true?
 - Patients without vital signs usually can be resuscitated once they reach the hospital.
 - The left atrium is the most frequently injured cardiac chamber.
 - Knife wounds in general have a better prognosis than gunshot wounds.
 - Cardiac tamponade is distinctly uncommon.
- Concerning a patient with a penetrating precordial injury, which of the following statements is true?
 - The lack of muffled heart tones rules out cardiac tamponade.
 - The pericardium can stretch acutely to accommodate more than a liter of blood.
 - Vasodilators will improve forward flow.
 - Vigorous positive-pressure ventilation may impair cardiac filling.
- Fundamental anesthetic principles concerning cardiac tamponade include all but which statement?
 - A slow heart rate should not be treated, as bradycardia enhances cardiac filling.
 - Aggressive fluid infusions are necessary to ensure right atrial filling.
 - Ketamine is usually the induction agent of choice.
 - The heart is usually in an enhanced contractile state, and inotropes are likely unnecessary.

Questions continue on page 95

11. Pulsus paradoxus is
 - a. Distension of neck veins on inspiration.
 - b. An inspiratory decrease in systolic blood pressure of greater than 10 mmHg.
 - c. Part of Beck's triad.
 - d. Also called "equalization of pressures."
12. Which of the following statements is correct regarding fluid and blood resuscitation?
 - a. Infusion of normothermic fluid and blood products is not required in the clinical situation of massive transfusion and hemorrhagic shock.
 - b. Accidental IV delivery of air with pressurized infusions has not been reported in the medical literature.
 - c. Compartment syndrome resulting from extravasation of IV fluid with pressurized infusions has not been reported in the medical literature.
 - d. Fluid and blood resuscitation is best accomplished with large-gauge IV catheters and effective fluid warmers with high thermal clearances.
13. Which is a characteristic of the FMS2000 fluid warmer?
 - a. Pressurization of fluid and blood bags is required to increase flow.
 - b. Thermal neutrality of IV fluids can be maintained at slow, moderate, and rapid flow.
 - c. The device has two air detectors coupled to an automatic shut-off.
 - d. Use of the warmer has been shown to prevent compartment syndrome.
14. The administration of plasminogen activators to patients with severe ARDS is based on the theory that disseminated intravascular coagulation occludes the pulmonary microcirculation.
 - a. True
 - b. False
15. Obstruction of microcirculation to liver and kidney for 12 to 24 hours probably results in cellular death in these organs, despite restoration of blood flow.
 - a. True
 - b. False
16. Which group of persons is most susceptible to severe trauma?
 - a. Children
 - b. Pregnant women
 - c. Young men
 - d. Elderly men
 - e. Persons with pre-existing chronic medical diseases
17. Concerning intensive care of trauma patients in Jamaica,
 - a. Intentional injuries are more common than unintentional injuries.
 - b. Traffic crashes are the most common cause of trauma ICU admissions.
 - c. Survivors have a shorter length of stay than nonsurvivors.
 - d. Males and females are equally represented.
 - e. Thoracic injuries are the most common cause of death.
18. All of the following are strategies to reduce the incidence of trauma in Jamaica except
 - a. Gun amnesties
 - b. Peace and Love in Schools program
 - c. Seatbelt laws
 - d. Youth clubs
 - e. Vehicle emission inspection test
19. Which of the following statements concerning trauma in Jamaica is false?
 - a. Trauma patients account for 12% of total ICU admissions.
 - b. Trauma patients tend to be younger than other ICU patients.
 - c. Most ICU trauma patients underwent surgery.
 - d. The majority of trauma patients are admitted to the ICU.
 - e. Trauma is the most common indication for admission to general surgical wards.
20. Trauma care systems in developing nations, e.g., Jamaica and India, must be tailored to each country's geographic distribution of resources, socioeconomic strata, and cultural differences.
 - a. True
 - b. False

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

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Mail answer form and check (\$50, members; \$100, nonmembers) to ITACCS Department of CME Credit, P.O. Box 4826, Baltimore, MD 21211
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