

Name: _____ **Date:** _____
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DEEP SEDATION TEST QUESTIONS

The Study Guide is provided for those physicians eligible to apply for **Deep Sedation** privileges. The Study Guide is approximately 41 pages, so you may consider printing only the Test and reviewing the Study Guide on-line.

Once you have **completed the test**, please **fax it to Medical Staff Administration** at 909/558-6053 (x 66053). Your test will be graded and a certificate faxed to those passing the test with a score of 45 correct or more. Please be sure to complete all the information at the top of this test.

1. During a minor procedure under sedation and analgesia, the patient is breathing slowly with some snoring, is not easily aroused, and does not respond to verbal commands. At which level of sedation is this patient?
 - a. twilight sedation
 - b. moderate sedation
 - c. deep sedation
 - d. irreversible sedation

2. Which of the following defines moderate sedation?
 - a. a medically controlled state of depressed consciousness from which the patient does not respond to verbal or tactile stimuli
 - b. CNS depression produced by sedatives and/or analgesics that allow patients to tolerate unpleasant procedures while maintaining the ability to respond to verbal or tactile stimuli
 - c. the administration of morphine to treat post-operative pain
 - d. the administration of a sedative/hypnotic agent to facilitate sleep

3. Patients being evaluated for procedure-related sedation need:
 - a. a history and physical.
 - b. an ASA physical status assignment
 - c. a consent
 - d. all of the above

4. All of the following are monitoring requirements for the sedated patient EXCEPT:
 - a. blood pressure
 - b. capillary refill
 - c. pulse oximetry
 - d. respiratory rate

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5. A 7 year old is to have a lumbar puncture performed using sedation. The minimum number of qualified personnel who should be available during the procedure is:
- One (the physician to perform the procedure and to monitor the patient)
 - Two (the physician to perform the procedure and another to monitor the patient)
 - Two (the physician to perform the procedure and monitor the patient, and another to assist)
 - Three (the physician to perform the procedure, an aide to restrain the patient, and a RN to assist the physician with the procedure) 6. What equipment must be used or available for patient monitoring during procedure related sedation?
- hospital code blue cart
 - defibrillator
 - functional self-inflating bag and mask system
 - all of the above
7. What parameter must be monitored continuously during sedation:
- state of consciousness
 - pulse oximetry
 - blood pressure
 - cardiac output
8. The first and most important action when a patient starts to vomit during a procedure is to:
- apply restraints
 - give supplemental O₂
 - give a reversal agent
 - reposition to lateral decubitus
9. The first response for an obstructed airway is to:
- suction the patient
 - intubate the patient
 - insert an oral airway
 - perform a chin lift/neck extension
10. Versed is an anxiolytic drug. This means that it:
- provides analgesia
 - reduces anxiety
 - reduces blood pressure
 - increases anxiety

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11. Guidelines for patients at discharge after sedation should include:
 - a. written release of the hospital from responsibility
 - b. discussion of all potential adverse effects of moderate sedation
 - c. discussion of the effects of sedation and a warning about operating a motor vehicle
 - d. a mandatory follow-up visit with the physician who performed the procedure

12. Which of the following statements about the use of benzodiazepines for moderate sedation is true?
 - a. adjustment in dosing is needed when giving an opioid
 - b. should always be reversed by flumazenil
 - c. should always be reversed by naloxone
 - d. should always be given by the oral route

13. For short procedures, midazolam is a better choice than diazepam as an anxiolytic.
 - a. True
 - b. False

14. Which of the following statements about opioids and apnea is true?
 - a. responsive patients can become apneic, especially with rapid intravenous administration of opioids
 - b. apnea is an unlikely, uncommon adverse reaction
 - c. apnea doesn't usually lead to cardiac arrest
 - d. apnea doesn't occur, since the main effect of opioids is analgesia.

15. Which of the following statements about using naloxone (Narcan) to reverse opioid effects is true?
 - a. it should be given in a continuous IV drip without boluses
 - b. it can induce narcotic withdrawal
 - c. it is absent side effects
 - d. it does not antagonize the respiratory effects of opioids.

16. Which of the following statements regarding naloxone is correct?
 - a. it reverses the respiratory depressant effects of fentanyl
 - b. it reverses the respiratory depressant effects of midazolam
 - c. it can only be given by IV push
 - d. it reverses the respiratory depressant effects of chloral hydrate

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17. Which of the following statements are true?
- naloxone can be used to reverse narcotic overdose.
 - flumazenil can be used to reverse narcotic overdose.
 - flumazenil can be used to reverse ketamine overdose.
 - naloxone can be used to reverse barbiturate overdose.
18. Factors associated with an increased incidence of emergence delirium in association with ketamine include:
- age >16 years
 - female sex
 - doses of ketamine >2 mg/kg IV
 - history of personality problems or frequent dreaming
 - all of the above

For items 19-23, select the letter of the medication that best matches the statement describing the drug:

- fentanyl (Sublimaze)
- midazolam (Versed)
- flumazenil (Romazicon)
- DPT Cocktail (demerol, phenergan, thorazine)
- meperidine (Demerol)

19. _____ It's 100 times more potent than morphine.
20. _____ Is not recommended for use by the *American Academy of Pediatrics*.
21. _____ Is contraindicated in patients on monoamine oxidase inhibitors.
22. _____ Should not be given to patients on chronic benzodiazepine therapy.
23. _____ It's more potent than diazepam (Valium).
24. B.M. is a 70 year old male with renal dysfunction and history of epilepsy. He is scheduled to go to the endoscopy lab in the morning. He states that he got a mild rash when morphine was given to him. The best choice of medications for moderate sedation for him is:
- meperidine 100 mg IV 30 minutes prior to procedure, followed by diazepam IV 10-15 mg
 - ketorolac 60 mg IV 30 minutes prior to procedure, followed by midazolam 2.5 mg IV
 - fentanyl 50 mcg IV, followed by midazolam 1 mg IV
 - morphine 10 mg IV 30 minutes prior to procedure, followed by midazolam 1 mg IV

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25. When using a bag-valve mask, providers must pay special attention to:
- maintaining a specific ventilatory rate
 - pressing down on the mask in order to prevent leaking of the delivered volume
 - volume of air moved with each squeeze of the bag as assessed by chest movement and auscultation
 - the supplemental oxygen flow rate
26. Infants and small children are particularly susceptible to complications during sedation. The unique anatomy of which body system contributes to this susceptibility:
- neurological
 - gastrointestinal
 - respiratory
 - renal
27. A Post-Anesthesia Recovery Score is:
- an objective measure used to determine a patient's suitability for discharge
 - the same as an ASA Physical Status Classification
 - a neurological assessment of LOC
 - a physician test of how well a patient will tolerate narcotics
28. Who can discharge patients to home or elsewhere after procedure-related sedation?
- the physician performing the procedure or the nursing performing the monitoring
 - a licensed physician only
 - a licensed physician or a registered nurse functioning under standardized procedures
 - all of the above

Mark True or False for the following questions:

29. T F A patient that is moribund and not expected to survive the procedure is an ASA physical class I patient
30. T F In otherwise healthy patients, the duration of NPO for solids is at least six hours
31. T F Barbiturates are the preferred method of sedation for most patients undergoing a procedure.
32. T F Ketorolac is safe in patients that are hypovolemic.
33. T F Nitrous oxide is contraindicated in patients with a pneumothorax
34. T F Naloxone has a long half-life with little chance of renarcotization when used for opiate-induced respiratory depression.
35. T F On preliminary examination of the oropharynx, the uvula is not visualized. It is likely, if endotracheal intubation is required, that it will be difficult

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36. T F During sedation the jaw may relax and the base of the tongue may fall back in contact with the posterior pharynx and result in obstruction. Often a simple realignment of the airway may correct this problem.
37. T F When administering sedation in pediatric patients, it is important to administer a large, single dose of the agent(s) for rapid effectiveness
38. T F Geriatric patients have an increased requirement for sedative/analgesic agents.
39. T F In order for patients to be discharged from the recovery phase after procedure-related sedation, they must achieve a PARS of 3.
40. T F When patients are discharged to home for recovery after procedure-related sedation, they are encouraged to be unaccompanied in order to cut costs.

Risk factors that are most consistently associated with a difficult airway are:

41. T F obesity
42. T F decreased head and neck movement
43. T F receding mandible
44. T F reduced jaw movement
45. T F protruding teeth

Treatment of laryngospasm should include

46. T F 100% oxygen
47. T F removing any painful stimulus
48. T F jaw thrust
49. T F positive airway pressure
50. T F nothing-laryngospasm is usually transient and goes away if the patient is left alone