



SAJAA CPD ANSWER FORM - September/October 2020

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Please answer the following questions:

- 1. The upper limit of safety of methoxyflurane in minimal alveolar concentration (MAC) hours is:**
 - 6–8 breaths and continues for several minutes after inhalation has ceased.
 - 1–2 breaths and continues for many minutes after inhalation has ceased.
 - Does not provide pain relief.
- 2. The methoxyflurane portable inhaler has a diluter hole which will:**
 - Increase the minimal alveolar concentration (MAC) delivered when the hole is covered.
 - Stop the delivery of the agent when the hole is covered.
 - Increase the filtration by the carbon filter when the hole is opened.
- 3. Methoxyflurane was discontinued due to:**
 - Dose-dependent manner neurotoxicity.
 - Dose-dependent manner nephrotoxicity.
 - Dose-dependent manner hepatotoxicity.
- 4. Contraindications to the use of methoxyflurane include:**
 - Risk of scoline apnea.
 - Malignant hyperthermia.
 - Family history of postoperative nausea and vomiting.
- 5. The burns unit at Chris Hani Baragwanath Academic Hospital has:**
 - 18 ward beds and 6 intensive care beds.
 - 20 ward beds and 8 intensive care beds.
 - 21 ward beds and 7 intensive care beds.
- 6. According to the World Health Organization, how many people lack access to treatments for moderate to severe pain?**
 - 100 million.
 - 2 billion.
 - 4 billion.
 - 5.5 billion.
- 7. After the implementation of daily post-surgical pain rounds, this study showed a reduction in all of the following EXCEPT:**
 - Post-intervention pain scores.
 - Time of first ambulation.
 - Length of stay after surgery.
- 8. After the implementation of daily post-surgical pain rounds, this study showed an increase in the administration of several analgesics, with the largest increase in usage of:**
 - IV paracetamol.
 - IV diclofenac.
 - Oral tramadol.
 - Oral morphine.
- 9. In this study, the mean additional cost per patient of implementing daily post-surgical pain rounds was:**
 - Less than 1 US\$.
 - 5 US\$.
 - 10 US\$.
 - 50 US\$.

- 10. The Essential Pain Management Workshop emphasises all of the following EXCEPT:**
 - Multimodal treatment strategies for pain.
 - Prioritisation of intravenous analgesics over oral analgesics.
 - A team approach to pain management.
 - Local solutions to local problems.
- 11. Repeated paediatric tracheal intubation may cause:**
 - Incorrect end-tidal gas monitoring.
 - Leak of anaesthetic vapor.
 - Post-extubation stridor and significant airway obstruction.
- 12. Anatomically, the larynx of the paediatric patient is:**
 - Funnel shaped with its narrowest part at the cricoid ring level.
 - Funnel shaped with its largest part at the cricoid ring level.
 - Round shaped with its narrowest part at the cricoid ring level.
- 13. The equation used for measurement of the subglottic diameter using ultrasonography selects:**
 - AETT outer diameter.
 - ETT inner diameter.
 - The difference between ETT outer and inner diameter.
- 14. ETT size is considered optimum when inaudible air leak occurred around the tube with the head and neck in a neutral position at an inspiratory airway pressure of:**
 - 25–35 cmH₂O.
 - 10–30 cmH₂O.
 - 20–40 cmH₂O.
- 15. The diameter of the subglottic transverse air column is measured:**
 - At the lower edge of the cricoid cartilage.
 - At the upper edge of the cricoid cartilage.
 - At the middle edge of the cricoid cartilage.
- 16. The leading cause of tracheal stenosis is:**
 - Infectious disease.
 - Neoplasia.
 - Congenital.
 - Iatrogenic/post-intubation.
- 17. Traditional balloon and bougie dilatation of the trachea is complicated by:**
 - Complete occlusion of the tracheal lumen.
 - Limited duration due to onset of hypoxia.
 - Risk of barotrauma.
 - All of the above.
- 18. Trial of a novel non-occlusive balloon dilator in an ovine model showed that:**
 - Sheer forces may predispose to tracheal trauma.
 - Continuous oxygenation and ventilation was possible.
 - Larger inflation volumes than occlusive balloons were required.
 - Balloon inflation significantly changes ventilatory parameters.
- 19. The use of non-occlusive balloons for tracheal dilatation:**
 - Has been extensively reported in the literature.
 - Increases the likelihood of hypoxia and/or hypercarbia.
 - Facilitates endoscopic placement and guidance.
 - Can be performed as a blind procedure.
- 20. A noteworthy limitation of the ovine study described is that:**
 - The animals used did not have tracheal stenosis.
 - Small diameter ETTs used in the study confounded measurement of airway resistance.
 - There was little variation in body mass of the subjects.
 - Histopathological inspection showed tracheal trauma.

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