

# The Ochsner Journal

## Continuing Medical Education

### CME QUESTIONS VOLUME 13, NO. 2

This section provides a review. Mark each statement (circle the correct answer) according to the factual material contained in this issue and the opinions of the authors. A score of 70% per article is required to qualify for CME credit.

**The Ochsner Journal Editorial Board has decided to phase out the journal's CME offerings. CME quizzes for credit will be available in all four 2013 issues of the journal, but CME credit will no longer be offered in 2014.**

#### An Imperative: Patient-Centered Care for Our Aging Population

1. Current barriers to quality care for aging patients with chronic diseases include which of the following?
  - a. Patients seeing multiple physicians
  - b. Lack of coordination of care
  - c. Lack of shared information
  - d. Lack of patient understanding about chronic disease management
  - e. All of the above
2. Most care for aging patients with chronic diseases takes place in which one of the following venues?
  - a. Hospital
  - b. Outpatient clinic
  - c. Long-term care facilities
  - d. Nursing homes
  - e. Home
3. The most common reasons for hospital readmission are which of the following?
  - a. Cost of care outside the hospital
  - b. Failure to follow up with a physician postdischarge
  - c. Medication errors
  - d. Lack of patient counseling
  - e. All of the above

#### Perioperative Considerations of Kawasaki Disease

1. Which of the following is not associated with Kawasaki disease (KD) epidemiology?
  - a. Asian and Pacific Island descent
  - b. Old age
  - c. Winter and spring months
  - d. Male children
2. Lymphadenopathy in KD
  - a. is usually bilateral.
  - b. is most commonly found in the posterior cervical nodes.
  - c. is the least consistent of the 5 clinical features of KD.
  - d. is present in 75% of children.
3. In a child with KD, which of the following statements concerning coronary artery aneurysms (CAAs) is false?
  - a. Patients with small coronary artery aneurysms have the best prognosis.
  - b. Aneurysms do not continue to increase in size after the first week.
  - c. Half of aneurysms regress to normal lumen diameter after 2 years.
  - d. Giant CAAs have a diameter >8 mm and may become obstructed.
4. Which of the following is a concerning long-term consequence of KD?
  - a. Pleural effusion
  - b. Arrhythmia
  - c. Myocardial infarction
  - d. All the above

#### Influences of the Aging Process on Acute Perioperative Pain Management in Elderly and Cognitively Impaired Patients

1. A man with sickle cell disease who weighs 65 kg is scheduled for wrist surgery with intravenous regional anesthesia (IVRA) with 0.5% lidocaine 50 mL. Which of the following statements is true?
  - a. This anesthetic is contraindicated in patients with sickle cell disease.
  - b. Mottling of the skin after injection dictates abandonment of the technique.
  - c. IVRA is not indicated for wrist surgery, especially in the elderly.
  - d. Bupivacaine 0.5% could be substituted to prolong anesthesia.
  - e. The patient is too old for regional anesthesia.
2. During placement of an epidural in a 78-year-old patient scheduled for a total knee replacement, the patient complains of a sharp, sustained pain radiating down his left leg as the catheter is inserted to 2 cm. The most appropriate action at this time would be to
  - a. leave the catheter at only 2 cm in older patients and give a test dose.
  - b. give a small dose to relieve pain and then advance 1 cm.
  - c. withdraw the catheter 1 cm and give a test dose.
  - d. withdraw the catheter and needle and reinsert in a new position.
  - e. abandon the epidural technique in elderly patients and only attempt long-acting spinal.

3. An 80-year-old woman who weighs 45 kg undergoes pin fixation of the right hip in the lateral decubitus position under spinal anesthesia. One day after the operation she cannot move her left ankle or foot actively. The most likely cause is
  - a. compression of the sciatic nerve.
  - b. compression of the common peroneal nerve.
  - c. injury of the nerve root at L4-5.
  - d. stretching of the femoral nerve.
  - e. stretching of the tibial nerve.
4. Evidence supports the concept that the duration of a peripheral nerve block with ropivacaine is affected by
  - a. the weight of the patient.
  - b. body mass index.
  - c. age.
  - d. the number of comorbidities.
  - e. the number of allergies.
5. You are asked to perform an interscalene block with 40 mL of mepivacaine 1.5% for anesthesia in 2 patients undergoing a rotator cuff repair. The first patient is an 18-year-old football player weighting 85 kg, and the second is a 77-year-old woman who also weighs 85 kg. You achieve a surgical block in both cases; however, in the recovery room the 77-year-old woman patient is very comfortable, but the 18-year-old patient is starting to complain of pain. Which of the following is the most reasonable explanation for the difference between the 2 patients?
  - a. The duration of an interscalene block is shorter in young compared to elderly patients.
  - b. Mepivacaine is a long-acting local anesthetic.
  - c. The 18-year-old patient has an unusually low pain threshold.
  - d. To provide postoperative analgesia, you would need to give the football player at least 50 mL of mepivacaine.
  - e. All of the above

#### Esophageal Adenocarcinoma in a 40-Year-Old Man With Cystic Fibrosis: Coincidence or Not?

1. Which of the following gastrointestinal findings is NOT associated with cystic fibrosis?
  - a. Gastroesophageal reflux disease
  - b. Cirrhosis with portal hypertension
  - c. Intussusception
  - d. Achalasia
  - e. Pancreatic insufficiency
2. Which of the following statements is true regarding the development of cancer in patients with cystic fibrosis?
  - a. The rate of cancer from all sites is higher in patients with cystic fibrosis than in the general population.
  - b. The rate of gastrointestinal cancers is higher in patients with cystic fibrosis than in the general population.
  - c. The rate of lung cancer is higher in patients with cystic fibrosis than in the general population.
  - d. The rate of hematopoietic malignancy is higher in patients with cystic fibrosis than in the general population.
  - e. Gastrointestinal cancers occur, on average, at an older age in patients with cystic fibrosis.
3. Which of the following is NOT likely to contribute to carcinogenesis in patients with cystic fibrosis?
  - a. The higher incidence of helminthic infections in patients with cystic fibrosis compared with the general population
  - b. Thickened secretions in patients with cystic fibrosis that potentiate mucosal inflammation and injury
  - c. Increased esophageal acid exposure caused by a higher number of reflux episodes
  - d. Increased intestinal exposure to bile salts due to high concentrations in mucous and slow bowel transit
  - e. Immune suppression in patients who have undergone organ transplantation

(Questions continue on opposite side)

### Bilateral Pneumothoraces Following a Right Subclavian Catheter Insertion After Thyrectomy for a Patient With a Myasthenic Crisis

- Myasthenia gravis (MG) is an autoimmune disease with antibodies directed against
  - alpha receptors
  - nicotinic acetylcholine receptors
  - dopaminergic receptors
  - none of the above
- Myasthenic crisis is defined as
  - respiratory failure requiring mechanical ventilation.
  - severe upper extremities' weakness.
  - quadriplegia.
  - none of the above.
- Pneumothorax during central line placement is more common with cannulating the
  - internal jugular vein.
  - subclavian vein.
  - external jugular vein.
  - equal risk for all the previously mentioned veins.

### Perioperative Nitroprusside Infusion in a Patient With Severe Aortic Stenosis: Another Component of Afterload Reduction Uncovered

- Although aortic stenosis is the most common valvular heart disease in the elderly, its reported incidence ranges from 2%-4% after the sixth decade of life. *True or False*
- The classic symptom triad in aortic stenosis patients is syncope, angina, and dyspnea with varying degrees of exertion. Classically described as symptomatic aortic stenosis, this symptom triad heralds the decompensated phase of the disease with a uniformly poor prognosis. *True or False*

- Traditional management goals require maintenance of a normal sinus rhythm with a low normal heart rate to allow for adequate ejection time across the stenotic aortic valve. *True or False*
- Nitroprusside infusion acts on the dynamic component of the aortic stenosis pathophysiology. It counteracts the increased afterload that is a consequence of the compensatory hyperadrenergic state in these patients. Therefore, it increases forward flow and cardiac output when used in normotensive and hypertensive aortic stenosis patients. *True or False*

### Importance of Vigilant Monitoring After Continuous Nerve Block: Lessons From a Case Report

- All of the following are warning signs of limb ischemia after orthopedic surgery except
  - loss of distal pulse.
  - pain at the surgical site.
  - pain at a site away from surgical site.
  - pain not resolving even after clinical evidence of regional block.
- Delay in diagnosing compartment syndrome can occur with which of the following modalities of postoperative analgesia?
  - Patient-controlled epidural analgesia
  - Patient-controlled peripheral nerve block
  - Patient-controlled intravenous analgesia
  - Oral pain medications
  - All of the above
- Which of the following statements about the postoperative period after regional anesthesia is correct?
  - There are no available consensus guidelines on monitoring after peripheral nerve blocks.
  - Neurovascular monitoring is not required after single-shot peripheral nerve blocks.
  - Neurovascular monitoring is not required for patients with continuous peripheral nerve blocks with dilute local anesthetics.
  - Neurovascular monitoring is not required for postoperative orthopedic patients who have not received regional blocks.

## The Ochsner Journal CME Credit Application Form

MD  DO  Other (specify) \_\_\_\_\_

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The Ochsner Clinic Foundation is required to file information for record keeping regarding awarding of CME credits. Please send your completed CME credit application form, test questionnaire, and evaluation form to Continuing Medical Education, Ochsner Clinic Foundation, 1514 Jefferson Highway, New Orleans, LA 70121.

### VERIFICATION OF ATTENDANCE

The maximum number of credits awarded for this activity is 7 AMA PRA Category 1 credits™.

Signature \_\_\_\_\_

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### EVALUATION

Your response to these questions helps us to enhance our CME offerings. Please take the time to respond and return the evaluation. Thank you.

Please use the following codes to answer items 1-7.

- SA** – Strongly Agree  
**A** – Agree  
**U** – Undecided  
**D** – Disagree  
**SD** – Strongly Disagree

- The objectives of the CME activity were clearly stated.  
**SA**      **A**      **U**      **D**      **SD**
- The content of the journal articles was up-to-date.  
**SA**      **A**      **U**      **D**      **SD**
- The journal articles illustrated independence, objectivity, balance, and scientific rigor.  
**SA**      **A**      **U**      **D**      **SD**
- The content was closely related to objectives of my clinical practice and/or teaching.  
**SA**      **A**      **U**      **D**      **SD**

- The journal articles increased my knowledge of the subject.  
**SA**      **A**      **U**      **D**      **SD**
- The content of the journal articles met my personal expectation and needs.  
**SA**      **A**      **U**      **D**      **SD**
- I will apply the information learned from these journal articles in my clinical practice.  
**SA**      **A**      **U**      **D**      **SD**

Do you have any suggestions as to how to improve the content of the journal articles?  
 \_\_\_\_\_

What topics would you like to see in future journal articles?  
 \_\_\_\_\_

Thank you for completing this evaluation and survey.