

The Ochsner Journal

Continuing Medical Education

CME QUESTIONS VOLUME 12, 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.

Specialized Ambulatory Anesthesia Teams Contribute to Decreased Ambulatory Surgery Recovery Room Length of Stay

1. Postoperative nausea and vomiting (PONV) and pain are the most common complications in ambulatory anesthesia.
True or False
2. Decreased postanesthesia care unit (PACU) length of stay is directly related to the increased use of opioids.
True or False
3. Pain may directly worsen PONV.
True or False
4. Various intraoperative factors but not patient-related factors contribute to PACU length of stay.
True or False

Medical Management in the Acute Hip Fracture Patient: A Comprehensive Review for the Internist

1. All of the following are recommended as a single-drug prophylaxis against deep vein thrombosis by the American College of Chest Physicians except
 - a. low-weight molecular heparin.
 - b. fondaparinux.
 - c. low-dose unfractionated heparin.
 - d. aspirin.
2. The most common postoperative infectious complication is urinary tract infections.
True or False
3. Plain x-rays without evidence of fracture do not exclude the diagnosis of hip fracture.
True or False
4. Bisphosphonates are a mainstay in the treatment of osteoporosis. What population(s) should not receive bisphosphonates?
 - a. Patients with vitamin D deficiency below 10 mg/mL
 - b. Patients with hypocalcemia
 - c. Patients with renal disease
 - d. All of the above
 - e. None of the above

Perioperative Management of Neurofibromatosis Type 1

1. Proper preoperative evaluation of a patient with neurofibromatosis type 1 should always include
 - a. testing for hemoglobin and hematocrit levels.
 - b. extensive cardiac evaluation.
 - c. consideration of the multisystem implications of the disease.
 - d. central nervous system radiologic series.

2. The diagnosis of neurofibromatosis type 1 based on clinical findings includes all of the following except
 - a. one plexiform neurofibroma.
 - b. two or more Lisch nodules of the iris.
 - c. optic nerve glioma.
 - d. two café-au-lait macules less than 5 mm.
3. Neurofibromatosis type 1 has several effects on the central nervous system, including
 - a. tumors of the brainstem that may cause hypoventilation.
 - b. a higher incidence of epilepsy.
 - c. undiagnosed brain tumors.
 - d. all of the above.
4. When evaluating the respiratory system of a patient with neurofibromatosis type 1, the clinician may consider
 - a. pulmonary function testing.
 - b. examination via indirect laryngoscopy.
 - c. radiographic studies to rule out respiratory compromise.
 - d. all of the above.
5. The anesthesiologist caring for a patient in labor with neurofibromatosis type 1 should consider all of the following except
 - a. the possibility of increased intracranial pressure.
 - b. increased local anesthetic requirements.
 - c. spinal abnormalities.
 - d. the presence of spinal tumors.

Sleep Physiology, Abnormal States, and Therapeutic Interventions

1. Polysomnography is the gold standard for diagnosing sleep apnea.
True or False
2. Central sleep apnea may respond to acetazolamide that causes metabolic acidosis and thus encourages respiration.
True or False
3. Which of the following is a common presenting symptom of patients with sleep apnea?
 - a. Hypertension
 - b. Headache
 - c. Erectile dysfunction
 - d. All of the above
 - e. None of the above
4. Methadone and carbamazepine can be effective treatments for severe or painful restless leg syndrome.
True or False
5. Estrogen may induce bulk in the parapharyngeal musculature, increasing the likelihood of obstructive sleep apnea.
True or False

(Questions continue on opposite side)

The maximum number of credits awarded for this activity is 5 AMA PRA Category 1 credits™.

(Questions continued from opposite side)

Acute Respiratory Distress Following Ultrasound-Guided Supraclavicular Block

- The incidence of phrenic nerve palsy following supraclavicular nerve block is
 - more than 67%.
 - 50%.
 - 25%.
 - 10%.

- Which of the following is an absolute contraindication of supraclavicular nerve block?
 - Morbid obesity
 - Preexisting phrenic nerve palsy on the opposite side of the block
 - Liver failure
 - Renal failure

- Which of the following nerve block(s) can result in phrenic nerve palsy?
 - Supraclavicular
 - Interscalene
 - Infraclavicular
 - A and B

The Ochsner Journal CME CREDIT APPLICATION FORM

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VERIFICATION OF ATTENDANCE

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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.