

Medical Staff Office Use Only:

Congratulations! You passed the Moderate Sedation Competency Examination. Enclosed is the test for your follow-up review.

Test Results: \_\_\_\_\_ % (\_\_\_\_\_ of 35 correct)

Your test result was <80%. Please contact Dr. Myrka Smith, Chair, Dept of Anesthesia, at 410-535-8295, to discuss and review the results of your Moderate Sedation Competency Exam. Approval for these privileges cannot be granted until you have successfully completed this review with Dr. Smith.

Name \_\_\_\_\_

Date \_\_\_\_\_

### CalvertHealth Medical Center's Moderate Sedation Competency Examination

1. **JCAHO (The Joint Commission On Accreditation Of Health Care Organizations) requires:**

- A. That any physician can give moderate sedation.
- B. Physicians to be credentialed only once.
- C. Physicians to be credentialed before each procedure.
- D. Only physicians who have been appropriately credentialed may administer moderate sedation.
- E. That only ACLS certified physicians may be credentialed.

2. **Calvert Health's Medical Staff policy for moderate sedation provides for all of the following except:**

- A. Requires nurses to complete a competency assessment annually.
- B. Requires credentialing for physicians by the Department of Anesthesia.
- C. Requires attendance at a lecture once every two years.
- D. Allows for credentialing to be accomplished by passing this exam every two years.
- E. Only anesthesiologists and CRNA's are credentialed to administer deep unconscious sedation.

3. **The following equipment must be present prior to initiating moderate sedation EXCEPT:**

- A. Anesthesia machine
- B. ECG monitor
- C. O<sub>2</sub> tank and cannula
- D. Suction apparatus
- E. Pulse oximeter

4. **The following history must be obtained on the patient's chart prior to moderate sedation EXCEPT:**

- A. Current medications and drug allergies
- B. History of tobacco/ alcohol/ substance abuse
- C. Ability to communicate
- D. Time and nature of last oral intake
- E. Last menstrual period for female patients of child-bearing age

5. **Intra-procedure monitor must include all of the following EXCEPT:**

- A. Respiration rate
- B. ECG
- C. Central venous pressure
- D. Blood pressure
- E. Level of consciousness

6. **Moderate sedation is usually required in all of the following procedures EXCEPT:**

- A. Esophagogastroduodenoscopy
- B. Bronchoscopy
- C. Colonoscopy
- D. Transesophageal echocardiography
- E. Sigmoidoscopy

7. **The following are true about morphine EXCEPT that it:**
- A. Is a synthetic opioid providing good pain relief
  - B. Is about 10 times more potent than Meperidine
  - C. Must be used with caution on the elderly and patients with COPD
  - D. Causes histamine release
  - E. Can cause nausea and vomiting
8. **The following are true about Meperidine EXCEPT:**
- A. A usual dose is 1-2 mg/kg
  - B. Should not give more than 100 mg within a 1-hr. period
  - C. It can be given with MAOI
  - D. It can cause hallucinations in the elderly
  - E. It can cause respiratory depression
9. **The following are true about Fentanyl EXCEPT that it:**
- A. Is about 100 times more potent than morphine
  - B. Can cause chest wall rigidity if given rapidly
  - C. Can cause tachycardia
  - D. Rarely causes histamine release
  - E. Has a duration of about 30-60 min.
10. **The following are true about Midazolam EXCEPT that it:**
- A. Can never be used without individualization of dosage
  - B. Can cause respiratory depression if administered rapidly in high doses
  - C. Its action can be reversed by Flumazenil
  - D. Is given no more than 2.5 mg over a period of 2 min.
  - E. Has greater analgesia than sedation
11. **The following are true about Diazepam EXCEPT that it:**
- A. Should be administered slowly. Dose=0.2 mg/kg with a max. of 10 mg
  - B. Is more potent than Midazolam
  - C. Has a minimal analgesic effect
  - D. Is contra-indicated in narrow angle glaucoma
  - E. Can cause phlebitis in small veins
12. **The following are true about Flumazenil EXCEPT that it:**
- A. Has a 30-60 min. duration of action
  - B. Can cause nausea and vomiting, dizziness, emotional lability
  - C. Can cause pain at the site of injection, headache, and agitation
  - D. Can be used to reverse the action of opioids and benzodiazepines
  - E. Has an initial dose of 0.2 mg over 15 sec. then repeat within 1 min. for a total of 1 mg. maximum
13. **The following are true about Naloxone EXCEPT:**
- A. Its initial dose is 0.1-0.2 mg and then again every 2-3 min. for a total of 1 mg. maximum
  - B. Watch for hypotension, ventricular fibrillation, and ventricular tachycardia
  - C. Watch for hypertension, pulmonary edema, and seizure
  - D. It can be used to reverse the action of benzodiazepines and opioids
  - E. It can be used as continuous infusion for treatment of pruritis secondary to opioids.
14. **All are correct regarding registered nurses EXCEPT:**
- A. May not leave the patient unattended unless the attending physician remains with the patient
  - B. Must have documented competencies in the care of the patient receiving moderate sedation and must maintain competency in the knowledge and skills required
  - C. Must start an IV only for patients undergoing IV moderate sedation
  - D. Has the right and duty to refuse to administer medication in amounts which may convert the patient's state to deep sedation
  - E. Documents each medication dose and informs the physician of the total amount of the drug administered

15. **There is no need to carry out laboratory testing prior to performing moderate sedation on which of the following patients:**
- A. Patient on chronic thiazide therapy
  - B. Patient with chronic renal failure
  - C. Patient with insulin dependent diabetes mellitus
  - D. Asthmatic smoker who is not in distress
  - E. Patient who is complaining of chest tightness and palpitations just prior to the procedure
16. **Aspiration of gastric contents:**
- 1. Is potentially lethal
  - 2. May occur although the patient has been NPO for 6 hours
  - 3. May be reduced by applying cricoid pressure
  - 4. May be precipitated by insertion of oral airway
- A. 1, 2, and 3
  - B. 1, 3, and 4
  - C. 2, 3, and 4
  - D. All of the above
17. **The airway of choice for a deeply unconscious patient in shock is:**
- A. Oropharyngeal airway
  - B. Nasopharyngeal airway
  - C. Endotracheal tube
  - D. Esophageal airway
18. **A physician who can administer moderate sedation (circle the one that does not apply):**
- A. Must pass BLS and ACLS.
  - B. Has become credentialed by passing this exam.
  - C. Cannot perform moderate sedation without a nurse who has passed the competency assessment.
  - D. Will be present during the entire sedation.
  - E. Must be familiar with airway management, cardiac dysrhythmias recognition/treatment, & pharmacology of opioids & benzodiazepines.
19. **Synchronized cardioversion is the treatment of choice for:**
- A. Pulseless electrical activity
  - B. Symptomatic sinus tachycardia
  - C. Unstable supraventricular tachycardia
  - D. Ventricular fibrillation
20. **The following are all a potentially treatable cause of asystole except:**
- 1. Hypoxia
  - 2. Acidosis
  - 3. Hyperkalemia
  - 4. Tension pneumothorax
- A. 1 and 2
  - B. 2 and 3
  - C. 2 and 4
  - D. All are treatable
21. **Most common causes of airway obstruction in the unconscious patient are:**
- 1. Dentures
  - 2. Tongue
  - 3. Food
  - 4. Epiglottitis
- A. 1 and 2
  - B. 2 and 3
  - C. 2 and 4
  - D. All of the above

22. **The most common causes of cardiac arrest during surgery are:**
- A. Air embolism and acidosis
  - B. Airway obstruction and vagal reflex
  - C. Hypoxia and hypovolemia
  - D. Hypoxia and overdose or reaction to medication
23. **JCAHO requires all of the following except:**
- A. Physicians ordering and administering moderate sedation must be credentialed.
  - B. Recommended dosages must never be exceeded.
  - C. Monitoring of patients receiving moderate sedation must be uniform wherever it is administered.
  - D. A pertinent history and physical examination must be documented prior to the procedure (except in an extreme emergency).
24. **The methods of quickly establishing an open airway are to:**
- 1. Tilt head backward
  - 2. Turn the head to one side
  - 3. Lift jaw forward and up
  - 4. Wipe the mouth and throat of the unconscious patient
- A. 1 and 2
  - B. 2 and 3
  - C. 1 and 3
  - D. 1 and 4
25. **Oropharyngeal airway:**
- A. Eliminates the need for head positioning
  - B. Eliminates the possibility of complete upper airway obstruction
  - C. Is of no value once endotracheal tube is inserted
  - D. May stimulate vomiting and/or laryngospasm in semi-conscious patients
26. **Normal ECG excludes the diagnosis of myocardial infarction.**
- A. True
  - B. False
27. **A 42 year old male came to the E.R. with right hip dislocation after falling off a ladder. He is found to have a weak pulse and shallow breathing. His blood pressure is 70/35. The following is a copy of his ECG.**

Rhythm = \_\_\_\_\_

28. **What would be the next course of action for this man?**

- A. Give 500 cc. NSS rapid IV infusion
- B. Give atropine 0.5 mg. IV
- C. Give Verapamil 5mg IV
- D. Perform synchronous cardioversion at 50 J

29. A 61-year-old female with a history of chronic renal failure underwent femoral angiography. During the procedure, she became pale, diaphoretic, and lethargic. Blood pressure is 80/40 and oxygen was given. The following is a copy of her ECG.

Rhythm = \_\_\_\_\_

30. **What would be the next course of action for this woman?**

- A. Carotid massage
- B. Lidocaine 1 mg./ kg. IV
- C. Synchronized cardioversion
- D. Verapamil 5 mg. IV

31. **The following should be classified as an ASA Class II patient EXCEPT:**

- A. Smoker
- B. Morbid obesity
- C. Mild hypertension
- D. Old MI
- E. Non-insulin dependent DM

32. **The following should be classified as an ASA Class III patient EXCEPT:**

- A. Coronary artery disease with angina
- B. Severe COPD
- C. Chronic renal failure
- D. Insulin dependent DM
- E. Persistent angina

33. **Discharge criteria for outpatients include all of the following except:**
- A. Vital signs will be stable for at least two consecutive readings before discharge (Minimum of 30-45 minutes after last dose of sedating medication).
  - B. The patient will have returned to pre-sedation level of consciousness and mobility with protective reflexes intact.
  - C. Nausea and vomiting will not have occurred within 15 minutes before discharge.
  - D. Complications related to the specific procedure performed will not be evident.
  - E. Verbal discharge instructions are sufficient if the patient has returned to pre-sedation level of consciousness.
34. **JCAHO requires that the moderate sedation policy address all of the following except:**
- A. Sufficient qualified personnel present to perform the procedure and to monitor the patient.
  - B. The number of patients allowed to undergo moderate sedation in one day.
  - C. Appropriate equipment for care and resuscitation.
  - D. Appropriate monitoring of vital signs (heart and respiratory rates) and oxygenation using pulse oximetry equipment.
  - E. Monitoring of outcomes.
35. **The following is true regarding the registered nurse monitoring the patient with moderate sedation except:**
- A. May assist the practitioner with interruptible ancillary tasks of short duration once the patient's level of sedation/analgesia and vital signs have stabilized.
  - B. Is assessed annually for competencies.
  - C. Is knowledgeable in complications related to the use of moderate sedation.
  - D. Does not need to know pharmacology of drugs used in moderate sedation.
  - E. Is knowledgeable in cardiac arrhythmia recognition.

**PLEASE RETURN YOUR COMPLETED TEST TO THE MEDICAL STAFF OFFICE**