Physician Name: ____________________________
Date: ____________________________

Physician Procedural Sedation & Analgesia Quiz

1. Which of the following statements is true?

☐ Sedative/Analgesic drugs should be given in small, incremental doses that are titrated to the desired endpoints of sedation and analgesia
☐ When combining opioids and benzodiazepines, administer the benzodiazepines first. This will ensure that the patient received analgesia before the painful stimulus
☐ Sedatives, when used in combination are often synergistic in producing desired effects (sedation) as well as adverse effects (cardiopulmonary depression). Therefore, lower doses are often necessary when opioids and benzodiazepines are given together
☐ Re-sedation and respiratory depression may become less pronounced after stimulation from the procedure has ended

2. List the following opioids in order of relative potency from least to most (select the appropriate order)

☐ Morphine, Meperidine (Demerol), Hydromorphone (Dilaudid), Fentanyl (Sublimaze)
☐ Meperidine (Demerol), Morphine, Hydromorphone (Dilaudid), Fentanyl (Sublimaze)
☐ Fentanyl (Sublimaze), Hydromorphone (Dilaudid), Morphine, Meperidene (Demerol)
☐ Hydromorphone (Dilaudid), Meperidine (Demerol), Fentanyl (Sublimaze), Morphine

3. Which of the following statements concerning opiates are true? (select all that apply)

☐ At equianalgesic doses, the respiratory depression, nausea, sedation and pruritis caused by fentanyl are greater than those caused by morphine
☐ Elderly patients tend to be more sensitive to the effects of opioids. Therefore, lower doses may be indicated
☐ Meperidine (demerol) is recommended for patients with renal insufficiency or those predisposed to seizures
☐ Rapid administration and/or high doses of fentanyl can cause chest wall and glottic rigidity making manual ventilation difficult or impossible to perform if unconsciousness ensues
4. Which of the following statements concerning benzodiazepines are true? (select all that apply)

- In addition to their ability to relieve pain associated with muscle spasms, these drugs can provide analgesia for stimulating procedures
- Hypotension and tachycardia may occur, especially in elderly, severely ill or cardiovascular unstable patients
- Compared to midazolam (versed), lorazepam (ativan) is slightly less potent
- Profound sedation has been reported following a single dose of midazolam in persons taking certain antivirals for HIV infections such as saquinavir (invirase, Fortovase) and Indinavir (Crixivan)

5. When administering Morphine for sedation/analgesia, what is the appropriate adult intravenous dosing guideline?

- 0.1 milligrams
- 50 – 100 micrograms
- 2 – 5 milligrams
- 25 – 50 milligrams

6. When administering Fentanyl for sedation/analgesia, what is the appropriate adult intravenous dosing guideline?

- 0.1 milligrams
- 50 – 100 micrograms
- 25 – 50 milligrams
- 50-100 milligrams

7. When administering Meperidine (Demerol) for sedation/analgesia, what is the appropriate adult intravenous dosing guideline?

- 0.1 milligrams
- 25 – 50 micrograms
- 2 – 5 milligrams
- 25 – 50 milligrams
8. When administering Naloxone (Narcan) as a reversal agent, what is the appropriate adult intravenous dosing guideline?

- 0.1 milligrams
- 25 – 50 micrograms
- 2 – 5 milligrams
- 25 – 50 milligrams

9. When administering the reversal agent Flumazenil (Romazicon) for sedation/analgesia, what is the appropriate adult intravenous dosing guideline?

- 0.2 milligrams
- 25 – 50 micrograms
- 2 – 5 milligrams
- 25 – 50 milligrams

10. Phenothiazines (e.g. Compazine, Phenergan), Tricyclic antidepressants (Elavil) and CNS depressants may potentiate the therapeutic and adverse effects of opioids

- True
- False

11. Which of the following constitutes a normal airway exam? (select all that apply)

- Mouth opening greater than 2 finger widths or 3 centimeters
- Ability to visualize the uvula and tonsillar pillars with mouth open and tongue out (patient sitting)
- An adult chin length greater than 2 fingers width or 3 centimeters
- Limited neck extension or flexion

12. Which of the following conditions suggest an increased risk for airway management under sedation? (select all that apply)

- A history of sleep apnea
- A history of significant snoring
- Advanced rheumatoid arthritis
- Upper respiratory infection
13. Signs and Symptoms of airway obstruction include: (select all that apply)

- Increased respiratory efforts
- Hypoxemia
- Rocking chest motion
- Inspiratory stridor
- Absence of breath sounds

14. Which of the following statements concerning airway management are true? (select all that apply)

- The head tilt is an initial mechanical maneuver to relieve early airway obstruction
- If the head tilt maneuver is unsuccessful, the chin lift may relieve airway obstruction by permitting movement of the mandible through superior displacement of the chin
- If the head tilt and chin lift maneuvers are unsuccessful, jaw thrust should be employed to relieve obstruction and restored airflow
- If stimulation, head tilt and chin lift do not relieve airway obstruction, the patient is generally in a light state of sedation

15. Which of the following statement(s) concerning nasopharyngeal airways are true? (select all that apply)

- When upper airway obstruction continues after head tilt, chin lift and jaw thrust a nasal airway may be required to physically displace the tongue
- Nasal airways are always safe to use in the presence of anticoagulant use
- Inherent risks associated with nasal airway placement include epistaxis and hypertension
- Lubrication of nasopharyngeal airways will increase the incidence of epistaxis

16. Which of the following statement(s) concerning supplemental oxygen are true? (select all that apply)

- Nasal cannulas are recommended for flow rates exceeding 6 liters per minute
- Flow rates of less than 3 – 5 liters per minute for simple oxygen facemasks are not recommended in order to prevent retention of exhaled carbon dioxide and subsequent inhalation
- Simple oxygen masks can deliver an inspired oxygen concentration of up to 100%
- Because of the respiratory depressant effects associated with all sedatives, hypnotics and analgesics, strong consideration for the administration of supplemental oxygen to all patients receiving sedation/analgesia
17. Concerning evaluation of patients with high-risk underlying conditions, which of the following are true? (select all that apply)

- A class 3 or 4 Mallampati airway classification indicate the potential for moderate to severe airway management difficulty
- A pre-procedure anesthesia consult will be considered if the patient is classified as an ASA 4 or 5
- Patients taking CNS depressants are at an increased risk and merit special attention
- Morbid obesity is associated with an increased risk of developing a complication under conscious sedation

18. In what ASA classification would you place a healthy patient with well controlled asthma?

- ASA 1
- ASA 2
- ASA 3
- ASA 4
- ASA 5

19. In what ASA classification would you place a patient with COPD requiring oxygen, renal failure requiring dialysis or AICD?

- ASA 1
- ASA 2
- ASA 3
- ASA 4
- ASA 5

20. In what ASA classification would you place a healthy patient undergoing an emergent reduction of a displaced fracture?

- ASA 1
- ASA 2
- ASA 3
- ASA 4
- ASA 5
21. In what ASA classification would you place a patient with diabetes, peripheral neuropathy and retinopathy?

☐ ASA 1 E  
☐ ASA 2  
☐ ASA 3  
☐ ASA 4  
☐ ASA 5  

22. Which of the following American Society of Anesthesiologist NPO recommendations for elective procedures are true? (select all that apply)

☐ Adults and children older than 36 months should be NPO 6 - 8 hours for solids and non-clear liquids  
☐ Adults and children older than 36 months should be NPO 2 hours for clear liquids  
☐ Children 6 – 36 months should be NPO 6 hours for solids and non-clear liquids  

23. ASA score must be recorded before the administration of conscious sedation  

☐ True  
☐ False  

24. Which of the following statement(s) concerning the definition of moderate sedation/analgesia are true? (select all that apply)

☐ The patient demonstrates a purposeful response to verbal or tactile stimulation  
☐ Airway intervention is required  
☐ Spontaneous ventilation is adequate  
☐ Cardiovascular function is impaired
25. Documentation of care for an elective procedure involving conscious sedation consists of the following elements: (select all that apply)

- A hard copy of the H & P or pre-procedure assessment contained in the record prior to the procedure
- ASA Score
- Plan of care
- Informed Consents
- Re-evaluation of the patient just prior to the procedure

26. Minimum PASS score required to discharge patient from procedural area is 11 or patient’s baseline PASS score

- True
- False

27. According to hospital policy for sedation and analgesia, which of the following is MANDATORY to monitor? (select all that apply)

- Respiratory rate
- Blood Pressure and Pulse
- Oxygen Saturation
- Level of Sedation