



# Revista Colombiana de Anestesiología

## Colombian Journal of Anesthesiology

www.revcolanest.com.co



### Questions and answers

## Questions and answers<sup>☆</sup>

## Preguntas y respuestas

**Fernando Raffán-Sanabria<sup>a,b</sup>**

<sup>a</sup> Anesthesiologist-Intensivist, Hospital Universitario Fundación Santa Fe de Bogotá, Bogotá, Colombia

<sup>b</sup> Professor, Universidad del Bosque and Universidad de los Andes, Bogotá, Colombia

- Which is the time period established to say that the clearance of lactic acid is a prognostic measure for mortality in multiple trauma patients?
  - First 24 hours
  - First 12 hours
  - First 6 hours
  - First 2 hours
- According to ASA (American Society of Anesthesiology) an Apnea -Hypopnea index of 15 events/Hour in pediatric patients is suggestive of obstructive sleep apnea syndrome (OSAI):
  - Mild
  - Moderate
  - Severe
  - Not suggestive of OSAI
- A 4-year old patient requires tonsillectomy due to severe OSAI. The postop recommendation is:
  - Between 4 -8 hours of observation prior to discharge
  - 24-hour hospitalization
  - Schedule the procedure for early morning and observe the patient for 12 hours prior to discharge
  - Do not use narcotics and observe the patient for 4 hours, and then discharge.
- In the adult patient, an Apnea - Hypopnea index of 20 per minute is classified as OSAI:
  - Mild
  - Moderate
  - Severe
  - Indeterminate
- In case of intraoperative anaphylaxis, vasopressin is suggested as a second line medication using an intravenous dose of:
  - 1-2 units
  - 0.3 mcs/k/h
  - Single bolus of 10 units
  - 1-10 mcs/Kilo/min
- A 65-year old patient, with no cardiovascular history, body weight of 62 kilos, under sedation prior to the administration of a foot neck block for Hallux Valgus correction, develops unstable bradycardia, BP of 85/55 under de visoscope: sinus bradycardia 50 beats per minute, with no ECG changes, with chest pain, 92% saturation with O2 cannula at lt. per minute. Which should be the first therapeutic action?
  - Atropine 1 mg IV.
  - Atropine 0.5 mg IV
  - Dopamine 5 mcs /K /min
  - Transcutaneous pacemaker

<sup>☆</sup> Please cite this article as: Raffán-Sanabria F. Preguntas y respuestas. Rev Colomb Anestesiol. 2017;45:360-361. 2256-2087/

7. After asking for help in the initial management of a patient suspicious of malignant hyperthermia, stopping any volatile anesthetic agents and asking for a malignant hyperthermia kit, the next step would be:
  - a) Assign one person to administer Dantrolene.
  - b) Ask for frozen saline solution
  - c) Change the breathing circuit and the CO<sub>2</sub> absorber
  - d) Analysis of arterial gases
8. Which is the recommended sequence for managing a patient under general anesthesia, intubated, diagnosed with ventricular tachycardia and pulse-less at the beginning of the cerebral cardiopulmonary resuscitation?
  - a) Defibrillation, cardiac compressions, epinephrine
  - b) Cardiac compressions, epinephrine, defibrillation
  - c) Cardiac compressions, defibrillation, epinephrine
  - d) Cardiac compressions, ventilation 10 per minute, defibrillation, cardiac compressions
9. A 50-year old patient, ASA 2, controlled hypertension with hydrochlorothiazide and amlodipine, one hour after laparoscopic cholecystectomy suddenly develops unstable tachycardia with a heart rate of 140 per minute, EKG complex, narrow, irregular, with blood pressure of 80/40. Altered mental status, chest pain, 90% saturation nasal cannula 2L/minute, the FIO<sub>2</sub> rises to 50% and biphasic cardioversion is decided. Which is the recommended progression in the energy level expressed in Jules?
  - a) 50,100,150,200.
  - b) 120, 150, 200.
  - c) 100,150,200.
  - d) 150,200.
10. If local anesthetic toxicity is suspected, which of the following recommendations is false?
  - a) Propofol may be a substitute of lipid emulsion when available.
  - b) Benzodiazepines if seizures are present
  - c) Low dose epinephrine > 1mcg /K IV.
  - d) Consider extracorporeal circulation if the patient is refractory
11. The recommended dose of lipid emulsion (20%) for the initial management of anesthetic toxicity is:
  - a) 1 ml /K/ IV bolus for one minute
  - b) 1.5 mL/K IV bolus for one minute
  - c) 1 mL /K infusion for 10 minutes
  - d) 0.5 mL /K/minute infusion for 60 minutes
12. Which of the following opioid drugs has the highest affinity coefficient (k<sub>1</sub>) in nM:
  - a) Methadone
  - b) Codeine
  - c) Tramadol
  - d) Morphine
13. Which of the following statements regarding the administration of sedation outside the OR in patients over 12 years old, according to the clinical practice guidelines published in the Colombian Journal of Anesthesiology by Burbano Paredes C, Amaya Guio J, Rubiano Pinzón A et al, is a strong recommendation:
  - a) The use of bispectral index is not suggested to monitor the level of sedation
  - b) If available, the use of capnography is suggested to reduce the risk of hypoxemia
  - c) Chloral hydrate use is not recommended
  - d) Ketamine and midazolam are recommended as a second choice if propofol is not an option
14. With regards to affinity coefficients (K<sub>i</sub> in nM/) by mu-opioid receptors, which is the real sequence from highest to lowest value:
  - a) Morphine>Remifentanyl >Fentanyl
  - b) Morphine>Fentanyl>Remifentanyl
  - c) Fentanyl>Remifentanyl>Morphine
  - d) Remifentanyl>Fentanyl>Morphine
15. The pudendal nerve roots are:
  - a) mainly sensitive
  - b) Mainly motor
  - c) Mainly autonomic
  - d) Sensitive and motor only

---

## Answers

1. c.
2. c.
3. b.
4. b
5. a
6. b
7. a
8. d
9. b
10. a
11. b
12. c
13. c
14. a
15. a

---

## References

1. Raffán F. Preguntas y respuestas. Rev Colomb Anesthesiol. 2017;45:1-268.