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Questions and answers

Preguntas y respuestas

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(1) Considering the lipophilic preparation of propofol that makes it prone for growth of contaminant agents, the recommended time for using a propofol infusion once the drug is drawn from the vial is:

- (A) 6 hours.
- (B) 8 hours.
- (C) 12 hours.
- (D) 18 hours.

(2) Which of the following mechanisms responsible for hypoxemia is the most frequent:

- (A) Ventilation-perfusion mismatch.
- (B) Shunting.
- (C) Reduced mixed venous oxygenation.
- (D) Abnormal diffusion.

(3) Central venous pressure or right atrial pressure may provide information about the presence or absence of right ventricular dysfunction. As right ventricular function declines, the X depression disappears and only the Y depression and a CV wave are left. This sign is recognized as:

- (A) Monere or alarm.
- (B) The "tombstone" sign.
- (C) Pulsus paradoxus.
- (D) Guyton's sign.

(4) Bilateral lung ultrasound is performed in a critically ill patient. The scan of the anterior regions shows no sliding,

B lines, or pulmonary pulse. The most probable diagnosis is:

- (A) Pneumothorax.
- (B) Selective intubation.
- (C) Pulmonary edema.
- (D) Pulmonary thromboembolism.

(5) The American Society of Anaesthesiology recommends all of the following for clinical follow-up of respiratory depression with the use of neuroaxial fentanyl, except for:

- (A) Monitoring for at least 2 hours following administration.
- (B) Continuous monitoring during the first 20 minutes and then at least once every hour until the end of 2 hours.
- (C) After 2 hours, monitoring frequency depends on the patient's clinical condition and any additional medications administered.
- (D) Monitoring at least once per hour during the first 12 hours, and then at least every 2 hours during the next 12-hours period.

(6) Regarding the use of non-opioid drugs as adjuncts for analgesia following cesarean section, all of the following are true, except for:

- (A) Intrathecal clonidine produces better analgesia than morphine and causes less respiratory depression with mild sedation.

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- (B) Ketamine administration together with bupivacaine 0.1mg/kg in elective cesarean section prolongs the interval for analgesia requirement and reduces total consumption during the first 24 hours.
- (C) Dexmedetomidine has been shown to be superior to fentanyl because it facilitates propagation and provides longer duration of analgesia, with a lower incidence of nausea and vomiting.
- (D) Clonidine is associated with considerable sedation and hemodynamic lability, while neostigmine produces severe nausea and vomiting when given intrathecally.
- (7) When comparing the use of intrathecal morphine in cesarean section in 3 doses (50–100–150 μ g) combined with scheduled administration of ketorolac, it was found that:
- (A) There were significant differences in morphine consumption during the first 24 hours, depending on the intrathecal dose.
- (B) There were significant differences in pain and nausea outcomes, depending on the intrathecal dose.
- (C) The analgesia obtained with dose of 50 μ g of intrathecal morphine is similar to the one obtained with a dose of 100 or 150 μ g when used concomitantly with scheduled administration of intravenous ketorolac.
- (D) The incidence of pruritus was not statistically significant among the 3 groups.
- (8) Which of the following drugs are not recommended in patients with carcinoid syndrome:
- (A) Fentanyl.
- (B) Phenylephrine.
- (C) Cisatracurium.
- (D) Morphine.
- (9) Pregabalin is a voltage-dependent neuromodulator with high affinity for calcium channel subunit 2 (Ca^{2+}) in the

nervous system. Which of the following statements is NOT true:

- (A) Reduces entry of this ion and of calcium-dependent ionic flows, inhibiting the release of mediators associated with pain, including noradrenaline, substance P and glutamate; this explains its clinical effectiveness in the treatment of pain.
- (B) Close to 70% is metabolized in the liver.
- (C) During its metabolism, 2 non-significant residues are reduced: 1 N-methylated metabolite equivalent to 0.9%, and 1 non-defined metabolite that represents 0.4% of the pregabalin dose.
- (D) No activity has been defined for pregabalin regarding cytochrome P450 complex enzymes.
- (10) Which of the following distractors is associated with Type A lactic acidosis?
- (A) Metformin.
- (B) Severe anemia.
- (C) Liver failure.
- (D) Propofol.

Answers

- (1) A.
- (2) A.
- (3) B.
- (4) A.
- (5) D.
- (6) A.
- (7) C.
- (8) D.
- (9) B.
- (10) B.

Reference

1. Raffán F. Questions and answers. *Rev Colomb Anestesiol* 2017;45:1–362.