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CE Exams

Repeat Cesarean Section

1.	When should the field be cleared of sharp and metal		The uto	erine incision was
	objects?		a.	Carried bilaterally with Lister bandage Scissors
	a. Before the delivery		b.	Closed in one layers
	b. Prior to uterine incision		c.	Followed by oxytocin injection
	c. After the shoulders are delivered		d.	Closed prior to cord blood collection
	d. After the umbilical cord is clamped			
		7.	Indicat	tions for cesarean section include:
2.	The uterus was palpated to determine		a.	Diabetes mellitus
	a. Fetal distress		b.	Placenta previa
	b. Abnormal uterine action		c.	Ovarian tumors
	c. Fetal position		d.	All of the above
	d. Location of umbilical cord			
		8.	The ne	onate presented with
3.	The count is performed		a.	Abnormal heart rate
	a. 4 th , after the skin is closed		b.	Umbilical cord prolapse
	b. 2 nd , before the uterus is palpated		c.	Breech presentation -footling
	c. 1 st , after the initial skin incision		d.	Dystocia
	d. 3 rd , while the peritoneum is closed			•
		9.	The bo	lster under the patient's right hip reduced
4.	Cord blood gas was			re on the:
	a. Drawn prior to clamping umbilical cord		a.	Vena cava
	b. Sent to pathology for analysis		b.	Uterus
	c. Collected by the neonatal nurse		c.	Umbilical cord
	d. None of the above		d.	Femoral artery
5.	Which of the following is incorrect for this problem?	10.	In the f	final stages of a cesarean section, oxytocin may
	a. Bulb syringe, one per infant			ninistered to
	b. Core blood vial, one per infant		a.	Stimulate lactation
	c. Cord clamp, one per infant		b.	Control uterine hemorrhage
	d. Both a. and c.		c.	Decrease postpartum bleeding

d. Prevent uterine rupture

Off-pump Coronary Artery Bypass Grafting

1. The first OPCAB was performed in

a. 1954b. 1967c. 1973d. 1995

2. What are the main branches of the left main trunk

a. RIMA AND LIMA

b. RCA AND PDA

c. LAD and left circumflex

d. Diagonal and obtuse marginal

3. All of the following are risks of conventual CABG except:

a. Systemic Inflammatory Response

b. Aortic dissection

c. Embolism

d. Shorten hospital stay

4. OPCAB is beneficial to all of the following except:

a. Jehovah's Witness

b. Prone to CVAs

c. Need valve replacement

d. Heavily calcified aortas.

5. The chest incision for OPCAB is called?

a. Midline

b. Median sternotomy

c. Subxyphoid

d. Femoral

6. Anesthesia delivers the following drugs for OPCAB except:

a. Milrinoneb. Heparinc. Albumind. Plavix

7. The XPOSE device is set at what pressure?

a. 350 mmHg

b. 500 mmHg

c. 50 mmHg

d. 150 mmHg

8. Which of the following is not a conduit used in OPCAB?

a. LIMA

b. Saphenous vein graft

c. Temporal artery graft

d. RIMA

9. All of these items are placed prior to sternal closure except:

a. Vascular bulldog

b. Temporary pacing wires

c. Mediastinal chest tube

d. Pleural chest tube

10. Postoperative arrhythmias can be treated by all of the following except:

a. Cardioversion

b. Temporary pacemaker

c. Intraaortic balloon pump

d. Intravenous medication

Sterilization – Killing the Prehistoric Beast

1.	What is the minimum time needed to flash sterilize a
	crile clamp in a gravity displacement sterilizer?

a. 15 min

c. 4 min

b. 10 min

d. 3 min

2. What does a chemical indicator measure?

- a. Removal of residual air
- b. Exposure to the sterilization process
- c. Sterility
- d. Steam pressure

3. Which Blood biological indicator is used in a gravity displacement autoclave?

- a. Chemical indicator
- b. Bowie-Dick
- c. Blue Lid rapid readout
- d. Brown Lid rapid readout

4. What is the minimum time needed to sterilize a Frazier suction tip in a pre-vac sterilizer?

- a. 15 min
- c. 4 min
- b. 10 min
- d. 3 min
- 5. What is the number of minutes that a closed flash pan system should be sterilized in a gravity displacement sterilizer?
 - a. 3
 - b. 5
 - c. 8
 - d. 10

- 6. Immediate use sterilization was designed for ___
 - a. Quick room turnover
 - b. Instruments that were forgotten during opening
 - c. Sterilizing power equipment
 - d. Instruments that were dropped during surgery

7. Bacteria form spores when:

- a. Steam is present
- b. In humid climates
- c. Unfavorable conditions arise for the bacteria
- d. Favorable conditions arise for the bacteria

8. Biological indicators are routinely run:

- a. In the morning
- c. In every load

b. Daily

d. Once

9. What is the minimum temperature for flash sterilization?

- a. 250° F
- c. 272°F
- b. 270° F
- d. 275° F

10. What is the purpose of running distilled water through lumens before flash sterilization?

- a. To irrigate the cannula
- b. To pre-clean the lumen
- c. To allow for steam to heat the lumen
- d. Hospital policy

When Unexpected Complications Arise During Surgery 1. Which ligaments hold the ovaries in place?

	* * 1110	in figurients note the overles in place.					
	a.	Suspensory	6.		e was taken to av		when the initial
	b.]	Broad		mid	lline incision was i	made.	
	c.	Ovarian		a.	Falciform ligame	ent	
	d. <i>A</i>	All of the above		b.	Xiphoid process		
				c.	Symphysis pubis	1	
2.	Whic	ch unexpected surgical instrument did the surgeon		d.	Umbilicus		
	reque	est to drain the uterus?					
	a.	Jackson-Pratt drain	7.	Wh	at size and type of	f suture was p	rimarily used to
	b.	Thoracic trocar		con	trol bleeding?		
	c.	Gallbladder trocar		a.	1 Chromic		
	d.	Red Robinson drain		b.	2-0 Chromic		
				c.	0 Vicryl		
3.	:	attempts were made to close the vaginal cuff by		d.	2-0 Vicryl		
	suture.				•		
	a.	27	8.	Esti	imated blood loss	up to the first	time the patient
	b.	18		was	transported to th	ie ICU:	-
	c.	23		a.	16,000 cc	c. 18,	000 сс
	d.	31		b.	17,000 cc	d. 19,	,000 сс
4.	TAH	is not indicated for which of the following?	9.	The	e triangular space	at the base of	the bladder is
		Jterine sarcoma		call	ed		
	b. <i>A</i>	Ascites		a.	Trikates		
	c. T	Fubal malignancy		b.	Trielcon		
		Dysfunctional uterine bleeding		c.	Trigone		
				d.	Trilabe		
5.	The r	round ligament terminates at the					
	a.	Anterior cul-de-sac	10.	The	e uterine sac was i	ncised with	
	b.	Vestibule		a.	Jorgenson scisson		
		Labia majora			Metzenbaum scis		
		Fallopian-uterine attachment		c.	#10 KB on #3 Kl		
		Ī				issors	

Blood Pressure

1.	The kidneys help regulate blood pressure by:		
	a. Controlling sodium absorption	6.	hypertension cannot be attributed to any
	b. Providing negative feedback		specific cause.
	c. Triggering baroreceptors		a. Genetic
	d. Providing positive feedback		b. Arterial
			c. Essential
2.	Renin is produced		d. Secondary
	a. During a hypotensive episode		
	b. By the juxtaglomerular apparatus of the kidneys	7.	Systolic pressure is heard druing of Korotkoff's
	c. By the liver		sounds.
	d. To decrease cardiac output		a. Phase I c. Phase III
			b. Phase II d. Phase IV
3.	Secondary hypertension may occur with:		
	a. Toxemia during pregnancy	8.	Following the release of, sodium reabsorption
	b. Vascular and kidney diseases		in the kidneys.
	c. Diabetes		a. Angiotensinogen; decreases
	d. All of the above		b. Aldosterone; increases
			c. Angiotensin II; decreases
4.	is/are not a suspected cause of essential		d. Epinephrine; increases
	hypertension.		
	a. Sodium intake	9.	A patient who experiences orthostatic hypotension was
	b. Beta blockers		likely:
	c. Obesity		a. Hunched over
	d. Sedentary lifestyle		b. Standing
			c. Lying down
5.	Diastolic pressure is measured during of		d. Sitting with legs crossed
	Korotkoff's sounds.		
	a. Phase II	10.	. Angiotensin II causes:
	b. Phase III		a. Decreased fluid reabsorption
	c. Phase IV		b. Renin production in the liver
	d. Phase V		c. Vasodilation
			d. Increased cardiac output

Safety Concepts in the Surgical Setting

1. When the patient is moving between two surfaces:

- a. Three people should be available, one on each side and one at the head
- b. Four people should be available, two on each side
- c. Two people should be available, one on each side
- d. Five people should be available, two on each side, one at the head, one at the foot

2. Abduction of the upper extremities greater than 90 degrees can lead to:

- a. Decreased blood flow
- c. Skin Breakdown
- b. Brachial plexus palsy
- d. Gangrene

3. The application of force greater than tissue resistance can cause:

- a. Ischemia
- c. Gangrene
- b. Necrosis
- d. All of the above

4. Common pressure points are:

- a. Ear, nose, toe
- b. Elbow, pelvis, head
- c. Ear, nose, chin
- d. Elbow, pelvis, back

5. The force created on skin by the movement of underlying tissues results in

- a. Decreased blood flow
- b. Hyperextension
- c. Skin irritation
- d. Contact dermatitis

6. Thermal tissue injury can result from:

- a. Shear force
- b. Fiberoptic light sources
- c. Neurovascular compromise
- d. Class 1 lasers

7. When using electrosurgery, what must be applied to the patient to deliver the current back to the electrosurgery unit?

- a. Active electrode
- b. Patient return electrode
- c. Electrosurgical generator
- d. Electrical switch

8. How is a laser similar to an endoscope?

- a. Both emit light
- b. Both are dependent on photon energy
- c. Both produce gamma rays
- d. Both rely on sound waves

9. A medicated patient is never left alone in order to prevent:

- a. Hyperextension
- b. Dislodging of tubes and catheters
- c. Falls
- d. Cardiovascular complications

10. If a team member is exposed to an infrared laser, he or she

- a. Feels immediate pain
- b. Loses eyesight immediately
- c. May hear a popping noise
- d. Experiences photokeratitis

Necrotizing Fasciitis

1. Group A hemolytic streptococcus may cause:

- a. Impetigo
- b. Necrotizing fasciitis
- c. Strep
- d. All of the above

2. The effectiveness of *streptococcus pyogenes* can be attributed to:

- a. Colonizing and rapidly multiplying
- b. Creating an abscess
- c. Developing fluid-filled blisters
- d. Secreting powerful exotoxins

3. Bacteroides often reside in the

- a. Liver
- c. Intestine
- b. Lungs
- d. Mouth

4. Which of the following is not normally inhabited by bacterium?

- a. Intestine
- b. Muscle
- c. Mouth
- d. Nasopharynx

5. Which of the following carries the highest risk for the transmission of NF?

- a. Diabetes
- c. Open skin wound
- b. Alcoholism
- d. Cancer

6. Which comorbid condition carries the greatest risk for the patient to be infected by NF?

- a. Cancer
- c. Diabetes
- o. Alcoholism
- d. all of the above

7. Advanced symptoms of NF include:

- a. Blisters increase in size
- b. Drop in blood pressure
- c. Peeling or discolored skin
- d. All of the above

8. Doctors and patients often fail to recognize NF because it:

- a. Resembles the flue
- b. NO apparent wound
- c. Body begins to decompose
- d. Discoloration of skin spreads

9. Methods of treatment utilize:

- a. Hyperbaric chambers
- b. Leeches
- c. NSAIDS
- d. Aspirin

10. Death from necrotizing fasciitis is correlated to:

- a. How early the diagnosis is made
- b. How soon treatment began
- c. Gas in the subcutaneous fascial planes
- d. a&b

Necrotizing Fasciitis – questions Continued

- 11. Which of the following microbiological staining methods can be used to determine whether a type I or type II infection is present?
 - a. Acid FAST
- c. Simple
- b. Gram
- d. Negative
- 12. Which of the following antibiotic is an alternative to penicillin G?
 - a. methicillin.
- c. amoxicillin.
- b. benzathine.
- d. clindamycin.
- 13. A common region of the body in which group A hemolytic streptococcus may be found is the.
 - a. colon.
- c. skin.
- b. lungs.
- d. liver.
- 14. The gaseous toxin of *streptococcus pyogenes* is released
 - When cell death occurs due to invasion by bacteriophages.
 - b. From the bacterial cell wall.
 - c. When antitoxins invade causing cellular lysis.
 - d. When the cell binds to the plasma membrane of an organ.
- 15. Which of the following antibiotics is ineffective against *Peptostreptococcus*?
 - a. penicillin G
- c. metronidazole
- b. chloramphenicol
- d. ampicillin

- **16.** Routine X-rays are not considered a reliable method for diagnosing NF because the
 - Contrast media are ineffective in aiding in the diagnosis of NF.
 - b. Detection of gas can be due to many other factors.
 - c. Radiographs cannot adequately show the fascial planes.
 - d. Infection is superficial and will not appear on the radiographs.
- 17. Mechanical debridement is not often used due to
 - a. the removal of healthy tissue
 - b. inadequate removal of dead tissue.
 - c. contributing to the spread of the bacteria to healthy tissue.
 - d. time inefficiency allowing spread of the bacteria.
- 18. ____ of adult reported cases of NF report toxic shock and multi-organ failure.
 - a. 12%
- c. 37%
- b. 25%
- d. 50%
- 19. Which of the following bacteria is increasingly causing NF?
 - a. Helicobacter pylori
 - b. MRSA
 - c. Escherichia coli
 - d. Pseudomonas aeruginosa
- 20. The number of reported cases of GAS disease in the U.S. is _____ the number of strep throat cases.
 - a. equal to
 - b. more than
 - c. less than
 - d. variable as compared to

Treatment of War Casualties

1.	Today, percent of GIs reaching a field hospital	6.	The concept of the Forward Surgical Team was
	survive the ordeal.		developed after the
	a. 69.7		a. American Revolutionary War
	b. 75.4		b. Civil War
	c. 76.4		c. Gulf War
	d. 90.5		d. World War II
2.	Uncontrollable hemorrhage accounts for almost	7.	Primary blast injuries which cause damage mainly
	percent of combat fatalities.		to gas-filled structures, such as eardrums, lungs and
	a. 30		
	b. 40		a. Arteries
	c. 50		b. Pancreas
	d. 60		c. Kidneys
			d. Intestines
3.	This article compared the wounds experienced in		
	and	8.	During the Vietnam War, the average length of time
	a. Germany and Vietnam		from initial treatment to transfer to the continental
	b. Vietnam and Iraq		United States wasdays.
	c. Iraq and Germany		a. 45
	d. Japan and North Korea		b. 46
	•		c. 47
4.	The surgeon began his tour of duty in Vietnam with		d. 48
	a orientation phase.		
	a. 1 week c. 3 week	9.	Which tourniquet is not 100 percent effective in
	b. 2 week d. 1 month		occluding distal arterial Doppler sound in the arms
			and legs?
5.	Since cause of death is still exsanguination, surgeons		a. Emergency & Military Tourniquet
	say are still the single greatest life-saving device		b. Combat Application Tourniquet
	in the Iraq conflict.		c. Special Operations Force Tactical Tourniquet
	a. Tourniquets		d. War Applications Tourniquet
	b. Stents		rr in I
	c. Montgomery straps	10.	Intravenous treatment begins with procoagulants
	d. Stent dressing		and whole blood, type, followed by fresh whole
	<i>y</i>		blood with thawed plasma instead of crystalloids.
			a. AB+
			b. AB-
			c. O
			d. B+
			u. 2

Wrist Fusion: Fighting Back Against Rheumatoid Arthritis

a. Reviewing family history b. Examining joints for inflammation and deformity c. Blood tests d. Stress tests 7. Carpal bones connect the and to tend	1.	Dia	gnosis of rheumatoid ar		6.	Th	e coordinates the m	novement of the distal and
c. Blood tests d. Stress tests 7. Carpal bones connect theandto to to bones in the hand. 2. A/anutilizes a sterile needle and syringe to drain joint fluid. a. Arthrocentesis b. Arthroscopy c. Spinal tap d. Synovectomy 8. Second-line drugs include all but: 3develops during the early, acute inflammatory stage. a. Subluxation of the ulna b. Intrinsic contracture c. Fixed DRUJ d. Bony compression 4bones are the long bones in the palm. a. Phalanges b. Trapezium d. Metacarpal b. Trapezium d. Metacarpal c. Carpal d. Metacarpal b. Eliminate pain c. Improve alignment d. All of the above						pr	oximal rows.	
d. Stress tests 7. Carpal bones connect theandto to to bones in the hand. a. Arthrocentesis		b.	Examining joints for infl	ammation and deformity		a.	Radius	c. Hamate
7. Carpal bones connect the and to to drain_joint fluid.		c.	Blood tests			b.	Scaphoid	d. Carpal
A/anutilizes a sterile needle and syringe to drain joint fluid. a. Arthrocentesis b. Arthroscopy c. Spinal tap d. Synovectomy 8. Second-line drugs include all but: a. Cortisone c. Gold salts b. Methotrexate d. Adalimumab a. Subluxation of the ulna b. Intrinsic contracture c. Fixed DRUJ d. Bony compression a. Phalanges b. Trapezium d. Metacarpal b. Trapezium d. Metacarpal c. Improve alignment d. All of the above		d.	Stress tests					
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b. Trapezium d. Metacarpal a. Prevent deformity b. Eliminate pain 5. The proximal row does not include the: a. Scaphoid c. Trapezoid d. All of the above	4.		bones are the long b	ones in the palm.		c.		
 5. The proximal row does not include the: a. Scaphoid b. Eliminate pain c. Improve alignment d. All of the above 		a.	Phalanges	c. Carpal	10.	Fu	sing wrist bones togethe	er may:
5. The proximal row does not include the:		b.	Trapezium	d. Metacarpal		a.	Prevent deformity	
a. Scaphoid c. Trapezoid d. All of the above						b.	Eliminate pain	
	5.	The proximal row does not include the:			c.	Improve alignment		
b. Lunate d. Pisiform		a.	Scaphoid	c. Trapezoid		d.	All of the above	
		b.	Lunate	d. Pisiform				

Wrist Fusion: Fighting Back Against Rheumatoid Arthritis – questions cont.

11. The intraoperative phase of a wrist fusion begins with

a:

- a. Dissection down the extensor retinaculum
- b. Opening of the radiocarpal joint
- c. Dorsal, longitudinal incision over Lister tubercle
- d. Synovectomy

12. Types of NSAIDS are:

- a. Subluxation of the ulna
- b. Traditional NSAIDS
- c. Cox-2 selective inhibitors
- d. All of the above

13. Prostaglandins do all but:

- a. Promote inflammation
- b. Facilitate the function of blood platelets
- c. Protect the stomach lining
- d. Halt joint damage

14. Disease-modifying anti-rheumatic drugs are effective in

- a. Rheumatoid arthritis
- b. Psoriatic arthritis
- c. Ankylosing spondylitis
- d. All of the above

15. _____ is a hormone produced in the adrenal gland.

- a. Calcitonin
- c. Cortisol
- b. Thyroxine
- d. GnRh

16. Steroids are used to alleviate:

- a. Lupus
- b. Rheumatoid arthritis
- c. Vasculitis
- d. All of the above

17. _____ stimulate or restore the ability of the immune system to fight disease or infection.

- a. Analgesics
- b. Corticosteroids
- c. BRMs
- d. Cox-2

18. _____ block the Cox enzymes and reduce prostaglandins.

- a. Steroids
- c. BRMs
- b. Analgesics
- d. NSAIDS

19. The distal ulnar resection was performed using a/an:

- a. Oscillating saw
- c. Osteotome
- b. Burr
- d. Bone cutting forceps

20. Which of the following is not a first-line drug?

- a. Methylprednisolone acetate
- b. Cortisone
- c. Hydroxycloroquine
- d. Aspirin

Disasters Follow No Rules: Preparing Your Hospital for Disaster Response

- 1. What is the easiest way to designate a patient's status at a disaster scene?
 - a. A simple spreadsheet
 - b. Move patients to screening areas
 - c. Triage tags
 - d. Mobile rescue units
- 2. The central focus of disaster triage is:
 - a. Stabilize patient that cannot walk
 - b. Find and tag patients that require immediate care
 - c. Providing definitive care
 - d. Stabilizing critically injured patients
- 3. ____ medical care improves the casualty's condition.
 - a. Expert
 - b. Specialized
 - c. Definitive
 - d. General
- 4. Casualty collection sites should not be located:
 - a. On hospital property
 - b. Downwind from hazards
 - c. Downhill from contaminated areas
 - d. All of the above
- 5. "Decompressing" a disaster scene means:
 - a. Evacuating patients who are consuming resources
 - b. Dismissing excess medical staff
 - c. Expanding the search parameters for survivors
 - d. Frequently re-triaging patients

- 6. The ____ simplifies communication among disaster responders:
 - a. Emergency Response System
 - b. Incident Command System
 - c. Emergency Response Network
 - d. Disaster Preparedness System
- 7. Using the START method, triage evaluation should take:
 - a. 15 seconds
 - b. 30 seconds
 - c. One minute
 - d. Up to two minutes
- 8. During disaster triage, if a patient does not start breathing after simple airway maneuvers:
 - a. Immediately move patient to secondary care facility
 - b. Tag as red/immediate and move on
 - c. Tag as black/dead and move on
 - d. Call for assistance
- 9. Which scenario has the greatest casualty potential?
 - a. A terrorist attack on a major city
 - b. A natural disaster
 - c. A nuclear power plant meltdown
 - d. A pandemic disease outbreak
- 10. What was the greatest pandemic in US history?
 - a. Spanish Flu
 - b. Avian (Bird) Flu
 - c. West Nile Virus
 - d. SARS

Disasters Follow No Rules: Preparing Your Hospital - questions cont.

11. What is a hospital's first response to a disaster scenario?

- a. Postpone all elective surgeries
- b. Divert all EMS units not arriving from disaster scene
- c. Place hospital under security lockdown
- d. All of the above

12. Surging in a place does not involve

- a. Rapidly discharge existing patients
- b. Canceling scheduled elective procedures
- c. Hiring more support personnel
- d. Increasing the number of patient-care staff

13. A key reason for hospitals losing money is:

- a. Increasing cost of energy
- b. Underfunding of Medicare and Medicaid
- c. High costs of updating equipment
- d. Personnel salaries

14. The National Implementation Plan does not include:

- a. Preparedness and communication
- b. Initiating an emergency response alert
- c. Surveillance and detection
- d. Response and containment

15. Natural disasters do not include:

- a. Hurricanes
- b. Mine cave-ins
- c. Floods
- d. Earthquakes

16. A Mass casualty event is defined as:

- a. An incident that produces a sufficient number of casualties to disrupt normal functions
- b. An event that affects more than one million people
- c. An occurrence that is the result of terrorism
- d. And event that involves only facilities

17. The most important mission in a disaster response scenario is:

- a. Communicating the location
- b. Alerting the national guard
- c. Triage
- d. Alerting evacuation teams

18. Disaster triage excludes:

- a. Providing the greatest good for the patient
- b. Response teams prioritizing the casualties
- c. Orderly treatment
- d. Best use of equipment

19. ____ identifies a patient who will not survive without immediate treatment.

- a. Black
- b. Red
- c. Yellow
- d. Green

20. Which triage color is used to identify "walking wounded" patients?

- a. Green
- b. Yellow
- c. White
- d. Orange

Disasters Follow No Rules: Preparing Your Hospital - questions cont.

- 21. ____ provides a common organizational structure and language to simplify communication.
 - a. START method
 - b. Incident Command System
 - c. Emergency Medical Response
 - d. Decompressing
- 22. Small aircraft evacuation can be characterized by:
 - a. Simple and generally available
 - b. More efficient
 - c. High cost and complexity
 - d. Removal of critical resources
- 23. More patients' lives can be saved through:
 - a. Temporizing damage-control surgery
 - b. Definitive surgery
 - c. Long-lasting surgical intervention
 - d. Use of sophisticated technology
- 24. ICS is built around:
 - a. Command/Operations
 - b. Planning/Logistics
 - c. Administration/Financial
 - d. All of the above
- 25. ____ is when hospitals incorporate the ICS into their emergency preparedness plans:
 - a. Triage
 - b. HEICS
 - c. Definitive medical care
 - d. SARS

- 26. Definitive medical care is provided in:
 - a. An existing hospital
 - b. Mobile facility
 - c. A and B
 - d. None of the above
- 27. ____ determines the organizational hierarchy of the
 - **ICS**:
 - a. Job titles
 - b. Seniority
 - c. Academic degree
 - d. Functional requirements
- 28. ____ infected 2-0-40 percent of the world's population
 - a. SARS
 - b. Saran
 - c. Spanish Flu
 - d. Bubonic Plague
- 29. The Spanish Flu caused death by:
 - a. Bacterial pneumonia
 - b. Massive hemorrhages
 - c. Edema in the lungs
 - d. All of the above
- 30. A pandemic outbreak can result in:
 - a. Economic downturn
 - b. Mass quarantine
 - c. Overwhelmed medical community
 - d. All of the above

Acute pain in postoperative surgical patients is due

_leads to a rise in heart rate, increased oxygen

a. Emotional distress b. Preexisting disease

Surgical procedure

a. Opioid prescription

Arterial blockage

b. Unrelieved pain

d. Intoxication

A combination of B and C

consumption and overall cardiac workload.

to:

c.

c.

tir	Man	agement for Patients with a Sા	ubstance	e Abuse History
1.		care workers should be cautious when bing opioids to	6.	is a chronic, relapsing and treatable disease characterized by lack of control over consumption
	a.	Transplant recipients		and compulsive use despite harmful consequences.
	b.	Cardiac patients		a. Addiction
	c.	Diabetic patients		b. Diabetes
	d.	Recovering addicts		c. Crohn's
				d. Arthritis
2.	One co	mponent of pain is		
	a.	Physical	7.	The most important step in proper postoperative
	b.	Pre-existing		pain management is:
	c.	Pain scale		a. Administration of prescription drugs
	d.	Recovering addicts		b. Maintaining the dopamine pathway
				c. Proper preoperative assessment
3.	The em	otional components of pain include:		d. Understanding and treating a patient's
	a.	Anger		addiction
	b.	Sadness		
	c.	Depression	8.	An example of a pain assessment tool is a:
	d.	All of the above		a. Numerical scale

Visual analog scale

9. A patient's altered level of consciousness in the

intraoperative anesthetics makes it hard to

acute postoperative phase of care due to

Picture scale d. All of the above

successfully administer:

a. An IV drip

a. Sweating

Oral analgesics

d. All of the above

d. All of the above

A pain assessment

10. Physical indications of pain in the acute postoperative setting include;

Elevated heart rate

Trouble moving/taking deep breaths

Pain Management for Patient's with a Substance Abuse History – questions cont.

- 11. One way to help ensure postoperative pain management for a patient with a history of opioid addiction is:
 - a. Obtain a preoperative substance abuse history
 - b. Consult an addictionologist
 - c. Administer frequent pain scale tests
 - d. Begin a preoperative pain management regimen
- 12. Which of the following is not an alternative pain treatment?
 - a. Electric shock therapy
 - b. Local and regional anesthesia
 - c. Epidural blocks
 - d. Local pain pumps
- 13. Postoperative fears for opioid-dependent patients may include:
 - a. Being judged by the care giver
 - b. Suffering a relapse into drug use
 - c. Not receiving enough pain medication
 - d. All of the above
- 14. Blocking the action of cyclooxygenase and inhibiting prostaglandin production can be accomplished with:
 - a. Steroid treatment
 - b. A Clonodine patch
 - c. NSAID therapy
 - d. All of the above
- 15. ___ is a synthetic narcotic used to treat opioid addiction.
 - a. Heroin
 - b. Clonidine
 - c. Methadone
 - d. Prednisone

- 16. Methadone is used in the treatment of addiction to:
 - a. Opiates
 - b. Alcohol
 - c. Methamphetamines
 - d. All of the above
- 17. Side effects of Methadone use include:
 - a. Impairs cognitive functions
 - b. Debilitating drowsiness
 - c. Liver damage
 - d. Methadone has no serious side effects
- 18. Opiates provide a flood of _____, which causes the euphoric high associated with drug use.
 - a. Epinephrine
 - b. Dopamine
 - c. Endorphins
 - d. Morphine
- 19. The preoperative assessment for a substance abuser should include:
 - a. The patient's drug history
 - b. The patient's recovery history
 - c. A full physical
 - d. All of the above
- 20. Patients who take opiates in large doses have a higher .
 - a. Pain threshold
 - b. Drug-seeking behavior
 - c. Tolerance
 - d. B & C

Gangrene: Recognizing and Treating Cellular Necrosis

1.	Which	is not the one of the three most common	6.	Symptoms of gangrene include
	variati	ons of gangrene?		a. Swelling of the affected area
	a.	Gas		b. Discoloration of affected tissue
	b.	Dry		c. Decreased heart rate
	c.	Internal		d. All of the above
	d.	Wet		
			7.	can occur if a bacterial infection from
2.	Fourni	er's gangrene affects the		gangrene spreads throughout the body.
	a.	Fingers		a. Septic shock
	b.	Genitals		b. Necrosis
	c.	Feet		c. Ischemia
	d.	Hands		d. Decompression
3.	The be	st treatment for gangrene is	8.	The tissue becoming dry, shrunken and blackened
	a.	Revascularization		describes gangrene.
	b.	Amputation		a. Wet
	c.	Maggot debridement therapy		b. Gas
	d.	Antibiotic therapy		c. Dry
				d. Internal
4.	Gangre	ene occurs when a body part		
	a.	Becomes infected	9.	Which of the following are symptomatic of wet
	b.	Loses its blood supply		gangrene?
	c.	Is diseased		a. Swelling
	d.	Loses feeling		b. Blistering
				c. Pungent odor
5.	What d	lisease often contributes to the occurrence		d. All of the above
	of dry	gangrene?		
	a.	HIV	10.	Burns, frostbite and wound infections can result
	b.	High cholesterol		in gangrene.
	c.	Smoking		a. Wet
	d.	Arteriosclerosis		b. Gas
				c. Dry
				d. Internal

11.	Gas gangrene should be treated as a	16.	larva	e are the preferred species for MD
	medical emergency.		a. H	Iorse fly
	a. Always		b. G	Greenbottle fly
	b. Sometimes		c. F	ruit fly
	c. Never		d. A	all of the above
	d. Depends on the patient			
		17.	Medical n	naggots are generally left in the
12.	A hernia, or a twist in the gastro-intestinal		wound for	r days.
	tract can result in gangrene		a. 1	-2
	a. Wet		b. 2	-3
	b. Gas		c. 30	04
	c. Dry		d. 4	-5
	d. Internal			
		18.	The risks	associated with MDT include:
13.	X-ray technology can be helpful in diagnosing		a. T	here are no inherent risks
	gangrene.		b. L	arvae attacking living tissues
	a. Wet		c. L	arvae burrowing into the wound and
	b. Gas		b	reeding
	c. Dry		d. b	and c
	d. Internal			
		19.	It has been	n reported, though unproven in
14.	Sweating, difficulty breathing and convulsions		clinical st	udies, that maggots can:
	can be signs of		a. Ir	mprove blood clotting ability
	a. Bacterial infection		b. S	timulate the production of granulation
	b. Oxygen toxicity		ti	ssue
	c. Fournier's gangrene		c. R	temove bacteria from the blood
	d. Bacteriostasis		d. A	all of the above
15.	The primary function(s) of MDT is/are:	20.	Medical g	rade maggots are:
	a. Clean the wound		a. S	terile
	b. Disinfect the wound		b. S	afe
	c. Speed the rate of healing		c. A	legitimate treatment option
	d. All of above		d. A	all of above

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Treatment of War Casualties

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Wrist Fusion: Fighting Back Against Rheumatoid Arthritis

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Disasters Follow No Rules: Preparing Your Hospital For Disaster Response

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Pain Management for Patients with a Substance Abuse History

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Gangrene: Recognizing and Treating Cellular Necrosis

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