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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 0.1 mg/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 μg) 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 μg of intrathecal morphine is similar to the one obtained with a dose of 100 or 150 μg 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.