POST TEST: PROCEDURAL SEDATION

Name: ____________________________________              Date: ___________________________

Instructions:
Complete the Post-Test (an 85% is required to pass). If there are areas that you are unsure of, please review
the relevant portions of the learning materials.

Procedural Sedation Competency Test

1. The best definition for procedural sedation is:
   a. The elimination of sensations, including pain, in one part of the body
   b. The elimination of apprehension
   c. The technique of administering sedative or dissociative agents with or without analgesics to
      induce a state that allows the patient to tolerate unpleasant procedures with the intent of
      maintaining cardio-respiratory function
   d. A controlled state of depressed consciousness or unconsciousness, which is accompanied by a
      loss of protective reflexes

2. Prior to the administration of sedation, which of the following is NOT required as part of the patient
   assessment:
   e. ASA Classification
   f. A complete History and Physical within the previous 7 days
   g. Medication allergies
   h. Vital signs

2. A Physician/LIP has ordered Procedural Sedation on an adult male. Which of the following are TRUE
   about the procedure?
   a. The Physician/LIP must be PALS certified
   b. The Qualified Personnel assisting the Physician/LIP cannot administer the sedation
      medications
   c. The Chair of the Department of Anesthesia is responsible for this procedure
   d. The Qualified Personnel assigned to monitoring the patient must not leave the patient
      unattended.

3. When protective reflexes become absent during sedation, the airway is often obstructed by which of
   the following:
   a. Vomitus
   b. The tongue
   c. Blood clots
   d. Swelling

4. After receiving procedural sedation, the patient has lost consciousness and has shallow respirations.
   To protect his airway, you should:
   a. Insert an oropharyngeal airway or use chin lift or jaw thrust technique to maintain his airway
      open.
   b. Administer oxygen by either mask or assist breathing with bag valve mask.
   c. Consider a reversal agent
5. While caring for a 36-year-old female, ASA class I, who is having a procedure with moderate sedation, her monitoring throughout the procedure may not include:
   a. Documentation of blood pressure monitoring every 5 minutes.
   b. Continuous pulse oximetry.
   c. Assessing level of consciousness and documentation of Ramsey Score.
   d. Continuous ECG monitoring of her rate and rhythm.

6. When monitoring a patient post-procedure, which one of the following is CORRECT:
   a. Document the Heart Rate every 5 minutes
   b. Monitor only the Ramsay Sedation Score
   c. Stop monitoring the patient as soon as they are in the recovery room
   d. Patients who receive flumazenil are to be monitored for an additional 2 hours after the last dose of reversal agent.

7. Identify the rhythm.
   a. Sinus Tachyardia
   b. 3º Atrioventricular Block
   c. Ventricular Tachycardia
   d. Normal sinus rhythm

8. You have received an order for moderate sedation that includes Midazolam (Versed) 2mg IV and fentanyl (Sublimaze) 50 mcg IV. When medicating the patient, you should recall:
   a. The medications should be given slowly and titrated according to the patient’s response.
   b. Combining the two medications in one syringe will achieve sedation more quickly.
   c. Using a benzodiazepine and an opiate will decrease the effectiveness of both.
   d. Hypoventilation is less likely to occur when using these two medications together.

9. 82-year-old Male has a history of CHF and is here for moderate sedation. You can anticipate all of the following except:
   a. The patient’s thorough preparation can contribute to more effective sedation with reduced doses of medication.
   b. Midazolam (Versed) should be given with caution.
   c. Diazepam (Valium) can be very irritating to his vein and should be given in a running peripheral line and in a large vein.
   d. Meperidine (Demerol) would be the medication of choice for the patient.

10. After receiving midazolam (Versed), your patient is having periods of apnea. Your actions would possibly include:
    a. Stimulation, opening the airway, and administering 0.4 mg naloxone (Narcan).
b. Endotracheal intubation and administering 20 mcg fentanyl (Sublimaze).
c. Stimulation, opening the airway, and possibly administering 0.2 mg flumazenil (Romazicon).
d. Administer meperidine (Demerol) 50 mg IV.

11. If your patient develops hypotension during procedural sedation, which of the following should be initiated?
   a. Immediately give reversal agents
   b. Fluid challenge, elevate legs above heart, preparation of reversal agents
   c. Call code 4, initiate CPR
   d. Nitroglycerin bolus, fluids at KVO, oxygen

12. During procedural sedation, competency in initial airway management skills:
   a. Is left to code teams or EMS responders.
   b. Is needed by those administering medications, and monitoring the patient, during procedural sedation.
   c. Is not necessary if sedation is performed properly.
   d. Requires limited knowledge as long as a physician is present.

13. Naloxone (Narcan) is the reversal agent for:
   a. Ketamine and Morphine
   b. Morphine, Fentanyl (Sublimaze), and Midazolam
   c. Midazolam and Propofol
   d. Meperidine (Demerol), Morphine and Fentanyl

14. Patients receiving propofol for procedural sedation should receive care consistent with the required for minimal sedation. □ True □ False

15. Post-sedation instructions should be reviewed with the patient prior to administration of moderate sedation. □ True □ False

17. Prior to administration of moderate sedation, it is important to verify that the patient has a responsible driver to take them home. □ True □ False

18. The Physician/LIP must complete a reassessment just prior to initiating sedation that may include a review of the patient’s history and physical if it was completed within the previous 30 days. □ True □ False

19. An informed consent for the sedation and the procedure is required to be documented by the physician. □ True □ False

20. The physician/LIP is responsible for determining the ASA classification, which helps to decide the patient’s suitability for moderate sedation. □ True □ False

21. A minimum of 2 hours must have elapsed after the last administration of reversal agents before a patient may be discharged home. □ True □ False
22. Before discharge, a patient’s modified Aldrete Score must return to pre-procedural status. □ True □ False

23. Lipid 20% (1.5 ml/kg IV bolus over 1 minute) followed by an intravenous infusion of lipid 20% (starting dose 0.25 ml/kg/min) may be used for treatment of severe, refractory cardiotoxicity associated with local anesthetics. □ True □ False

Return to ________________________________ by: __________________________