MODERATE / DEEP SEDATION COMPETENCY EXAMINATION FOR PHYSICIANS AND MID-LEVEL PROVIDERS

Prior to taking this exam, the participant must have read the Network Policy 905 Moderate Sedation / Deep Sedation Policy and the Moderate Sedation Provider Course Module.

A passing score of 80% on this exam will be required to qualify for moderate sedation privileges.

___________________________   _____________________________
Name       Department
___________________________   ______________________________
Signature      Date

If Attending Staff member return to:  Attending Staff Office
If Mid-level Provider return to:  1200 North State St., Room 1108
Los Angeles, CA 90033
Phone:  323-226-6225
Fax:   323-226-6898

If enrolled in a Resident Training Program, Return completed test to:  Director of Specific Resident Training Program
1. Which of the following are consistent with a state of moderate sedation?

A. A drug induced depression of consciousness which the patient response purposely to verbal commands.
B. No intervention is required to maintain a patent airway.
C. Spontaneous ventilation is maintain and adequate.
D. Cardiovascular function is usually not affected.
E. All of the above.

2. Prior to administering medication for attaining a state of moderate sedation/analgesia the practitioner MUST perform which of the following?

A. Obtain an informed consent in which the benefits, risk and alternatives of the procedure and moderate/deep sedation/analgesia are explained to the patient.
B. Examination of the patient’s airway including documentation of a Mallampati classification.
C. Ensuring that the patient meet appropriate NPO status.
D. ASA risk classification is documented.
E. All of the above.

3. The monitoring equipment required for Moderate Sedation include all the following except:

A. Electrocardiogram (EKG) monitor
B. Blood pressure monitor
C. Temperature monitor
D. Pulse oximeter

4. A 43 year old female with Type II diabetes and hypertension is to undergo a colonoscopy examination. Both of her medical conditions are well controlled by diet and medications. Which of the following represents her ASA classification?

A. ASA I
B. ASA II
C. ASA III
D. ASA IV
E. ASA V
5. The goals of moderate sedation include all of the following EXCEPT:
   A. Maintain unconsciousness.
   B. Provide relief of pain.
   C. Achieve control of the patient’s physiologic parameters.
   D. Maintain patient cooperation.
   E. Provide relief of anxiety.

6. According to ASA guidelines regarding NPO status, a patient may ingest clear liquids up to 2 hours prior to receiving medication for moderate sedation. All of the following represents clear liquids EXCEPT:
   A. Water
   B. Fruit juices without pulp
   C. Carbonated beverages
   D. Coffee with cream
   E. Clear tea

7. Which of the following statements regarding the use of pulse oximetry is NOT TRUE?
   A. Pulse oximetry measures the amount of oxygen carried on hemoglobin in the arterial blood.
   B. Pulse oximetry promptly and reliably identifies hypoxemia more quickly than clinical signs such as cyanosis or disorientation.
   C. Pulse oximetry is an excellent measurement of a patient’s ventilation.
   D. A saturation value of 95% is approximately equal to a PaO2 of 90 mmHg.
   E. The accuracy of a pulse oximetry declines below a saturation of 60%.

8. Which of the following statements regarding the use of benzodiazepines such as midazolam (Versed) is FALSE?
   A. Midazolam has not only sedative and anxiolytic properties but also provides a state of amnesia.
   B. Midazolam should be bolus quickly in order to achieve the desired sedative effects.
   C. Care must be exercised with midazolam since respiratory depression may occur especially in the elderly.
   D. Midazolam may have a synergistic effect when used along with opioids.
   E. Midazolam is twice as potent and is shorter acting than diazepam.
9. Airway obstruction is the most common complication associated with the administration of moderate sedation?

   A. True
   B. False

10. The single best monitor for assessing whether the patient is adequately ventilating is the pulse oximetry?

    A. True
    B. False

11. Naloxone (Narcan) is the drug of choice for reversing the effects of midazolam.

    A. True
    B. False

12. Capnography while not a standard of care for moderate sedation may be helpful in assessing ventilation when visualization or auscultation of the patient cannot be performed?

    A. True
    B. False

13. Which of the following is a pure antagonist for opioid overdose?

    A. Naloxone (Narcan)
    B. Flumazenil (Romazicon)

14. Female gender is a risk factor for nausea and vomiting?

    A. True
    B. False

15. Monitoring of the patient during the procedure and when administering moderate sedation does not have to be continuous?

    A. True
    B. False
16. The Moderate Sedation policy applies to all patients who receive medication by the intravenous route only.

   A. True
   B. False

17. During recovery a patient meets discharge criteria when the patient’s Aldrete score of eight (8) or greater.

   A. True
   B. False

18. The use of methohexital for moderate sedation is an excellent choice since it is unlikely to result in deep sedation or a state of anesthesia.

   A. True
   B. False

19. When administering medication for moderate sedation, the practitioner should most importantly be able to recognize a compromised airway and rescue the patient.

   A. True
   B. False

20. During a procedure in which moderate sedation is being provided, all that is required to be readily available is a crash cart.

   A. True
   B. False