

**PeaceHealth Siuslaw Region**

Procedural Sedation Quiz

Test for: Physician or Licensed Independent Practitioner/Prescriber

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Circle the Correct Answer

**Question 1**

Patients requiring moderate and deep sedation will be monitored one to one until recovered by an RN with current age appropriate advanced life support completion (ACLS/PALS).

- A. True
- B. False

**Question 2**

A physician or independent practitioner ("prescriber") with specific competency in procedural sedation must perform the patient work-up. This person (or a similarly competent person) is also responsible for assigning the ASA patient classification.

- A. True
- B. False

**Question 3**

Prior to administering procedural sedation to a 5 year-old child, the following equipment needs to be in the immediate area:

- A. Pediatric Code Cart
- B. Age appropriate pediatric equipment
- C. Ambu bag with appropriate sized mask hooked up to oxygen flow
- D. All of the above

**Question 4**

Under which circumstance does the PHSR policy go into effect?

- A. A ventilator patient in the special care unit receiving a combination of propofol and a benzodiazepine
- B. A hospice patient receiving around the clock I.V. Morphine
- C. A healthy 35 year-old claustrophobic male given 10 mg p.o. diazepam prior to an MRI
- D. A patient of any age being administered moderate sedation for a procedure

**Question 5**

The purpose of the procedural sedation policy is to enhance patient safety by defining the parameters of administering sedation in the PHSR

- A. True
- B. False

**Question 6**

During procedural sedation vascular access should be maintained until the patient is no longer a risk for cardio-respiratory depression following sedation/analgesia.

- A. True
- B. False

**Question 7**

Which of the following must be true for a provider to perform deep sedation?

- A. The provider must be credentialed for procedural sedation
- B. The provider is trained in the professional standards and techniques of administering Pharmacologic agents to predictably achieve desired levels of sedation
- C. The provider is trained to monitor patients carefully in order to maintain them at the desired level of sedation
- D. All of the above statements are true

## Pharmacology

### Question 8

Which of the following medications will reverse the CNS depressant effects of benzodiazepines?

- A. Flumazenil
- B. Naloxone

### Question 9

A patient was administered 200 mcg IV fentanyl plus 2 mg midazolam IV for a procedure. At the end of the procedure she was somnolent with a respiratory rate of 7/minute. Naloxone 0.1 mg IV was administered. The patient was alert and following commands in 10 minutes with a respiratory rate of 18/minute. At this point the patient would be able to bypass any further monitoring as long as a responsible adult drove her home.

- A. True
- B. False

### Question 10

Emergence reactions are most likely to occur with which of the following drugs?

- A. Midazolam
- B. Meperidine
- C. Propofol
- D. Ketamine

### Question 11

Chest wall rigidity is most commonly associated with the rapid IV administration of

- A. Meperidine
- B. Ketamine
- C. Fentanyl
- D. Diazepam

### Question 12

Which of the following medications reaches full peak effect in 3 - 5 minutes?

- A. Flumazenil
- B. Morphine
- C. Diazepam
- D. Fentanyl

### Question 13

Since the duration of action of both Naloxone and Flumazenil is shorter than that of the drug they are reversing, repeat doses may be needed and patients should continue to be monitored.

- A. True
- B. False

### Question 14

Which of the following medications would be used for reversal of respiratory depression due to opioids?

- A. Flumazenil
- B. Naloxone

### Question 15

Which of the following medications is contraindicated in patients with allergies to eggs or soybean oil?

- A. Flumazenil
- B. Morphine
- C. Diazepam
- D. Propofol
- E. Naloxone

**Question 16**

The following caution(s) should be considered with the use of Ketamine.

- A. This medication can increase the risk of progression to deep sedation or general anesthesia
- B. Avoid in patients in whom hypertension may be harmful
- C. May worsen pulmonary hypertension or CHF
- D. Consider concurrent use of glycopyrrolate to control secretions
- E. All of the above

**Question 17**

To avoid over-sedation of a patient, the drug being administered needs time to reach its peak effect prior to re-dosing.

- A. True
- B. False

**Equipment and Monitoring****Question 18**

How often should the oxygen saturation be monitored during procedural sedation?

- A. Continuously
- B. Every 5 minutes
- C. Every 15 minutes
- D. When clinically indicated

**Question 19**

Patients with Down's Syndrome may be at increased risk during procedural sedation.

- A. True
- B. False

**Question 20**

The risk of regurgitation and pulmonary aspiration are increased in patients with a history of:

- A. GERD
- B. Dysphagia
- C. Diabetes mellitus
- D. All of the above

**Question 21**

Patients who may have an increased risk during sedation include:

- A. Patients with a history of sleep apnea
- B. Patients with advanced rheumatoid arthritis
- C. Patients with Class IV airway exam
- D. Patients with upper respiratory infections
- E. All of the above

**Post Procedural Care****Question 22**

All of the following statements about post procedural are true except:

- A. The duration of monitoring must be individualized depending on the level of sedation achieved, overall condition of the patient and the nature of the intervention
- B. An RN should be in attendance until discharge criteria are met
- C. If discharge criteria are met the patient can be discharged alone
- D. The responsible practitioner should be notified if vital signs fall outside of the limits previously established for each patient