

## Sedation/Analgesia Self-Study Test

1. Which of the following describes an undesired patient status during moderate sedation/analgesia?
  - a. Patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation
  - b. Patient is unconscious but responds to shaking or loud verbal command
  - c. Protective reflexes are maintained and patient retains the ability to independently and continuously maintain a patient airway
2. Some medications used during sedation/analgesia procedures are restricted to certain areas like ED or PICU.
  - a. True
  - b. False
3. Patients undergoing a diagnostic, therapeutic, or interventional procedure with moderate sedation/analgesia...
  - a. Can be pre-medicated with newly-ordered sedatives or sedative-analgesics on the nursing unit immediately prior to transport to the procedure
  - b. Can eat up to 3 hours prior to the procedure, as long as it was a light meal
  - c. Can drive themselves home after the procedure, if they are awake
  - d. None of the above
4. The assessment reveals the patient is an ASA level IV. The next appropriate step would be to...
  - a. Give only half doses of sedation/analgesia
  - b. Proceed with the planned sedation/analgesia
  - c. Refer the patient to the Department of Anesthesia for care
  - d. Plan to keep the patient 30 minutes longer in recovery phase
5. Which of the following are effects or potential side effects of narcotic administration?
  - a. Respiratory depression
  - b. Hypotension
  - c. Nausea
  - d. Sedation
  - e. All of the above
6. Areas designated as appropriate for utilizing sedation/analgesia must have which of the following in the area where the procedure is to be performed.
  - a. Suction apparatus
  - b. Emergency cart with a defibrillator
  - c. Supplemental oxygen & a means to support ventilation
  - d. Equipment for monitoring of vital signs and oxygen saturation level
  - e. All of the above
7. Oxygen is administered throughout the sedation/analgesia procedure to minimize the risk of:

- a. Hypoxia or hypoxemia
  - b. Cardiac arrest
  - c. Respiratory depression
8. The most likely significant side effect of midazolam (Versed) overdose is:
- a. Cardiac dysrhythmias
  - b. Hypotension
  - c. Myocardial ischemia
  - d. Respiratory depression
9. Considerations when giving fentanyl (Sublimaze) for sedation/analgesia include:
- a. It has a shorter duration of action but more potent effect than Morphine
  - b. It produces respiratory depression that may last longer than analgesia
  - c. It is associated with chest wall rigidity when given rapidly IVP
  - d. All of the above
10. A sedated patient suddenly demonstrates an obstructed airway. The first response is to...
- a. Intubate the patient
  - b. Suction the patient
  - c. Open the airway by performing a head tilt-chin lift maneuver
  - d. Check pulse
11. Potential adverse effects following administration of naloxone hydrochloride (Narcan) include:
- a. Hypertension
  - b. Ventricular tachycardia or fibrillation
  - c. Pulmonary edema
  - d. All of the above
12. Required documentation by the physician when performing sedation/analgesia includes:
- a. Pre-Sedation assessments including ASA level
  - b. H&P: new (within 24 hours) or review of existing
  - c. Plan for Sedation & Analgesia
  - d. Informed consent for both the procedure and for Sedation/Analgesia
  - e. Post-procedure status
  - f. All of the above
13. The physician must re-evaluate the patient immediately prior to induction of sedation/analgesia to determine if the plan for sedation/analgesia remains appropriate for the planned procedure.
- a. True
  - b. False
14. It is the responsibility of the physician ordering the medications and of the person administering them to be knowledgeable regarding onset, half-life, side effects, reversal agents, etc., of the various medication used.
- a. True

- b. False
15. If reversal agents are used, the patient must be monitored for an amount of time sufficient to allow for the possible re-sedation of the patient, usually...
- a. 1 Hour
  - b. 2 Hours
  - c. 4 Hours
  - d. 30 Minutes
16. The policy for sedation/analgesia applies to all patients receiving any type of sedation and/or analgesia medication prior to or during a diagnostic or therapeutic procedure.
- a. True
  - b. False
17. The policy for sedation/analgesia is not intended for those patients who are receiving routine or intermittent pain or sedation medication as a part of their plan of care.
- a. True
  - b. False
18. The physician is required to approve discharge or transfer back to the appropriate unit after recovery from sedation/analgesia.
- a. True
  - b. False
19. If the patient is on remote telemetry, and the alarms are set, it is not required to have a bedside waveform display to monitor the patient's cardiac rhythm status during and after the sedation/analgesia & procedure.
- a. True
  - b. False
20. It is the responsibility of the RN to verify that the person ordering the sedation is privileged to do so.
- a. True
  - b. False
21. During the pre-procedure patient assessment, it is noted that the patient has a large tongue, has difficulty extending his neck and also has a short neck. This information may predict the following safety issues:
- a. Possibility of respiratory depression
  - b. High risk for over sedation
  - c. Potential for difficult intubation if airway becomes compromised
22. Individuals performing the procedure and administering sedation or anesthesia must be communicating with each other about the plan of care for the patient.
- a. True
  - b. False

23. In the Emergency Department a respiratory therapist is required to be present for sedation procedures. The respiratory therapist must remain present until:
- The full dose of intended medication is administered
  - Patient is awake and/or at baseline
  - Once MD has arrived, RT can leave the bedside
  - 15 minutes after procedure ends
24. During a procedure, when Moderate Sedation has been induced, the patient should be monitored:
- Every 15 minutes for 30 minutes at a minimum
  - Every 5 minutes until the procedure is completed
  - Every 5 minutes based upon the action and duration of medication AND until the Aldrete Score > 8 or returns to baseline
  - Every 5 minutes until the patient wakes up
25. A patient has received Ativan 1mg PO prior to an MRI. The patient has not taken this medication before. Which of the following is true regarding the sedation/analgesia policy?
- This is considered Moderate Sedation and the Sedation/Analgesia Policy and Record will need to be initiated.
  - This is not considered sedation at all and the patient may go to MRI unattended.
  - This is considered Minimal Sedation so neither the Sedation/Analgesia Policy nor Record need to be used.
  - The physician will have to administer the sedation and monitor the patient.
26. Which of the statements about Propofol is TRUE:
- It has a steep dose response curve
  - It causes more cardiac depression than Etomidate
  - It's pain on injection can be decreased with IV Iodocaine
  - It has a short offset even after long IV infusions
  - All of the above
27. Which of the following statements about Local Anesthetic Toxicity are NOT true:
- Early signs included perioral numbness and ringing in the ears
  - Bupivacaine is the least cardiotoxic
  - Toxicity can occur even if less than recommended doses is used
  - 20% Intralipid should be immediately available where LA's are used
  - After bolus dosing of Intralipid, an infusion should be started because signs of cardiotoxicity can occur.