1. Dopamine is thought to be the synaptic mediator at the central common pathway mediating nausea and vomiting.

2. Aprepitant is a dose-dependent cytochrome P450 isoenzyme 3A4 (CYP3A4) inhibitor and is therefore not indicated for usage with drugs utilizing this isoenzyme of cytochrome P450 for metabolism.

3. Oral hormonal contraception is reduced in effectiveness for at least one ovarian cycle after high doses of Aprepitant (80 mg and more).

4. Hyper-pyrexia is usually the earliest clinical feature of MH and may be indicative of MH in the absence of other features of hypermetabolism such as tachypnoea, tachycardia and hypercarbia.

5. Overall genetic testing for MH-susceptibility is limited by being expensive, time consuming, not widely available and has a low sensitivity (25%).

6. Preparation of any anaesthetic machine for a MH-susceptible patient requires a 10-minute flush at a fresh gas flow of 10L/min.

7. Opioid tolerance and hyperalgesia share the same pathogenesis but require different therapeutic approaches.

8. NMDA receptor blockade does not always reverse opioid tolerance.

9. Subanaesthetic doses of ketamine improve analgesia in cancer patients and reduce opioid requirements, but increase opioid-related side effects and are not well tolerated.

10. Opioid receptor antagonists may be used for pruritis caused by cholestatic jaundice.

11. The opioid system is not involved in the pathophysiology of Alzheimer's disease.

12. Naltrexone has a shorter half-life than naloxone.

13. The psoas compartment block can be used for postoperative analgesia after surgery involving the foot.

14. A psoas compartment block causes less haemodynamic instability when compared to an epidural.

15. A multimodal approach should always be considered for postoperative analgesia, including a nerve block, opiates, NSAIDs, and paracetamol.

16. Volatile anaesthetics work at spinal cord level.

17. Awareness is not equivalent to consciousness.

18. Children may have on average six URTIs per year.

19. Anticholinergic agents may produce a benefit in children with URTI.

20. Isoflurane is a good agent for children with an URTI.