Please answer the following questions:

1. The upper limit of safety of methoxyflurane in minimal alveolar concentration (MAC) hours is:
   a. 6–8 breaths and continues for several minutes after inhalation has ceased.
   b. 1–2 breaths and continues for many minutes after inhalation has ceased.
   c. Does not provide pain relief.

2. The methoxyflurane portable inhaler has a diluter hole which will:
   a. Increase the minimal alveolar concentration (MAC) delivered when the hole is covered.
   b. Stop the delivery of the agent when the hole is covered.
   c. Increase the filtration by the carbon filter when the hole is opened.

3. Methoxyflurane was discontinued due to:
   a. Dose-dependent manner neurotoxicity.
   b. Dose-dependent manner nephrotoxicity.
   c. Dose-dependent manner hepatotoxicity.

4. Contraindications to the use of methoxyflurane include:
   a. Risk of scoliosis.
   b. Malignant hyperthermia.
   c. Family history of postoperative nausea and vomiting.

5. The burns unit at Chris Hani Baragwanath Academic Hospital has:
   a. 18 ward beds and 6 intensive care beds.
   b. 20 ward beds and 8 intensive care beds.
   c. 21 ward beds and 7 intensive care beds.

6. According to the World Health Organization, how many people lack access to treatments for moderate to severe pain?
   a. 100 million.
   b. 2 billion.
   c. 4 billion.
   d. 5.5 billion.

7. After the implementation of daily post-surgical pain rounds, this study showed a reduction in all of the following EXCEPT:
   a. Post-intervention pain scores.
   b. Time of first ambulation.
   c. Length of stay after surgery.

8. After the implementation of daily post-surgical pain rounds, this study showed an increase in the administration of several analgesics, with the largest increase in usage of:
   a. IV paracetamol.
   b. IV diclofenac.
   c. Oral tramadol.
   d. Oral morphine.

9. In this study, the mean additional cost per patient of implementing daily post-surgical pain rounds was:
   b. 5 US$.
   c. 10 US$.
   d. 50 US$.

10. The Essential Pain Management Workshop emphasises all of the following EXCEPT:
    b. Prioritisation of intravenous analgesics over oral analgesics.
    c. A team approach to pain management.
    d. Local solutions to local problems.

11. Repeated paediatric tracheal intubation may cause:
    a. Incorrect end-tidal gas monitoring.
    b. Leak of anaesthetic vapor.
    c. Post-extubation stridor and significant airway obstruction.

12. Anatomically, the larynx of the paediatric patient is:
    a. Funnel shaped with its narrowest part at the cricoid ring level.
    b. Funnel shaped with its largest part at the cricoid ring level.
    c. Round shaped with its narrowest part at the cricoid ring level.

13. The equation used for measurement of the subglottic diameter using ultrasonography selects:
    a. AE2T outer diameter.
    b. ET2 inner diameter.
    c. The difference between ET2 outer and inner diameter.

14. ETT size is considered optimum when inaudible air leak occurred around the tube with the head and neck in a neutral position at an inspiratory airway pressure of:
    a. 25–35 cmH2O.
    b. 10–30 cmH2O.
    c. 20–40 cmH2O.

15. The diameter of the subglottic transverse air column is measured:
    a. At the lower edge of the cricoid cartilage.
    b. At the upper edge of the cricoid cartilage.
    c. At the middle edge of the cricoid cartilage.

16. The leading cause of tracheal stenosis is:
    a. Infectious disease.
    b. Neoplasia.
    c. Congenital.
    d. Iatrogenic/post-intubation.

17. Traditional balloon and bougie dilatation of the trachea is complicated by:
    a. Infectious disease.
    b. Continuous oxygenation and ventilation was possible.
    c. Congenital.
    d. All of the above.

18. Trial of a novel non-occlusive balloon dilator in an ovine model showed that:
    a. Complete occlusion of the tracheal lumen.
    b. Lateral dilation due to onset of hypoxia.
    c. Larger inflation volumes than occlusive balloons were required.
    d. Balloon inflation significantly changes ventilatory parameters.

19. The use of non-occlusive balloons for tracheal dilatation:
    a. Has been extensively reported in the literature.
    b. Increases the likelihood of hypoxia and/or hypercarbia.
    c. Facilitates endoscopic placement and guidance.
    d. Can be performed as a blind procedure.

20. A noteworthy limitation of the ovine study described is that:
    a. The animals used did not have tracheal stenosis.
    b. Small diameter ETTs used in the study confounded measurement of airway resistance.
    c. There was little variation in body mass of the subjects.
    d. Histopathological inspection showed tracheal trauma.

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