

SAJAA CPD ANSWER FORM - January/February 2013

PLEASE SUBMIT BEFORE 31 MARCH 2014

		True	False
1.	Carbon dioxide retention in a patient with severe chronic obstructive pulmonary disease (COPD) is usually due to an alteration in respiratory control mechanisms.		
2.	When oxygen is administered to patients with severe COPD, the arterial carbon dioxide tension (PaCO ₂) rises.		
3.	Most COPD patients respond to a course of corticosteroids.		
4.	Up to 85% of children may have a heart murmur at some stage.		
5.	A rigid bronchoscope may be life-saving in a patient with an anterior mediastinal mass.		
6.	Patients with muscular dystrophy should always be given total intravenous anaesthesia.		
7.	Patients with mitochondrial myopathies may exhibit increases in sympathetic tone.		
8.	Propofol should be avoided in patients with mitochondrial myopathies.		
9.	Patients with Duchenne's muscular dystrophy are prone to anaesthesia-induced rhabdomyolysis.		
10.	Crystalloid preload is preferable to coload for fluid management during an elective Caesarean section.		
11.	Spinal anaesthesia is not indicated in patients with pre-eclampsia.		
12.	Cell salvage is acceptable in obstetrics, provided that leukocyte depletion filters are used.		
13.	Recovery from anaesthesia has three phases, and may extend for a considerable time after discharge from the hospital.		
14.	Pharyngeal function correlates with an adductor pollicis train-of-four of 0.9.		
15.	A patient can safely be discharged from the recovery room with an oxygen saturation of 90% on room air.		
16.	Ketamine may be a valuable drug in neuroprotection.		
17.	Ketamine has no place in anaesthesia in the case of electroconvulsive therapy.		
18.	Respiratory rate is an unreliable index of respiratory depression.		
19.	Many perioperative patients are at risk of acute lung injury.		
20.	Volatile agents may attenuate perioperative lung injury.		

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