



SAJAA CPD ANSWER FORM – November/December 2022

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Please answer the following questions:

<p>An audit of anaesthetic charts at Chris Hani Baragwanath Academic Hospital</p> <p>1. The earliest form of documentation of intraoperative events was</p> <ol style="list-style-type: none"> developed by Harvard nursing students the ether chart developed in 1979 developed by Harvey Codman <p>2. The initial physiological variable charted on the ether chart was</p> <ol style="list-style-type: none"> heart rate colour respiratory rate blood pressure <p>3. Guidelines developed by anaesthesia societies on documentation, recommend</p> <ol style="list-style-type: none"> hourly documentation of intraoperative events documentation of intraoperative and postoperative events documentation of preoperative, intraoperative and postoperative events, including complications not documenting complications <p>4. Anaesthesia Information Management Systems (AIMS)</p> <ol style="list-style-type: none"> are inferior in quality of documentation compared to manual chart completion have increased time dedicated to chart completion by 11% have never been used in the medicolegal setting against an anaesthesiologist have decreased the time spent on manual chart completion and improved the quality of documentation <p>5. With regards to the design of manually completion charts</p> <ol style="list-style-type: none"> the structured format promotes better documentation compared to the unstructured format the unstructured format promotes better documentation compared to the structured format a good chart design incorporates both the structured and unstructured format the unstructured format allows the user to select relevant items from a list
<p>A survey of post-dural puncture headache management practices within a South African academic department</p> <p>6. Post-dural puncture headache</p> <ol style="list-style-type: none"> is a rare complication of neuraxial anaesthesia is due to a cerebrospinal fluid leak through the dura always requires treatment with an epidural blood patch <p>7. Morbidity relating to post-dural puncture headache in obstetric patients</p> <ol style="list-style-type: none"> may result in poor maternal-infant bonding, increased duration of stay and increased hospital costs is unlikely to affect hospital costs or duration of stay is most commonly due to subdural haemorrhages <p>8. Conservative management strategies for post-dural puncture headache which are endorsed by the Obstetric Anaesthetist Association guidelines, include</p> <ol style="list-style-type: none"> prolonged bed rest vigorous intravenous hydration simple analgesia including paracetamol and nonsteroidal anti-inflammatory drugs

<p>9. The following are inappropriate indications for imaging (CT/MRI) of the brain and spinal cord:</p> <ol style="list-style-type: none"> focal signs including tinnitus and vertigo decreased level of consciousness headache not resolving after 48 hours of conservative management symptoms of meningitis
<p>A prospective, multicentre, observational, cross-sectional study of the prevalence of blood transfusion associated with Caesarean section in KwaZulu-Natal, South Africa</p> <p>10. Antenatal anaemia was found</p> <ol style="list-style-type: none"> to be an independent risk factor for blood transfusion to have a prevalence of 25% in the study population to be well managed in the antenatal population <p>11. A full blood count is</p> <ol style="list-style-type: none"> not required in any patient for Caesarean section (CS) according to the ASA practice guidelines suggested in patients who are at risk of bleeding at CS a cost-effective intervention pre-Caesarean section <p>12. HIV-infection</p> <ol style="list-style-type: none"> was found to be an independent risk factor for blood transfusion in this study had a lower prevalence in this study population compared to the ASOS data set is being treated in South Africa in all pregnant women irrespective of their CD4 count <p>13. Postpartum haemorrhage</p> <ol style="list-style-type: none"> had higher prevalence in this study than worldwide is a strong predictor of morbidity and mortality is commonly overestimated in studies <p>14. The most common indication for blood transfusion in the study was</p> <ol style="list-style-type: none"> haemoglobin level haemodynamic instability ongoing blood loss <p>15. Which of the following variables was found to be an independent predictor of blood transfusion after multivariate analysis?</p> <ol style="list-style-type: none"> Preterm delivery Previous CS Urgency of CS
<p>Comparative analgesic efficacy of adding magnesium sulphate to bupivacaine in serratus anterior plane block to reduce pain after mastectomy</p> <p>16. The most common cause of cancer death among women worldwide is</p> <ol style="list-style-type: none"> breast cancer cervix cancer ovarian cancer <p>17. Magnesium sulphate</p> <ol style="list-style-type: none"> is an antagonist of N-methyl-D-aspartate (NMDA) receptors is an agonist of N-methyl-D-aspartate (NMDA) receptors does not act on N-methyl-D-aspartate (NMDA) receptors <p>18. The Visual Analogue Scale (VAS) is</p> <ol style="list-style-type: none"> marked from 0 (no pain) to 10 (the worst pain imaginable) marked from 0 (the worst pain imaginable) to 10 (no pain) the same as The Wong-Baker FACES Pain Rating Scale <p>19. To distinguish the serratus anterior muscle in the serratus anterior plane block, we first identify</p> <ol style="list-style-type: none"> the fifth rib in the mid-axillary line the fourth rib in the mid-clavicular line the third rib in the anterior axillary line <p>20. Magnesium blocks N-methyl-D-aspartate (NMDA) receptors, resulting in</p> <ol style="list-style-type: none"> the inhibition of calcium influx into the cells the activation of sodium efflux out of the cells the activation of potassium influx into the cells

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