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SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

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## SAJAA CPD ANSWER FORM – July/August 2025

PLEASE SUBMIT ONLINE BEFORE 31 MARCH 2026

Please answer the following questions:

### Bronchospasm or not?

**1. What was the initial suspected diagnosis based on clinical and capnography findings?**

- a. Endobronchial intubation
- b. Severe bronchospasm
- c. Pulmonary edema
- d. Disconnection from the ventilator

**2. Which ventilatory parameter increased significantly, prompting further intervention?**

- a. Tidal volume
- b. Peak inspiratory pressure
- c.  $\text{FiO}_2$
- d. Respiratory rate

**3. Which of the following cognitive biases may lead to a delay in the correct diagnosis and management of perioperative emergencies like bronchospasm?**

- a. Attribution bias
- b. Confirmation bias
- c. Premature closure
- d. Similarity bias

**4. How do checklists and cognitive aids help during perioperative emergencies such as bronchospasm?**

- a. They replace the need for individual clinical judgement.
- b. They prevent the need for team communication.
- c. They help reduce cognitive bias and support a systematic approach.
- d. They are useful for novice clinicians.

**5. According to the Stanford Emergency Manual, what is one of the recommended early steps in managing suspected bronchospasm during the perioperative period?**

- a. Administering intravenous adrenalin immediately
- b. Performing early suctioning of the endotracheal tube (ETT)
- c. Initiating bronchoscopy
- d. Changing the anaesthetic gas mixture

### The effect of a preoperative patient information video on child and caregiver anxiety: a prospective, non-randomised, controlled study

**6. STAI score of 20–37 is classified as:**

- a. No or low anxiety
- b. Moderate anxiety
- c. High anxiety
- d. Very high anxiety

**7. Anxiety in the child was assessed using:**

- a. State-Trait Anxiety Inventory (STAI)
- b. Modified Yale Preoperative Anxiety Scale (mYPAS)
- c. State-Trait Anxiety Inventory Child (STAI-child)
- d. Spence Anxiety Scale Paediatric (SCAS-P)

**8. Caregiver anxiety was reported as:**

- a. High in the control group
- b. High in the intervention group
- c. Low in both the control and intervention group
- d. High in both the control and intervention group

**9. Video preparation intervention:**

- a. Showed no significant difference in anxiety levels in either patients or parents
- b. Reduced anxiety levels in both patients and parents
- c. Did not change anxiety or improved knowledge
- d. Reduced anxiety and improved knowledge

**10. Video preparation intervention:**

- a. Was negatively received by patients
- b. Does not help to bridge the doctor patient language gap
- c. Was thought to be inconvenient by Anaesthetist
- d. May aid the Anaesthetist's explanation without influencing anxiety

### Management of endotracheal tube cuff pressures in the intensive care unit at a tertiary hospital: a review of the adequacy of current practices

**11. Inappropriate over-inflation of the endotracheal tube cuff pressure may lead to which complication in intubated patients?**

- a. Dislodgement of the endotracheal tube
- b. Development of ventilator-associated pneumonia
- c. Development of subglottic stenosis
- d. Inaccurate end-tidal capnography measurement

**12. According to the literature, if endotracheal tube pressure is measured intermittently, how frequently should this be carried out?**

- a. Eight-hourly
- b. Daily
- c. Frequency should be determined by the attending physician
- d. Once per duty shift

**13. Below which endotracheal cuff pressure threshold is the patient at increased risk of aspiration of oropharyngeal or gastric debris?**

- a. 15 mmHg
- b. 20 mmHg
- c. 30 mmHg
- d. 35 mmHg

**14. Which of the following has not been identified as a reason for poor adherence to endotracheal cuff management guidelines?**

- a. Lack of appropriate equipment
- b. Concern over pressure loss when using intermittent measurement devices
- c. Little published research addressing the safe endotracheal tube cuff pressure range
- d. Inadequate role-modelling of correct practice by supervisors

**15. Which of the following measurement techniques is most sensitive when detecting very small circuit leaks in an intubated and ventilated patient?**

- a. Auscultation over the trachea
- b. Auscultation over the epigastrium
- c. Palpation of the pilot-balloon
- d. Use of spirometry

### One-lung ventilation in vascular surgery for a patient with significant lung pathology – a case report

**16. Which of the following is a common indication for one-lung ventilation (OLV)?**

- a. Cardiac bypass surgery
- b. Thoracic surgery
- c. Abdominal surgery
- d. Orthopaedic surgery

**17. Which is the most common method used to achieve OLV?**

- a. Bronchial blocker
- b. Double lumen tube
- c. Endobronchial intubation
- d. Laryngeal mask airway



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### 18. Double lumen tube placement should be confirmed using:

- a. Clinical assessment
- b. Capnography
- c. Misting of the tube
- d. Fibreoptic scope and chest auscultation

### 19. Ventilation strategies during OLV include:

- a.  $FiO_2 > 90\%$
- b. Permissive hypercapnia
- c. PEEP  $> 15$
- d. Peak pressure  $> 35$  cmH<sub>2</sub>O

### 20. What is the most common complication during OLV?

- a. Hypotension
- b. Hypoxaemia
- c. Respiratory alkalosis
- d. Pyrexia

### The practice of patient blood management among South African anaesthetic providers: a cross-sectional study

### 21. According to the 2020 SASA Perioperative Patient Blood Management Guideline- elective surgery, other than caesarean section, should be deferred for workup of anaemia when:

- a. The haemoglobin is less than 13 g/dL
- b. The haemoglobin is less than 10 g/dL
- c. The haemoglobin is less than 7 g/dL
- d. Anaemia is not a reason to defer elective surgery

### 22. The haemoglobin transfusion threshold for red cell concentrate recommended for non-cardiac patients is:

- a. 5 g/dL
- b. 7 g/dL
- c. 8 g/dL
- d. 10 g/dL

### 23. Group O emergency red cell concentrate should be used when:

- a. Awaiting red cell concentrate from the blood bank.
- b. Red cell concentrate from the blood bank is delayed beyond normal turnaround times.
- c. Transfusion would reduce the time spent in the operating theatre.
- d. Haemorrhage is life-threatening.

### 24. Intraoperative assessment of coagulopathy, as per the 2020 SASA Perioperative Patient Blood Management Guidelines:

- a. Is best achieved with conventional laboratory testing, such as activated partial thromboplastin time, prothrombin time, and international normalised ratio.
- b. Clinical assessment of coagulopathy is recommended over testing.
- c. Point of care modalities such as thromboelastography are recommended.
- d. Both conventional laboratory testing and point of care testing are recommended.

### 25. What dose of plasma product is recommended in the 2020 SASA Perioperative Patient Blood Management Guideline?

- a. 10–15 ml/kg for both fresh frozen plasma and freeze-dried plasma
- b. 15–20 ml/kg for both fresh frozen plasma and freeze-dried plasma
- c. 20–25 ml/kg for both fresh frozen plasma and freeze-dried plasma
- d. 25–30 ml/kg for both fresh frozen plasma and freeze-dried plasma

### 26. In major obstetric haemorrhage:

- a. Cell salvage is contraindicated.
- b. Cell salvage should be used.
- c. Cell salvage should only be used if no blood products are available.
- d. No recommendation on cell salvage in major obstetric haemorrhage is made.

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