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SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

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SAJAA CPD ANSWER FORM – September/October 2025

PLEASE SUBMIT ONLINE BEFORE 31 MARCH 2026

Please answer the following questions:

An audit investigating the practice of preoperative fasting and the administration of medication to patients during the nil per mouth period in Metro East district hospitals

1. What are the correct preoperative fasting times recommended by the South African Society of Anaesthesiologists?

- a. Solids and fluids should be fasted for six hours before surgery.
- b. It is acceptable to prescribe “nil per mouth” (NPM) from midnight.
- c. Eight hours for a meaty or fatty meal, six hours for a lighter meal, infant formula, or non-human milk, four hours for breast milk, and two hours for clear fluids.
- d. Eight hours for solid food, four hours for fluids.

2. Which statement regarding fasting times in South Africa is correct?

- a. Prolonged fasting time is a unique South African problem and is not present in more developed healthcare systems.
- b. Prolonged fasting times are mostly a problem in big tertiary centres and are not relevant to district hospitals.
- c. Simple interventions have been proven to solve prolonged fasting time and these interventions should just be implemented.
- d. Prolonged fasting is a problem in South Africa across all levels of care.

3. Which one of the following statements regarding instructions for the NPM period in this study is incorrect?

- a. Less than 20% of fasting instructions were aligned with national guidelines.
- b. Correct fasting instructions alone decreased fasting time to an acceptable duration.
- c. A significant number of patients had no written NPM instructions.
- d. Correct fasting instructions were associated with a reduction in fasting time for solids, however this reduction was not enough to align with international guidelines.

4. What were the average fasting times in this study?

- a. Solids: 14 hours and 15 minutes; Fluids: 13 hours and 6 minutes.
- b. Solids: 5 hours and 23 minutes; Fluids: 1 hour and 52 minutes.
- c. Solids: 8 hours and 2 minutes; Fluids: 6 hours and 11 minutes.
- d. Solids: 23 hours and 42 minutes; Fluids: 21 hours and 17 minutes.

5. Which of the following is not a systemic barrier to achieving acceptable fasting times?

- a. An engrained “NPM from 00:00” mindset.
- b. Unpredictability of theatre lists.
- c. Overburdened healthcare system.
- d. Responsibility of writing fasting instructions is not delegated to a specific group.
- e. Willingness of the healthcare team to work towards a solution.

6. Which of the following statements regarding medication administration during the NPM period is incorrect?

- a. Chronic medication is administered as prescribed in less than 50% of cases.
- b. The accuracy of medication administration in this study is like the findings of other South African studies.
- c. Intravenous medication is more accurately prescribed than oral medication.
- d. The practice of medication administration is accurate and does not warrant further attention.

A prospective analysis of shift work and fatigue scores in anaesthesiology registrars at four Johannesburg hospitals

7. Which industry has long adopted Fatigue Risk Management Systems (FRMS)?

- a. Legal
- b. Construction
- c. Aviation
- d. Education

8. What are the recommended maximum working hours per shift according to South African Society of Anaesthesiologists (SASA) guidelines?

- a. 16 hours
- b. 17 hours
- c. 18 hours
- d. 24 hours

9. What does the Karolinska Sleepiness Scale (KSS) primarily assess?

- a. Likelihood of fatigue-related errors
- b. Sleep debt
- c. Momentary subjective sleepiness
- d. Circadian rhythm

10. In objective fatigue assessment, what is a FAID® Quantum score > 80 equivalent to?

- a. One missed night of sleep
- b. Being awake for 23–24 hours or a BAC > 0.05%
- c. Sleeping less than six hours per night for one week
- d. Safe level of fatigue

11. Which cognitive functions are most affected by fatigue in anaesthesiologists?

- a. Vision and language
- b. Vigilance, memory, and decision-making
- c. Reflexes and hearing
- d. Multitasking

To evaluate the changes in perfusion index in the lithotomy position during spinal anaesthesia

12. Perfusion Index (PI) is measured by which device?

- a. Arterial blood gas analyser
- b. Capnograph
- c. Pulse oximeter
- d. Non-invasive blood pressure monitor

13. PI is defined as the ratio between:

- a. Systolic and diastolic pressure
- b. Arterial pulsatile signal and non-pulsatile signal
- c. Oxygenated and deoxygenated haemoglobin
- d. Stroke volume and cardiac output

14. A low PI value usually indicates:

- a. High tissue perfusion
- b. Poor peripheral perfusion
- c. Hyperthermia
- d. Increased cardiac output

15. Which of the following is NOT a standard component of a CONSORT flow diagram?

- a. Number of participants assessed for eligibility
- b. Number randomised into groups
- c. Number lost to follow-up and excluded
- d. Detailed statistical methods



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16. During spinal anaesthesia, an increase in PI at the toe compared to baseline is most likely due to:

- a. Vasoconstriction below the block
- b. Sympathetic blockade leading to vasodilatation
- c. Increased cardiac output
- d. Respiratory depression

17. Which statement about PI is FALSE?

- a. PI is affected by vasomotor tone
- b. PI is a ratio derived from the plethysmographic waveform
- c. PI directly measures cardiac output
- d. PI can be used to predict block onset in regional anaesthesia

Knowledge of essential regional ultrasound anatomy in an academic department of anaesthesiology and critical care

18. What was the primary objective of this study?

- a. To compare the effectiveness of different regional anaesthesia techniques.
- b. To assess anaesthetists' knowledge of the sonoanatomy of "Plan A blocks" at a specific hospital.
- c. To determine the most frequently performed peripheral nerve blocks in South Africa.
- d. To evaluate the impact of surgeon pressure on the use of regional anaesthesia.

19. According to the study's assessment, what percentage of participants were found to have "sufficient knowledge" (a score of $\geq 60\%$)?

- a. 13.0%
- b. 25.9%
- c. 61.0%
- d. 98.1%

20. What concept do international guidelines use to describe core blocks with which anaesthetists should be familiar and competent?

- a. Foundational techniques
- b. Core competency scans
- c. Tier 1 procedures
- d. Plan A blocks

21. What was identified in the study as the most common barrier to performing ultrasound-guided peripheral nerve blocks?

- a. Lack of confidence and anatomical knowledge
- b. Pressure from the surgical team
- c. Lack of time
- d. Patient refusal

22. What did the study conclude about the relationship between a participant's years of experience and their knowledge score?

- a. A statistically significant relationship could not be confirmed between experience and knowledge.
- b. A strong positive correlation was found, with consultants scoring significantly higher than registrars.
- c. A negative correlation was found, with less experienced participants scoring higher.
- d. The study found that experience was the only significant predictor of a high score.

23. What was found regarding participants' actions when they cannot clearly visualise the required anatomical structures for a block?

- a. More than 90% of participants would abandon the block.
- b. The majority of participants would switch to a landmark-only technique.
- c. More than 40% of participants would, at least in some cases, continue doing the block.
- d. Almost all participants stated they would ask for senior assistance.

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