

## **POST TEST**

## Improving Recognition and Prevention of Residual Paralysis After Surgery: Case Examples of Monitoring and Reversal

Name: Click here to enter text.		Credential(s): Click here to enter text.	
Address: Click here to enter text.			
City: Click here to enter text.	State: Click here to	enter text.	Zip Code: Click here to enter text.
Home Phone: Click here to enter text.		Work/Cell Phone	e:Click here to enter text.
Email Address: Click here to enter tex	xt.		
AAMA Member: Yes No Member#Click here to enter text.			stercard AMEX Discover
		EXP:	Code:

Deadline September 30, 2017

Please email test to <a href="mailto:ceuprograms@ctsma.org">ceuprograms@ctsma.org</a>

Or mail to Jennifer Amaral CMA(AAMA) 208 Deerfield Ridge Dr, Mystic CT 06355 Make Checks Payable to CSMA.

## **POST TEST**

## Improving Recognition and Prevention of Residual Paralysis After Surgery: Case Examples of Monitoring and Reversal

1. T © ©	The incidence of RNMB is much higher than anesthesiologists report in surveys.  True  False
	A meta-analysis of 24 studies that included 3,375 patients found that% of patients is a TOFR less than 0.9.  10 20 40 80
3. R C C C	RNMB is associated with which of the following postoperative complications?  Critical respiratory events  Longer duration of hospital stay  Poorer quality of recovery  All of the above
4. V C C C	Which of the following is the most reliable method for monitoring RNMB?  Visual assessment of the adductor pollicis  Tactile assessment of the orbicularis oculi  Objective measurement of the adductor pollicis  Clinical tests of muscle weakness such as head lift or sustained tongue depressor test
O in re	Which of the following statements about sugammadex dosing is true?  2 mg/kg is appropriate if recovery has reached the reappearance of the second twitch esponse to TOF stimulation.  4 mg/kg is appropriate if recovery has reached 1 to 2 post-tetanic counts and no ch response to TOF stimulation is observed.  Doses should be calculated according to actual or total body weight in obese patients.  All of the above
6. F	How long after the administration of neostigmine should tracheal extubation occur?  10 minutes  15 minutes  20 minutes  None of the above

7. Which of the following statements about ACh in the NMJ is true?			
$^{\circ}$ ACh must bind both $\alpha$ subunits on the AChR for depolarization of the muscle fiber to			
occur.			
All AChRs on the muscle fiber endplate require binding to generate an action potential.			
Precisely the amount of ACh needed to bind the AChRs is released from the motor neuron into the synaptic cleft.			
All of the above			
8. Which of the following statements about NMBAs is true?			
NMBAs must bind both α subunits to prevent depolarization of the muscle fiber.			
More than 90% of the AChRs must be occupied by the NMBA to completely block neuromuscular transmission.			
All of the above			
None of the above			