

# SAJAA CPD ANSWER FORM - Nov/Dec 2007

		True	False
1.	Awake intubation should be the method of choice for patients identified preoperatively as likely to be both a difficult laryngoscopy AND difficult to mask ventilate.		
2.	Cricothyrotomy is the first intervention that should be attempted after three unsuccessful attempts to intubate a patient.		
3.	The standard LMA is the most appropriate device to manage a failed intubation in a patient with a term pregnancy.		
4.	Retrograde intubation cannot be performed on awake patients.		
5.	Fibreoptic intubation may be performed by both the oral and nasal routes.		
6.	Airway compromise is the most life threatening early problem encountered in gunshot facial injuries.		
7.	Resuscitation in the first one hour of injury (golden hour) has no effect on morbidity and mortality of the trauma patient.		
8.	Computerized tomographic (CT) scans are more useful than radiographic studies for evaluation of gunshot facial injuries.		
9.	When fracture of the base of the skull is present, nasotracheal intubation must be performed by the consultant anaesthetist.		
10.	Trigemino-cardiac or oculocardiac reflex may be provoked during maxillofacial reconstruction and eye surgery respectively.		
11.	Neuronal apoptosis, or programmed cell death, is a normal physiological process occurring during development of the central nervous system.		
12.	Foetal alcohol syndrome is an example of a disease process that can be ascribed to interference with immature NMDA and GABA-ergic neurotransmitter systems, and may explain how anaesthetic agents administered to the developing human can cause prolonged central nervous system damage.		
13.	There is a significantly higher incidence of postoperative cognitive dysfunction after general anaesthesia when compared to regional anaesthesia.		
14.	Results of recently published trials suggest that prolonged, deep anaesthesia may have long term adverse consequences, particularly in high risk patients such as the elderly, and that BIS monitoring should be considered in this group.		
15.	Chromosomal aberrations, and a subsequent higher incidence of cancer, have been reported amongst anaesthetists occupationally exposed to volatile agents.		
16.	The kidney has a unique anatomical & physiological make-up, which renders it particularly vulnerable to insult.		
17.	The risk of contrast nephropathy is not related to the type of contrast agent used.		
18.	Possible mechanisms of contrast-induced <i>acute tubular necrosis</i> include renal vasoconstriction, direct cytotoxicity and damage by hypoxia and oxygen free radicals.		
19.	Radiocontrast induced renal failure is usually <i>mild, transient &amp; nonoliguric</i> .		
20.	Specific renoprotective strategies include hydration, alkalinisation and acetylcysteine.		

Surname

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