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SAJAA CPD ANSWER FORM - January/February 2020

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Please answer the following questions:

- Osteogenesis imperfecta (OI) is group of connective tissue disorders associated with abnormal quality and quantity of collagen. Regarding the classification of OI:**
 - The Silience classification is based on the type of gene mutation identified.
 - TYPE II is associated with extreme bone fragility, short and wide long bones, perinatal death.
 - Abnormal collagen structure is the biochemical abnormality in all types of OI.
- In a surgical paediatric population of patients with OI studied in KwaZulu-Natal, few airway complications were identified. The possible reason was:**
 - Structural airway and respiratory abnormalities are unlikely in paediatric OI patients.
 - Anaesthesia provider experience, as the cases were done in a referral institution.
 - Pre-emptive advanced airway techniques were used in the majority of cases.
- Regarding regional anaesthesia (RA) in patients with OI:**
 - RA is not advised due to possible platelet dysfunction and bleeding risk.
 - Skeletal abnormalities lead to a high failure rate so RA should be avoided.
 - RA has been used successfully in combination with GA in most paediatric studies.
- The clinical implication of hypophosphataemia does not include:**
 - Cardiac failure.
 - Renal failure.
 - Respiratory muscle failure.
- Hypophosphataemia is common in the following population:**
 - Patients presenting for hepatic surgery.
 - Patients with metastatic disease.
 - The normal perioperative population.
- An intraoperative factor that is associated with a higher incidence of hypophosphataemia:**
 - Intraoperative crystalloid administered.
 - Type of cardioplegic solution.
 - Insulin administration.
- Severe hypophosphataemia is classified as an inorganic phosphate level below:**
 - 0.48 mmol/l.
 - 0.60 mmol/l.
 - 0.32 mmol/l.
- Refeeding syndrome is commonly seen in:**
 - Re-initiation of enteral feeding after prolonged starvation.
 - Postoperatively after routine fasting.
 - Patients on a continuous insulin infusion perioperatively.
- Which part of the brachial plexus is targeted during the infraclavicular nerve block?**
 - Roots.
 - Terminal branches/nerves.
 - Cords.
- Which of the following is not an indication for infraclavicular nerve blocks?**
 - Shoulder region.
 - Elbow joint.
 - Arm region.
- Adjuvants may be administered together with the local anaesthetic to:**
 - Reduce the absorption rate.
 - Increase the adsorption rate.
 - Increase the onset time.
- Landmarks for this approach include:**
 - Condyloid process.
 - Coracoid process.
 - Mamillary process.
- Regarding initiation of ARVs in HIV-positive critically ill patients admitted to an intensive care unit (ICU):**
 - The mortality benefits clearly outweigh the risks.
 - The patient's CD4 count is the most important determinant when considering this strategy.
 - Caution should be exercised for a number of reasons, one of which is the unpredictable enteral tolerance of ARVs.
- The notion that testing for HIV without consent is unethical:**
 - Has been suggested to contribute to the perpetuation of "HIV exceptionalism".
 - Is based upon this practice being consistent with maleficence.
 - Was not expressed as a reason deterring study participants to test for HIV.
 - Is an opinion held by the majority of South African intensivists.
- The South African HIV Clinicians' Society Adult ART guidelines encourage consideration of acute initiation of ARVs in the setting of critical illness:**
 - If a patient is admitted to ICU for a prolonged period, and multi-organ dysfunction has resolved.
 - In all patients with AIDS-defining illnesses.
 - In all patients within whom illnesses with a potential for immune reconstitution have been excluded.
 - As soon as enteral tolerance has been established.
- A critically ill patient being ventilated in ICU for type 1 respiratory failure tests positive for HIV. The most appropriate next course of action is to:**
 - Hold a family conference to discuss this result with the next of kin.
 - Review the differential diagnoses, to include HIV-related illnesses, if this has not already been done.
 - Initiate ARVs.
 - Review the highest level of care which the patient should receive.
- This study showed that South African intensivists:**
 - Perform silent HIV testing, which contradicts the law.
 - Believe that the ethical/legal frameworks around HIV testing are not relevant in critically ill patients.
 - Do not follow the South African HIV Clinician's Society Adult ART guidelines.
 - Have a heterogenous opinion about HIV testing and treating in ICU.
- A key part of ensuring a smooth anaesthetic in paediatric patients is:**
 - An effective starvation protocol.
 - The alleviation of preoperative anxiety.
 - Ensuring early peripheral line placement.
- In this review the preoperative midazolam and ketamine premedication doses were classified as:**
 - High (midazolam ≥ 0.5 mg.kg⁻¹ and ketamine > 4 mg.kg⁻¹), intermediate (midazolam 0.5 to 0.4 mg.kg⁻¹ and ketamine ≤ 4 mg.kg⁻¹) or low (midazolam ≤ 0.3 mg.kg⁻¹ and ketamine ≤ 3 mg.kg⁻¹) dose.
 - High (midazolam ≥ 0.1 mg.kg⁻¹ and ketamine > 5 mg.kg⁻¹), intermediate (midazolam 0.1 to 5 mg.kg⁻¹ and ketamine ≤ 5 mg.kg⁻¹) or low (midazolam ≤ 0.1 mg.kg⁻¹ and ketamine ≤ 5 mg.kg⁻¹) dose.
 - High (midazolam ≥ 1 mg.kg⁻¹ and ketamine > 8 mg.kg⁻¹), intermediate (midazolam 1 to 0.5 mg.kg⁻¹ and ketamine ≤ 8 mg.kg⁻¹) or low (midazolam ≤ 0.5 mg.kg⁻¹ and ketamine ≤ 4 mg.kg⁻¹) dose.
- The following midazolam and ketamine regimen provided the highest quality sedation as compared to midazolam 0.5 mg.kg⁻¹ alone, without prolonging recovery time:**
 - Midazolam (0.5 to 1mg.kg⁻¹) and ketamine (2 to 3 mg.kg⁻¹).
 - Midazolam (0.25 to 0.3 mg.kg⁻¹) and ketamine (2 to 3 mg.kg⁻¹).
 - Midazolam (1 mg.kg⁻¹) and ketamine (4 mg.kg⁻¹).

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