***Meeting the training requirements for Moderate Sedation.***

1a) A current/ valid **ACLS card** issued by the American Heart Association

**OR**

1b) A certificate from the Durham VA indicating that you have taken the ACLS “equivalent” course here at the VA

                                                        **AND** (in addition to 1 or 2 above)

3) Evidence that you have successfully completed the **VA training module (not duke web course)** on Moderate Sedation.

  PLEASE REVIEW the course and complete the quiz. Return it to you section credentials monitor.

 IF you have an active ACLS card from Duke send us a copy with your quiz..  The best way to get into this “hands on” class at the VA is to contact the Critical Care Nurse instructor who is in charge of the course.  VA ext. 6157  (286 -6157).

Once you have completed ACLS (or VA equivalent) and passed the quiz, you are “good to go” for the next 2 years.  Remember the tutorial and quiz **are required.**

**Moderate Sedation and Analgesia Web Training (06.MOD.A)**

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Name Service

 Please read each question carefully and indicate the correct answer. When you have finished all the questions, save the test with the name: Moderate Sedation and your last name and email it as an attachment to your service’s coordinator. You must achieve a score of 75% to pass.

\_\_\_\_ 1. (True or False) Practitioners performing moderate sedation must have the skills to provide support to a patient in a state of deep sedation.

 \_\_\_\_ 2. (True or False) JCAHO standards on sedation and anesthesia apply whenever a patient receives moderate sedation, deep sedation, or general anesthesia. They do not apply when patients receive anxiolysis/minimal sedation.

\_\_\_\_ 3. (True or False) The RN giving moderate sedation to the patient can also help the physician doing the procedure.

\_\_\_\_ 4. A 70-year-old 80kg male is scheduled for cystoscopy and prostate biopsies for prostatic hypertrophy. He has a long history of hypertension and intermittent CHF treated with Lasix and Digoxin. He also has an implanted pacemaker that was placed for his history of heart block. Upon arrival to the clinic his B/P is 160/90, HR 75, RR14 and O2 Sat 96% on room air. Per physician order the patient receives Valium 10mg p.o. and is transferred to the procedure room 30 minutes later. The patient feels relaxed and he moves to the exam table himself. B/P 150/80, HR 70, O2 Sat 95% on room air. This case report is an example for:

1. Moderate sedation
2. Minimal sedation
3. General anesthesia
4. Deep sedation

\_\_\_\_ 5. A pre-sedation assessment needs to include all of the following except:

1. A reassessment immediately prior to the procedure.
2. A hematocrit.
3. A focused history and physical.
4. A review of drug allergies

\_\_\_\_ 6. Case scenario #2: A 62-year-old 100 kg man with chronic alcoholism and acute hematemesis is scheduled for an upper endoscopy. On admission his mental status is described as alert and oriented. B/P 140/90, HR 110. His Hct is 27. Upon arrival to the GI suite the patient is placed on all monitors. He receives oxygen at 2 liters/min by nasal cannula and is sedated with Demerol 50mg x 2 IV. The patient is sleepy, but easy to arouse and follows commands. His O2 Sat. is 96% and he shows no signs of airway obstruction. Ten minutes into the procedure the patient’s B/P dropped briefly to 86/45 and his HR is 110. This case report is an example for:

1. Moderate sedation
2. Minimal sedation
3. General anesthesia
4. Deep sedation

\_\_\_\_ 7. Case scenario #3: A 66-year-old 62 kg male was admitted to the hospital after a 3-day history of new onset hemoptysis. A left upper lobe mass was noted on his chest X-ray. He is now scheduled for a bronchoscopy. He has a long history of tobacco abuse and he uses heroin up to three times per day. He has a history of hypertension for which he takes Clonidine. B/P 140/90, HR 62, RR 24, O2 Sat 96% on 2 liters/min nasal cannula. The patient is very anxious. During the first 15 min the respiratory therapist and pulmonologist try to talk to the patient. He receives his Lidocaine INH, a total of 10 mg of morphine IV, and midazolam 3mg IV. The patient’s speech is slurred and he soon becomes unconscious. He is not arousable by painful stimulation. A stridor is noticed, his O2 Sat drops to 78%, his RR is 4-6/min. The preceding case report is an example of what sedation/anesthesia (choose deepest level achieved).

1. Moderate sedation
2. Minimal sedation
3. General anesthesia
4. Deep sedation

\_\_\_\_ 8. Intravenous morphine:

1. Rapidly enters the brain and produces sedation
2. Has a primarily sedating effect but provides little analgesia.
3. Peaks at 20- 30 minutes in effect.
4. Has a half-life of about 60 minutes

\_\_\_\_ 9. Which of the following is NOT true about naloxone:

1. Its use may result in increased heart rate and blood pressure.
2. The usual dose for patients slow to awaken from sedation is one ampule (0.4 mg).
3. Naloxone should be used routinely antagonizes the effects of morphine or fentanyl following moderate sedation.
4. Naloxone has a shorter half life than morphine.

\_\_\_\_ 10. Pulse oximetry

1. Is a good monitor of ventilatory drive.
2. Measures saturation accurately even in hypoperfusion states.
3. Generally is a good measure of oxygenation.
4. Is a good way of ensuring that patient does not fall into a state of deep sedation.

\_\_\_\_ 11. Case scenario #4: A 23-year-old 60 kg woman is scheduled for endoscopic retrograde cholangiopancreatography (ERCP) secondary to recurrent obstruction and jaundice. She has a history of asthma since childhood and takes daily albuterol via an inhaler. She is placed on all monitors and receives supplemental oxygen per nasal cannula. Per physician order the patient received midazolam a total of 3mg IV and Fentanyl 25 mcg IV times three. A few minutes after the last dose of fentanyl the patient shows thoraco-abdominal rocking motion and nasal flaring. Her O2 Sat drops to 89% and she finally opens her eyes after a repeated painful stimulations. This case report is an example for:

1. Moderate sedation
2. Minimal sedation
3. Deep sedation
4. General anesthesia

\_\_\_\_ 12. Typical initial IV dose of midazolam (Versed) in healthy patients undergoing moderate sedation per dosage guidelines

1. 5-7 mg
2. 2.5-5mg
3. 1-2.5mg
4. 0.5 mg

\_\_\_\_ 13. Hypotension in moderate sedation may be

1. Caused by vagal reflex
2. Reversed with fluids
3. Caused by dehydration interacting with sedation
4. All of the above

\_\_\_\_ 14. Typical initial IV dose of fentanyl for moderate sedation as listed in the dosage guidelines is

1. 100 mcg
2. 200 mcg
3. 25-50 mcg
4. 50-100 mcg

\_\_\_\_ 15. Which of the following amounts of time must elapse between last dose(s) of flumazenil and discharge in order to assure that patient will not become re-sedated?

1. 4 hours
2. 2 hours
3. 45 minutes
4. 15 minutes

\_\_\_\_ 16. What are signs of upper-airway obstruction?

1. Paradoxical thoraco-abdominal rocking motion
2. Retractions of supraclavicular and intercostal spaces
3. Nasal flaring and stridor- a harsh sound
4. All of the above