

**SPARROW HEALTH SYSTEM
ANESTHESIA SERVICES**

ANESTHESIA EXAM (one week rotation)

Circle the best answer

1. The incidence of unpleasant dreams associated with emergence from ketamine anesthesia can be reduced by the administration of
 - A. Atropine
 - B. Scopolamine
 - C. Physostigmine
 - D. Midazolam
 - E. Glycopyrrolate

2. Which of the following is a side effect of Diprovan (Propofol), an intravenous induction agent?
 - A. A decrease in systemic vascular resistance
 - B. A negative inotropic effect
 - C. Produces dose-dependent depression of ventilation
 - D. A decrease in cerebral blood flow (CBF)
 - E. All of the above

3. Which intravenous induction agent would best be chosen for a patient with hypovolemia secondary to trauma?
 - A. Propofol
 - B. Pentathol
 - C. Etomidate
 - D. Lidocaine
 - E. Ketamine

4. The most important reason for the more rapid onset and shorter duration of action of a single dose of fentanyl compared with morphine is the difference in
 - A. Volume of distribution
 - B. Hepatic clearance
 - C. Renal clearance
 - D. Lipid solubility
 - E. Protein binding

5. Potential effects of narcotics include all of the following **EXCEPT**
 - A. Bradycardia
 - B. Shivering
 - C. Respiratory depression
 - D. Biliary spasm
 - E. Emesis

6. All of the following statements about narcotics are correct **EXCEPT**:
- A. Normeperidine, principal metabolite of meperidine, can cause seizures.
 - B. Fentanyl is at least 75 times more potent than morphine.
 - C. Morphine is the standard for opioid potency comparison.
 - D. Opioids can cause sedation, respiratory depression, urinary retention, and nausea and vomiting.
 - E. There is no reversal agent for opioids.
7. Naloxone should be given 0.4 mg rapid intravenous push and has no side effects.
- A. True
 - B. False
8. All of the following considerations influence the choice of anesthetic technique **EXCEPT**
- A. Patient's medical history
 - B. The number of times the patient has had anesthesia in the last month
 - C. Patient's preference
 - D. Site of surgery
 - E. Likelihood of aspiration
9. All of the following situations may justify a delay in the surgical procedure **EXCEPT**
- A. The patient is not medically optimized
 - B. A patient scheduled for emergent surgery has not followed NPO guidelines
 - C. Consultation for further evaluation of a medical condition is desired.
10. Patients with poorly controlled hypertension, diabetes mellitus with vascular complications, stable angina pectoris, prior myocardial infarction, or pulmonary disease that limits activity, suggest which physical classification status?
- A. PS-1
 - B. PS-2
 - C. PS-3
 - D. PS-4
 - E. PS-5
11. All the following are part of the airway evaluation **EXCEPT**:
- A. Mallampati classification
 - B. Dentition
 - C. Thyromental distance
 - D. Neck range of motion
 - E. Distance between corner of mouth and angle of mandible
12. All of the following are absolute indications for tracheal intubation during an operation **EXCEPT**
- A. Prevention of aspiration of gastric contents or blood
 - B. Need for frequent suctioning
 - C. Prone positioning
 - D. Patient with obstructive sleep apnea
 - E. Operative site near or involving the upper airway

13. Rapid sequence induction is indicated for all of the following **EXCEPT**:
- A. Recent meal
 - B. Hypothyroidism
 - C. Pregnancy
 - D. Bowel obstruction
 - E. Full stomach
14. The correct sequence for a rapid sequence induction is:
- A. Cricoid pressure, preoxygenate, diprovan, succinylcholine, intubate
 - B. Preoxygenate, cricoid pressure, pavillon, diprovan, intubate
 - C. Preoxygenate, cricoid pressure, diprovan, succinylcholine, intubate
 - D. Preoxygenate, cricoid pressure, diprovan, pavillon, intubate
15. All of the following are potential complications of epidural analgesia **EXCEPT**
- A. Postdural puncture headache
 - B. Epidural hematoma
 - C. Parasympathetic blockade
 - D. Local anesthetic toxicity
 - E. Subarachnoid injection
16. Post-spinal headaches
- A. Rarely resolve spontaneously
 - B. Can be prevented with a prophylactic epidural blood patch
 - C. Occur more frequently in non-pregnant compared with pregnant patients
 - D. Occur more frequently in elderly patients
 - E. Can be associated with neurologic symptoms like diplopia, photophobia, neck stiffness, tinnitus and decreased hearing acuity
17. Which spinal anesthetic will last the longest?
- A. Xylocaine
 - B. Marcaine with epinephrine
 - C. Tetracaine
 - D. Tetracaine with epinephrine
 - E. Ropivacaine
18. All of the following are side effects associated with spinal anesthesia **EXCEPT**:
- A. Hypotension
 - B. Total spinal
 - C. Bradycardia
 - D. Tachycardia
 - E. Hypoventilation

ROTATION EVALUATION

We are committed to providing the best learning experience possible with the Department of Anesthesia at Sparrow Hospital. Your input is appreciated and critical to our continued efforts.

1. What specialty(ies) are you considering?

2. What aspects of the rotation did you find most useful?

3. What aspects of the rotation did you most enjoy?

4. Do you have any suggestions for improving the rotation?

5. Is there anyone in particular you felt was instrumental to your learning on the rotation, or was a particularly gifted teacher?
