NAME: _____

SCORE: _____

PHYSICIAN COMPETENCY FOR PEDIATRIC SEDATION
(Less than 14 years of age)

1. The following person(s) must be present in the procedural room when **moderate intravenous sedation** is administered:
    a) Physician performing the procedure
    b) Nurse or paramedic administering sedation
    c) Individual recording sedation data
    d) ALL of the above

2. During moderate sedation, patients typically display the following:
    a) Loss of protective reflexes
    b) Response to purposeful commands
    c) Hypotension
    d) ALL of the above

3. Physicians wishing to sedate pediatric patients must meet the following criteria:
    a) To give oral sedatives, one must have moderate sedation privileges
    b) Neurologists may administer intravenous moderate sedation to children
    c) Emergency Medicine physicians may administer intravenous moderate sedation
    d) a) and c) above

4. Which of the following statements is **NOT** true?
    a) Ketamine may be administered by Emergency Medicine physicians
    b) Etomidate may be administered by Emergency Medicine physicians
    c) Propofol may be used for long-term sedation of intubated children
    d) Lorazepam or Midazolam may be administered by any physician for initial seizure control

5. Prior to sedation, it is necessary to examine and/or document these details:
    a) Heart and lung status
    b) Airway assessment
    c) Anesthetic history
    d) ALL of the above

6. A normal airway has the following features:
    a) Chin length from mentum to hyoid two adult finger widths in non-infant children
    b) Oral opening greater than four adult finger widths
    c) Uvula and tonsillar pillars visible with mouth open in sitting position
    d) a) and c) above

7. Children with abnormal airways may include those with:
    a) Rheumatoid arthritis
    b) Down Syndrome
    c) Treacher Collins Syndrome
    d) ALL of the above

8. A normal pediatric airway differs from an adult airway in the following ways:
    a) The tongue is proportionately larger in children
    b) The prominent occiput in younger children anteflexes the head
    c) The cricoid ring is the narrowest point in the airway
    d) ALL of the above

9. The Mallampati airway classification:
    a) Should be assessed with the patient in the sitting position
    b) Does not correlate with intubation risk
    c) Should be assessed with the patient opening the mouth and extending the tongue
    d) a) and c) above

10. If a sedated patient develops stridor but is still breathing spontaneously, the following measures may prove beneficial:
    a) Oral airway
    b) Additional sedative to relax patient
    c) Jaw thrust
    d) a) and c) above

11. Equipment necessary for sedation of pediatric patients outside the MRI scanner currently includes all of the following EXCEPT:
    a) EKG monitor
    b) Pulse oximeter
    c) Capnography
    d) Suction device

12. Bradycardia without hypotension should be treated with:
    a) Atropine
    b) Supplemental oxygen with airway assistance
    c) Intubation
    d) NONE of the above

13. Monitoring modalities required in the MRI scanner include:
    a) Temperature
    b) Pulse oximetry
    c) Blood pressure
    d) ALL of the above

14. Ketamine may cause:
    a) Bradycardia
    b) Laryngospasm
    c) Dry mouth
    d) NONE of the above

15. Ketamine:
    a) Produces a dissociative state of unresponsiveness to the environment
    b) May cause post-emergence hallucinations
    c) Is usually administered with an antisialogogue and benzodiazepine to minimize side effects
    d) ALL of the above

16. Chloral hydrate:
    a) May be given orally or intravenously
    b) Is useful for long-term sedation of intubated pediatric patients
    c) May cause allergic reactions in patients with sulfite sensitivity
    d) NONE of the above

17. Chloral Hydrate:
    a) May be reversed with Flumazenil
    b) Is useful in children age 5 and older
    c) May be repeated if the first is insufficient
    d) May last up to 40 hours in newborns

18. Naloxone:
    a) Reverses narcotics and benzodiazepines
    b) May result in pulmonary hypertension and tachycardia
    c) Prevents renarcotization of the patient
    d) Should always be given as a 0.1 mg bolus for patient safety

19. Flumazenil:
    a) May result in seizures
    b) Has a longer half-life than benzodiazepines
    c) May be used safely in neonates
    d) Does not reverse paradoxical benzodiazepine agitation

20. Before discharge post-sedation, the child must be able to:
    a) Void
    b) Protect the airway
    c) Drink one liter of fluid
    d) Perform at an age appropriate level on the MMPI test

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