

FUNDAMENTAL TOPICS IN ANESTHESIOLOGY

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
1	Normal lung sliding and A-lines are characteristic ultrasound findings in patients with pulmonary embolism.	I.C.2 Advanced Physiologic	Monitoring	1

CLINICAL SCIENCES

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
2	The model for end-stage liver disease-sodium score is a good indicator of perioperative mortality in patients with end-stage liver disease.	III.A.6 Patients with Specific Disease States	Patient Evaluation and Preoperative Preparation	4
3	Consider delaying elective noncardiac surgery for at least 9 months after a stroke.	III.B.1 Central and Peripheral Nervous System	Perioperative Management of Patients with Chronic Disease States	2
4	After an ischemic stroke, elective cases should be delayed for at least 9 months.	III.B.1 Central and Peripheral Nervous System	Perioperative Management of Patients with Chronic Disease States	2
5	Elective surgery should be delayed for 9 months following a stroke.	III.G.1 Types	Perioperative Complications: Types, Prevention, Treatment	7

ORGAN-BASED BASIC AND CLINICAL SCIENCES

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
6	Long-acting sulfonylureas like glimepiride carry a high risk of hypoglycemia in fasting patients.	IV.G.3 Pharmacology	Endocrine and Metabolic Systems	0
7	Rare disorders associated with malignant hyperthermia include central core disease, multiminicore disease, King-Denborough syndrome, and <i>STAC3</i> disorder (formerly known as Native American myopathy).	IV.H.4 Diseases and Disorders: Clinical Science	Neuromuscular System	0

CLINICAL SUBSPECIALTIES

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
8	LAST may present many hours after lidocaine tumescent anesthesia for liposuction.	V.E.4 Local Anesthetic Toxicity	Anesthesia for Plastic Surgery	0
9	MAP should be maintained at > 85 mmHg in patients with acute cervical spinal cord injury to optimize neurological outcome.	V.I.3 Organ System Trauma	Trauma Anesthesia	2
10	Goal-directed fluid resuscitation measures in burn patients, such as pulse pressure variation, are preferred.	V.I.4 Thermal and Electrical Injury	Trauma Anesthesia	1
11	Following nonfatal drowning, patients with respiratory compromise should not be weaned from PEEP for at least 24 hours.	V.I.5 Special Considerations in Trauma Anesthesia	Trauma Anesthesia	3
12	Single-dose intraoperative dexamethasone 8 mg IV reduces PONV and improves analgesia in cholecystectomy patients.	V.J.2 Anesthetic Management	Anesthesia for Ambulatory Surgery	1
13	Intra-articular injection of local anesthetic for anterior cruciate ligament repair has been shown to be more effective than femoral or adductor canal blocks for postoperative pain.	V.J.2 Anesthetic Management	Anesthesia for Ambulatory Surgery	1

14	Anesthesia equipment should be inspected per manufacturers' recommendation.	V.J.4 Office-Based Anesthesia	Anesthesia for Ambulatory Surgery	2
15	Age greater than 65 years, severe comorbidity burden, cognitive decline, and hearing or visual impairments are risk factors for postoperative delirium.	V.K.1 Preoperative Evaluation	Geriatric Anesthesia/Aging	0
16	ICP should not be measured while draining cerebrospinal fluid from an external ventricular drain as the pressure readings are inaccurate while the drain is open.	V.M.4 Special Considerations in Neuroanesthesia	Neuroanesthesia	2
17	Pure motor deficits seen during intracranial aneurysm clipping is indicative of subcortical ischemia.	V.M.4 Special Considerations in Neuroanesthesia	Neuroanesthesia	2
18	The most accurate site to determine cerebral temperature for cerebral protection during cardiopulmonary bypass is the arterial outlet of the bypass machine.	V.O.4 Special Considerations in Cardiac Anesthesia	Cardiac	20
19	Argatroban is the IV anticoagulant of choice in patients with heparin-induced thrombocytopenia and renal impairment.	V.P.2 Pharmacology	Vascular	0
20	Antihypertensive agents with cerebral vasodilatory effects should be avoided in patients with diagnosed or suspected cerebral hyperperfusion syndrome after carotid revascularization.	V.P.3 Clinical Management of Disease States	Vascular	1
21	The borders of the paravertebral space include the vertebral bodies, the parietal pleura, and the transverse processes.	V.Q.1 General Topics	Regional Anesthesia	3
22	Ultrasound can be used reliably at the bedside to identify a pneumothorax; the barcode sign is highly suggestive of pneumothorax.	V.Q.3 Neuraxial Anesthesia	Regional Anesthesia	2
23	The nerve to the vastus medialis travels within the adductor canal and provides the majority of sensory innervation to the knee.	V.Q.5 Lower Extremity Regional Anesthesia	Regional Anesthesia	2
24	The transverse thoracic muscular plane block should be avoided during CABG surgery due to the proximity of the internal mammary vessels.	V.Q.6 Truncal Regional Anesthesia	Regional Anesthesia	4

25	The erector spinae plane block provides analgesia to the thoracic and upper abdominal regions.	V.Q.6 Truncal Regional Anesthesia	Regional Anesthesia	4
26	Therapeutic low-molecular-weight heparin administration may occur at least 4 hours after epidural removal provided at least 24 hours have elapsed since initial epidural placement.	V.Q.7 Complications and Side Effects	Regional Anesthesia	2
27	Obesity is an independent risk factor for peripheral nerve catheter-related infections.	V.Q.9 Continuous Regional Anesthesia	Regional Anesthesia	2
28	TENS is an effective modality in treating post-thoracotomy pain for patients with a contraindication to neuraxial or nerve block techniques.	V.R.3 Acute Pain Evaluation and Treatment	Acute Pain Management	17
29	Intraoperative IV methadone administration decreases postoperative opioid consumption.	V.R.3 Acute Pain Evaluation and Treatment	Acute Pain Management	17
30	Administration of a single dose of IV methadone (0.1-0.3 mg/kg) at induction has not been associated with prolonged postoperative respiratory depression or cardiac arrhythmias.	V.R.4 Monitoring and Safety	Acute Pain Management	18

SPECIAL PROBLEMS OR ISSUES IN ANESTHESIOLOGY

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
31	Providing printed, standardized information to patients during a clinical encounter can alleviate stereotype threat.	VI.E.8 Healthcare Disparities	Ethics, Practice Management and Medicolegal Issues	35