



PHARMACOLOGY

| | Key Point | ABA Blueprint Code | Level 2 Blueprint Category | CME Activity Count |
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| 1 | Cyproheptadine, a serotonin antagonist, can be administered in the treatment of serotonin syndrome. | II.A.2 Drug Interactions | General Concepts | 5 |

CLINICAL SCIENCES

| | Key Point | ABA Blueprint Code | Level 2 Blueprint Category | CME Activity Count |
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| 2 | Standard precautions should be taken to protect healthcare personnel and patients from Zika infection. | III.B.9 Special Problems | Perioperative Management of Patients with Chronic Disease States | 25 |

CLINICAL SUBSPECIALTIES

| | Key Point | ABA Blueprint Code | Level 2 Blueprint Category | CME Activity Count |
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| 3 | The sternum is an appropriate site for intraosseous access. | V.I.2 Secondary Survey and Stabilization | Trauma Anesthesia | 17 |
| 4 | The CRASH-3 trial demonstrated the benefits of early tranexamic acid administration in the setting of TBI. | V.I.3 Organ System Trauma | Trauma Anesthesia | 23 |
| 5 | EZ-IO® devices are MR Unsafe. | V.I.5 Special Considerations in Trauma Anesthesia | Trauma Anesthesia | 8 |
| 6 | An outpatient total joint arthroplasty patient who fails physical therapy goals should be transferred to a hospital inpatient unit. | V.J.3 Discharge Criteria and Postoperative Follow-Up | Anesthesia for Ambulatory Surgery | 1 |

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| 7 | Electroconvulsive therapy (ECT) during the COVID-19 pandemic may be performed safely with appropriate practice modifications. | V.M.4 Special Considerations in Neuroanesthesia | Neuroanesthesia | 10 |
| 8 | Commonly used cardiac risk calculators may underestimate risk, particularly in endovascular surgery. | V.P.1 Clinical Science | Vascular | 12 |
| 9 | The 2018 ASRA guidelines recommend that low-dose subcutaneous heparin thromboprophylaxis may be administered immediately after neuraxial block or catheter removal. | V.Q.3 Neuraxial Anesthesia | Regional Anesthesia | 9 |
| 10 | Excessive effects of both codeine and tramadol can occur in patients with the ultra-rapid metabolizer phenotype of CYP2D6. | V.R.1 Analgesic Pharmacology | Acute Pain Management | 58 |
| 11 | IV acetaminophen may cause transient hypotension. | V.R.1 Analgesic Pharmacology | Acute Pain Management | 58 |
| 12 | Methadone is effective for reducing postoperative pain scores and opioid consumption, and increasing patient satisfaction compared with other intraoperative opioids. | V.R.2 Alternative Analgesic Modalities | Acute Pain Management | 26 |

PAIN MEDICINE

| | Key Point | ABA Blueprint Code | Level 2 Blueprint Category | CME Activity Count |
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| 13 | The spinoreticular tract is important in affective-motivational aspects of pain. | X.A.1 Anatomy and Physiology: Mechanisms of Nociceptive Transmission | General | 13 |
| 14 | The PROMIS-10 Global Health Questionnaire is a patient-reported outcome tool that can be used to assess overall quality of life in persons after a health-related intervention. | X.B.1 Assessment and Psychology of Pain | Assessment and Psychology of Pain | 0 |
| 15 | For adults with mild to moderate cognitive impairment, a categorical 4-point verbal rating scale of pain is often adequate for assessing pain outcomes after interventions. | X.B.1 Assessment and Psychology of Pain | Assessment and Psychology of Pain | 0 |
| 16 | Decreases in estrogen levels increase sensitivity to pain. | X.B.5 Sex, Gender and Race Issues in Pain | Assessment and Psychology of Pain | 1 |

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| 17 | Pain thresholds are higher in women during the follicular phase of the menstrual cycle, with increased pain sensitivity associated with the luteal phase. | X.B.5 Sex, Gender and Race Issues in Pain | Assessment and Psychology of Pain | 1 |
| 18 | In ultrarapid CYP2D6 metabolizers, non-CYP2D6 metabolized opioids, such as morphine, should be considered. | X.C.1 Opioids | Treatment of Pain: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, and Indications/Contraindications | 23 |
| 19 | Secondary amine tricyclic antidepressants (TCAs) have less pronounced anticholinergic effects compared with tertiary amine TCAs. | X.C.3 Antidepressants and Anticonvulsants | Treatment of Pain: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, and Indications/Contraindications | 3 |
| 20 | Bicarbonate infusion can be used to treat tricyclic antidepressant overdoses. | X.C.3 Antidepressants and Anticonvulsants | Treatment of Pain: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, and Indications/Contraindications | 3 |
| 21 | Marijuana is categorized as a Schedule I drug based on the Controlled Substance Act regulations. | X.C.4 Miscellaneous Agents: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, Indications/Contraindications | Treatment of Pain: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, and Indications/Contraindications | 38 |
| 22 | Loratadine should be considered as a potentially effective therapy for management of opioid- and NSAID-resistant intractable bone pain caused by use of granulocyte colony-stimulating factors. | X.C.4 Miscellaneous Agents: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, Indications/Contraindications | Treatment of Pain: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, and Indications/Contraindications | 38 |

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| 23 | Activation of adenosine receptors by caffeine has been associated with antinociception for neuropathic, nociceptive, and inflammatory pain. | X.C.4 Miscellaneous Agents: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, Indications/Contraindications | Treatment of Pain: Pharmacokinetics, Pharmacodynamics, Adverse Effects, Drug Interactions, and Indications/Contraindications | 38 |
| 24 | Acceptance and commitment helps patients accept and defuse their pain rather than focus on actively controlling their pain to manage it. A recent systematic review and meta-analysis shows benefit compared with controls and other active psychological treatments. | X.D.1 Psychological Treatments (Cognitive-Behavioral and Behavioral Interventions) | Treatment of Pain: Other Methods | 12 |
| 25 | Codeine must be metabolized to morphine to provide analgesia; medications such as fluoxetine may block that conversion. | X.D.2 Psychiatric Treatment | Treatment of Pain: Other Methods | 45 |
| 26 | Clinicians should recognize and treat symptoms of depression accompanying chronic pain complaints. | X.D.2 Psychiatric Treatment | Treatment of Pain: Other Methods | 45 |
| 27 | Granulomas are inflammatory masses that can compress the spinal cord, leading to neurologic deficits, and are prone to form when high doses of highly concentrated morphine is used intrathecally. | X.D.4 Interventional Pain Management Including Nerve Blocks and Lesioning | Treatment of Pain: Other Methods | 20 |
| 28 | The longer a worker is off work with nonspecific low back pain, the lower the worker's chances of returning to work. Provision of light or modified duty helps facilitate return to work. | X.D.6 Work Rehabilitation | Treatment of Pain: Other Methods | 8 |
| 29 | For patients who have cancer pain and experience sedation related to opioids, the use of stimulants such as dextroamphetamine or methylphenidate may improve analgesia while reducing undesirable opioid-induced sedation. | X.E.2 Cancer Pain | Tissue Pain | 7 |
| 30 | The C2-C3 facet joint receives the majority of its innervation from the C3 dorsal ramus. | X.E.3 Cervical Spinal Pain | Tissue Pain | 7 |
| 31 | Acute brachial neuropathy is an uncommon cause of neck and shoulder pain accompanied by upper extremity neurological symptoms that may occur after a viral illness. | X.E.3 Cervical Spinal Pain | Tissue Pain | 7 |
| 32 | Ice pick headache, or idiopathic stabbing headache, best responds to indomethacin. | X.G.1 Headache | Headache and Facial Pain | 14 |

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| 33 | Primary sexual headache, orgasm headache, is best treated with indomethacin and beta blockers. | X.G.1 Headache | Headache and Facial Pain | 14 |
| 34 | This patient's presentation is characteristic of idiopathic intracranial hypertension. | X.G.1 Headache | Headache and Facial Pain | 14 |
| 35 | While epidural blood patch is often thought of as the treatment for postdural puncture headache, conservative management for the first 24 hours, including simple oral analgesia like acetaminophen and NSAIDs, is recommended. | X.G.1 Headache | Headache and Facial Pain | 14 |
| 36 | A successful V1 block is carried out by blocking the Gasserian ganglion, part of which resides within Meckel's cave. | X.G.2 Orofacial Pain (e.g., Trigeminal Neuralgia, Post Herpetic Neuralgia, Atypical Facial Pain) | Headache and Facial Pain | 0 |
| 37 | Peripheral neuropathy as a result of isoniazid use is treated with pyridoxine. | X.H.1 Peripheral Neuropathic Pain (e.g., Diabetic Peripheral Neuropathy, Post Herpetic Neuralgia, Peripheral Nerve Injuries) | Neuropathic Pain | 0 |
| 38 | Discussion with a nonverbal patient's caretaker should be performed prior to observational and behavioral pain assessment. | X.I.2 Pain in Older Adults | Special Cases | 4 |