Family Feud SPA 2014

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Demographics

1. Male
2. Female

Demographics: Your Age

1. 25-29
2. 30-34
3. 35-39
4. 40-44
5. 45-49
6. 50-54
7. 55-59
8. 60-64
9. >65

Demographics: Years in Practice

1. Medical student
2. In-training Resident
3. In-training Fellow
4. ≤ 5 after training
5. 6-10
6. 11-15
7. 16-20
8. 21-25
9. > 26

Pediatric Anesthesia Board Exam?

1. Took it and passed
2. Took it and failed
3. Will take it within the next 2 cycles
4. Am not going to take the exam
5. Not eligible

Test Question

What is the FIRST thing you do when your surgeon stops complaining?

1. **Check your hearing aid battery**
2. **Turn down your Ipod (or remove one ear bud)**
3. **Check his airway and pulse**
4. **Check your airway and pulse**

In your practice do *you* use bar coding to ID your patient?

1. Yes, on entry to the operating room
2. Yes, prior to administering blood
3. Yes, prior to administering drugs
4. Some combination of the above
5. No

During your fellowship training, did you participate in a research project ?*

1. Yes
2. No

* Not as a subject!

During your residency or fellowship training, did you have a "structured education program in research"?

1. Yes
2. No

Ahmad S et al: A and A 2013; 116: 205-210

Over the last 5 years, have you published a paper in a peer reviewed journal?

1. Yes, original article
2. Yes, review article
3. Yes case report
4. Yes combination of above
5. No

Do you have the SPA emergency critical events checklist?

1. Yes, on my cell phone
2. Yes, in the OR (monitors, charts, etc.)
3. Yes, both on my cell and in the OR
4. Don't have

http://www.pedsanesthesia.org/

Go to SPA Quality & Safety Committee

Critical Events Checklists

Have you ever used the SPA emergency checklist in an emergency?

1. Yes
2. No

Resuscitation from local anesthetic toxicity, which is most correct?

A 4 year old female, 20 kg, undergoing ureteral reimplantation surgery becomes profoundly hypotensive during injection of 10 mL of 0.2% ropivacaine injected via a caudal catheter. The patient is intubated and ventilated with 7% inspired desflurane

After turning off the desflurane, confirming tube position, and checking for pulses the first thing to do is:

1. Propofol 2-3 mg/kg bolus to treat seizures and because it contains lipid.
2. Epinephrine 1 mcg/kg
3. 10% intralipid 1.5 ml/kg bolus over 1 min followed by infusion of 0.5 mg/kg /min.
4. Amiodarone 5 mg/kg
5. None of the above

Shaffner DH, Heitmiller ES, Deshpande JK: Anesth Analg. 2013 Oct;117(4):960-79.

Your standard crystalloid for routine procedures is:

1. Normal Saline
2. Ringers Lactate
3. Plasmalyte
4. D5W
5. D5.2NS
6. D5.45NS
7. Other

Most of us have eliminated D5.2NS because of hyponatremia, is it time to do the same for Normal Saline (hyperchloremia)?

1. **Yes**
2. **No**

Butterworth JF 4th, Mythen MG:Anesth Analg. 2013 Aug;117(2):290-1

The *expected* 1 year failure rate for a VP shunt placed by a pediatric neurosurgeon in North America is:

1. 5%
2. 10%
3. 20%
4. 30%
5. ≥ 40%

Al-Tamimi YZ:Neurosurgery. 2014 Jan;74(1):29-34.

For patients undergoing surgery where post op pain is expected, do you routinely give ACETAMINOPHEN

1. Yes, IV form intraoperatively
2. Yes, rectal form intraoperatively
3. Yes, orally preoperatively
4. No

Allegaert K, Naulaers G, Tibboel D. Paediatr Anaesth. 2013 Jan;23(1):45-50.

Postoperative pain following laparoscopic appendectomy is

1. Minor, easily treated with NSAIDS or acetaminophen
2. Minor, easily treated with NSAIDs, acetaminophen and parenteral opioids
3. Moderate to severe requiring multi- modal analgesia including IV PCA
4. Moderate to severe easily treated with IV ketorolac and/or oral tramadol

- **Liu Y, Watcha M et al: Peds Anesthesia 2013; 23: 1187-1192 (pain with laporascopic surgery)**
- **Wong I, St John-Green C, Walker SM: Paediatr Anaesth. 2013 Jun;23(6):475-95 (opioid sparing effects of nsaids)**

During major craniofacial surgery in a < 2 year old do you routinely place

1. An art line
2. A CVP
3. An art line and CVP
4. None of the above

The “best” guide to assessing intravascular volume in the OR

1. CVP
2. Art line
3. Pulse oximeter
4. Effect of positive pressure ventilation on either CVP, Art line, or pulse oximetry tracing
5. No monitor but my clinical gut feeling

Stricker PA et al: Anesth Analg. 2013 Feb;116(2):411-9

When placing an internal jugular central catheter do you:

1. Use Trendelenberg
2. Passive leg lift
3. Trendelenberg and passive leg lift
4. Valsalva maneuver
5. None of the above

Gan H etal: Anesth Analg. 2013 Dec;117(6):1380-92

Assume no platelet or bleeding issues, do you limit the use of ketorolac (or any NSAID)

1. No, can be given to all ages
2. Must be > 1 month
3. Must be > 2 months
4. Must be > 3 months
5. Must be > 6 months
6. Must be > 1 year

When providing anesthesia for pediatric craniotomy do YOU or your surgeon routinely perform scalp blocks (NOT skin infiltration)?

1. Yes, I do it
2. Yes, the surgeon does it
3. No, neither one does it
4. I don’t do it and am not really sure what the surgeon does

Guilfoyle MR et al:Anesth Analg. 2013 May;116(5):1093-102.

When placing a cuffed endotracheal tube, do you

1. Always check cuff pressure with a manometer
2. Rely on feel of cuff, rarely or never use a manometer
3. Listen for leak around the tube, +/- rely on feel of cuff

Litman RS, Maxwell LG:Anesthesiology. 2013 Mar;118(3):500-1

A patient with an undefined mitochondrial disease is scheduled for a PEG. Your anesthetic technique would be:

1. Vapor (e.g., sevoflurane)
2. Propofol
3. Ketamine
4. Bupivacaine neural blockade
5. Call in sick

Niezgoda J, Morgan PG:Paediatr Anaesth. 2013 Sep;23(9):785-93

When transporting neonates to and from the ICU does your transport bed allow you to blend in air (reduce FiO2)?

1. Yes, all patients
2. Yes, but only for cardiac patients
3. No

Routine inhalational (gas) induction > 1 year of age

1. I start with nitrous oxide and then slowly dial up sevoflurane
2. I start with both nitrous oxide and 8% sevoflurane
3. I slowly dial up sevoflurane..no nitrous oxide
4. I start with 8% sevoflurane and no nitrous oxide
5. I use IV inductions

Routine case: N_2O

1. I routinely use nitrous oxide in all ages
2. I no longer routinely use nitrous oxide in anyone
3. I no longer routinely use nitrous oxide in infants and newborns, but continue to use it in older children

Baum VC et al:Paediatr Anaesth. 2012 Oct;22(10):981-7

Bleeding: How low would you allow Hb to drop before transfusing an otherwise healthy child?

1. Hemoglobin 10
2. Hemoglobin 9
3. Hemoglobin 8
4. Hemoglobin 7
5. Hemoglobin 6
6. Hemoglobin 5
7. Hemoglobin 4

In a major trauma case with large blood loss

1. I use RBCs and crystalloid exclusively until evidence of coagulopathy
2. I give RBCs and plasma (FFP) in a 1:1 (or 2:1) ratio from the start
3. I give RBCs and albumin in a 1:1 ratio from the start
4. Wait until one blood volume of RBCs are transfused before starting plasma

In your practice, routine preop sedation includes

1. Oral midazolam
2. Oral ketamine
3. Intranasal dexmedetomidine
4. Intranasal midazolam
5. Parental presence
6. Parental presence + any of the above
7. None of the above

In a typical ASA 1 patient undergoing PE tubes, I always give

1. IN fentanyl at start of case
2. IN fentanyl during or at completion of surgery
3. IM fentanyl
4. IM other opioid
5. IM ketorolac
6. I do not routinely give opioids (will rescue in PACU if needed)

Prior to giving methadone to a patient for the first time

1. I always obtain an ECG
2. I sometimes obtain an ECG
3. I do not obtain an ECG
4. I never use methadone

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