RAPID SEQUENCE INTUBATION TEST

Name: _________________________________  Date: __________________

1. Medications used in neuromuscular blockade cause paralysis by:
   a. Acting on calcium pumps in muscle cells
   b. Blocking the neuromuscular junction
   c. Blocking the sodium and potassium pumps in the muscle cells
   d. Blocking the muscular contraction at the sarcomere

2. Depolarizing agents:
   a. Substitute themselves for acetylcholine at the neuromuscular junction
   b. Substitute themselves for norepinephrine at the neuromuscular junction
   c. Block the uptake of acetylcholine at the neuromuscular junction
   d. Block the uptake of norepinephrine at the neuromuscular junction

3. Nondepolarizing agents:
   a. Substitute themselves for acetylcholine at the neuromuscular junction
   b. Substitute themselves for norepinephrine at the neuromuscular junction
   c. Block the uptake of acetylcholine at the neuromuscular junction
   d. Block the uptake of norepinephrine at the neuromuscular junction

4. Depolarizing agents have a _____ as compared to polarizing agents.
   a. Quicker onset and shorter duration
   b. Quicker onset and longer duration
   c. Longer onset and shorter duration
   d. Longer onset and longer duration

5. An example of a depolarizing neuromuscular blocking drug is:
   a. Succinylcholine
   b. Vecuronium
   c. Fentanyl
   d. Etomidate

6. To blunt any potential rise in ICP during an intubation attempt, consider administration of:
   a. Atropine
   b. Lidocaine
   c. Vecuronium
   d. Fentanyl

7. After administration of succinylcholine, a patient is usually relaxed enough for intubation after _____.
   a. 10 seconds
   b. 45 seconds
   c. 1 minute
   d. 5 minutes

8. Which of the following patients would have contraindications for RSI-facilitated intubation?
   a. 58 yo with excessive facial hair
   b. Combative 25 yo with a TBI and possible increased intracranial pressure
   c. Obese teen with a short neck and a Mallampati Class I
   d. 35 yo with extensive maxilla facial trauma that has completely obscured the airway
9. Which of the following medications is a neuromuscular blocking agent?
   a. Methotrexate
   b. Vecuronium
   c. Labetalol
   d. Atropine

10. Succinylcholine causes temporary paralysis by:
   a. Substituting acetylcholine at the neuromuscular junction for the postganglionic receptor on the sympathetic nervous system
   b. Depolarizing agent at the neuromuscular junction.
   c. Binding to the muscarinic receptors for acetylcholine at the preganglionic site of the parasympathetic nervous system
   d. Blocking reuptake of acetylcholine at the neuromuscular junction muscarinic receptor

11. Neuromuscular blocking agents used in Rapid Sequence intubation affect consciousness by:
   a. Neuromuscular agents do not affect consciousness
   b. Neuromuscular blocking agents cause short duration hypnosis
   c. Neuromuscular blocking agents have a retrograde amnesic effect
   d. Neuromuscular blocking agents often cause patients to have vivid dreams they perceive as real.

12. To reduce a rise in ICP in a patient with suspected TBI during pre-induction you should:
   a. Administer lidocaine 5 minutes before induction
   b. Administer lidocaine 1 mg/kg and allow to circulate for at least 1 minute
   c. Administer atropine 1 mg to a max dose of 3 mg
   d. Administer versed 1 to 2 mg

13. The standard dose of etomidate for induction sedation is:
   a. 0.3 mg/kg
   b. 3 mg/kg
   c. 5 mg per min to a max of 17mg/kg
   d. 0.25 mg/kg

14. During a RSI of a 40 yo with a TBI, you are unable to intubate on the first attempt due to a Grade III airway. Which of the following statements is true?
   a. In-line traction can be slightly increased to help improve the view
   b. This patient should not be bagged between attempts at intubation.
   c. RSI is contraindicated in a comatose head-injured patient
   d. A 2nd attempt is recommended using an alternative approach

15. A 100kg, 5 foot tall multi-trauma patient has a receding mandible and full dentition. She is uncooperative. BP 70/40, HR 110, RR 35, and SpO2 78%. Which of the following is correct?
   a. The patient should have a primary surgical airway
   b. RSI can be embarked upon as long as you have a back-up plan
   c. Blind nasal intubation is the preferred airway management choice
   d. A mixture of diazepam or midazolam and narcotic should adequately sedate this patient to permit oral tracheal intubation without paralytic

16. Which of the options listed below represents the best approach to airway management of a 16 yo with a Mallampati Class I airway with status asthmaticus
   a. RSI with ketamine 1-2 mg/kg, succinylcholine 1.5 mg/kg
   b. RSI with thiopental 3 mg/kg, succinylcholine 1 mg/kg
c. Sedate with morphine and aerosolized lidocaine, then intubate
d. RSI with propofol 2 mg/kg and succinylcholine 1.5 mg/kg

17. A six yo fell from a tree house sustaining an obvious head injury, possible pelvic fracture, and angulated femur fracture. BP 50/palp, HR 160, GCS 7, withdrawal on the left side, no response on the right. The jaw is clenched. If there is time to prepare, your RSI cocktail of choice is:
   a. Ketamine 2 mg/kg, succinylcholine 2 mg/kg + atropine 0.2 mg/kg
   b. Thiopental 5 mg/kg + vecuronium 0.1 mg/kg
   c. Midazolam 0.5 mg/kg, succinylcholine 2 mg/kg + atropine 0.02 mg/kg
   d. Propofol 0.5 mg/kg + rocuronium 1 mg/kg

18. Regarding succinylcholine, the following is/are true:
   a. May be safely given in patients with major crush injuries, burns, spinal cord injuries within the first 24 hours of their injury
   b. Atropine is not required in an adult patient prior to administering succinylcholine
   c. Masseter muscle rigidity is a common side effect
   d. a and c

19. Rescue drugs to treat post-intubation hypotension include:
   a. Dantrolene
   b. Neostigmine
   c. Atropine
   d. Epinephrine