

The Pediatric Sedation Test for Credentialing

- _____ 1. Which of the following is required **PRIOR** to sedation?
 - a. Documentation of consent
 - b. History and physical appropriate to the planned procedure
 - c. Documentation showing that the patient is an appropriate candidate for the planned sedation
 - d. Physician attestation statement and signature
 - e. All of the above
 - f. a and d

- _____ 2. Which of the following medical conditions would not place a child at a significantly greater risk to receive sedation?
 - a. History of obstructive sleep apnea
 - b. Age younger than 2 years
 - c. ASA level III
 - d. Well-controlled seizure disorder

- _____ 3. Which patient is at **lowest** risk of experiencing an adverse sedation event?
 - a. A 6-week-old infant with a seizure disorder undergoing a head MRI scan
 - b. A 6-year-old child with ALL in remission, requiring a lumbar puncture
 - c. A 4-year-old child with congenital hydrocephalus requiring a head CT scan to evaluate shunt function
 - d. A febrile 3-year-old with a temperature of 104° F. requiring a lumbar puncture
 - e. A 10-year-old boy with pneumococcal pneumonia requiring a pleurocentesis

- _____ 4. Ideally in elective moderate sedation cases, pediatric patients should fast from solids and nonclear liquids for:
 - *Four hours for milk/solids (≤ 6 months of age)*
 - *Six hours for milk/solids (> 6 months of age)*
 - *Four hours for breast milk (all ages)*
 - *Two hours for clear liquids (all ages)*
 - a. True
 - b. False

- _____ 5. Which of the following statements is **FALSE** when considering pulse oximetry?
 - a. Required during sedation
 - b. Not needed during patient transfer between sites when sedated
 - c. Level below 90% is indicative of clinically relevant hypoxemia
 - d. Time lag exists between oxygen desaturation detected by pulse oximetry and arterial oxygen desaturation
 - e. Can give false readings in the presence of vasoconstriction

- _____ 6. The following are characteristics of midazolam **EXCEPT**:
 - a. Poor hypnotic agent (sleeper)
 - b. Can be administered oral, rectal, IV
 - c. Has rapid onset with short duration of action intravenously
 - d. Approximately 2–3 times more potent than diazepam
 - e. Has effective analgesic properties when used in high doses

- _____ 7. To achieve both an analgesic and an amnesic effect, administer a benzodiazepine.
 - a. True
 - b. False

- ___ 8. The primary difference among opioid agonists at equipotent doses is:
- Degree of respiratory depression
 - Analgesic effects
 - Pharmacokinetic profile
 - Amnestic effects
 - Reversibility of clinical effects with naloxone
- ___ 9. Naloxone reverses which of the following opioid effects?
- Analgesia
 - Respiratory depression
 - Sedation
 - Miosis
 - All of the above
- ___ 10. Ketamine is relatively contraindicated in the patient populations described below **except**:
- Child with increased intracranial pressure
 - Adolescent with schizophrenia
 - Patient with asthma
 - Patient with severe systemic hypertension
 - Child with visual disturbances
- ___ 11. Considerations for the administration of naloxone (Narcan) include all of the following **EXCEPT**:
- Appropriate as a reversal agent for midazolam (Versed)
 - Onset of action is 1–2 minutes
 - Duration of action is shorter than most opioid agonists
 - High doses may cause pulmonary edema, arrhythmias, hypertension, or tachycardia
- ___ 12. Reversal agents (flumazenil and naloxone) have a shorter half-life than opioids and benzodiazepines, necessitating close monitoring for the potential of re-sedation for two hours or until the child returns to baseline status, whichever is later.
- True
 - False
- ___ 13. The most appropriate graded sequence of actions that should occur in a child who experiences complete airway obstruction and progressive decline in oxygen saturation during sedation is:
- Oxygen administration, airway positioning, application of an anesthesia mask and bag, and bag mask ventilation
 - Application of anesthesia mask and bag, airway positioning, and bag mask ventilation
 - Bag mask ventilation, airway positioning and application of anesthesia mask to airway
 - Airway positioning with oxygen administration, application of mask anesthetic bag, positive pressure ventilation
- ___ 14. Which statement best describes moderate sedation?
- Controlled state of unconsciousness with loss of pain response
 - Complete loss of airway reflexes
 - Has blunted response to “light” tactile physical and/or verbal stimulation
 - Pediatric sedation score of 5

- ___ 15. The patient undergoing moderate sedation should retain the ability to maintain his or her airway yet may have a blunted response to verbal commands and physical stimulation.
- True
 - False
- ___ 16. Pediatric moderate sedation privileges apply for which one of the following situations?
- Insertion of a chest tube following intravenous administration of fentanyl and midazolam
 - Postoperative morphine administration
 - Intravenous ketorolac administration following cardiac surgery
 - Isoflurane administration in OR for tonsillectomy
- ___ 17. Sedation is considered a *Category 1-Signed Consent* procedure according to the hospital informed consent policy, which requires a consent form or statement signed by the patient or representative prior to sedation.
- True
 - False
- ___ 18. Which of the following monitoring tools is absolutely required during moderate sedation?
- EKG
 - Pulse oximetry
 - Blood pressure monitor
 - End tidal CO₂ monitor
- ___ 19. Because significant interpatient variability exists for a given dose of medication, administration of sedative drugs should be titrated until the desired effect is reached.
- True
 - False
- ___ 20. Which portion of the pediatric airway decreases in anterior-posterior diameter to the greatest degree in a deeply sedated child with airway obstruction?
- Soft palate to posterior pharynx
 - Base of tongue to posterior pharynx
 - Nasopharynx
 - Subglottic area
- ___ 21. The most common serious adverse event associated with intravenous ketamine administration in an otherwise healthy child is:
- Laryngospasm
 - Hypoventilation
 - Increased intracranial pressure
 - Hypotension
 - Bradycardia
- ___ 22. Which ABG best describes an otherwise healthy child who is deeply sedated with an SPO₂ of 90% on room air?
- 7.40/40/60
 - 7.25/55/65
 - 7.25/45/47
 - 7.45/50/70
- ___ 23. In pediatric procedural sedation, benzodiazepines are typically used to:
- Promote amnesia
 - Provide anxiolysis

- c. Induce sleep
 - d. Enhance muscle relaxation
 - e. a, b, and c
 - f. a, b, and d
- ___ 24. The therapeutic window describes the relationship between the drug concentration and its therapeutic and adverse effects:
- a. True
 - b. False
- ___ 25. Factors determining the most effective loading dose for a sedative drug include all of the following except:
- a. Desired clinical effect
 - b. Volume of distribution
 - c. Desired plasma concentration
 - d. Drug clearance
- ___ 26. Which of the following answers is not correct for chloral hydrate?
- a. Active metabolite is trichloroethanol
 - b. Elimination half-life is 7 to 11 hours
 - c. Has no respiratory depressant effects
 - d. Requires first-pass hepatic metabolism to be effective
 - e. Tastes bad
- ___ 27. Which of the following monitoring and resuscitative equipment is NOT required for moderate sedation?
- a. Pulse oximeter
 - b. Suction apparatus and tubing
 - c. Pediatric intubation tray
 - d. Emergency drugs
 - e. ECG
- ___ 28. Parental (patient) education prior to the sedation and procedure includes discussion of all of the following except:
- a. Potential adverse events
 - b. Anticipated sedative effects
 - c. Specific procedure options
 - d. Sedative or other options for the procedure
- ___ 29. Phase 1 discharge criteria include assessment of all of the following except:
- a. Oxygen saturation
 - b. Activity level
 - c. Ability to resume oral intake
 - d. Level of consciousness
- ___ 30. Which pharmacologic property is the most important factor determining a sedative drug's onset and duration of action?
- a. Lipid solubility
 - b. Degree of ionization
 - c. Receptor affinity
 - d. Degree of protein binding