1. Definition of moderate sedation/IV conscious sedation:
   a. A drug-induced depression of consciousness during which patients cannot be easily aroused.
   b. A drug-induced depression of consciousness during which patients respond purposefully to verbal commands.
   c. A drug-induced loss of consciousness during which patients are not arousable.
   d. A drug-induced state during which patients respond normally to verbal commands.

2. An adult patient NPO status should be:
   a. No solid food for 2 to 3 hours pre-procedure
   b. No solid food or clear liquids for 8 hours pre-procedure
   c. No solid foods for six to eight hours, clear liquids 30 minutes before the procedure
   d. No solid foods for six to eight hours, no clear liquids for 2 to 3 hours

3. Patient assessment for IV sedation and analgesia must include:
   a. Consent, chest x-ray, electrolytes and NPO status
   b. Consent, medications, allergies and NPO status
   c. Consent, CBC, allergies and NPO status
   d. Consent, chest x-ray, allergies and NPO status

4. Sedatives and analgesics together have a synergistic effect on which of the following?
   a. Neurotoxicity
   b. Thermal regulation
   c. Cardio-respiratory depression
   d. All of the above

5. Emergency equipment present during IV sedation must include:
   a. Crash Cart
   b. Sedation and analgesic reversal agents
   c. Suction and oxygen delivery devices
   d. All of the above

6. Desirable effect of IV sedation and analgesia include:
   a. Decreased pain perception
   b. Increased relaxation and cooperation
   c. Intact protective reflexes
   d. All of the above

7. The following types of patients are at increased risk of complications from IV sedation and analgesia:
   a. Elderly
   b. Renal disease
   c. Morbidly obese
   d. All of the above
8. After administering IV Sedation to your patient you must monitor what parameters:
   a. LOC, vital signs, rhythm strip
   b. Vital signs, rhythm strip, oxygen saturation
   c. LOC, vital signs, oxygen saturation, EKG (if there is a history of cardiovascular
disease)
   d. LOC, rhythm strip, oxygen saturation

9. What is the frequency of documentation of the above parameters for IV Sedation?
   a. 5 minutes after a medication dose and every 15 minutes routinely
   b. 10 minutes after each medication dose and PRN
   c. PRN
   d. At 10 minute intervals

10. During moderate sedation/analgesia the following is true about the respiratory status:
    a. Neuromuscular depression may require positive pressure ventilation
    b. The ability to independently maintain ventilatory function is impaired
    c. Ventilatory and cardiovascular functions are impaired
    d. Optimally no interventions are required to maintain a patent airway

11. During the procedure the patient’s SaO2 falls below 90%, you should first:
    a. Activate the code 70 team
    b. Administer 2 mg of Narcan
    c. Administer supplemental O2 and assess LOC
    d. Start CPR

12. Diazepam is classified as a long-acting benzodiazepine with a half-life of:
    a. 15 – 30 hours
    b. 10 – 20 hours
    c. 2 – 4 hours
    d. 30 - 50 hours

13. A typical dose for Fentanyl for an adult (18-65 years) would be:
    a. 75 mcg – 150 mcg
    b. 25 mcg – 50 mcg
    c. 50 mcg – 75 mg
    d. 150 mcg – 200 mg

14. The initial dosage of Midazolam for a healthy adult (18-65 years) would be:
    a. 10 mg IV push
    b. 100 mcg IV slowly
    c. 9 mg IV slowly
    d. 1-2 mg IV slowly

15. The reversal agent for Ketamine:
    a. Romazicon
    b. There is no reversal agent for Ketamine
    c. Narcan
16. The antagonist for Versed is:
   a. Romazicon
   b. Valium
   c. Narcan
   d. None of the above

17. Which of the following is true of Narcan?
   a. Is a benzodiazepine receptor antagonist
   b. Causes respiratory depression
   c. Is administered 0.1 to 0.2 mg IV every 2 to 3 minutes as needed to desired degree of reversal
   d. Reverses the effects of Versed

18. Which of the following is true of Romazicon?
   a. Should be used sparingly in renal failure patients
   b. The initial dose is 0.2 mg IV over 30 seconds
   c. Is used to reverse the amnesia effect of Morphine
   d. All of the above

19. The antagonist for Morphine is:
   a. Romazicon
   b. Valium
   c. Narcan
   d. There is no antagonist

20. Recovery monitoring documentation should include:
   a. LOC, BP, P, Resp and SaO2 on admit, every 15 minutes until stable and immediately prior to discharge from recovery
   b. Any complications and their management
   c. All medications, IV fluids and blood products administered
   d. All of the above

21. In the pediatric scoring system for Pulse Oximetry/Color, which of the following is correct?
   e. (2 - Saturation 90-100% - Pink) – (1 - Saturation 80-90% – Pink/Dusky) – (0 less than 80% Cyanotic)
   f. (2 – Saturation greater than or equal to 94% Pink-on room air) – (1 – Saturation less than or equal to 93% - Pale/Dusky) – (0 – Saturation less than 90% - Cyanotic)
   g. (2 – Saturation equal to 100% - Pink) (1 – Saturation greater than or equal to 96% - Pale/Dusky) – (0 – Saturation less than 85% - Cyanotic)
   h. None of the above

22. A patient may be taken directly from the anesthetizing site to the floor when:
   a. The procedure is complete
   b. Pain and bleeding are minimal
   c. Criteria is met for recovery discharge and it is documented by the doctor
   d. The patient is awake, alert and able to ambulate with assistance
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23. To insure safe post procedure continuity of care the patient will be given:
   a. An appointment and/or follow-up instructions
   b. The attending physician’s phone number
   c. Written discharge instructions
   d. All of the above

24. Patients may be discharged to the post hospital setting when:
   a. They have a ride home with a responsible party
   b. All criteria for discharge has been met
   c. Two hours have elapsed since sedation
   d. They are awake and alert enough to drive home