

270 JUNE 2006 1 CE CREDI

# Ethics in the O.R. setting, part l

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Members: \$6 per CE, nonmembers: \$10 per CE

1.	The bioethical p	rinciple of	6.	The bioethical p	orinci	ple of
		ents have the right to		states that prac	tition	ers will maintain aı
	self-determinat	ion.		up-to-date kno	wiedg	ge and skills base.
		c. veracity	a.	effeciency	С.	currency
b.	autonomy	d. reciprocity	b.	solidarity	d.	loyalty
2.	The bioethical p	rinciple of	7.	The bioethical p	orinci	ple of
	states that pract	itioners will be honest.		states that pati	ents l	nave the right to
a.	veracity	c. integrity		be told the trut	h dur	ing the process
b.	solidarity	d justice				regarding their
3.	The bioethical p	rinciple of	a.	integrity	C,	veracity
	states that prati	tioners will monitor		autonomy		•
	and correct beal	cs in aseptic technique.				
a.	loyalty	c. veracity	8.	The bioethical p	orinci	ple of
	surgical	d. respect for life		states that prac	titio	ners will tell the
	conscience			truth.		
			a.	fidelity	C,	respect for
4.	•	rinciple of	b.	solidarity		community
	states that all pa kept private.	atient information be			d.	justice
a.	confidentiality	c. reciprocity	9.	The bioethical	princi	ple of
	efficiency				fessio	nals will strive to
5.	The bioethical p	rinciple of	a.	currency	€,	reciprocity
	states that all in	terventions should	b.	autonomy	d.	compassion
	• •	more than cause				
	harm.		10	. The bioethical <sub>l</sub>	princi	ple of
	,	c. non-malficence			_	of harm caused dur
b.	justice	d. beneficence				ould not outweigh
				the benefits de		•
				confidentiality		•
			b.	justice	d.	beneficence

Mark one box next to each number. Only one correct or best answer can be selected for each question.

270 JUNE 2006 1 CE CREDIT Ethics in the O.R. setting, part I d ☐ Certified Member ☐ Certified Nonmember Certification No. City \_\_\_\_\_\_State \_\_\_\_ZIP\_\_\_\_ 10 



# Ethics in the O.R. setting, part II

#### Earn CE credits at home

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Members: \$6 per CE, nonmembers: \$10 per CE

- 1. Utilitarian ethics involves choosing a solution that:
- a. Is cost-effective
- Provides for individual autonomy
- Benefits the greatest number of people
- d. Considers the concept of selfdetermination
- 2. Deontological ethics involves choosing a solution that:
- a. Meets the individual's needs and wishes
- b. Allocates resources equitably
- c. Benefits all members of society
- d. Does not consider the concept of selfdetermination
- 3. Ethical considerations associated with elective abortion include:
- a. Maternal complications and risk factors
- b. Fetal "point of viability"
- c. Patient out-of-pocket cost
- d. Patient age
- 4. Elective sterilization is:
- a. Supported by all religions
- b. A means of preventing conception
- c. Effective only on male patients
- d. Often ordered by judges in criminal cases
- 5. Medical experimentation is:
- a. Rarely done on humans
- b. Only performed on animals
- c. A necessary part of scientific research
- d. Usually done without patient consent

- 6. Some of the ethical issues associated with organ donation include:
- a. Black market buying and selling of organs
- b. The cost of surgery, follow-up care, and anti-rejection medications
- c. Selecting organ recipients
- d. All of the above
- 7. Drug and substance abuse by health care workers violates the principle of:
- a. Self-determination c. Veracity
- b. Non-maleficence
- d. Fidelity
- 8. The condition where one perceives themselves to be psychologically and emotionally the opposite sex is termed:
- a. Gender dysphoria
- c. Phimosis
- b. Sexual dimorphism d. Hermaphrodism
- 9. The surgical patient has the right to refuse treatment under the Patient's Bill of Rights developed by:
- a. AORN
- c. AAMI
- b. AST
- d. AHA
- 10. The concept where that action that another practitioner of equal education and preparation would undertake in the same situation under the same circumstance is called the doctrine of:
- a. Reasonably Prudent Person
- b. Forseeability
- c. Res Ipsa Loquitor
- d. Master-Servant

Mark one box next to each number. Only one correct or best answer can be selected for each question.

271 JULY 2096 1 CE CREDIT										
Ethics in the O.R. setting, part II		a	b	c	d		a	b	c	d
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# Safety concepts in the surgical setting

#### Earn CE credits at home

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Note this exam awards two continuing education credits. Members: \$12, nonmembers: \$20

- 1. When the patient is moving between two surfaces:
- a. Three people should be available, one on each side and one at the head
- b. Four people should be available, two on each side
- c. Two people should be available, one on each side
- d. Five people should be available, two on each side, one at the head, one at the foot
- 2. Abduction of the upper extremities greater than 90 degrees can lead to:
- a. Decreased blood flow
- b. Brachial plexus palsy
- c. Skin breakdown
- d. Gangrene
- 3. The application of force greater than tissue resistance can cause:
- a. Ischemia
- c. Gangrene
- b. Necrosis
- d. All of the above
- 4. Common pressure points are:
- a. Ear, nose, toe
- b. Elbow, pelvis, head
- c. Ear, nose, chin
- d. Elbow, pelvis, back
- The force created on skin by the movement of underlying tissues results in
- a. Decreased blood flow
- b. Hyperextension
- c. Skin irritation
- d. Contact dermatitis

- 6. Thermal tissue injury can result from:
- a. Shear force
- b. Fiberoptic light sources
- c. Neurovascular compromise
- d. Class 1 lasers
- 7. When using electrosurgery, what device delivers the current to the patient?
- a. Active electrode
- b. Inactive dispersive electrode
- c. Electrosurgical generator
- d. Electrical switch
- 8. How is a laser similar to an endoscope?
- a. Both emit light
- b. Both are dependent on photon energy
- c. Both produce gamma rays
- d. Both rely on sound waves
- 9. An anesthetized patient is never left alone in order to prevent:
- a. Hyperextension
- b. Dislodging of tubes and catheters
- c. Falls
- d. Cardiovascular complications
- 10. If a team member is exposed to an infrared laser, he or she
- a. Feels immediate pain
- b. Loses eyesight immediately
- c. May hear a popping noise
- d. Experiences photokeratitis

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Safety concepts in the surgical setting		a	b	C	d		a	b	С	d
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## **Necrotizing facilitis**

#### Earn CE credits at home

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- Group A hemolytic streptococcus may cause:
- a. Impetigo
- b. Necrotizing fasciitis
- c. Strep
- d. All of the above
- 2. The effectiveness of streptococcus pyogenes can be attributed to:
- a. Colonizing and rapidly multiplying
- b. Creating an abscess
- c. Developing fluid-filled blisters
- d. Secreting powerful exotoxins
- 3. Bacteriodes often reside in the
- a. Liver
- c. Intestine
- b. Lungs
- d. Mouth
- When bacteria invades parts of the body where they are usually not found, the infection is called:
- a. Toxic shock syndrome
- b. Invasive GAS disease
- c. Hepatitis C
- d. Chickenpox

5.	plays a critical role in
	the transmission of NF,

- a. History of alcoholism
- b. Open wound
- c. Hygiene
- d. Diabetes

- 6. Factors that help the spread of NF include:
- a. Cancer
- b. Alcoholism
- c. Hepatitis C
- d. All of the above
- 7. Advanced symptoms of NF include:
- a. Blisters increase in size
- b. Drop in blood pressure
- c. Peeling or discolored skin
- d. All of the above
- 8. Doctors and patients often fail to recognize NF because it:
- a. Resembles the flu
- b. No apparent wound
- c. Body begins to decompose
- d. Discoloration of skin spreads
- 9. Methods of treatment utilize:
- a. Hyperbaric chambers
- b. Leeches
- c. NSAIDS
- d. Aspirin
- 10. Death from necrotizing fasciitis is correlated to:
- a. How early the diagnosis is made
- b. How soon treatment began
- c. Gas in the subcutaneous fascial planes
- d. a&b

295 JULY 2008 2 CE CREDITS									34 6654 Part 1		201 7
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11	methods can b	ollowing microbiologi e used to determine v tion is present?	=	a. contrast medias are ineffective in aiding in the diag-														
	Acid-Fast	c. Simple			sis of N													
b.	Gram	d. Negative				•		ie to many o										
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	benzathine.	d. clindamycin.		Iuv	aiograp	1112.												
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13	3. A common regi	on of the body in whi	ch group A	a. th	e remov	val of h	ealthy tis	ssue.										
	-	ptococcus may be fou		b. ina	adequa	te remo	oval of de	ad tissue.										
a.	colon.	c. skin.		<b>c.</b> co	ntribut	ing to t	he sprea	d of the bact	eria to l	nealthy	,							
b.	. lungs.	d. liver.			sue.													
		•		d. time inefficiency allowing spread of the bacteria.														
14	=	xin of streptococcus py	ogenes is	18of adult reported cases of NF report														
	released			toxic shock and multi-organ failure.														
a.		n occurs due to invasio	i by bacterio-			ck and		-										
L	phages.	dal adlived!		a. 12			c. 379											
	. from the bacter		ar lucie	<ul><li>b. 25%</li><li>d. 50%</li><li>19. Which of the following bacteria is increasingly</li></ul>														
		s invade causing cellul inds to the plasma me	•															
u	organ.	mas to the plasma me	mbrane or an	causing NF?														
1	5 Which af tha f	ollowing antibiotics is	inoffective	a. Helicobacter pylori b. Stanhylococcus aureus														
	against <i>Peptos</i>	<del>-</del>	meneeuve	<ul><li>b. Staphylococcus aureus</li><li>c. Escherichia coli</li></ul>														
a	. metronidazole	•					eruginoso	a										
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### Disasters

#### Earn CE credits at home

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Note this exam awards three continuing education credits. Members: \$18, nonmembers: \$30

- 1. What is the easiest way to designate a patient's status at a disaster scene?
- a. A simple spreadsheet
- b. Move patients to screening areas
- c. Triage tags
- d. Mobile rescue units
- 2. The central focus of disaster triage is:
- a. Stabilize patients that cannot walk
- b. Find and tag patients that require immediate care
- c. Providing definitive care
- d. Stabilizing critically injured patients

3.	medical care improves the
	casualty's condition.

- a. Expert
- c. Definitive
- **b.** Specialized
- d. General

#### 4. Casualty collection sites should not be located:

- a. On hospital property
- b. Downwind from hazards
- c. Downhill from contaminated areas
- d. All of the above

#### 5. "Decompressing" a disaster scene means:

- a. Evacuating seriously-injured casualties
- b. Dismissing excess medical staff
- c. Expanding the search parameters for survivors
- d. Frequently re-triaging patients

- 6. The simplifies communication among disaster responders:
- a. Emergency Response System
- b. Incident Command System
- c. Emergency Response Network
- d. Disaster Preparedness System

#### 7. Using the START method, triage evaluation should take:

- a. 15 seconds
- c. One minute
- **b.** 30 seconds
- d. Up to two minutes
- 8. During disaster triage, if a patient does not start breathing after simple airway maneuvers:
- a. Immediately move patient to secondary care facility
- b. Tag as red/immediate and move on
- c. Tag as black/dead and move on
- d. Call for assistance

#### 9. Which scenario has the greatest casualty potential?

- a. A terrorist attack on a major city
- b. A natural disaster
- c. A nuclear power plant meltdown
- d. A pandemic disease outbreak

#### 10. What was the greatest pandemic in US history?

- a. Spanish Flu
- c. West Nile Virus
- **b.** Avian (Bird) Flu **d.** SARS

298 OCTOBER 2008 3 CE CREDITS PART 1 OF 3										
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Mark one box next to each number. Only one correct or best answer can be selected for each question.

<ul> <li>11. What is a hospital's first response to a disaster scenario?</li> <li>a. Surge in place</li> <li>b. Cancel all elective surgeries</li> <li>c. Divert all incoming non-disaster patients</li> <li>d. Place the hospital under secure lockdown</li> </ul>	<ul> <li>a. An incident that produces a sufficient number of casualties to disrupt normal functions</li> <li>b. An event that affects more than one million people</li> <li>c. An occurrence that is the result of terrorism</li> <li>d. An event that involves only fatalities</li> </ul>														
<ul> <li>12. Surging in place does not involve</li> <li>a. Rapidly discharge existing patients</li> <li>b. Canceling scheduled elective procedures</li> <li>c. Hiring more support personnel</li> <li>d. Increasing the number of patient-care staff</li> <li>13. A key reason for hospitals losing money is: <ul> <li>a. Increasing cost of energy</li> <li>b. Underfunding of Medicare and Medicaid</li> <li>c. High costs of updating equipment</li> <li>d. Personnel salaries</li> </ul> </li> <li>14. The National Implementation Plan does not include: <ul> <li>a. Preparedness and communication</li> <li>b. Initiating an emergency response alert</li> <li>c. Surveillance and detection</li> <li>d. Response and containment</li> </ul> </li> <li>15. Natural disasters do not include: <ul> <li>a. Hurricanes</li> <li>b. Mine cave-ins</li> <li>c. Floods</li> <li>d. Earthquakes</li> </ul> </li> </ul>		<ul> <li>b. An event that affects more than one million people</li> <li>c. An occurrence that is the result of terrorism</li> <li>d. An event that involves only fatalities</li> <li>17. The most important mission in a disaster response scenario is:</li> <li>a. Communicating the location</li> <li>b. Alerting the national guard</li> <li>c. Triage</li> <li>d. Alerting evacuation teams</li> <li>18. Disaster triage excludes:</li> <li>a. Providing the greatest good for the patient</li> <li>b. Response teams prioritizing the casualties</li> <li>c. Orderly treatment</li> <li>d. Best use of equipment</li> <li>19identifies a patient who will not survive without immediate treatment.</li> <li>a. Black</li> <li>b. Red</li> <li>c. Yellow</li> <li>d. Green</li> <li>20. After the critically injured are treated, thetagged patients are seen.</li> <li>a. Yellow</li> <li>b. Green</li> <li>c. White</li> <li>d. Orange</li> </ul>													
298 OCTOBER 2008 PART 2 OF 3  Disasters	11 12 13	a	b		d	16 17 18	a	b		d	- No. lead on	W 7000 PAGE 9			
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<ul> <li>21provides a common organizational structure and language to simplify communication.</li> <li>a. START method</li> <li>b. Incident Command System</li> <li>c. Emergency Medical Response</li> <li>d. Decompressing</li> <li>22. Small aircraft evacuation can be characterized by:</li> <li>a. Simple and generally available</li> <li>b. More efficient</li> </ul>	26. Definitive medical care is provided in:  a. An existing hospital  b. Mobile facility  c. A and B  d. None of the above  27 determines the     organizational hierarchy of the ICS:  a. Job titles  b. Seniority  c. Academic degree  d. Functional requirements														
c. High cost and complexity															
d. Removal of critical resources	28infected 20-40 percent of the world's population.														
	the world's population. a. SARS														
23. More patients' lives can be saved	<ul><li>a. SARS</li><li>b. Saran</li></ul>														
through:	b. Saran c. Spanish Flu														
a. Temporizing damage-control surgery	•														
b. Definitive surgery	d. Bubonic Plague														
c. Long-lasting surgical intervention	20	. The Spa	nich Elı	ויאוונט	d doat	n hu									
d. Use of sophisticated technology		Bacteria			uucau	i by.									
24. ICS is built around:		Massive	-												
a. Command/Operations		Edemai		_											
b. Planning/Logistics		All of the													
c. Administration/Financial															
d. All of the above	30	. A pande	emic ou	tbreak	can re	sult in:									
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25is when hospitals incorporate	b.	Mass qu	ıarantin	ie											
the ICS into their emergency	c.	0verwh	elmed 1	medica	l comm	unity									
preparedness plans:	d.	All of th	e above	<u>!</u>											
a. Triage c. Definitive medical care															
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### Gangrene

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- 1. Which is not one of the three most common variations of gangrene?
- a. Gas
- b. Drv
- c. Internal
- d. Wet
- 2. Fournier's gangrene affects the
- a. Fingers
- b. Genitals
- c. Feet
- d. Hands
- 3. The best treatment for gangrene is
- a. Revascularization
- b. Amputation
- c. Maggot debridement therapy
- d. Antibiotic therapy
- 4. Gangrene occurs when a body part
- a. Becomes infected
- **b.** Loses its blood supply
- c. Is diseased
- d. Loses feeling
- 5. Which of the following contribute to dry gangrene?
- a. Arteriosclerosis
- **b.** High cholesterol
- c. Smoking
- d. All of the above

- 6. Symptoms of gangrene include
- a. Swelling of the affected area
- **b.** Discoloration of affected tissue
- c. Decreased heart rate
- d. All of the above
- \_\_\_\_\_can occur if a bacterial infection from gangrene spreads throughout the body.
- a. Septic shock
- b. Necrosis
- c. Ischemia
- d. Decompression
- **8.** The tissue becoming dry, shrunken and blackened describes \_\_\_\_\_\_gangrene.
- a. Wet
- b. Gas
- c. Dry
- d. Internal
- 9. Which of the following are symptomatic of wet gangrene?
- a. Swelling
- **b.** Blistering
- c. Pungent odor
- d. All of the above
- **10.** Burns, frostbite and wound infections can result in \_\_\_\_\_\_ qangrene.
- a. Wet
- b. Gas
- c. Drv
- d. Internal

300 DECEMBER 2008 2 CE CREDITS PART 1 OF 2										1 1004 1000
Gangrene		a	b	C	d		a	b	C	d
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11. Gas gangrene shouldbe treated a				ae are	the prefe	rred species	for MD1	Γ.						
a medical emergency.		i. Horse	•											
a. Always		o. Greer		f∣y										
b. Sometimes		. Fruit	•											
c. Never	0	<b>l.</b> All an	e used											
d. Depends on the patient														
40 Abanda a tatak	1					lly left in the	wound	4						
12. A hernia, or a twist in the gastro-intestinal tra			<u> </u>	0	lays.									
can result ingangrene.		. 1-2												
a. Wet	b	. 2-3												
b. Gas	c	. 3-4												
c. Dry	d	. They	crawl o	ut on th	eir own									
d. Internal														
	1	8. The ri:	sks asso	ciated	with MD	Tinclude:								
13. X-ray technology can be helpful in diagnosing	a	. There	are no	inherer	nt risks									
gangrene.	b	. Larva	e attack	dng livi	ng tissue	S								
a. Wet	c.	Larva	e burro	wing in	to the wo	ound and bro	eeding							
<b>b.</b> Gas		. band					,							
c. Dry														
d. Internal	19		been re s, that I			unproven in	clinical							
14. Sweating, difficulty breathing and convulsions	a				ng ability									
can be signs of		Stimul	lata tha	u civili Inradii	riy abilit) ction of a	, ranulation t								
a. Bacterial infection	٥,	Pomos	o bact	: produ	m the blo	ranulation t	issue							
b. Oxygen toxicity		Alloft			in the plo	oa								
c. Fournier's gangrene	u,	Alloit	iie apo	ve										
d. Bacteriostasis	20	) Madta	_ []											
u. Ducteriostasis		). Medica		e magg	ots are:									
15. The primary function(s) of MDT is/are:		Sterile												
a. Clean the wound		Safe												
b. Disinfect the wound					nt optior	1								
	d.	All of t	ne abov	/e										
<ul><li>c. Speed the rate of healing</li><li>d. All of the above</li></ul>														
u. All of the apove														
THE MANY DATA PRINT SHAM SAND SHAM SHAN SHAM SHAM SHAM SHAM SHAW SHAM DAVY S	shor issuer brake	and the later	handi göyeşi bası	F feets deves in	and head should free	i dengal besig etani	Moine passe scope	kasi panji ka	l niženek projeká gá	nad snew piece i	idra leiny west p	ind and sing s	CHI Died inse 1	
300 DECEMBER 2008 PART 2 OF 2 Gangrene		a	b	С	d		a	b	_	al.				
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a       b       c       d         1.		a b c d a b c   7			
Safety Concepts in the Surgical Setting					
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Necrotizing Faciitis			
a b c d	a b c d	a b c d	a b c d
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3. 🗌 🗎 🖺	9. 🔲 🔲 🔲	15. 🔲 🔲 🔲	Mark one box next to each number.
4. 🗆 🗆 🗆	10.	16.	Only one correct or best answer can be selected for each question.
5. 🗌 🗎 🔲	11.	17.	
6. 🗌 🗎 🔲	12.	18.	
Discotore Calley No rule	•		
Disasters Follow No rule	S		
a b c d	a b c d	a b c d	a b c d
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8. 🗌 🗎 🔲	16. 🗌 🗎 🔲	24.	be selected for each question.
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Directions: Complete all 6 answer keys for the exams. Include your check or money order made payable to AST or complete credit card information with the appropriate amount and mail to Members Services, AST, 6 W Dry Creek Circle, Ste 200, Littleton, CO 80120-8031. If paying by credit card, you can fax in the answer keys and credit card payment to AST at 303-694-9169.