

## Anesthesia Quiz

### Circle or highlight the statements that are false

Balanced anesthesia means attending to: analgesia, muscle relaxation, unconsciousness, autonomic reflex responses to noxious stimulation.

Anesthesia machines should be checked daily because malfunctions can happen suddenly.

The fewer drugs used to anesthetize a patient, the safer.

Pre-emptive analgesia reduces pain by decreasing “wind-up” and decreases overall pain control needs.

A combination of pulse oximetry, capnography, ECG, temperature, and blood pressure monitoring eliminates the need for a dedicated human anesthesia monitor.

Sevoflurane is superior to isoflurane.

Anesthesia involves weighing risks vs. benefits and making an educated choice.

Dead space is the volume of the anesthesia circuit and patient where gas exchange does not occur.

Propofol is the safest injectable anesthetic induction drug.

Propofol is superior to ketamine/valium for induction of caesarian-section patients.

Ketamine/valium induction is excellent for epileptic patients because valium is used to treat seizures.

Induction of anesthesia with gas anesthetics is safer than induction with injectable agents.

Butorphanol is an excellent premedication due to its pain control capabilities.

Hydromorphone is a good premedication agent because of the duration of action and the degree of pain control achieved in addition to low cost.

Ketamine is contraindicated in feline patients with renal insufficiency.

Disconnecting the rebreathing bag from the anesthesia circuit to flush isoflurane out is contraindicated because of staff exposure risks.

Acepromazine may result in increased aggression in dogs.

There is no reversal agent for acepromazine.

Diazepam is reversible.

The hypotensive effects of acepromazine means it decreases renal perfusion and should therefore be avoided.

Please answer the following questions

1. Describe 3 effects of intubating too far down in the trachea:
2. Explain the purpose of the oxygen flush valve on the anesthesia machine. When should it be used? When should it NOT be used?
3. Why is it important to select the largest diameter endotracheal tube possible for your patient?
4. How does the pop-off valve being closed kill a patient? How long does it take and what pressure does it require?
5. Name 3 negative effects of hypothermia