1. A 60-year-old 250 pound male patient with coronary artery disease undergoes a procedure under IV sedation. During the procedure the patient's oxygen saturation decreases to 84%. The patient is snoring and responds to vigorous stimulation. You should:
   a. Lift the chin and jaw, to provide a better airway, notify the physician immediately after the change in the patient's condition, increase oxygen delivery, call for assistance & consider reversal agents.
   b. Continue to monitor for further changes; reduce the next dose of sedation medication by half.
   c. Document the patient's status on the form; notify the MD at the conclusion of the procedure.

2. The reversal agent and initial dose you would give to if the patient above had received a narcotic is:
   a. Narcan 1 mg (mixed in 9 ml injectable saline) and titrated to patient’s response
   b. Narcan 0.4 mg (mixed in 9 ml injectable saline) and titrated to patient’s response
   c. Flumazenil 0.2 mg (mixed in 9 ml injectable saline) and titrated to patient’s response
   d. None of the above

3. Following administration of midazolam and meperidine for a procedure, a patient becomes sedated to the point where his airway is partially obstructed, but he responds purposefully following painful stimulation. This corresponds to which of the following levels of sedation?
   a. Minimal sedation
   b. Moderate "conscious" sedation
   c. Deep sedation
   d. General anesthesia

4. After receiving Morphine and Versed for sedation and analgesia, your patient loses consciousness and becomes dusky in appearance. The oxygen saturation has decreased rapidly from 98% to 75%, what responses should you take:
   a. Ambu bag delivery of oxygen
   b. Nasal cannula delivery of oxygen
   c. Be ready to give IV Narcan and Romazicon
   d. A and C

5. The nursing response to a patient undergoing moderate sedation who becomes restless and agitated is:
   a. Administer more narcotic or benzodiazepine
   b. Counsel the patient to "relax"
   c. Assess the reason for the restlessness

6. Emergency equipment which must be immediately accessible during IV sedation includes:
   a. Emergency cart with defibrillator, cardiac monitor, airways, Ambu bag and intubation tray
   b. Emergency drugs including reversal agents
   c. Oxygen and suction with tubing
   d. All of the above
7. During moderate sedation vital signs and oxygenation status is recorded at least every ___ minutes.
   a. 1
   b. 5
   c. 20

8. Opioid adverse effects may include:
   a. respiratory depression, nausea, vomiting
   b. euphoria and amnesia
   c. pupillary dilation and tachycardia
   d. urinary incontinence and hypertension

9. During moderate sedation, an individual with advanced life support skills must be:
   a. Within the procedure room
   b. Within 30 minutes
   c. By calling "911"

10. The use of supplemental oxygen during sedation and analgesia _____.
    a. Delays the detection of apnea by pulse oximetry
    b. Should be avoided during moderate "conscious" sedation
    c. Decreases the likelihood of hypoxia

11. Dysrhythmia development is the most common cardiovascular complication occurring with moderate sedation administration.
    a. True
    b. False

12. The definition of moderate sedation includes:
    a. A depressed level of consciousness
    b. Patient retracts the ability to independently and continuously maintain a patent airway
    c. Patient retains the ability to respond appropriately to physical and verbal stimuli
    d. All of the above

13. In a moderately sedated patient, attempted insertion of which of the following may cause retching or laryngospasm?
    a. Nasopharyngeal or Oropharyngeal airway
    b. Laryngeal mask airway
    c. Endotracheal tube
    d. All of the above

14. Which of the following drugs must be available and the correct dose calculated and ready, wherever Benzodiazepines are administered?
    a. Flumazenil (Romazicon)
    b. Neostigmine (Prostigmine)
    c. Naloxone (Narcan)
    d. Hydroxyzine (Vistaril)

15. What should I do if during a moderate sedation procedure, I am asked to give more medication than I think is prudent?
    a. Give the medication; let the physician worry about the consequences.
    b. Refuse to give the medication & leave the room to get my Coordinator/Manager/Supervisor.
    c. Decline to give the medication, and continue to closely monitor the patient if the physician chooses to give the medication.
    d. Argue with the doctor in front of the patient.