

Assessment Test

Implementing the 2013 ICU Pain, Agitation, and Delirium Guidelines: Opportunities for Pharmacists to Lead Interdisciplinary Change

This activity is located at <http://www.ashpadvantage.com/2cpe-delirium>



This assessment test has been provided as a study aid only. When you reach the end of the presentation, follow instructions to complete the online process and obtain CE credit. You may print your CE statement immediately after successful completion of the online assessment test and evaluation.

1. Which of the following takes into consideration muscular tension and vocalization in critically ill patients in the intensive care unit if they are not intubated?
 - a. Numerical Rating Scale.
 - b. Behavioral Pain Scale.
 - c. Critical-Care Pain Observation Tool.
 - d. Intensive Care Delirium Screening Checklist.
2. Compared with nonuse, the use of benzodiazepines for sedation in mechanically-ventilated, critically-ill adults in the intensive care unit (ICU):
 - a. Has no effect on the duration of ventilation or ICU length of stay.
 - b. Lengthens the duration of ventilation and ICU length of stay.
 - c. Shortens the duration of ventilation and ICU length of stay.
 - d. Shortens the duration of ventilation without affecting ICU length of stay.
3. Which of the following is a limitation associated with the use of propofol for sedation in patients in the intensive care unit?
 - a. Slow onset and offset of action.
 - b. Lack of analgesia.
 - c. Risk of hemodynamic derangement.
 - d. Risk of hypertensive crisis.
4. Deep sedation can be useful for critically ill patients in the intensive care unit because:
 - a. It limits memory formation and the development of post-traumatic stress disorder.
 - b. It allows nurses to focus on complex aspects of patient care.
 - c. It is humane to NOT permit patient awareness during critical illness.
 - d. It can reduce refractory elevated intracranial pressure.
5. Which of the following statements about the benefits of systematic assessment of patients in intensive care units for sedation is correct?
 - a. It reduces the prevalence of delirium.
 - b. It reduces the severity of delirium.
 - c. It prompts timely identification of clinically-relevant reversible causes.
 - d. It decreases the length of stay in the intensive care unit and costs.
6. Which of the following are the most common barriers to use of daily sedation interruption in the intensive care unit?
 - a. Lack of physician order and lack of nursing acceptance.
 - b. Lack of physician order and lack of proven benefit.
 - c. Possibility of under sedation and lack of proven benefit.
 - d. Difficulty using protocols and possibility of over sedation.

7. Which of the following statements about recent trends in the use of haloperidol to treat delirium in critically ill patients is correct?
 - a. Haloperidol is under used, and its use should be maximized.
 - b. Haloperidol is over used, and its use should be minimized.
 - c. Haloperidol use is generally appropriate for this patient population.
8. Which of the following statements about the actual practice of using sedation protocols in intensive care units (ICUs) is correct based on a survey of 85 ICUs?
 - a. Sedation interruption and delirium monitoring are widely used.
 - b. Sedation protocols are widely used, but delirium monitoring is not widely used.
 - c. Sedation protocols are not widely used, but delirium monitoring is widely used.
 - d. Sedation interruption and delirium monitoring are not widely used.
9. The “C” in the ABCDE bundle for managing pain, agitation, and delirium in critically ill patients in the intensive care unit is:
 - a. Cost of care.
 - b. Coma avoidance.
 - c. Choice of sedatives and analgesics.
 - d. Coordination of interdisciplinary efforts.
10. Which of the following is the LEAST useful measure when evaluating the impact of an institutional ICU pain, agitation and delirium quality improvement effort?
 - a. % of patients receiving daily PT therapy and early mobility.
 - b. ICU mortality rate.
 - c. % of patients receiving continuous IV sedation who are screened for daily sedation awakening.
 - d. % of patients who are screened for delirium.