76. Which of the following is incorrect based on the 2018 ASRA Checklist for managing Local Anesthetic Systemic Toxicity?

A. The upper limit of lipid emulsion dosing is 12mL/kg
B. Monitoring should be at least 4-6 hours after a cardiovascular event or at least 2 hours after a limited CNS event
C. 20% lipid emulsion should be used as the initial drug at the first sign of a serious LAST Event
D. Epinephrine doses of > 1mcg/kg are recommended

77. Which of the following statements is NOT true with regard to the management of new oral anticoagulants?

A. Rivaroxaban (Xarelto) and Apixaban (Eliquis) should be held for at least 72 hours prior to neuraxial block
B. Dabigatran (Pradaxa) should be held for 24 to 48 hours prior to neuraxial block in a patient with a compromised GFR
C. Dabigatran can be reversed by the monoclonal antibody idarucizumab
D. Factor Xa inhibitors, Rivaroxaban and Apixaban, can be effectively reversed with andexanet alfa

78. Which answer the correct spread of local anesthetic for an Erector Spinae Plane Block performed at the T5 level?

A. Spread between the erector spinae muscle and rhomboid muscle
B. Spread lateral to the transverse process, superficial to the erector spinae muscle
C. Spread deep to the erector spinae muscle at the transverse process
D. Spread deep to the costotransverse ligament, pushing the pleura ventrally

79. When assessing the lungs with ultrasound, which of the following signs are suggestive of a pneumothorax:

A. Absence of lung sliding
B. Presence of “comet tails”
C. Absence of a “lung point”
D. Presence of B-lines

80. Innervation of the anterolateral aspect of the knee joint is MOST likely derived from which nerve?

A. Nerve to the Vastus Medialis
B. Obturator
C. Saphenous
D. Common peroneal
81. Which medication has been associated with serotonin syndrome in the perioperative period?

A. Midazolam  
B. Fentanyl  
C. Sugammadex  
D. Propofol

82. A 47-year-old female is having a total knee arthroplasty with an iPACK block for postoperative analgesia. For the iPACK block, the ultrasound probe was placed on the posterior thigh a few centimeters above the knee popliteal crease and the following ultrasound image was obtained. Match the following letters with the anatomical structure:

A. A = peroneal nerve, B = tibial nerve  
B. A = tibial nerve, B = peroneal nerve  
C. A = femoral nerve, B = tibial nerve  
D. A = tibial nerve, B = femoral nerve

83. In which type of regional anesthesia type is the use of programmed intermittent bolus dosing supported by the literature?

A. Transversus abdominis plane catheters  
B. Thoracic epidural catheters  
C. Labor analgesia epidural catheters  
D. iPACK block catheters
84. The orthopedic surgeon asks for tranexamic acid administration for hip hemiarthroplasty in a 92-year-old patient with a history of CAD s/p CABG, a pulmonary embolus 6 months ago, poorly-controlled asthma, and type II diabetes on insulin therapy. Which patient factor or comorbidity is a relative CONTRAINDICATION to tranexamic acid therapy?

A. Persistent- moderate asthma  
B. History of CABG within 12 months  
C. Pulmonary embolus  
D. Age greater than 75 years

85. Which statement best describes where local anesthetic is deposited during a transmuscular quadratus lumborum block (also known as TQL, QL3 or anterior QL block)?

A. The tissue plane between the quadratus lumborum and psoas muscles  
B. The tissue plane between the quadratus lumborum muscle and erector spinae muscles  
C. The tissue plane deep to the lateral border of the quadratus lumborum muscle  
D. The tissue plane between the erector spinae muscles and the transverse processes of the lumbar spine.

86. The following statements about liposomal bupivacaine are true, EXCEPT:

A. It is FDA approved for local surgical infiltration, including TAP blocks  
B. The liposomal encapsulation of bupivacaine results in a longer duration of drug release.  
C. After its administration, other non-liposomal formulations of bupivacaine may be given after a delay of 48 hours  
D. The liposomal structure may be disrupted if it contacts chlorhexidine or povidine iodine.

87. An obese 48-year-old female receives a subgluteal sciatic nerve block using a combination of ultrasound and nerve stimulator guidance. The needle is advanced with the nerve stimulator set to 1.2 mA current, 0.1 msec pulse width, and 2 Hz. While advancing the needle, a motor response (twitch) is detected, with plantar flexion of the ankle noted. What is the BEST next step in performance of the block?

A. Inject local anesthetic in 5 mL increments after negative aspiration.  
B. Decrease stimulator current while adjusting needle position to maintain a twitch between a current of 0.5 to 0.7 mA.  
C. Redirect the needle to obtain elicitation dorsiflexion of the foot  
D. Redirect the needle to elicit a more favorable response of hamstring muscles twitch.
88. A 70-year-old female is scheduled for an open pancreatectomy. You decide to place a thoracic epidural at T7-8 for intra-operative and post-operative analgesia. After unsuccessful attempts at finding the epidural space using a midline approach, you convert to a paramedian approach. Which of the following is NOT a reason to use paramedian approach instead of the midline approach?

A. Avoidance of steeply-angled spinous processes with tips that point caudally  
B. Improved predictability of the depth to the epidural space  
C. Avoidance of supraspinous and interspinous ligaments and potential for false loss of resistance  
D. Avoidance of epidural veins, which are usually found midline in the epidural space

89. Pterygopalatine ganglion (or sphenopalatine) blockade will provide analgesia for all the following conditions EXCEPT:

A. Mandibular surgery  
B. Migraine, cluster headache  
C. Postdural puncture headache  
D. Cleft palate repair