

# SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202108B)

**Question 1.** Regarding the management of a patient presenting with torsades de pointes:

- (a) Intravenous (IV) amiodarone 150 mg bolus over 10–15 minutes can be given.
- (b) IV lidocaine bolus 1–1.5 mg/kg can be given.
- (c) Synchronised cardioversion at 200 J biphasic should be carried out.
- (d) IV magnesium sulphate bolus over 10–15 minutes can be given.

True False

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Question 2.** In a patient with return of spontaneous circulation after cardiopulmonary resuscitation:

- (a) Hypothermia therapy with target core temperature of 30°C–32°C for 48 hours will improve the patient's chance of survival with good functional recovery.
- (b) Emergency coronary angiography should be arranged if the electrocardiogram (ECG) shows ST elevation myocardial infarction.
- (c) Ventilation should be continued with 100% oxygen for the next 24 hours.
- (d) IV dopamine 10 mcg/kg/min should be started in a patient with mean arterial pressure 75 mmHg.

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Question 3.** A patient presented with exertional dyspnoea. His blood pressure (BP) was 98/62 mmHg, heart rate 160 beats per minute (bpm), oxygen saturation (SaO<sub>2</sub>) 90% on room air and body temperature 36°C. His ECG shows wide complex tachycardia, QRS duration of 160 ms with northwest axis. The next appropriate steps are:

- (a) Synchronised cardioversion at 150 J biphasic should be carried out after adequate analgesia and sedation.
- (b) IV amiodarone 150 mg bolus over 10–15 minutes can be given.
- (c) IV lidocaine bolus 1–1.5 mg/kg can be given.
- (d) IV adenosine fast bolus can be given.

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Question 4.** A patient complained of feeling light-headed. Her ECG showed complete heart block with a ventricular rate of 30 bpm. Clinically, she was alert and her BP was 120/70 mmHg and SaO<sub>2</sub> 99% on room air. How can the patient be managed?

- (a) IV atropine boluses of 0.6 mg (up to a total of 2.4 mg) should be given.
- (b) IV dopamine should be started at 5 mcg/kg/min up to maximum of 20 mcg/kg/min, depending on her response.
- (c) IV adrenaline infusion may be initiated at a rate of 2–10 mcg/min and increased gradually till the target heart rate is achieved.
- (d) Continuous ECG monitoring should be initiated, with transcutaneous pacing on standby in case she deteriorates.

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**Question 5.** The following statements are true:

- (a) Routine cervical immobilisation for drowning victims should not be practised unless there is suspicion of cervical spine injury, as this would impede resuscitative efforts.
- (b) Continuous left lateral displacement of the uterus should be performed during resuscitation of a woman with first-trimester pregnancy presenting with cardiac arrest.
- (c) Extracorporeal membrane oxygenation may be considered in a patient presenting with cardiac arrest from acute pulmonary embolism.
- (d) Empirical IV thrombolytics should not be administered to a patient presenting with cardiac arrest from suspected acute pulmonary embolism due to bleeding risks.

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

## Doctor's particulars:

Name in full: \_\_\_\_\_ MCR no.: \_\_\_\_\_

Specialty: \_\_\_\_\_ Email: \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.

**For SMA member:** (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

**For non-SMA member:** (1) Create an SMJ CME account, or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

### RESULTS:

(1) Answers will be published online in the SMJ October 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 29 October 2021. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the August 2021 issue will be credited for the month of August 2021, even if the deadline is in October 2021).

**Deadline for submission (August 2021 SMJ 3B CME programme): 12 noon, 22 October 2021.**