Critical Pulmonary Care
Conference of the Desert

June 7, 2025
Classic Club
CME Pretest Questions

Directions: Please complete the following questions before the conference as part of your CME certificate.

Name: _____

1. Italian artist Amedeo Modigliani suffered from which of the following societal ills as relevant today as they were in the early 20th century:

    a. Pulmonary tuberculosis
    b. Alcohol use disorder
    c. Substance (drug) abuse
    d. All of the above

2. Civilian trauma centers have a higher survival rate for penetrating trauma than does military.

    a. True
    b. False

3. A patient weighing 100kg and 60 inches tall is intubated in the setting of a debilitating stroke. Which of the following is _NOT an appropriate_ initial ventilator setting for this patient?

    a. A pressure cycling, assist-control mode
    b. Tidal volume 600ml
    c. Respiratory rate 12 per minute
    d. Fraction of inspired oxygen of 60%

4. Three components of the Utstein formula of survival are quality science, efficient education and _____.

    a. Prehospital whole blood
    b. Punitive measures for poor outcomes.
    c. Well-functioning chain of survival
    d. Burdensome administrative processes

5. A patient without underlying lung disease presents with a drug overdose. There is shallow breathing at a rate of 6 per minute resulting in respiratory acidosis. Intubation and mechanical ventilation with a volume-cycled, assist-control mode is initiated. Vent settings are tidal volume (Vt) 400ml, respiratory rate (RR) of 12, fraction of inspired oxygen (fio2) of 60% and positive end expiratory pressure (PEEP) of 5. Follow up ABG shows improving but persistent hypercarbia and acidemia. The patient is now awake and responding to commands. Which of the following vent changes will _most guarantee a further increase_ in minute ventilation to help normalize acid-base status?

    a. Increase in Vt
    b. Increase in RR
    c. Increase in Fio2
    d. Increase in PEEP

6. AI (Artificial intelligence) can perform similarly to physicians in diagnostics (accuracy and do-not-miss).

    a. True
    b. False

7. A normal-sized adult male patient with severe emphysematous COPD is hospitalized with an exacerbation leading to hypercapnic respiratory failure. He is intubated and heavily sedated to maintain vent synchrony. Initial vent settings are volume-cycled, assist-control mode, Tidal volume (Vt) = 400, respiratory rate = 30, fraction of inspired oxygen = 100%, positive end expiratory pressure = 5. Within an hour, the ABG shows a worsening severe respiratory acidosis and systemic hypotension has developed. Diffuse bilateral wheezing is noted throughout the entire respiratory cycle on physical exam. Which of the following pathophysiologic derangements _most likely_ explains these findings?

    a. Inadequate Vt
    b. Hyperoxemia and shunt
    c. Dynamic hyperinflation and dead space
    d. Pneumothorax

8. Central venous pressure is the best predictor of increasing stroke volume after a fluid challenge.

    a. True
    b. False

9. What scale is used to grade BCVI?

    a. Abbreviated Injury Scale (AIS)
    b. Denver Scale
    c. Glasgow Coma Scale
    d. Mangled Extremity Severity Score (MESS)

10. AI (Artificial intelligence) may enhance clinical reasoning in collaboration with physicians.

    a. True
    b. False

11. Which of the following criteria are commonly used to screen for BCVI?

    a. Denver criteria

    b. Glasgow Coma Scale

    c. Wells criteria

    d. Ottawa ankle rules

12. Fluid bolus improves coupling between the right ventricle and the pulmonary artery in right ventricle failure.

    a. True
    b. False