

2023 Q1-Q2 MOCA Minute High-Priority Topics Report by Content Outline Category

Pharmacology

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
1	Propofol produces a dose-dependent reduction in MEP signal amplitude.	II.C.3 Pharmacodynamics	Intravenous Anesthetics: Opioid and Non-Opioid	1
2	Administration of the phenylpiperidine series of opioids (fentanyl, sufentanil, alfentanil, tramadol, meperidine, and methadone) to patients on SSRIs increases the risk for serotonin syndrome.	II.C.4 Drug Interactions	Intravenous Anesthetics: Opioid and Non-Opioid	1

Clinical Sciences

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
3	Gabapentin has been shown to reduce the incidence of PONV.	III.A.5 Premedication	Patient Evaluation and Preoperative Preparation	20

4	Prior to procedures that are at high risk for electromagnetic interference to defibrillator-pacemakers, pacemaker-dependent patients should have their device reprogrammed.	III.B.3 Cardiovascular System	Perioperative Management of Patients with Chronic Disease States	27
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Organ-Based Basic and Clinical Sciences

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
5	Sodium-glucose cotransporter-2 inhibitors such as empagliflozin should be held 3-4 days prior to surgery due to an association with perioperative euglycemic ketoacidosis.	IV.G.3 Pharmacology	Endocrine and Metabolic Systems	1

Clinical Subspecialties

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
6	In maternal cardiac arrest, bedside resuscitative hysterotomy (perimortem cesarean delivery) should be performed when there is no return of spontaneous circulation within 4 minutes of arrest.	V.C.3 Clinical Management of Disease States	Obstetric Anesthesia	24

7	Avoiding cautery when entering the trachea, minimizing oxygen concentration, and avoiding nitrous oxide may all reduce the risk of fire during a tracheostomy.	V.D.1 Surgical Procedures	Otorhinolaryngology (ENT) Anesthesia	3
8	Intraoperative airway management of patients with Montgomery T-tubes can present significant challenges and safety concerns; therefore, preoperative consultation with an otorhinolaryngologist is recommended.	V.D.3 Anesthetic Management	Otorhinolaryngology (ENT) Anesthesia	7
9	Positive-pressure ventilation in a patient with an indwelling Montgomery T-tube requires maneuvers to occlude either the external or proximal intraluminal limb to prevent leaks.	V.D.3 Anesthetic Management	Otorhinolaryngology (ENT) Anesthesia	7
10	Administration of tranexamic acid during total knee arthroplasty is associated with improved early functional outcomes postoperatively.	V.H.5 Special Considerations in Orthopedic Surgery	Orthopedic Anesthesia	4
11	Noncompliance with CPAP increases the risk of perioperative cardiorespiratory complications in obese patients with OSA.	V.J.1 Patient Selection and Preoperative Management	Anesthesia for Ambulatory Surgery	3
12	The Society for Ambulatory Anesthesia recommends that Class B ambulatory surgery facilities stock succinylcholine for emergency use without having dantrolene on site.	V.J.4 Office-Based Anesthesia	Anesthesia for Ambulatory Surgery	4

13	Pudendal nerve blocks provide longer duration of pain control compared with caudal blocks.	V.Q.1 General Topics	Regional Anesthesia	8
14	At low and moderate doses of buprenorphine maintenance therapy, some mu-opioid receptors remain available for binding of high-affinity mu-opioid receptor agonists.	V.R.3 Acute Pain Evaluation and Treatment	Acute Pain Management	39
15	Risk factors for local anesthetic systemic toxicity include extremes of age, pregnancy, low body weight, and preexisting cardiac disease.	V.R.4 Monitoring and Safety	Acute Pain Management	17