

## 2023 Q3-Q4 MOCA Minute High-Priority Topics Report by Content Outline Category

### Pharmacology

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
1	During intubation, turning off fresh gas flows reduces environmental contamination and the waste of inhaled anesthetics and obviates the need to turn off the vaporizer.	II.B.5 Side Effects and Toxicity	Anesthetic Gases and Vapors	4

### Clinical Sciences

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
2	Cardiac imaging is necessary in the preoperative assessment of all patients with Turner syndrome presenting for elective surgery.	III.A.6 Patients with Specific Disease States	Patient Evaluation and Preoperative Preparation	13
3	Antibiotic ointment should be administered to treat perioperative corneal abrasions; patching is not indicated.	III.G.1 Types	Perioperative Complications: Types, Prevention, Treatment	52

## Clinical Subspecialties

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
4	Propofol-based anesthesia is effective at attenuating increases in intraocular pressures for high-risk patients during laparoscopic surgery in the steep Trendelenburg position.	V.F.3 Risks	Anesthesia for Laparoscopic Surgery	31
5	Forearm tourniquets result in less pain and are better tolerated than upper arm tourniquets during IV regional blocks.	V.H.1 Tourniquet Management	Orthopedic Anesthesia	21
6	Maintaining the head at body level or higher is associated with decreased risk of postoperative visual loss after spine surgery.	V.H.2 Spine Surgery	Orthopedic Anesthesia	12
7	A negative helical CT scan of the cervical spine is sufficient for cervical collar removal in the obtunded trauma patient.	V.I.2 Secondary Survey and Stabilization	Trauma Anesthesia	159
8	Nasolaryngoscopy can be used to determine whether stable patients with inhalational burn injuries need endotracheal intubation.	V.I.4 Thermal and Electrical Injury	Trauma Anesthesia	151
9	Patients are at high risk for postoperative urinary retention after anorectal surgery.	V.J.3 Discharge Criteria and Postoperative Follow-Up	Anesthesia for Ambulatory Surgery	9

10	When venous air embolism occurs during craniostylosis surgery in the prone position, the patient should immediately be placed in the Trendelenburg position.	V.M.4 Special Considerations in Neuroanesthesia	Neuroanesthesia	33
11	Propofol and dexmedetomidine are associated with a dose-related suppression of MEP amplitudes, whereas lidocaine has no effect.	V.M.4 Special Considerations in Neuroanesthesia	Neuroanesthesia	33
12	The dose of remifentanyl should be below 0.8 mcg/kg/min when SSEP neuromonitoring is used during surgery.	V.M.4 Special Considerations in Neuroanesthesia	Neuroanesthesia	33
13	Direct surgical injury of the axillary nerve after arthroscopic shoulder stabilization surgery can result in loss of arm abduction by the deltoid muscle and a lateral shoulder sensory deficit.	V.Q.4 Upper Extremity Regional Anesthesia	Regional Anesthesia	30
14	The primary target of the serratus anterior plane block is the lateral cutaneous branches of intercostal nerves.	V.Q.6 Truncal Regional Anesthesia	Regional Anesthesia	24
15	Bilateral erector spinae plane blocks reduce the incidence of nausea and vomiting following elective laparoscopic cholecystectomy.	V.Q.6 Truncal Regional Anesthesia	Regional Anesthesia	24

16	After a local anesthetic systemic toxicity-related limited central nervous system event, the American Society of Regional Anesthesia and Pain Medicine recommends at least 2 hours of cardiovascular monitoring.	V.Q.7 Complications and Side Effects	Regional Anesthesia	30
17	Instability of the scapula may develop if dorsal scapular and/or long thoracic nerves are injured during an interscalene block.	V.Q.7 Complications and Side Effects	Regional Anesthesia	30
18	Interindividual variability in the CYP450 system and subsequent opioid metabolism is associated with ethnicity and can result in relative over- or underdosing of opioids.	V.R.1 Analgesic Pharmacology	Acute Pain Management	72
19	Patients should be abstinent from opioids for 7-10 days before starting extended-release naltrexone to avoid acute withdrawal.	V.R.3 Acute Pain Evaluation and Treatment	Acute Pain Management	62

## SPECIAL PROBLEMS OR ISSUES IN ANESTHESIOLOGY

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
20	Racial disparities in palliative care measures, appropriate use of antibiotics, and rates of sepsis persist even after demographic and patient characteristics are controlled.	VI.E.8 Healthcare Disparities	Ethics, Practice Management and Medicolegal Issues	31