2025 Q1-Q2 MOCA Minute High-Priority Topics Report by Content Outline Category

Clinical Sciences: Anesthesia Procedures, Methods and Techniques

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
1	Oral carbohydrate loading prior to elective surgery may reduce hospital length of stay.	III.A.3 Standards and Guidelines	Patient Evaluation and Preoperative Preparation	22
2	Improved outcomes may be seen with smoking cessation at any time prior to surgery.	III.B.2 Respiratory System	Perioperative Management of Patients with Chronic Disease States	7

Organ-Based Basic and Clinical Sciences

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
3	Acetaminophen can be safely administered to patients with cirrhosis for treatment of acute postoperative pain.	IV.D.3 Pharmacology	Gastrointestinal/Hepatic Systems	0

4	A low fractional excretion of sodium (FENa < 1%) suggests prerenal causes of AKI in oliguric patients without histories of chronic kidney disease or diuretic use.	IV.E.3 Clinical Management of Disease States	Renal and Urinary Systems/Electrolyte Balance	0
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Clinical Subspecialties

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
5	Remifentanil may increase the incidence and severity of the oculocardiac reflex during strabismus surgery.	V.G.4 Special Considerations in Ophthalmologic Anesthesia	Ophthalmologic Anesthesia	1
6	The Mini-Cog is a rapidly administered preoperative test to screen for cognitive impairment.	V.K.1 Preoperative Evaluation	Geriatric Anesthesia/Aging	2
7	Healthy elderly patients are susceptible to perioperative hypoxemia due to increases in closing capacity, closing volume, and residual volume.	V.K.2 Organ Function Changes with Aging	Geriatric Anesthesia/Aging	2
8	Soap and water are recommended for hand hygiene after taking care of patients with <i>Clostridioides difficile</i> .	V.L.4 Immune Dysfunction/Infection	Critical Care Anesthesia	38

9	Provider baseline testing for hepatitis C antibodies after a needle-stick injury should be done within 48 hours of the injury.	V.L.4 Immune Dysfunction/Infection	Critical Care Anesthesia	38
10	Analgesic efficacy on postoperative days 2 and 3 is not improved by using liposomal bupivacaine compared with plain bupivacaine for abdominal fascial plane blocks.	V.Q.2 Pharmacology	Regional Anesthesia	1
11	IV dexamethasone reduces the incidence of rebound pain after peripheral nerve blocks.	V.Q.7 Complications and Side Effects	Regional Anesthesia	1
12	IV regional anesthesia of the upper extremity performed with a forearm tourniquet is a safe and effective alternative to an upper arm tourniquet and improves tourniquet tolerance.	V.Q.10 IV Regional	Regional Anesthesia	1
13	Patients who have recently stopped naltrexone in the preoperative period may demonstrate an increased sensitivity to opioid agonists.	V.R.1 Analgesic Pharmacology	Acute Pain Management	10
14	The treatment of acute pain in patients who are on buprenorphine therapy for opioid use disorder may require the use of agents with a high mu-opioid receptor binding affinity (e.g., sufentanil, hydromorphone, or additional buprenorphine).	V.R.3 Acute Pain Evaluation and Treatment	Acute Pain Management	12

Special Problems or Issues in Anesthesiology

	Key Point	ABA Blueprint Code	Level 2 Blueprint Category	CME Activity Count
15	Use of a lumbar epidural anesthetic infusion will provide optimal analgesia and limit opioid consumption for patients undergoing gynecologic pelvic brachytherapy.	VI.C.9 Radiation Therapy	Non-Operating Room Anesthesia (NORA)	1