Peter L. Bailey, M.D., CME Editor

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Instructions for Obtaining Journal CME Credit

ANESTHESIOLOGY's journal-based CME program is open to all readers. Members of the American Society of Anesthesiologists participate at a preferred rate, but you need not be an ASA member or a journal subscriber to take part in this CME activity. Please complete the following steps:

1. Read the article by Crosby entitled "Airway management in adults after cervical spine trauma" on page 1293 of this issue.
2. Review the questions and other required information for CME program completion (published in both the print and online journal).
3. When ready, go to the CME Web site: http://www.asahq.org/journal-cme. Submit your answers, form of payment, and other required information by December 31 of the year following the year of publication.

The American Society of Anesthesiologists is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education programs for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Purpose: The focus of the journal-based CME program, and the articles chosen for the program, is to educate readers on current developments in the science and clinical practice of the specialty of Anesthesiology.

Target Audience: Physicians and other medical professionals whose medical specialty is the practice of anesthesia.

Learning Objectives: After reading this article, participants should have a better understanding of the pathophysiology and management of adults who have sustained blunt trauma and are at risk for cervical spine injury.

Disclosure Information:

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CME Article Questions

Based on the article by Crosby entitled "Airway management in adults after cervical spine trauma" in the June issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. In patients who have sustained blunt trauma and may be at risk for cervical spine injury, fractures to which one of the following are *most* likely to be clinically significant?
   A. Vertebral body
   B. Spinous process
   C. Transverse process
   D. Osteophyte

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2. Which one of the following statements concerning approaches to decompression of the cervical spinal cord to restore neurological function after blunt trauma is *most* likely true?
   A. Surgical decompression can lead to further neurological deterioration.
   B. Complete recovery can only be achieved if decompression occurs within 30 minutes after injury.
   C. Complete recovery can only be achieved if decompression occurs within 180 minutes after injury.
   D. Conservative (nonsurgical) approaches are rarely an acceptable alternative.

3. Which one of the following statements concerning cervical spine injury after blunt trauma is *most* likely true?
   A. The majority of injuries occur in the mid- (C3 to C5) cervical spine.
   B. The majority of injuries include either C2 or C6/C7.
   C. The vertebral body is rarely involved in cervical spine injuries.
   D. The incidence of cervical spine injury in victims of blunt trauma is greater than 10%.

4. Which one of the following statements concerning the decision instrument used in the National Emergency X-Radiography Utilization Study to identify blunt trauma victims at low risk for cervical spine injury is *most* likely true?
   A. Its positive predictive value is greater than 90%.
   B. Its negative predictive value is greater than 90%.
   C. Its application reduces the need for imaging in the majority of trauma patients.
   D. The likelihood of significant injury is low in the absence of all five described clinical risk factors.

5. Which one of the following statements concerning cervical spine immobilization in victims of blunt trauma is *most* likely true?
   A. It should be instituted immediately after radiographic documentation of the potential for injury.
   B. Cervical collars can increase cerebral spinal fluid pressure.
   C. Soft foam collars effectively limit spinal motion.
   D. A rigid cervical collar will produce the best limitation of spinal motion.

6. Which one of the following statements concerning manual in-line immobilization (MILI) and airway management in patients with suspected cervical spine injury after blunt trauma is *most* likely true?
   A. Cervical collars are more effective than MILI at preventing cervical spine movement during laryngoscopy.
   B. Traction should be routinely applied during MILI.
   C. MILI impairs the laryngoscopic view as much as other forms of immobilization.
   D. There is little difference in spinal motion relative to the type of laryngoscopic blade used.

7. Which one of the following statements concerning approaches to tracheal intubation in blunt trauma victims with suspected cervical spine injury is *most* likely true?
   A. Awake nasal intubation is never appropriate.
   B. Fiberoptic intubation is the best way to avoid causing secondary injury.
   C. Rapid sequence induction with manual in-line immobilization should not be used.
   D. A range of options should be considered.

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If you have any questions regarding the ANESTHESIOLOGY continuing medical education program, please contact Ellen M. Bateman, Ed.D., Education Specialist, at (847) 825-5586 or via e-mail at e.bateman@asahq.org.