Registration

To register for the CSA CME Course in Pain Management and End-of-Life Care, Module 7, fill out this form. Then complete the test and the evaluation, and mail or fax all three to the CSA office at:

951 Mariner’s Island Boulevard #270
San Mateo, CA 94404

FAX: (650) 345-3269

Pain Management and End-of-Life Care CME Course, Module 7

Name __________________________________________ M.D. D.O.

Address __________________________________________

City/State/Zip __________________________________________

Phone ( ) __________________________________________

E-mail __________________________________________

☐ CSA Member No Fee
☐ Non-CSA Physician $25

Total $__________

Please charge my: ☐ MasterCard ☐ Visa

Card # ___________________________ Exp. Date ____________

I authorize the California Society of Anesthesiologists to charge my account for the registration.

OR

Mail with check payable to California Society of Anesthesiologists

Signature: __________________________________________
Questions

1. The rule of double effect does not permit the use of doses of opioids or sedatives that will result in an unconscious state?
   a. True
   b. False

2. When using morphine in end-of-life care, respiratory depression occurs before sedation.
   a. True
   b. False

3. When using morphine in end-of-life care:
   a. Mental status changes can occur from the accumulation of 3-morphine-glucuronide
   b. Changing to another opioid requires knowledge of equal analgesic doses
   c. Sustained release morphine will not necessarily provide adequate analgesia for activity-based pain and immediate release opioids are usually required
   d. All of the above

4. Once a patient undergoes general anesthesia for a palliative operative procedure, the anesthesia and surgical team are obligated to perform CPR if a cardiac arrest ensues, even if the patient has expressed his/her wishes to forego resuscitation.
   a. True
   b. False

5. The goal of the physician in the care of the dying patient is
   a. Comfort measures always
   b. Active interventions to relieve suffering
   c. Proactive measures to prevent suffering, e.g., elective tracheotomy
   d. All of the above

6. At the end of life, the physician ultimately must make decisions for the dying patient in terms of what care is to be provided?
   a. True
   b. False

7. Alcohol neurolysis can provide pain relief of unremitting pain of pancreatic cancer and pelvic cancer.
   a. True
   b. False

8. Ketamine is useful in the treatment of end-of-life unremitting pain because it
   a. Potentiates the action of opioids
   b. Has serotonin and norepinephrine reuptake inhibition action
   c. Is an NMDA receptor antagonist
   d. Relieves anxiety
   e. Both a and c
9. Methadone is a useful opioid in end-of-life pain management because
   a. It is a long-acting opioid
   b. It has NMDA receptor antagonist activity, thus it can reverse tolerance
   c. It is 85 percent bioavailability by the oral route
   d. Has no toxic metabolites
   e. All of the above

10. The use of high doses of opioids will hasten death.
   a. True
   b. False

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**Evaluation of Module 7**

As part of the CSA Educational Programs Division’s ongoing efforts to offer continuing medical education, the following evaluation of this program is requested. This is a useful tool for the EPD in preparing future CME programs.

1. How well were the learning objectives of this program met?
   - Very Well 5
   - Average 3
   - Not Well at All 1

2. How relevant was the information in this program to your clinical practice?
   - Average 3
   - Below Average 2

3. How would you rate this program overall?
   - Very Well 5
   - Average 3
   - Not Well at All 1

4. Did you detect any commercial bias in this module?
   - Yes
   - No