

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 Payen *et al.* entitled "Current practices in sedation and analgesia for mechanically ventilated critically ill patients: A prospective multicenter patient-based study" on page 687 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 some of the current practice approaches and challenges concerning sedation and analgesia in critically ill patients.

Disclosure Information:

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CME Article Questions

Based on the article by Payen *et al.* entitled "Current practices in sedation and analgesia for mechanically ventilated critically ill patients: A prospective multicenter patient-based study" in the April issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. Which of the following statements concerning the assessment of sedation and analgesia in intensive care unit patients is *most* likely true?
 - A. Assessment is made in most patients prior to administering either sedation or analgesia.
 - B. Assessment is made in most patients prior to administering sedation but not analgesia.
 - C. Assessment is made in most patients prior to administering analgesia but not sedation.
 - D. Assessment is made in less than half of patients prior to administering either sedation or analgesia.

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2. Which of the following statements concerning sedation in intensive care unit (ICU) patients is *most* likely true?
 - A. Use of the bispectral index is very common.
 - B. The Ramsay scale is no longer used.
 - C. Across different hospitals, many different sedation and analgesia scales are used.
 - D. The frequency of pain scale assessment decreases as the duration of a patient's ICU stay increases.
3. Which of the following statements concerning the pharmacology of sedation or analgesia in the intensive care unit (ICU) patients studied in the report is *most* likely true?
 - A. Propofol was the most commonly used sedative.
 - B. Administration of sedatives and opioids was frequently *via* continuous infusion.
 - C. Morphine administration decreased over the duration of the ICU stay.
 - D. Sufentanil was rarely used.
4. Which of the following statements concerning painful procedures performed on intensive care unit patients is *most* likely true?
 - A. There is close correlation between the assessment and treatment of procedure-related pain.
 - B. The majority of painful procedures are treated.
 - C. Pain assessment scores during procedures frequently are higher than just before procedures.
 - D. When procedure-related pain was treated, opioid boluses were generally avoided.
5. Which of the following statements concerning sedation or analgesia protocols or guidelines applied to intensive care unit (ICU) patients is *most* likely true?
 - A. Most ICU sites conduct protocol-based daily interruption of sedation.
 - B. Most ICU sites follow some type of sedation protocol or guideline.
 - C. Larger ICUs tend to use sedation protocols or guidelines more often.
 - D. Use of sedation protocols or guidelines is associated with reduced drug administration.

All tests and requests for Category 1 credit must be submitted through the ANESTHESIOLOGY CME Web site at <http://www.asahq.org/journal-cme>. Participants should claim credit, in 15-minute increments, for a maximum of 1 hour of CME credit per journal issue (up to 12 credits per year). Two payment options are available:

Per-year fee: ASA Members \$60.00, Non-members \$90.00

Per-issue fee: ASA Members \$10.00, Non-members \$15.00

For either option, participants may pay using VISA or MasterCard.

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.