

Instructions for Obtaining ANESTHESIOLOGY Continuing Medical Education (CME) Credit

CME Editors: Leslie C. Jameson, M.D., and Dan J. Kopacz, M.D.

ANESTHESIOLOGY's Journal CME is open to all readers. To take part in ANESTHESIOLOGY Journal-based CME, complete the following steps:

1. Read the CME information presented on this page.
2. Read this month's article designated for CME credit (listed on the right) in either the print or online edition.
3. Register at <http://education.asahq.org/2015-journal-cme>. Nonmembers will be asked to provide payment.
4. Achieve a score of at least 50% correct on the six-question on-line journal CME quiz and complete the evaluation.
5. Claim credit in 15-minute increments, for a maximum of 1 *AMA PRA Category 1 Credit™* per journal article.

CME Information & Disclosure

Purpose: The focus of ANESTHESIOLOGY Journal-based CME is to educate readers on current developments in the science and clinical practice of anesthesiology.

Target Audience: ANESTHESIOLOGY Journal-based CME is intended for anesthesiologists. Researchers and other health care professionals with an interest in anesthesiology may also participate.

Accreditation: The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME Designation Statement: The American Society of Anesthesiologists designates this Journal-based CME activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Rates

Two options are available:

	ASA Member	Non-member
Annual Fee	\$0	\$120
Per Issue	\$0	\$20

Payment may be made using Visa or MasterCard.

Please direct any questions about Journal-based CME to: EducationCenter@asahq.org

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This Month's ANESTHESIOLOGY Journal-based CME Article

Read the article by McLean *et al.* entitled "Dose-dependent Association between Intermediate-acting Neuromuscular-blocking Agents and Postoperative Respiratory Complications" on page 1201 and the accompanying editorial by Brull and Prielipp

entitled "Reversal of Neuromuscular Blockade: 'Identification Friend or Foe'" on page 1183 of this issue.

Learning Objectives

After successfully completing this activity, the learner will be able to identify the risks of residual blockade after the administration of an intermediate-acting neuromuscular-blocking agent (NMBA), define the appropriate dose and timing of the administration of the acetylcholinesterase inhibitor neostigmine for reversal of an intermediate-acting NMBA, and select the most appropriate intermediate-acting NMBA.

Disclosures

Editor-in-Chief: James C. Eisenach, M.D., receives consulting fees from Aerial BioPharma LLC and Cubist Pharmaceuticals, Inc.

CME Editors: Leslie C. Jameson, M.D., receives honoraria from GE Medical International and Masimo Corporation. Dan J. Kopacz, M.D., has an equity position in SoloDex, LLC.

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Authors: Sorin J. Brull, M.D., F.C.A.R.C.S.I. (Hon.), has reported to be a Member, Anesthesia Patient Safety Foundation Executive Committee and Board of Directors, and shareholder in ADBV (Amsterdam, The Netherlands), a medical device company. Richard C. Prielipp, M.D., M.B.A., F.C.C.M., has reported to be a Member, Anesthesia Patient Safety Foundation Executive Committee and Board of Directors.

ASA Staff: Kari L. Lee, Editorial Manager, has reported no financial relationships with commercial interests. Ginger Yarger, Editor, has an equity position in Merck & Co.

Resolution of Conflicts of Interest

In accordance with the ACCME Standards for Commercial Support of CME, the American Society of Anesthesiologists has implemented mechanisms, prior to the planning and implementation of this Journal-based CME activity, to identify and resolve conflicts of interest for all individuals in a position to control content of this Journal-based CME activity.

Disclaimer

The information provided in this CME activity is for continuing education purposes only and is not meant to substitute for the independent medical judgment of a health care provider relative to diagnostic and treatment options of a specific patient's medical condition.