

# 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 accreditation information presented on this page.
2. Read this month's article designated for credit (listed below) in either the print or online edition.
3. Register at <http://www.asahq.org/shop-asa/journal-cme>. Nonmembers will be asked to provide payment.
4. Achieve a score of at least 50% correct on the six-question online journal 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.

## Accreditation Information

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

The American Society of Anesthesiologists designates this journal-based 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](mailto:EducationCenter@asahq.org)

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**Expiration Date:** January 2022

## This Month's ANESTHESIOLOGY Journal-based CME Article

Read the article by Pham *et al.* entitled "Outcomes of Patients Presenting with Mild Acute Respiratory Distress Syndrome: Insights from the LUNG SAFE Study" on page 263, and the Clinical Focus Review by Elsharkawy *et al.* entitled "Quadratus Lumborum Block: Anatomical Concepts, Mechanisms, and Techniques" on page 322.

## Learning Objectives

After successfully completing this activity, the learner will be able to anticipate the natural course of patients initially presenting with mild acute respiratory distress syndrome (ARDS); identify what factors predict subsequent worsening of mild ARDS; and describe the anatomy, indications, and techniques of quadratus lumborum block.

## Disclosures

This journal article has been selected for and planned as a journal activity, which is designated for *AMA PRA Category 1 Credit*. The authors disclosed relationships in keeping with ANESTHESIOLOGY's requirements for all journal submissions. All relationships journal authors disclosed to ANESTHESIOLOGY are disclosed to learners, even those relationships that are not relevant financial relationships, per the ACCME's requirements for CME activities.

**Editor-in-Chief:** Evan D. Kharasch, M.D., Ph.D., has reported receiving consulting fees from TEN Healthcare.

**CME Editors:** Leslie C. Jameson, M.D., has reported no relevant financial relationships with commercial interests. Dan J. Kopacz, M.D., has reported holding an equity position with SoloDex, LLC.

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## Resolution of Conflicts of Interest

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

## Disclaimer

The information provided in this 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.