

Continuing Education QUIZ (2.0 hours CEU)

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A Meta-Analysis of Pre-hospital Airway Control Techniques Part II: Alternative Airway Devices and Cricothyrotomy Success Rates

- 1) Place the Alternative Airway Devices (AAD) and Oral Endotracheal Intubation (OETI) in order of ascending successful placement rates (least to most successful), according to the meta-analysis:

- LMA, Combitube, King Airway, OETI
- Combitube, OETI, LMA, King Airway
- King Airway, LMA, OETI, Combitube
- OETI, Combitube, King Airway, LMA

- 2) How did needle cricothyrotomy (NCRIC) compare to surgical cricothyrotomy (SCRIC)?

- NCRIC better than SCRIC
- SCRIC better than NCRIC
- No difference between NCRIC and SCRIC

- 3) Which alternative airway devices (AAD) were **NOT** studied in this meta-analysis?

- Esophageal Obturator airway (EOA), Esophageal Gastric Tube Airway (EGTA), Pharyngeotracheal Lumen Airway (PLA)
- Bougie, Glidescope, and Intubating LMA
- King Laryngeal Tube Airway, NCRIC and SCRIC
- Combitube, King Laryngeal Tube Airway and LMA

- 4) For which of the items below were **ALL** criteria included in the study quality assessment tool used by the authors?

- Age, rescue airway, clinician and verification of successful placement
- Patient mix, study design, drug company sponsorship, and setting
- Randomized controlled trials, cardiac arrest, and drug-assisted intubation
- Drug company sponsorship, rescue airway and verification of successful placement.

- 5) What proportion of the included studies was retrospective and therefore descriptive in nature?

- 1/4
- 1/3
- 1/2
- 2/3

6) What is the first limitation of this meta-analysis acknowledged by the authors?

- The quality of the included studies
- Old data
- Evaluating only placement success rates, not ventilation efficacy with each AAD
- Heterogeneity

7) Name 2 additional limitations of the study acknowledged by the authors (in addition to question #6)

- Lack of funding and heterogeneity
- Old data and drug company bias
- Old data and poor quality of included studies
- Evaluating placement success only, not ventilation efficacy and study selection bias