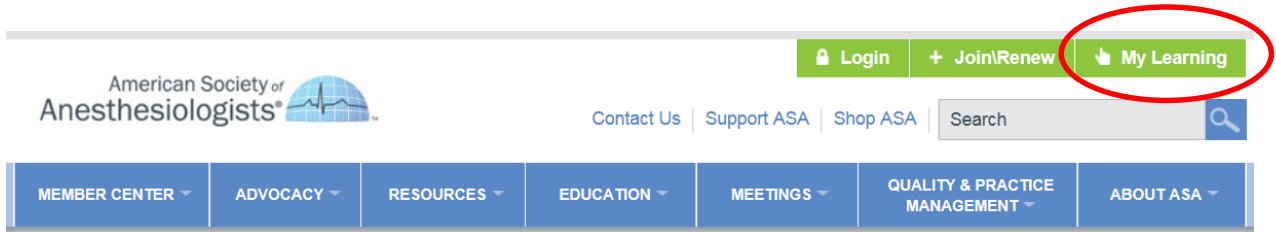


SEE 32A Electronic Instructions

Listed below are instructions to submit your responses, complete the course evaluation and claim your CME credit for **SEE 32A Electronic** version.

1. Go to www.asahq.org.

- Select the **My Learning** button at the top right of the page.

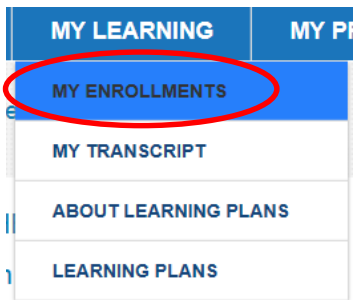


- Select **Log in** at the top of the page.



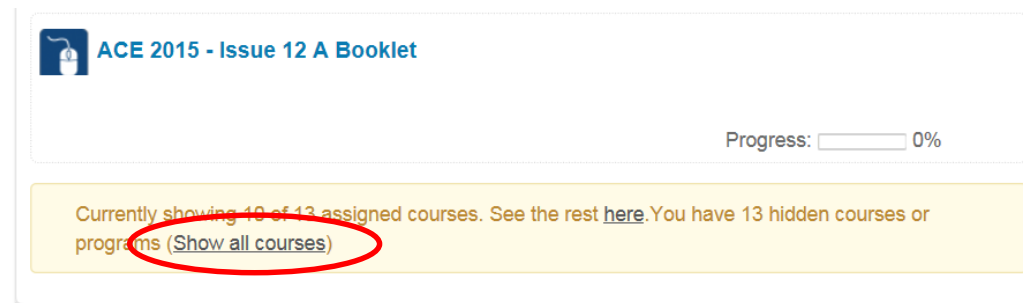
- Enter your **Email Address on file with ASA** and **Password**, and select **Login**.

2. Under the **My Learning** tab at the top of the page select **My Enrollments** from the drop-down menu.



3. Select **SEE 2016 – Volume 32A Electronic** from your list of courses.

NOTE: You may need to Scroll to the bottom of **My Enrollments** section and select **Show all courses** if you do not see your course initially.



4. View the **Welcome** page and proceed to the **SEE Questions** to enter your responses.

SEE 2016 - Volume 32A Electronic

Assess your grasp of emerging anesthesia concepts with content aggregated from more than 40 international medical journals with SEE Volume 32A. Receive the most important content on subjects ranging from clinical anesthesia, critical care and pain management. Stay abreast of the development of new drugs and techniques that are both relevant to your current practice and will shape your future practice.

Please follow the course workflow below. You may start the SEE Questions activity after you review the CME and Course information. You have six attempts to answer each question correctly to reach the passing score of 50%.

Once the Self-Study learning activity is successfully completed, you must complete a brief course evaluation and can then claim your CME credits.

Expiration date to claim your CME: 02/16/2017.

Should you have any questions please email educationcenter@asahq.org.

 CME and Course Information

 Disclosure Information

 SEE Questions

This SEE Questions activity is composed of 100 items, each of which consists of a question, answer, discussion, and a list of references.

INSTRUCTIONS: For each question, select the response you think is correct and then select the **Check** button. Once you check your response, the discussion will be available. After you read the discussion, select **Try again** below the discussion if you answered incorrectly, or **Next** if you answered the question correctly. Once you have gotten the question correct, you can no longer change your answer. Each incorrect answer will show an e-response explaining the incorrect answer. You have six attempts to answer each question correctly. The minimum passing score is 50%.

- For each question, select the response you think is correct and then select the **Check** button. Once you check your response, the discussion will be available. You have six tries per question per quiz activity attempt. You have an unlimited number of quiz activity attempts to reach the passing score of 50%.

Question 4
Incorrect
0.00 points out of 1.00
Flag question
Edit question

According to a recent randomized trial comparing prehospital cooling to standard care for patients who experienced out-of-hospital cardiac arrest with or without ventricular fibrillation, prehospital cooling was MOST likely associated with which of the following?

Select one:

A. A similar rate of rearrest in the field **X** Patients experienced a higher rate of rearrest in the field with prehospital cooling.

B. A similar core temperature on arrival in the emergency room

C. A similar rate of survival until hospital discharge

D. Better neurologic recovery at hospital discharge

Check

Your answer is incorrect.

Mild hypothermia (32°–34°C) during hospitalization has been demonstrated to improve neurological outcome and survival after resuscitation from prehospital cardiac arrest caused by ventricular fibrillation (VF). Accordingly, the American Heart Association guidelines published in 2010 recommend inducing mild hypothermia during hospitalization for individuals who remain in a comatose state after being resuscitated from an out-of-hospital VF cardiac arrest.

- If you select an answer **incorrectly**, you have the option to re-answer the question by selecting the **Try Again** button at the bottom of the discussion.

death, or obvious treatment futility).

Fewer patients in the 1:1:1 group died from exsanguination, and patients in the 1:1:1 group were more likely to achieve hemostasis. However, the overall mortality rates in the 2 groups were similar at 24 hours: 12.7% (1:1:1) versus 17.0% (1:1:2). The difference in mortality at 24 hours was -4.3% (95% CI, -9.6% to 1.1%). The overall mortality in the 2 groups was also similar at 30 days: 22.4% (1:1:1) versus 26.1% (1:1:2). The difference in mortality at 30 days was -3.7% (95% CI, -10.2% to 2.7%). These differences did not achieve statistical significance.

There were also no differences in complications at 30 days, including the risk of sepsis and acute respiratory distress syndrome (ARDS). The risk of sepsis in the groups was 29.3% (1:1:1) versus 26.6% (1:1:2). The risk of ARDS was 13.6% in the 1:1:1 group versus 14.0% in the 1:1:2 group.

This study was well designed except that, for pragmatic reasons, treating physicians were no longer blinded to group assignments once transfusion had started. Based on the results of the study, the authors recommend considering the 1:1:1 transfusion strategy, as patients in that treatment group had a reduced risk of exsanguination and were more likely to attain hemostasis. The authors state that additional clinical trials of hemorrhage control are needed; these should report both immediate response to therapy (first few hours) and later outcomes at 24 hours and 30 days.

REFERENCE

1. Holcomb JB, Tilley BC, Baraniuk S, et al; for PROPPR Study Group. Transfusion of plasma, platelets, and red blood cells in a 1:1:1 vs a 1:1:2 ratio and mortality in patients with severe trauma: the PROPPR randomized clinical trial. *JAMA*. 2015;313(5):471-482.

[Try again](#)

[Next](#)

5. When finished recording your responses, select **Submit all and finish**. *You must meet the minimum passing score of 50% to claim CME credit.*

99	Correct
100	Correct







[Return to attempt](#)

[Submit all and finish](#)

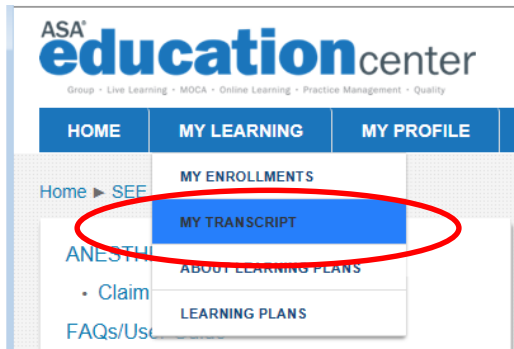
6. After you have submitted your SEE Questions, you may review your results. They will be marked green if correct and red if incorrect within the **Quiz Navigation**. Please make note of your responses should you need to re-attempt the SEE Questions to meet or exceed the passing score. For your convenience, you may view all questions on one page. Once you are finished reviewing your results, select **Finish review**. You may re-attempt the quiz activity by selecting the **Re-attempt quiz** button.

[Re-attempt quiz](#)

7. After you pass the quiz activity, complete the **Course Evaluation** and claim your **CME credits**. You will have immediate access to your CME certificate.

-  [Self-Study learning activity](#) 
-  [Course Evaluation](#) 
- Upon completion of this course evaluation you will be able to claim your credits.
-  [CME Certificate](#) 

8. Under the **My Learning** tab at the top of the page, select **My Transcript** to view all of your courses and CME credits.



The deadline to claim your CME credit for SEE 32A is February 16, 2017.

Assistance

The ASA Member Services team is available for assistance Monday–Friday, 7 a.m.–5 p.m. Central time. Please contact Member Services by calling (630) 912-2552 or emailing educationcenter@asahq.org.