# ANZCA Handbook for Training
## Appendix 1 – IAACQ sample questions

| Code | Learning outcome (IAACQ) | Possible questions |
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| IT_GS 1.1 | Outline the basic pharmacology of sedative/hypnotic agents (propofol, thiopentone, midazolam, ketamine), inhalational agents, opioids, muscle relaxants, reversal drugs and anti-emetic agents relevant to their clinical practice. | What type of drug is suxamethonium? |
| | | What is most common indication for use of suxamethonium? |
| | | Outline the potential side effects of suxamethonium? |
| IT_GS 1.9 | Outline the physiological changes that occur with and the implications for anaesthetic management of the following patient positions:<br><br>• Supine<br>• Trendelenberg and reverse trendelenberg<br>• Lateral<br>• Lithotomy<br>• Prone<br><br>(also refer to Safety and quality in anaesthetic practice) | What changes will you potentially see on you monitors when you put a patient in the Trendelenberg position and what are the physiological changes that explain these? |
| | | How will you modify your anaesthetic plan for a patient who is to be in the prone position? |
| IT_AM 1.2 | Discuss the important features of history and examination that may identify a potentially difficult airway | How do you examine a patient in order to identify anatomical features that may make intubation difficult? |
| IT_AM 1.16 | Describe the clinical features and outline a management plan for a patient with aspiration of gastric contents | What do you think the possible causes are of a patient coughing after you have induced them but not yet secured the airway? What other things will you look for to confirm this? |
| | | How do you manage a patient who you think has aspirated on induction before you have secured the airway? |
| IT_RA 1.8 | Describe the absolute and relative contraindications of a central neuraxial block | What are the absolute contraindications to central neuraxial block? |
| IT_RA 1.11 | Outline the complications of a central neuraxial block | What risks of spinal anaesthesia do you discuss with your patients? |
| IT_PO 1.1 | Outline the ASA physical status classification system and the implications for anaesthesia | What is "ASA" and how do you decide on a class for your patient? |
| | | Why do we use ASA classification? |

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| IT_PO 1.4 | Outline the implications for anaesthetic management and perioperative risk of a range of medical conditions including but not limited to:<br><br>**Cardiovascular**<br>• Coronary artery disease<br>• Valvular heart disease<br>• Cardiac conduction abnormalities/pacemakers<br>• Left heart failure (CCF)<br>• Hypertension<br>• Cerebrovascular disease (embolic and haemorrhagic)<br>• Peripheral vascular disease<br><br>**Respiratory**<br>• Chronic obstructive pulmonary disease<br>• Asthma<br>• Respiratory tract infection<br>• Obstructive sleep apnoea<br>• Chronic tobacco use<br><br>**Metabolic/Endocrine**<br>• Obesity (including morbid obesity)<br>• Diabetes<br>• Electrolyte and acid base disorders<br>• Steroid dependence<br><br>**Haematological/Immunological**<br>• Anaemia<br>• Thrombocytopenia<br>• Thromboembolic disease (DVT/PE)<br>• Coagulopathy/anticoagulant use<br>• Immunocompromised patient<br><br>**Gastrointestinall/Renal**<br>• Renal impairment (acute and chronic)<br>• Gastro-oesophageal reflux<br>• GIT haemorrhage | What anaesthetic problems are you likely to encountering in providing a GA for a patient with a history of obstructive sleep apnoea? |
| IT_PM 1.3 | Outline the basic concepts of multimodal analgesia and pre-emptive analgesia | What does multimodal analgesia mean? |
| | | What are the advantages of pre-emptive analgesia? |
| IT_PM 1.7 | Outline a protocol for the management of pain in recovery | Describe the analgesia you would normal prescribe for use in the Recovery ward/PACU for a patient who has undergone an acute laparoscopic appendicectomy |

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| IT_RT 1.1 | Outline a systematic approach to identifying the cause and describe the initial management of the following, when occurring in association with anaesthesia or sedation:<br><br>• Dyspnoea<br>• Hypoxia<br>• Hypocapnoea/ hypocarbia<br>• Hypercapnoea/ hypercarbia<br>• Tachycardia<br>• Bradycardia<br>• Hypotension<br>• Hypertension<br>• High airway pressures<br>• Oliguria/anuria<br>• Failure to wake from anaesthesia (also refer to General anaesthesia and sedation) | An elderly patient who has undergone a hemiarthroplasty for a fractured neck of femur fracture under a general anaesthetic with an endotracheal tube fails to wake up at the end of the operation. What are the possible causes for this patient's failure to wake? |
| IT_SQ 1.7 | Outline steps to minimise the risk of eye injury during perioperative care | How might a patient sustain a corneal injury whilst under general anaesthetic? How could you reduce the chances of this happening? |