SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202201A)

1. 2. 3. 4.	Infection can be ruled out if a young, immunocompetent patient is afebrile. Sepsis is a combination of infection and fever. Septic shock is a combination of sepsis and hypotension. The mean arterial pressure is the sum of one-third of the systolic blood pressure and two-thirds of the	True	False
5. 6. 7.	diastolic blood pressure. Hypotension is defined as a mean arterial pressure < 65 mmHg. Hypoperfusion can exist when mean arterial pressure is 70 mmHg. One criterion of the qSOFA (quick Sequential Organ Failure Assessment) score is a respiratory rate ≥ 22 breaths/min.		
11. 12. 13.	The qSOFA score is more sensitive than specific for diagnosing sepsis. A capillary refill time of three seconds is abnormal. An elevated blood lactate level of 4 mmol/L can exist without tissue hypoperfusion. For patients with sepsis, antibiotics may be given within six hours of presentation. Culture-negative sepsis and culture-positive sepsis have similar mortality. Full doses of intravenous antibiotics can be administered initially for septic patients with renal impairment. Surgery for source control in septic patients should not be delayed if hypoperfusion and hypotension		
15.	cannot be fully reversed using medications alone. A positive haemodynamic response to fluid therapy involves an increase of cardiac output or stroke volume of at least 10%.		
	The initial choice of fluid for fluid challenge can be intravenous hydroxyethyl starch. Antibiotics should not be given within one hour of sepsis presentation, as this risks antibiotic overuse and adverse drug reactions.		
18.	Blood cultures must be done as rapidly as possible to avoid delay of antibiotic administration in sepsis/septic shock.		
	Fluid challenge need not be considered if the mean arterial pressure is 70 mmHg. Fluid challenge may not be needed if the capillary refill time is one second.		

SUBMISSION INSTRUCTIONS:

Name in full: _____

Doctor's particulars:

Specialty: _____

Visit the SMJ website: http://www.smj.org.sg/current-issue and select the appropriate quiz. You will be redirected to the SMA login page.

For SMA member: (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

MCR no.: _____

___ Email: ____

For non-SMA member: (1) Create an SMJ CME account or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

RESULTS

(1) Answers will be published online in the SMJ March 2022 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 31 March 2022. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2021 issue will be credited for the month of December 2021, even if the deadline is in February 2022).

Deadline for submission (January 2022 SMJ 3B CME programme): 12 noon, 24 March 2022.