**EM SUD Curriculum Pre/Post-test Questions**

1. Wernicke encephalopathy is caused by a deficiency of which vitamin?
	1. Cyanocobalamin
	2. Folic acid
	3. Riboflavin
	4. Thiamine
2. Which of the following is a common of death related to alcohol withdrawal syndrome?
	1. Aspiration pneumonitis\*
	2. Kidney failure
	3. Hypothyroidism
	4. Rhabdomyolysis
3. For which of the following substances does American College of Emergency Physicians recommend screening for all patients in the ED?
	1. Alcohol\*
	2. Cannabis
	3. Opioids
	4. Stimulants
4. Which one of the following agents should be used in the treatment of a patient with an isolated alcohol withdrawal seizure?
	1. Fosphenytoin
	2. Levetiracetam
	3. Lorazepam
	4. 3% saline solution
5. Which agent would be most effective for treating an altered, agitated patient with suspected alcohol withdrawal seizure who does not have IV access?
	1. Chlordiazepoxide (PO)
	2. Fosphenytoin (IM)
	3. Haloperidol (IM)
	4. Midazolam (IM)
6. Which of the following medications does not treat the underlying pathophysiology of alcohol withdrawal seizure?
	1. Dexmedetomidine
	2. Diazepam
	3. Phenobarbital
	4. Propofol
7. A 41-year-old woman is brought in by ambulance after being found down on the sidewalk. She is cooperative but somnolent and confused. Vital signs include BP 110/70, P 95, R 12; Spo2 is 96% on room air. An empty bottle of lorazepam, filled the day before with 60 tablets, is found in her pocket. Which of the following is the most appropriate initial step in management?
	1. Administer flumazenil 0.2 mg IV
	2. Administer naloxone 0.2 mg IV
	3. Order a head CT scan without contrast
	4. Perform a capillary blood glucose check
8. A 23-year-old man is brought in after drinking a large quantity of alcohol at a party. His friends are concerned that he has a drinking problem. Which of the following findings from the history and physical examination raise the most concern that the patient has alcohol use disorder?
	1. Horizontal gaze nystagmus on examination
	2. Inappropriate sexual behavior after two drinks
	3. Multiple alcohol-related injuries in the past year
	4. Slurred speech and an unsteady gait at triage
9. Which of the following statements can best help explain to a patient the value of using a nicotine patch for smoking cessation?
	1. Discontinuing the use of a nicotine patch does not cause nicotine withdrawal symptoms
	2. Large quantities of nicotine can be absorbed from a patch without significant overdose
	3. Long-term use of nicotine medications is harmful, but short-term use is not harmful
	4. Most tobacco-related harms are caused by the non-nicotine components of tobacco
10. Which of the following statements best characterizes acute marijuana intoxication in adults?
	1. Conjunctival injection is rare
	2. Onset of clinical effects is slower with ingestion than with inhalation
	3. Positive result on rapid urine toxicology screen confirms intoxication
	4. Transient psychosis is common
11. A 30-year-old man presents complaining of chest pain. He says he has used cocaine over the past 2 days. His vital signs include BP 170/120, P 120, and T 41.7⁰C (107.0⁰F). He appears very agitated. Laboratory test results include creatinine 2.6 and CPK 8500. Which treatment should not be initiated in the initial phase of care??
	1. Active and passive cooling
	2. Intravenous benzodiazepine
	3. Intravenous haloperidol
	4. Intravenous normal saline
12. A 20-year-old man is brought in by friends because he took LSD and is having a bad trip. Examination reveals that he is warm, tachycardic, and flushed. His behavior is paranoid, agitated, and physically combative. Which of the following treatments is indicated?
	1. Activated charcoal
	2. Intravenous bicarbonate
	3. Intravenous diazepam
	4. Intravenous naloxone
13. When initiating buprenorphine for OUD, assuring that the patient is in adequate spontaneous withdrawal prior to the initial dose is important to avoid which of the following?
	1. Buprenorphine overdose
	2. Diversion
	3. Precipitated withdrawal
	4. Subsequent heroin use
14. Which of the following is the reason that buprenorphine is generally prescribed for patients with OUD as a combination product (buprenorphine/naloxone) rather than as buprenorphine alone?
	1. Deters intravenous use
	2. Enhances profitability
	3. Improves compliance
	4. Prevents resale
15. Which of the following medications is preferred over alternatives to to manage acute opioid withdrawal in the ED, because it increases the likelihood that the patient will continue with opioid formal addiction treatment 30 days after ED discharge?
	1. Clonidine
	2. Buprenorphine
	3. Ketamine
	4. Promethazine
16. Reduction in which of the following is an evidence-based benefit for expanding access to Medications for Addiction Treatment?:
	1. Car crashes
	2. Homelessness
	3. Human Immunodeficiency Virus (HIV)
	4. Syphilis
17. Which of the following medications has the potential to precipitate a prolonged severe opioid withdrawal if administered to patients currently in treatment for OUD with either buprenorphine or methadone?
	1. Clonidine
	2. Fentanyl
	3. Ketamine
	4. Naltrexone
18. Which of the following is a key objective of maintaining pregnant women with opioid use disorder on buprenorphine or methadone during pregnancy?
	1. Avoid neonatal abstinence syndrome
	2. Prevent preeclampsia.
	3. Prevent child removal post-delivery
	4. Reduce the risk of preterm labor
19. An otherwise healthy 25-year-old man, in a high energy MVC, sustains a femur fracture, and arrives by EMS. He takes 8 mg of buprenorphine/naloxone twice a day for treatment of OUD. He is experiencing extreme pain. He received 8mg of morphine IV by EMS, with no apparent improvement. Which of the following is the next step in pain management for this patient?:
	1. Acetaminophen IV
	2. Fascia Iliaca Block
	3. Morphine 4 mg
	4. Buprenorphine 8 mg
20. A DATA 2000 (X)-waiver is required for an emergency physician to be able to do which of the following for patients with opioid use disorder?
	1. Dispense 10 oxycodone from the ED
	2. Order buprenorphine to be administered to a patient in the ED
	3. Prescribe buprenorphine/naloxone, 2 strips/day for 3 days (6 strips total)
	4. Prescribe methadone for 1 week
21. Which part of the brain is primarily affected in patients with opioid use disorder?:
	1. Cerebellum
	2. Corpus callosum
	3. Nucleus accumbens
	4. Pons
22. Which is an Important factor in developing an effective system for the referral of ED patients with OUD to ongoing treatment?
	1. Buprenorphine distribution from the ED
	2. Immediate clinic access
	3. Protocoled process
	4. Short distance to clinic
23. Co-occurring psychiatric and substance use disorders that will most likely make patients more appropriate for inpatient versus outpatient management of their OUD include:
	1. Sedative use disorder
	2. Severe alcohol use disorder
	3. Suicidality
	4. All of the above
24. Key components of motivational interviewing include all of the following EXCEPT:
	1. Discussing the relationship between substance use and the current ED visit and overall health
	2. Negotiating a plan for follow-up and referral to treatment if the patient is ready
	3. Respecting patient autonomy and asking permission to discuss drug use
	4. Telling the patient to stop using drugs
25. Why is midazolam preferred over lorazepam when administered by the intramuscular route for acute moderate or severe agitation?
	1. Midazolam is less likely to cause seizures than lorazepam
	2. Midazolam has a faster and more reliable onset of action when given IM, compared to lorazepam
	3. Lorazepam does not require refrigeration
	4. Midazolam is not a controlled substance
26. Which effect of stimulant intoxication should be diagnosed and treated in the first minutes of care?
	1. Intracranial hemorrhage
	2. Meningitis
	3. Hyperthermia
	4. Hyperthyroidism

**Module Feedback questions (including SAMSHA Required Questions):**

**Personal Code (please use uppercase letters):**

* **First letter in mother’s first name:**
* **First letter in mother’s maiden name:**
* **First digit of Social Security number:**
* **Last digit of Social Security number:**
1. What is your gender?
	1. Female
	2. Male
	3. Transgender
	4. None of these
2. What is your race? (Select one or more):
	1. American Indian or Alaska Native
	2. Asian
	3. Black or African American
	4. Hispanic or Latino
	5. Native Hawaiian or Other Pacific Islander
	6. White
3. What is the highest degree you have received? (Select one):
	1. Less than high school
	2. High school diploma or equivalent (GED)
	3. Some college, but no degree
	4. Associate’s degree
	5. Bachelor’s degree
	6. Master’s degree
	7. Doctor of Pharmacy (PharmD)
	8. Doctor of Medicine or Doctor of Osteopathy
	9. Other Doctoral degree or Equivalent (e.g., PhD, EdD, DPT)
	10. Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Current Role
	1. PGY-1
	2. PGY-2
	3. PGY-3
	4. PGY-4
5. What is your primary profession? (Select one):
	1. Addictions Professional
	2. Psychiatrist
	3. Psychologist
	4. Counselor
	5. Social Worker
	6. Recovery specialist
	7. Peer professional
	8. Criminal justice/law enforcement professional
	9. Community health worker
	10. Health educator
	11. Educator
	12. Public or Business Administrator
	13. Researcher
	14. Physician
	15. Physician Assistant
	16. Nurse
	17. Pharmacist
	18. Advanced Practice Registered Nurse
	19. Nurse Practitioner
	20. Nurse Midwife
	21. Dentist
	22. Student
		* 1. Full-time \_\_\_\_\_
			2. Part-time (not working)\_\_\_\_\_
			3. Part-time (working)\_\_\_\_\_
	23. Other (please specify): Emergency Medicine\_\_\_\_\_\_\_
6. What is your principal employment setting? (Select one):
	1. Substance use disorder treatment program
	2. Substance use disorder prevention program
	3. Community recovery support program
	4. Group home
	5. Transitional/supported living facility
	6. Mental health clinic or treatment program (Community mental health program)
	7. Community health
	8. Primary care
	9. Solo practice
	10. Group practice
	11. Hospital
	12. FQHC hospital
	13. State psychiatric hospital
	14. Skilled nursing facility
	15. Criminal justice/corrections (court, prison, jail, prison/probation, TASC)
	16. Military/VA
	17. Higher education setting
	18. Elementary or secondary education setting
	19. Community-based organization (including faith-based organizations)
	20. Community coalition
	21. Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What is the ZIP Code of your principal employment setting?
8. How satisfied were you with the overall quality of this module?
	1. Very Satisfied
	2. Satisfied
	3. Neutral
	4. Dissatisfied
	5. Very Dissatisfied
9. I expect this module to benefit my professional development and/or practice.
	1. Strongly Agree
	2. Agree
	3. Neutral
	4. Disagree
	5. Strongly Disagree
10. I will use the information gained from this module to change my current practice.
	1. Strongly Agree
	2. Agree
	3. Neutral
	4. Disagree
	5. Strongly Disagree
11. I would recommend this module to a colleague.
	1. Yes
	2. No
12. Briefly describe how this module will change how you do your job.(open ended)
13. If you have any significant concern(s) with this case, please describe your concerns.(open ended)
14. How could we improve this module? (open ended)
15. What other specific feedback do you have to improve the content or delivery of these educational modules?

**Personal Code (please use uppercase letters):**

First letter in mother’s first name:

First letter in mother’s maiden name:

First digit of Social Security number:

Last digit of Social Security number:

**Thank you for completing our survey.**