JSAL ANESTHESIA PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. What is the onset of action of Buprenorphine when given intravenously?

A. 10 minutes

B. 15 minutes

C. 20 minutes IV

D. 40 minutes

2. Which fluid strategy is most consistent with preventing hypotension during spinal anesthesia?

A. Preloading with crystalloids or colloids

B. Fluid restriction

C. Continuous diuretics

D. No fluids ever

3. What is the rationale behind using a Quadratus Lumborum Block during a spay?

A. Regional block desensitizing abdominal wall and visceral innervation

B. Provide analgesia to thoracic limbs

C. Improve cardiac output

D. Shorten recovery time by sedating the patient

4. What is the duration of action of atropine?

A. 15-30 mins

B. 1-2 hours

C. 30-45 mins

D. 4-6 hours

5. In the LEMON airway assessment, the '3-3-2' rule refers to which combination of measurements?

A. Mouth opening 3 finger breadths, Mallampati class 3, and thyromental distance 2 finger breadths.

B. Mouth opening 3 finger breadths, Mallampati class 1, and thyromental distance 2 finger breadths.

C. Mouth opening 2 finger breadths, Mallampati class 3, and thyromental distance 3 finger breadths.

D. Mouth opening 4 finger breadths, Mallampati class 2, and thyromental distance 2 finger breadths.

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6. Which of the following is a side effect of Dexmedetomidine in an anesthetized patient?

A. Muscle relaxation with risk of regurgitation

B. Nausea

C. Hyperreflexia

D. Muscle spasms

7. What is the primary reason to use Bupivacaine for pre-scrotal SQ, IP, or QLB blocks?

A. Faster onset of anesthesia

B. Cheaper and more widely available

C. Lower systemic toxicity

D. Longer duration of analgesia at the incision site

8. Which of the following describes a known side effect of Ketamine during anesthesia?

A. Significant respiratory depression

B. Decreased heart rate

C. Decreased blood pressure

D. Sympathetic stimulation with increased heart rate and blood pressure

9. Spinal anesthesia typically has what onset profile compared with epidural?

A. Spinal anesthesia uses a catheter with incremental dosing and slower onset.

B. Epidural uses a single-shot with rapid onset.

C. Spinal anesthesia typically has rapid onset; Epidural has slower onset.

D. Spinal never provides anesthesia.

10. Buprenorphine's receptor activity is best described as:

A. Full mu agonist and potent kappa antagonist

B. Mixed mu/kappa antagonist with delta agonist activity

C. Partial mu agonist and weak kappa antagonist

D. Mu antagonist with no agonist activity

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Answers

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1. C
2. A
3. A
4. C
5. D
6. A
7. D
8. D
9. C
10. C

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Explanations

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1. What is the onset of action of Buprenorphine when given intravenously?

A. 10 minutes

B. 15 minutes

C. 20 minutes IV

D. 40 minutes

Buprenorphine is a partial agonist at the mu opioid receptor with very high receptor affinity and slow dissociation. After intravenous administration, it binds quickly but the observable analgesic effect develops more slowly as receptor occupancy builds, leading to a clinically noticeable onset around 20 minutes. Times shorter than that (10–15 minutes) underestimate the uptake and signaling needed for meaningful effect, while a 40-minute onset would be longer than typically observed. So, about 20 minutes IV best fits the pharmacodynamic profile of buprenorphine.

2. Which fluid strategy is most consistent with preventing hypotension during spinal anesthesia?

A. Preloading with crystalloids or colloids

B. Fluid restriction

C. Continuous diuretics

D. No fluids ever

Spinal anesthesia can cause a sudden sympathetic block that leads to widespread vasodilation and blood pooling in the venous system, which drops venous return to the heart and can lower blood pressure. The most effective way to counter this is to ensure an adequate intravascular volume around the time of the block by giving fluids beforehand. Preloading raises the circulating volume so the heart has enough preload to maintain cardiac output when the vessels dilate. Both crystalloids and colloids can serve this purpose: crystalloids are inexpensive and readily available, though they distribute quickly into the interstitial space; colloids stay longer in the intravascular space and can provide more durable volume support per unit. This approach aligns with preventing hypotension during spinal anesthesia. In contrast, restricting fluids, using diuretics, or not giving fluids would not prevent the drop in blood pressure and would in fact increase the risk of hypotension.

3. What is the rationale behind using a Quadratus Lumborum Block during a spay?

A. Regional block desensitizing abdominal wall and visceral innervation

B. Provide analgesia to thoracic limbs

C. Improve cardiac output

D. Shorten recovery time by sedating the patient

The main idea is that a Quadratus Lumborum Block provides regional anesthesia to the nerves that supply the abdominal wall and much of the abdominal viscera. By depositing local anesthetic near the quadratus lumborum, the block spreads to thoracolumbar nerves, producing somatic analgesia of the ventral abdominal wall and visceral analgesia of abdominal structures involved in an ovariohysterectomy. This targeted pain control is ideal for a spay because it addresses both incision-site pain and abdominal organ pain, improving overall postoperative analgesia and reducing the need for systemic opioids as part of multimodal care. It doesn't affect the nerves of the forelimbs, it doesn't directly improve cardiac output, and it isn't a sedative—its purpose is analgesia, not sedation or cardiac support.

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4. What is the duration of action of atropine?

A. 15-30 mins

B. 1-2 hours

C. 30-45 mins

D. 4-6 hours

Atropine's effect in this setting comes from blocking muscarinic receptors quickly, producing a rapid rise in heart rate and reduced secretions. The clinically noticeable anticholinergic effects during a typical intraoperative dose last, on average, about 30 to 45 minutes before fading as the drug is redistributed and cleared. That makes 30-45 minutes the best match for the duration of action in anesthesia practice. Shorter durations (15-30 minutes) don't cover the usual intraoperative window, while longer durations (1-2 hours or 4-6 hours) aren't typical for atropine's anesthetic use and would suggest a longer-acting agent. If longer effect is needed, an alternative or a repeat dose is used.

5. In the LEMON airway assessment, the '3-3-2' rule refers to which combination of measurements?

A. Mouth opening 3 finger breadths, Mallampati class 3, and thyromental distance 2 finger breadths.

B. Mouth opening 3 finger breadths, Mallampati class 1, and thyromental distance 2 finger breadths.

C. Mouth opening 2 finger breadths, Mallampati class 3, and thyromental distance 3 finger breadths.

D. Mouth opening 4 finger breadths, Mallampati class 2, and thyromental distance 2 finger breadths.

The key idea is using the LEMON airway assessment to quickly predict how easy or difficult intubation might be by looking at three measurements: how wide the mouth can open, the Mallampati classification, and the distance from the chin to the thyroid cartilage (thyromental distance). In the 3-3-2 rule, these three measurements are evaluated to see if they meet favorable thresholds. Here, the mouth opening is four finger breadths, which is comfortably above the threshold and suggests good access to the airway. The Mallampati classification is II, meaning the glottic opening is not fully visible but not severely restricted, which is generally acceptable for easier intubation. The thyromental distance is two finger breadths, which meets the lower acceptable bound for providing space to align the airway structures during laryngoscopy. Taken together, this combination satisfies the 3-3-2 criteria and indicates a lower likelihood of a difficult airway. The other options mix in less favorable values—for example, a smaller mouth opening, a higher Mallampati score, or a lower thyromental distance—that would raise concern for potential difficulty, so they don't align as well with the 3-3-2 rule as this selection.

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6. Which of the following is a side effect of Dexmedetomidine in an anesthetized patient?

A. Muscle relaxation with risk of regurgitation

B. Nausea

C. Hyperreflexia

D. Muscle spasms

Dexmedetomidine provides sedation and analgesia with minimal respiratory depression, but it can cause mild muscle relaxation and, more importantly in anesthesia, a reduction in protective airway reflexes. In an anesthetized patient, even modest relaxation of airway and pharyngeal muscles can diminish the body's ability to prevent regurgitation, especially if the airway is not fully protected or as the patient begins to emerge. This combination—sedation plus some muscle relaxation that lowers airway protection—makes regurgitation a risk in this setting, which is why this option is identified as the relevant side effect. Nausea, hyperreflexia, and muscle spasms are less characteristic of dexmedetomidine in the perioperative context.

7. What is the primary reason to use Bupivacaine for pre-scrotal SQ, IP, or QLB blocks?

A. Faster onset of anesthesia

B. Cheaper and more widely available

C. Lower systemic toxicity

D. Longer duration of analgesia at the incision site

The main idea here is that the advantage of bupivacaine in these blocks is the long-lasting pain relief it provides after surgery. Bupivacaine is a long-acting local anesthetic, with high tissue affinity, so it stays in the injection area longer and releases its effect over many hours. In pre-scrotal subcutaneous, intraperitoneal, or quadratus lumborum blocks, this extended duration translates to prolonged sensory anesthesia at the incision site, meaning better postoperative analgesia and less need for additional opioids in the early recovery period. It's worth noting that onset is slower than some shorter-acting agents, and toxicity risk and cost vary, but the standout benefit for these incisional blocks is the longer duration of analgesia.

8. Which of the following describes a known side effect of Ketamine during anesthesia?

A. Significant respiratory depression

B. Decreased heart rate

C. Decreased blood pressure

D. Sympathetic stimulation with increased heart rate and blood pressure

Ketamine mostly stimulates the sympathetic nervous system, causing tachycardia and hypertension. This means it tends to raise heart rate and blood pressure rather than depress them, which matches the described known side effect. Unlike many anesthetics, it preserves or even enhances respiration, so significant respiratory depression is not typical. Decreases in heart rate or blood pressure aren't characteristic of ketamine; the opposite effect is usually seen, especially when there are adequate catecholamine stores. In some cases this pressor effect helps sustain blood pressure, though it can raise myocardial oxygen demand, so caution is advised in patients with coronary disease.

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9. Spinal anesthesia typically has what onset profile compared with epidural?

A. Spinal anesthesia uses a catheter with incremental dosing and slower onset.

B. Epidural uses a single-shot with rapid onset.

C. Spinal anesthesia typically has rapid onset; Epidural has slower onset.

D. Spinal never provides anesthesia.

Onset timing of these techniques depends on how quickly the local anesthetic reaches the nerve roots. In spinal anesthesia, the drug is injected into the subarachnoid space, placing it directly around the CSF and the nerve roots. This direct proximity lets the anesthetic diffuse into neural tissue rapidly, producing a dense block within minutes. Epidural anesthesia, by contrast, is injected into the epidural space outside the dura. The drug must diffuse across the dura and work its way to the nerve roots, or spread through the epidural space to reach the targets. This extra barrier and the need for circumferential distribution mean a slower, more gradual onset, especially when dosing is catheter-based and titrated rather than given as a single rapid dose. So, the typical pattern is a rapid onset for spinal anesthesia and a slower onset for epidural anesthesia.

10. Buprenorphine's receptor activity is best described as:

A. Full mu agonist and potent kappa antagonist

B. Mixed mu/kappa antagonist with delta agonist activity

C. Partial mu agonist and weak kappa antagonist

D. Mu antagonist with no agonist activity

Buprenorphine activates mu opioid receptors but only to a partial extent, giving it a partial mu agonist profile. That means it provides analgesia and mu-mediated effects, but with a ceiling effect that limits risks like respiratory depression. Its high receptor affinity also lets it block or blunt the effects of other opioids at mu receptors. At the same time, buprenorphine acts as an antagonist at kappa receptors, though this antagonism is not as strong as its mu activity, hence described as weak. Delta receptor activity is minimal, so it isn't a delta agonist or a broad antagonist.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://jsalanesthesia.examzify.com

We wish you the very best on your exam journey. You've got this!

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