

"Victorious warriors win first; Then go to war.
Defeated warriors go to war first; Then seek to win." (Sun Tsu)

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Big Blue versus Big Red Is Big Red Significantly Different than Big Blue and If So How?

Dear Dr:

Big Red is an outstanding verbal scripting source for Oral Boards and I urge you to do what I did—cement it into your synapses and put it on the tip of your tongue. It was central to my success, and has been, too, for thousands of others.

Because the knowledge base and content domain of the Written and Oral Boards is similar, Big Blue and Big Red have similarities, too, and in many places—as one would intuitively expect. This having been said, there are entire chapters in Big Red which are not in Big Blue and many differences within chapters, too. Check it out. . .

Chapters in Big Red, but not Big blue, include:

- Outlining
- Vital Signs
- Airway
- Carotid endarterectomy
- Figures
- Hemophilia
- Legal-Ethical-Moral considerations for Oral Boards
- Intensive Care Unit
- Infection (SICU)
- Recovery Room

Some of these are minor chapters, and others major. Hemophilia is minor, but Outlining critical. Vital signs and the Recovery Room chapters are also very important. The Airway chapter is also a very important one, too, as is the chapter on carotid endarterectomy. Legal and ethical considerations must be clearly understood, too. The ICU and Infection chapters have a particular role because of the stress upon the ICU. The figures chapter can be important, as the Board desires to test us on such things as figures, equations, TEEs, EKGs, and even now chest X-Rays--according to a recent ABA newsletter.

Within chapters there are many differences between Big Red and Big Blue and most are in the form of "Pillbox" topics or "Pillbox Controversies."

Here is a partial list of Big Red Pillboxes, not included nor covered in Big Blue. (We might have missed some, this is a preliminary list.) Topics not included in BB which are in BR:

ABG's

1. Correct pH to body temp./alpha stat/pH stat—Pillbox

Alcoholism

1. Hepatorenal syndrome Pillbox

Allergic Reactions

1. Red Wine—Pillbox
2. Infective endocarditis—Pillbox
3. Latex allergy I-Pillbox
4. Latex allergy II-Pillbox (details tested in Baltimore,2011 on spinal bifida)

Burns

1. Succinylcholine 2 days After Burn Injury--Pillbox

CPR

1. Difference between monophasic and biphasic defibrillators—Pillbox
2. Amiodarone/its mechanism of action—Pillbox

Carbon Dioxide

1. How is carbon dioxide carried in blood—Pillbox

Cardiac problems

1. Specific indications for peri-operative beta blockade—Pillbox
2. Drug eluting stents—Pillbox
3. BNP/how it's used—Pillbox
4. Troponin—Pillbox
5. Cardiac reinfarction risk—Pillbox

Cardiopulmonary Bypass

1. Should ketamine be used/coronary artery surgery--Pillbox
2. Extubation following cardiac surgery—Pillbox
3. Fast track cardiac anesthetic--Pillbox

Drugs

1. Amphetamines--Pillbox
2. Cardiac drugs--Pillbox
3. Adult drugs dosing chart--Pillbox
4. Heparin--Pillbox
5. Local Anesthetics--Pillbox
6. Narcotics/Remifentanil—Pillbox; Methadone Pillbox regarding Torsades de pointe, QTc interval prolongation, Black Box warning, etc. (9/15/2011)—tested in SLC.
7. Ropivacaine vs. Bupivacaine—Pillbox

Endocrine

1. New drugs in the treatment of pheochromocytoma--Pillbox

ENT

1. Children w/ URTI's receive general anesthesia--Pillbox
2. Anesthetic management of tracheal resection--Pillbox

Eye

1. Succinylcholine used with open eye and full stomach--Pillbox
2. Post-op visual loss prevention--Pillbox

GI Tract

1. Preferred gas/insufflation into abdomen for lap chole--Pillbox
2. Intussusception/Implications--Pillbox

Hemoglobinopathies

1. Most appropriate hemoglobin level with sickle cell--Pillbox

Hypothermia

1. Temperature monitoring for all patients undergoing general anesthesia--Pillbox

Liver Disease

1. Child classified liver disease/ anesthetic risk--Pillbox

Machines

1. FDA checkout procedure

MH

1. Elective surgery cancelled/ masseter muscle spasm w/ succinylcholine--Pillbox
2. Neuroleptic malignant syndrome--Pillbox

Monitors

1. Transesophageal echocardiography used during coronary artery bypass surgery--Pillbox
2. ASA practice guidelines
3. Should monitoring the amnestic state during general anesthesia be a standard of care--Pillbox

Myocardial Ischemia

1. Role of dobutamine in cardiac stress testing--Pillbox

Myotonia

1. ACC/AHA Guidelines perioperative cardiovascular evaluation for non-cardiac surgery

Neuroanesthesia

1. Compare motor evoked potentials to somatosensory evoked potentials--Pillbox
2. BIS monitoring--Pillbox
3. Fenoldapam--Pillbox

NM Block

1. Ft. Lauderdale Head-shot: Reintubation in the ICU

Obesity

1. Obstructive sleep apnea/anesthetic considerations--Pillbox
2. Fenfluramine/phentermine ("Fen-phen")--Pillbox

Pediatrics

1. Presence of parents during induction of anesthesia--Pillbox

Pregnancy

1. Regional or general anesthesia for urgent C-section for fetal distress--Pillbox
2. Eisenmenger's--Pillbox

Renal

1. Does dopamine preserve renal function--Pillbox

Respiratory

1. Rapid shallow breathing index--Pillbox
2. Indications/limitations for Nitric Oxide--Pillbox

RA Ortho

1. Does preoperative anti-platelet therapy increase risks of spinal hematoma with regional anesthesia--Pillbox

Scoliosis

1. Cobb's Angle--Pillbox

Spinal Injury

1. Cervical spinal cord injury/full stomach/difficult airway...block below vocal cords in performing awake intubation--Pillbox

Spinal Epidural

1. Low molecular weight heparin significance--Pillbox

Thoracic

1. Bronchopleural Fistula--Pillbox
2. Anesthetic management of tracheal resection--Pillbox

Vascular

1. Most appropriate actions if bleeding occurs during needle or catheter insertion in patient who will be heparinized--Pillbox
2. Enoxaparin Sodium/LMWH anesthetic concerns--Pillbox

Volatile Anesthetics

1. Older anesthetics removed from clinical setting—Pillbox

So these are some of the important differences between Big Red and Big Blue.

I hope very much to continue to help you at the small, personalized Oral Board course, the very best of its kind. The biggest difference in the courses is the size limitation as well as the fact that we have started, been successful, and through Big Blue actually are well on our way toward success on Oral Boards. Why change a winning team? Why change from your winning horse to an unknown? I see this and sometimes it does not work out. We are off and Victory is within our grasp!

Thanks again for the chance to work with you, it's an honor I take very seriously. I agree with General Patton in his remarks to his 3rd Army: "The highest honor I have ever attained is having my name linked to yours in these great events."

"Onward to Victory."

Sincerely,

Niels F. Jensen, M.D.
Oral Board PREP Coach