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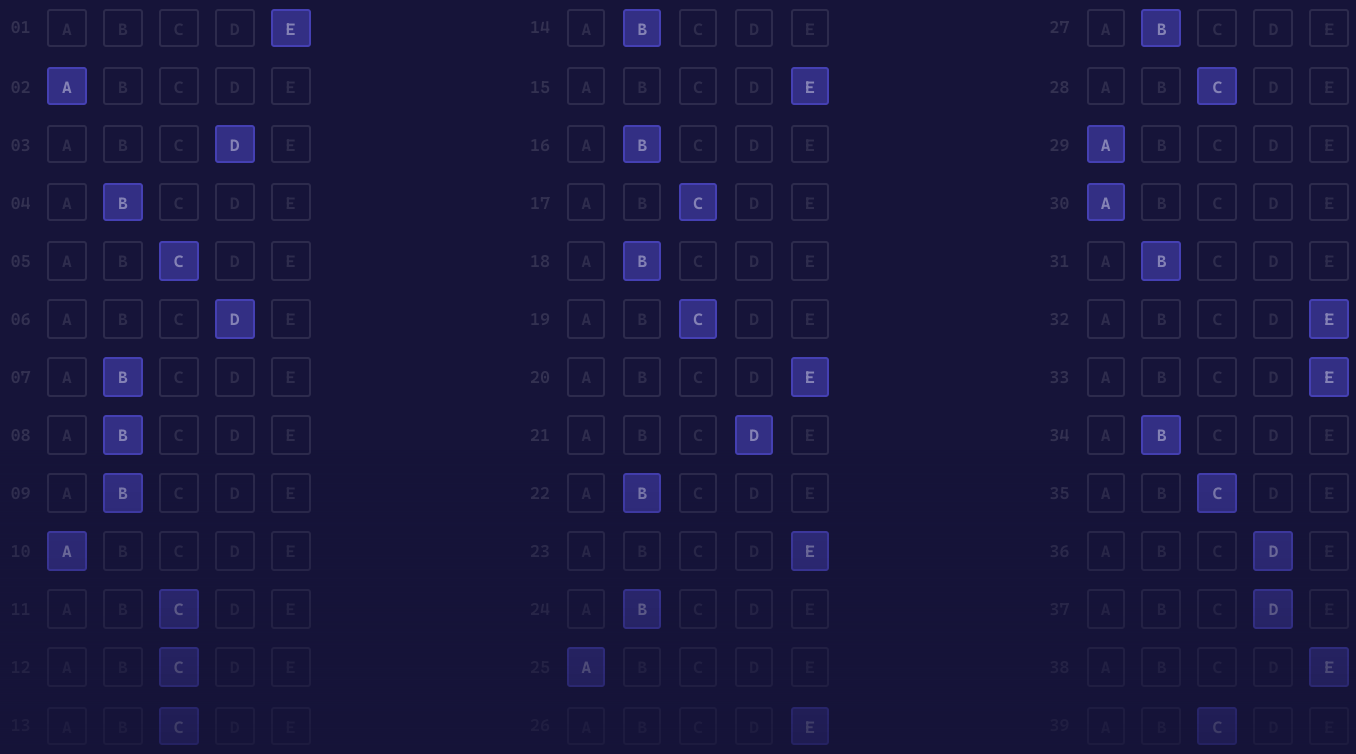

PRACTICE QUESTIONS

American Association of Oral and Maxillofacial Surgeons (AAOMS)

G953MM3N

Dental Anesthesia Assistant National Certification Exam

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for American Association of Oral and Maxillofacial Surgeons (AAOMS) `G953MM3N`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `G953MM3N`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

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QUESTION 1 SINGLE CHOICE

Which component of the anesthesia delivery system is responsible for vaporizing a volatile liquid anesthetic agent and delivering it to the patient circuit?

A Flowmeter

B Vaporizer

C Oxygen flush valve

D Scavenging interface

ANSWER B

WHY The vaporizer is the component that converts a liquid volatile anesthetic agent into vapor and adds it in a controlled concentration to the carrier gas flow. Flowmeters regulate gas flow rates, the oxygen flush valve delivers high-flow oxygen directly to the circuit, and the scavenging interface collects waste anesthetic gases for removal.

QUESTION 2 SINGLE CHOICE

According to standard pre-operative guidelines, how long before the scheduled appointment should a patient who has had nothing by mouth (NPO) typically have refrained from ingesting clear liquids?

A At least 1 hour

B At least 2 hours

C At least 4 hours

D At least 6 hours

ANSWER B

WHY Standard NPO guidelines for elective procedures involving sedation/anesthesia generally allow clear liquids up until 2 hours before the appointment. Light meals are typically restricted for 6 hours, and heavy or fatty meals for 8 hours or more. The assistant should verify the surgeon's specific instructions.

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QUESTION 3 SINGLE CHOICE

During the administration of deep sedation in an oral and maxillofacial surgery office, which parameter must be continuously monitored in real time using a pulse oximeter?

A End-tidal carbon dioxide

B Oxygen saturation of arterial hemoglobin (SpO2)

C Non-invasive blood pressure

D Body temperature

ANSWER B

WHY Pulse oximetry continuously measures the oxygen saturation of arterial hemoglobin (SpO2) and is required during deep sedation. While end-tidal CO2 (capnography), blood pressure, and temperature are also monitored, SpO2 is the specific real-time parameter obtained from the pulse oximeter.

QUESTION 4 SINGLE CHOICE

A sedated patient becomes unresponsive, has no palpable carotid pulse, and is not breathing. What is the FIRST action the anesthesia assistant should take?

A Administer a reversal agent

B Call for help and activate the emergency response

C Begin chest compressions

D Place the patient in the Trendelenburg position

ANSWER B

WHY The first action upon recognizing cardiac arrest is to call for help and activate the emergency response system so that additional personnel and equipment (such as an AED and code cart) are immediately available. CPR (chest compressions) begins immediately after, but activating the emergency response ensures coordinated resuscitation. Reversal agents are not used for cardiac arrest, and Trendelenburg position is not appropriate management.

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QUESTION 5 SINGLE CHOICE

Which of the following benzodiazepines is most commonly administered orally for pre-operative anxiolysis in the oral and maxillofacial surgery setting?

A Midazolam

B Lorazepam

C Diazepam

D Triazolam

ANSWER D

WHY Triazolam, a short-acting oral benzodiazepine, is widely used in dental practice for pre-operative anxiolysis prior to surgery. Midazolam is more commonly administered IV or intranasally for procedural sedation, while lorazepam and diazepam have longer durations of action and are less frequently chosen for routine outpatient oral surgery pre-medication.

QUESTION 6 SINGLE CHOICE

The scavenging interface on an anesthesia machine connects to which of the following to prevent contamination of the operatory with waste anesthetic gases?

A High-pressure oxygen source

B Vacuum system or active scavenging system

C Patient breathing circuit

D Vaporizer outlet

ANSWER B

WHY The scavenging interface is connected to a vacuum system or active scavenging system that removes excess waste anesthetic gases from the patient circuit and exhausts them outside the treatment area, minimizing occupational exposure for clinical staff.

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QUESTION 7 SINGLE CHOICE

Which item should be confirmed as being in place and functioning BEFORE the start of an anesthetic procedure in the oral surgery office?

A The dental handpiece

B The suction tip

C The emergency backup airway equipment and suction

D The patient scheduling form

ANSWER C

WHY Before any anesthetic is administered, the assistant must verify that emergency backup airway equipment (such as bag-valve-mask, supraglottic airways, and intubation supplies) and functioning suction are immediately available. While the handpiece and suction tip are important for the surgical procedure, confirming emergency airway and suction readiness is a pre-anesthesia safety priority.

QUESTION 8 SINGLE CHOICE

Which reversal agent is specifically used to reverse the respiratory depression effects of opioid overdose during sedation?

A Flumazenil

B Naloxone

C Atropine

D Epinephrine

ANSWER B

WHY Naloxone is a competitive opioid antagonist used to reverse respiratory depression, sedation, and other effects of opioid overdose. Flumazenil reverses benzodiazepine effects, atropine is an anticholinergic used for bradycardia, and epinephrine is used for anaphylaxis and cardiac arrest.

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QUESTION 9 MULTIPLE CHOICE

Which of the following are standard minimum monitoring parameters during moderate (conscious) sedation in the oral and maxillofacial surgery office? (Choose two.)

A **Continuous pulse oximetry**

B **Intermittent blood pressure measurement**

C Invasive arterial blood pressure monitoring

D Continuous intra-arterial blood gas analysis

ANSWER **A** · **B**

WHY During moderate sedation, standard minimum monitoring includes continuous pulse oximetry (SpO2) and intermittent non-invasive blood pressure measurement, along with observation of ventilation, level of consciousness, and heart rate. Invasive arterial pressure monitoring and continuous intra-arterial blood gas analysis are reserved for general anesthesia in hospital settings and are not required for office-based moderate sedation.

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