1. When rocuronium is administered and sugammadex is available, successful antagonism of residual block can be assured without the need for monitoring of neuromuscular function.

a) True

b) False

2. Subjective (visual or tactile) evaluation of TOF fade is a useful indicator of the adequacy of neuromuscular recovery. Once fade can no longer be detected visually or by touch, the TOF ratio is reliably above a value of 0.7.

a) True

b) False

3. Following a single "intubation dose" of an intermediate duration neuromuscular blocking agent (e.g., rocuronium 0.6 mg/kg), adequate spontaneous recovery can be expected in about 2 to 2.5 hours. Antagonism of residual block can be safely omitted once this interval has elapsed even when neuromuscular monitoring has not been employed.

a) True

b) False

4. A patient's ability to sustain a 5-second head lift is not a useful clinical indicator of recovery from neuromuscular blockade because it usually corresponds to a train-of-four ratio (TOFR) of 0.50 to 0.60.

a) True

b) False

5. A sustained (no fade) response to 50 Hz tetanic stimulation of 5 sec duration provides assurance that the TOFR has returned to a value ≥ 0.90. Antagonism of residual block is not required.

a) True

b) False

6. In the absence of an objective monitor, if the arms are not accessible during surgery, the TOF-count at the facial muscles (orbicularis oculi or corrugator supercilii) will give reliable estimates of what would be observed at the thumb (adductor pollicis) muscle.

a) True

b) False

7. Antagonism of residual non-depolarizing block cannot be achieved reliably with neostigmine if it is administered at the time when the TOF-count at the adductor pollicis has returned to a value of two.

a) True

b) False

8. TOF counts of 1, 2, 3 and 4 correspond approximately to twitch height recovery of 10%, 20%, 30% and 40% of baseline, respectively.

a) True

b) False

9. Up to a third of the postsynaptic receptors must be blocked by a nondepolarizing neuromuscular blocking agent (e.g., rocuronium) before there is a decrease in the strength of muscle contraction.

a) True

b) False

Source: Naguib et al. Anesthesiologists' Overconfidence in Their Perceived Knowledge of Neuromuscular Monitoring and Its Relevance to All Aspects of Medical Practice: An International Survey. Anesth Analg. 2019 Jun;128(6):1118-1126