

CE TEST QUESTIONS

AJN1019A

Infection in Acute Care: Evidence for Practice

GENERAL PURPOSE:

To provide information about the evidence on infection in acute care settings, with recommendations for integrating this evidence into current nursing practice.

LEARNING OBJECTIVES/OUTCOMES:

After completing this continuing education activity, you should be able to

- summarize the risk factors for, diagnosis of, and prevention and treatment measures for pneumonia.
- describe the risk factors for, manifestations of, and prevention and treatment measures for surgical site infections.
- outline the risk factors for, diagnosis of, and prevention and treatment measures for *Clostridioides difficile* infection.

1. As a result of a 2015 survey, the Centers for Disease Control and Prevention identified which of the following as the most common health care-associated infection?

- a. pneumonia
- b. surgical site infection
- c. gastrointestinal (GI) tract infection

2. One risk factor for community-acquired pneumonia (CAP) is treatment with which of the following types of drugs?

- a. antihistamines
- b. gastric acid-suppressing agents
- c. angiotensin-converting enzyme inhibitors

3. Which of the following methods of diagnosing CAP has the highest diagnostic sensitivity?

- a. chest radiography
- b. assessment of clinical symptoms
- c. chest computed tomography

4. Current guidelines for patients with CAP hospitalized in a non-ICU setting include treatment with either a respiratory fluoroquinolone or a combination of a β -lactam and a

- a. macrolide. b. sulfonamide.
- c. cephalosporin.

5. In cases of community-acquired methicillin-resistant *Staphylococcus aureus*, the patient should also receive vancomycin or

- a. azithromycin. b. clindamycin.
- c. linezolid.

6. Even though the evidence isn't compelling, the Infectious Diseases Society of America (IDSA)/American Thoracic Society guidelines for hospital-acquired pneumonia strongly recommend antibiotic therapy for how many days?

- a. 7
- b. 10
- c. 14

7. For diagnosing ventilator-associated pneumonia, culturing which of the following specimen types is recommended?

- a. bronchoscopic
- b. endotracheal suction tube
- c. mini-bronchoalveolar lavage

8. Modifiable risk factors for surgical site infections (SSIs) include

- a. a recent skin infection.
- b. a history of radiotherapy.
- c. preoperative hypoalbuminemia.

9. Which of the following strategies is recommended for preventing SSIs?

- a. achieving glucose control
- b. shaving the surgical site
- c. maintaining mild hypothermia perioperatively

10. Further recommendations for preventing SSIs include implementing

- a. the use of silver-containing dressings.
- b. topical wound antibiotic treatment.
- c. preoperative chlorhexidine bathing.

11. Once an SSI is diagnosed, treatment recommendations include

- a. initiating wound vacuum therapy.
- b. opening the wound to allow drainage.
- c. replacing sutures or staples with antibiotic sutures.

12. According to Stevens and Bryant, surgical patients at greatest risk for necrotizing fasciitis include those who have

- a. a family history of chronic disease.
- b. had a previous wound infection.
- c. sustained traumatic wounds.

13. Clinical manifestations of necrotizing fasciitis include

- a. numbness.
- b. skin bullae.
- c. evisceration.

14. One of the top 3 risk factors for *Clostridioides difficile* infection (CDI) is

- a. antibiotic use.
- b. GI manipulation.
- c. longer lengths of stay.

15. Risk factors for recurrence of CDI include

- a. male sex.
- b. chronic kidney disease.
- c. the use of statins within 90 days of diagnosis.

16. Current guidelines for diagnosing CDI include testing patients who haven't used laxatives but have had

- a. 2 or more unformed stools in 24 hours.
- b. 3 or more unformed stools in 24 hours.
- c. 3 or more unformed stools in 48 hours.

17. Screening for CDI often begins by collecting a specimen for which of the following tests?

- a. glutamate dehydrogenase
- b. polymerase chain reaction
- c. erythrocyte sedimentation rate

18. As soon as CDI is suspected, clinicians should institute which of the following types of transmission-based precautions?

- a. airborne
- b. droplet
- c. contact

19. Newer data support treating CDI with oral vancomycin or

- a. fidaxomicin.
- b. aztreonam.
- c. fosamil.

20. The IDSA/Society for Healthcare Epidemiology of America guidelines recommend treating recurrences of CDI in patients who initially received metronidazole with a

- a. 7-day course of clarithromycin.
- b. 10-day course of doxycycline.
- c. 10-day course of vancomycin. ▼