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. ▼