

## Assessment Test

### Applying Antimicrobial Stewardship Principles to the Treatment of CABP and ABSSSI: Complying with CMS Criteria and Clinical Guidelines Enduring

This activity is located at <http://www.ashpadvantagemedia.com/id/ondemand.php>

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1. Which of the following pathogens is the most common cause of purulent cellulitis?
  - a. *Streptococcus pyogenes*
  - b. Methicillin-resistant *Staphylococcus aureus*
  - c. *Haemophilus influenzae*
  - d. *Pseudomonas aeruginosa*
2. Which of the following is a predictor of treatment failure in hospitalized patients with cellulitis or cutaneous abscess?
  - a. Age 65 years or older
  - b. Body mass index 40 kg/m<sup>2</sup> or higher
  - c. Immunosuppressive illness or therapy
  - d. Alcoholism
3. Which of the following therapies is most appropriate for a patient with acute bacterial skin and skin structure infection who requires coverage for both methicillin-resistant *Staphylococcus aureus* and beta-hemolytic streptococci?
  - a. Clindamycin
  - b. Cefuroxime
  - c. Cephalexin
  - d. Trimethoprim-sulfamethoxazole
4. Which of the following is a national hospital inpatient quality measure for pneumonia that is required by The Joint Commission and voluntary for the Centers for Medicare & Medicaid Services?
  - a. Antibiotic therapy started within 24 hours after hospital arrival for ICU patients
  - b. Antibiotic therapy started within 24 hours after hospital arrival for patients with pneumonia
  - c. Blood cultures obtained within 24 hours before or after hospital arrival for patients with pneumonia
  - d. Blood cultures obtained within 24 hours before or after hospital arrival for ICU patients
5. Adherence to treatment guidelines for community-acquired bacterial pneumonia has been shown to reduce which of the following?
  - a. Time to clinical stability, hospital length of stay, readmissions, and costs but not mortality
  - b. Time to clinical stability, antimicrobial resistance, hospital length of stay, readmissions, costs, and mortality
  - c. Days of antimicrobial therapy, antimicrobial resistance, hospital length of stay, and costs, but not readmissions or mortality
  - d. Antimicrobial resistance, treatment failures, and mortality but not hospital length of stay or costs

6. Which of the following can be predicted by the CURB 65 community-acquired pneumonia (CAP) severity assessment scoring tool?
  - a. Clinical failure of treatment for CAP
  - b. Renal failure and need for hemodialysis
  - c. Mortality and preferred setting for treatment
  - d. 30-day hospital readmission and mortality
  
7. Which of the following agents has a half-life that maintains therapeutic drug concentrations for treating skin and soft tissue infections while allowing for once-weekly dosing?
  - a. Ceftaroline
  - b. Dalbavancin
  - c. Oritavancin
  - d. Telavancin
  
8. Which of the following statements about cethromycin, a ketolide antibiotic recently evaluated for the treatment of community-acquired bacterial pneumonia in phase 3 trials, is correct?
  - a. It is available only as an intravenous formulation.
  - b. Studies suggest the possibility of hepatotoxicity.
  - c. It is administered twice daily.
  - d. It has been studied only in outpatients.
  
9. Which of the following tests should be performed before initiating treatment with the lipoglycopeptide antibiotic telavancin for acute bacterial skin and skin structure infection based on the boxed warning in the FDA-approved prescribing information?
  - a. QTc interval on the ECG
  - b. Pregnancy test for women
  - c. Audiology exam
  - d. Liver function tests
  
10. Which of the following newer antibiotics is approved by FDA for both community-acquired bacterial pneumonia and acute bacterial skin and skin structure infection?
  - a. Daptomycin
  - b. Ceftobiprole
  - c. Ceftaroline
  - d. Nemonoxacin
  
11. Which of the following is an advantage of the advanced generation cephalosporin ceftobiprole over ceftaroline, another advanced generation cephalosporin?
  - a. Greater activity against *Pseudomonas aeruginosa*
  - b. Availability as an oral as well as parenteral formulation
  - c. Once-daily dosing
  - d. Less renal toxicity
  
12. Which of the following is a risk factor that improves the yield of clinically-useful information from blood cultures in patients with community-acquired pneumonia?
  - a. Primary or metastatic lung cancer
  - b. Admission to the ICU
  - c. Cystic fibrosis
  - d. Bronchial obstruction

13. Use of which of the following classes of antibiotics is associated with the lowest risk of *Clostridium difficile* infection?
- Fluoroquinolones
  - Cephalosporins
  - Tetracyclines
  - Penicillins
14. Which of the following is the minimum duration of therapy recommended in guidelines for treating community-acquired bacterial pneumonia in a patient with bacteremia?
- 2 days
  - 3 days
  - 5 days
  - 10 days
15. Which of the following statements about the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recommendations for use of 13-valent pneumococcal conjugate vaccine (Pneumovax 13) is correct?
- It should only be used in children.
  - It may be used in all persons more than 50 years of age.
  - It may be used in persons more than 50 years of age only if they are immunocompromised.
  - It should only be used in elderly persons more than 65 years of age.
16. Which of the following was a risk factor for methicillin-resistant *Staphylococcus aureus* in a large U.S. database of hospital inpatients with acute bacterial skin and skin structure infection?
- Diabetes mellitus
  - Renal dysfunction
  - Malignancy
  - Black race