

Critical Decision Making in Health Care–Associated Infections:

Managing Serious Skin and Soft Tissue Infections

Learning Assessment

PLEASE CHOOSE THE BEST ANSWER TO THE FOLLOWING QUESTIONS AND MARK THE APPROPRIATE BOX ON THE EVALUATION FORM.

1. Which of the following would be appropriate empiric antimicrobial therapy for a diabetic patient with a skin and soft tissue infection of the lower extremity?
 - a. oxacillin alone
 - b. vancomycin alone
 - c. piperacillin/tazobactam + oxacillin
 - d. piperacillin/tazobactam + vancomycin

2. Which of the following groups of organisms should be covered with empiric antimicrobial therapy for a diabetic patient with a skin and soft tissue infection of the lower extremity?
 - a. gram-negative aerobes
 - b. gram-positive aerobes
 - c. gram-negative anaerobes
 - d. all of the above

3. Which of the following are appropriate for coverage of methicillin-resistant *Staphylococcus aureus* cultured from a lower extremity wound of a diabetic patient?
 - a. tobramycin
 - b. daptomycin
 - c. levofloxacin
 - d. fluconazole

4. Which of the following is an appropriate approach for managing linezolid-induced thrombocytopenia, in addition to platelet count monitoring?
 - a. discontinuation of linezolid
 - b. continuation of linezolid
 - c. dose reduction of linezolid
 - d. any of the above approaches are appropriate

5. Which of the following are appropriate culture techniques for a skin and soft tissue wound in a diabetic patient?
 - a. blood cultures
 - b. swab of wound discharge
 - c. culture of tissue sample from debrided base
 - d. all of the above

6. Which of the following regarding antimicrobial surgical prophylaxis are *true*?
 - a. the infusion should be timed so that peak concentrations occur at the time of incision
 - b. antimicrobial agents should be selected based on the most likely pathogens to cause infection
 - c. surgical prophylaxis should be used for procedures in which an organ-space infection would be catastrophic
 - d. all of the above

7. Which of the following antimicrobial regimens would be appropriate surgical prophylaxis for a coronary artery bypass graft?
 - a. ertapenem alone
 - b. cefuroxime alone
 - c. ertapenem + cefuroxime
 - d. any of the above are appropriate options

8. Which of the following are first-line treatment options for management of *Clostridium difficile*-associated diarrhea?
 - a. metronidazole PO
 - b. vancomycin PO
 - c. metronidazole IV
 - d. vancomycin IV

9. In general, how long should antimicrobial surgical prophylaxis be continued?
 - a. until intraoperative blood cultures have been finalized as negative
 - b. for 1 week following the procedure
 - c. no more than 24 to 48 hours following the procedure
 - d. any of the above are appropriate options

10. What is the primary purpose of antimicrobial surgical prophylaxis?
 - a. to reduce the antimicrobial burden in the surgical area and tissues
 - b. to completely sterilize the surgical area and tissues
 - c. to reduce the likelihood of catastrophic postoperative infection
 - d. a and c are correct

CE Activity Reference numbers, Credit hours, and Termination date
 Medical: 6322.12—0619MI (1.0 contact hours)
 Nurse: 6322.12-0622NI (1.0 contact hours)
 Pharmacy: 429-000-07-002-H01 (1.0 contact hours)
 Project: 6322.12

Submit this form by January 31, 2009

(Mail) Meniscus Educational Institute
 18 Elizabeth Street, West Conshohocken, PA 19428
 (Fax) 610-834-8856

(Internet) www.infectioneducation.com/serious-skin-cases/

***Critical Decision Making in
 Health Care—Associated Infections:***

Managing Serious Skin and Soft Tissue Infections

Name and Address Information (PLEASE PRINT CLEARLY)

Print name, credentials

Physician Pharmacist Nurse Other _____

Mailing address for statement of credit

City/State/ZIP code

E-mail address*

Telephone (with area code)

Fax (with area code)

Position/Title

*Participants who provide an e-mail address and satisfactorily complete the activity will receive their statement of credit via e-mail.

Evaluation

	Excellent	Good	Satisfactory	Poor
Ease of use of interactive platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy and timeliness of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance to your daily practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freedom from commercial bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent to which learning objectives were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality compared to similar activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of learning materials as future reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answers				
	a	b	c	d
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the most important thing you learned from this activity? (check all that apply)

- Appropriate selection of antibiotics for skin and soft tissue infections
- Appropriate nonpharmacologic management of skin and soft tissue infections
- Appropriate management of *Pseudomonas aeruginosa*
- Appropriate management of methicillin-resistant *Staphylococcus aureus*
- Application of clinical practice guidelines and clinical trial data
- Other _____

What questions do you still have regarding this topic? (check all that apply)

- Current research and development efforts
- Additional strategies to improve patient outcomes
- Other _____

Why did you participate in this activity? (check all that apply)

- Amount of CE credit
- Convenience
- Format (Web-based)
- Importance of the topic
- Quality of the faculty
- Other _____

What professional changes do you anticipate as a result of this activity? (check all that apply)

- Current treatment strategy
- Improved patient outcomes
- Enhanced clinical decision making
- Other _____
- Enhanced ability to educate colleagues
- Improved resource utilization
- Treatment options

Topics for future activities: _____

May we contact you via e-mail or US mail to ask you how your participation in this activity may have changed the way you practice? Yes No

Would you like to join our private mailing list and receive notifications of our newest CE activities through our monthly *Meniscus Educational Institute (MEI) CE Activities Update* e-newsletter?

- Yes
- No
- I have already joined

How did you hear about this educational activity?

- Booth at professional meeting
- Direct mail (eg, flyer)
- E-mail announcement
- Hyperlink from another Internet site
- www.infectioneducation.com*
- MEI CE Activities Update* e-newsletter
- Meniscus Limited Web site
- Sales representative
- Other _____

I hereby verify that I participated in this educational activity for _____ minutes, including the evaluation.

Signature _____

Date _____