

MRSA: An Emerging Crisis in the ED

C M E T E S T Q U E S T I O N S

Course# 8E003 | 1st Edition, Release Date April 2008 | Expires April 2011

- 1. The era of CA-MRSA had its beginning with the publication by the *Center for Disease Control Morbidity and Mortality Weekly* of “Four Pediatric Deaths from Community-associated methicillin-resistant *Staph aureus* in Minnesota and North Dakota” in what year?**
 - A. 1983
 - B. 1987
 - C. 1992
 - D. 1999
- 2. CA-MRSA possesses the PVL toxin about how often?**
 - A. 80% of the time
 - B. 87% of the time
 - C. 95% of the time
 - D. Never
- 3. Approximately how many cases of resistant staphylococcus found in hospitals are community-associated?**
 - A. One-fourth
 - B. One-half
 - C. Three-fifths
 - D. Two-thirds
- 4. In treating abscesses and cellulitises, it is generally recommended that adjunctive antimicrobial therapy be included in addition to incision and draining when the diameter is:**
 - A. greater than 5 cm
 - B. greater than 8 cm
 - C. greater than 10 cm
 - D. greater than 12 cm
- 5. Which of the following is NOT an ideal choice for the treatment of community-associated MRSA?**
 - A. Clindamycin
 - B. Doxycycline
 - C. Fluor-Quinolones
 - D. Minicycline
- 6. At what temperature is laundry water effective in killing resistant staphylococcus?**
 - A. 100 degrees F
 - B. 140 degrees F
 - C. 160 degrees F
 - D. 180 degrees F
- 7. Until the early 2000’s, what was the only agent effective for MRSA?**
 - A. Zyvox
 - B. Vancomycin
 - C. Telavancin
 - D. Cubicin
- 8. According to recent literature, for every hour of delay in initiating anti-infective therapy for someone with a sepsis syndrome or sepsis, there is an increased mortality rate of:**
 - A. 8%
 - B. 11%
 - C. 14%
 - D. 17%

MRSA: An Emerging Crisis in the ED

C M E A N S W E R S H E E T

Course# 8E003 | 1st Edition, Release Date April 2008 | Expires April 2011

MARK ANSWERS HERE

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D

Please fill in the space that corresponds to your answer for each question. When you have completed this answer sheet, please mail or fax it and the completed evaluation form to the address indicated at the bottom of the course evaluation for processing. Your CME certificate will be mailed to you. You need a score of at least 70% and a completed course evaluation to receive credit. You will be notified promptly if you need to retake the test and a new answer sheet will be forwarded to you.

Approved by the American College of Emergency Physicians for two (2) hours of ACEP category 1 credit.

This program is also eligible for application for CME credit under category 2-B of the American Osteopathic Association's CME program.

On-line option: You can complete the program on-line and print the CME certificate immediately upon successfully passing the test and completing the course evaluation. To do so, go to www.usawellnesscme.com/mrsa and follow the simple instructions. If you have any questions or problems, please call 800-473-0138 or e-mail service@tivcme.com.

Rush Processing: Rush processing is available and requires an additional \$25 processing fee. You must fax your test and evaluation form to TIV, Inc. at 866-965-8999 and include your credit card information on the form. Your request will be processed and a certificate will be faxed to you within two business days after receipt of your test, pending pass/fail results. Mail requests do not qualify for rush processing.

This answer sheet expires April 2011.

Please retain a copy of the test for your files.

The University of Oklahoma College of Medicine designates this activity for a maximum of two (2) *AMA PRA Category 1 Credits*™.

PLEASE MAIL THE TEST AND COURSE EVALUATION FORM TO:

TIV, INC., 124 W. MONROE, ST. LOUIS, MO 63122 OR FAX BOTH OF THEM TO TIV, INC. AT 866-965-8999.

A certificate of completion will be mailed within 7-10 working days after the receipt of the test and evaluation form. In the event you do not pass, you will be notified regarding a retake examination on the same concepts.

NAME: DEGREE:

SPECIALTY:

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: FAX:

E-MAIL:

REQUIRED FOR RUSH PROCESSING

CREDIT CARD INFORMATION:    ACCOUNT #:

EXP. DATE:

CARDHOLDER'S NAME:

CARDHOLDER SIGNATURE:

MRSA: An Emerging Crisis in the ED

C M E E V A L U A T I O N

Course# 8E003 | 1st Edition, Release Date April 2008 | Expires April 2011

1. I am: Male Female
2. My profession is: MD DO Physician Assistant Nurse Practitioner Other _____
3. My practice is best described as: Office/Community Academic/University/Teaching Other _____
4. Number of years in practice: Less than 5 6-10 11-15 16-25 More than 25
5. The size of my practice: Solo 2-5 MDs 6-10 MDs 11-30 MDs Over 30 MDs
6. Rate your level of knowledge of topics covered **BEFORE** attending this activity:
 Expert Very knowledgeable Somewhat knowledgeable Slightly knowledgeable Novice
7. Rate your level of knowledge of topics covered **AFTER** attending this activity:
 Expert Very knowledgeable Somewhat knowledgeable Slightly knowledgeable Novice
8. Rate the level of assistance you received from this course for enhancing patient care:
 Excellent Good Adequate Poor Very Poor
9. Information from this activity will expand or alter the way you practice medicine or perform business. Yes No
10. This activity met its stated purpose and/or objectives. Yes No
11. Product promotion or product specific advertisements were separate or outside the education material. Yes No NA
12. Presenter evaluation: Barry Fox, MD
 - a. The discussion of experimental or off-label therapies was disclosed. Yes No NA
 - b. Disclosure was made regarding the presenter's relationship with commercial interests. Yes No NA
 - c. Presenter's content was objective, balanced and evidence-based. Yes No NA
 - d. The types and sources of evidence were identified. Yes No NA
13. I perceived a commercial bias in this program? Yes No NA
 If Yes, please explain _____
14. Please evaluate the effectiveness of this speaker. Excellent Good Adequate Poor Very Poor
15. Do you have any suggestions for future continuing education topics? _____

PLEASE MAIL YOUR COMPLETED ANSWER SHEET & COURSE EVALUATION TO:

TIV, INC., 124 WEST MONROE AVE., SAINT LOUIS, MO 63122 OR FAX TO: 866-966-8999

A certificate of completion will be mailed within 7-10 working days after the receipt of the test and evaluation form. In the event you do not pass, you will be notified regarding a retake examination on the same concepts.

ON-LINE OPTION: You can complete the program on-line and print the CME certificate immediately upon passing the test with a score of at least 70% and completing the course evaluation. To do so, go to www.usawellnesscme.com/mrsa and follow the simple instructions. If you have any questions or problems, please call 800-473-0138.

If you would like to be included in an occasional, brief on-line survey designed to help improve the utility and quality of the CME we produce, please enter your e-mail address below. TIV, Inc. guarantees that your information will be kept private and will never be sold or given in any form to any other entity for any reason.

E-MAIL: _____

Thank you for your assistance.