**The Rise of MRSA**

1. MRSA is differentiated into two categories:
   a. Hospital – acquired
   b. Community – acquired
   c. Active – acquired
   d. Both a and b

2. Which strain of MRSA affects most victims?
   a. CA-MRSA
   b. MRSA
   c. HA-MRSA
   d. NIAID

3. MRSA can be transmitted through ___?
   a. A wound
   b. Broken skin
   c. An infection
   d. All of the above

4. With HA-MRSA, the infection is spread when a colonized individual comes into contact with a patient who has had _____ or _____.
   a. Surgery or open wounds
   b. Surgery or weak immune system
   c. Open wound or infection
   d. Infection or surgery

5. Which is not a common sign of the skin infection?
   a. Bruising
   b. Boils
   c. Carbuncles
   d. Abscesses

6. If a test returns positive for MRSA, the bacteria has been proven resistant to oxacillin or _____.
   a. Cefoxitin
   b. Linezolid
   c. Penicillin
   d. Vancomycin

7. Penicillin-resistant strains of staph were widespread by the late _____.
   a. 1920s
   b. 1950s
   c. 1970s
   d. 1900s

8. MRSA colonizes in the nose and on the skin of around ____ of the population.
   a. 45%
   b. 12%
   c. 25%
   d. 20%

9. MRSA thrives on colonization primarily through the _____.
   a. Anterior nasal region
   b. Hands
   c. Inner ear
   d. Behind the knees

10. CA-MRSA is usually spread through which of the following situations:
    a. Poor hygiene
    b. Sharing of personal items
    c. Overcrowded living conditions
    d. All of the above
1. According to the CDC, one in ___ acute-care facilities reported at least one case of hospital-acquired CRE.
   a. 35  
   b. 25  
   c. 45  
   d. 15

2. Which group of hospital-borne pathogens is known for invading through hospital equipment such as surgical implants and central lines?
   a. E-Coli  
   b. MRSA  
   c. ESKAPE  
   d. CRE

3. This particular strain of CRD has increased ___ in the past decade in the US.
   a. 10%  
   b. 2%  
   c. 8%  
   d. 12%

4. These superbugs have the ability to share its _____ with other bacteria making far more common bacteria possibly untreatable.
   a. Resistance genes  
   b. Chemistry  
   c. DNA  
   d. None of the above

5. In 2012, the CDC shared its CRE toolkit and actions to reduce spreading superbug infections included:
   a. Proper hand hygiene  
   b. Educational programs  
   c. CRE screening initiatives  
   d. All of the above

6. In the state of Florida, CDC worked to help stop a year-long CRE outbreak. After a year, the percentage of patients who got CRE at the facility was ___.
   a. 44%  
   b. 0  
   c. 2%  
   d. 4%

7. Tuberculosis was once a curable disease. Now much like the others in the superbug family, it’s resisting antibiotic treatments. How many people does TB kill each year?
   a. 650,000  
   b. 12 million  
   c. 210,000  
   d. 1.34 million

8. Which of the following is a type of food-borne superbug?
   a. Chlamydia  
   b. CRE  
   c. Salmonella  
   d. Enterobacter

9. Reports of antimicrobial resistance started appearing in___?
   a. 1961  
   b. 1950  
   c. 1960  
   d. 1951

10. CDC reports that ___ states in the US have had at least one report of this particular strain of CRE.
    a. 49  
    b. 25  
    c. 42  
    d. 36
1. What animal was involved in the first identified outbreak of the filovirus?
   a. Cow
   b. Bat
   c. Monkey
   d. Goat

2. The strain of the Marburg hemorrhagic fever virus was coined based on the region it was first identified. What region was it?
   a. France
   b. West Africa
   c. Liberia
   d. Germany

3. The second case of Marburg fever was identified in a traveler to _____.
   a. West Africa
   b. France
   c. Zaire
   d. Zimbabwe

4. The first reported outbreak of Ebola hemorrhagic fever was identified in a region of _____.
   a. Sudan
   b. Zaire
   c. Zimbabwe
   d. Ivy Coast

5. How many people became ill in the first reported outbreak of Ebola?
   a. 441
   b. 318
   c. 368
   d. 225

6. The mortality rate of the first reported outbreak of Ebola was ____
   a. 88%
   b. 78%
   c. 100%
   d. 94%

7. Ebola symptoms are similar to what illness?
   a. Strep
   b. Sinus infection
   c. Influenza
   d. Common cold

8. If wearing a face shield, it should be grasped from the ____ and lifted away from the face when doffing.
   a. Bottom
   b. Top
   c. Side
   d. All of the above

9. In the early stages of the EVD, what symptom typically occurs?
   a. Fever
   b. Constipation
   c. Bleeding
   d. Bruising

10. How many healthcare workers had died of Ebola after giving care in West Africa as of October 8, 2014?
    a. 232
    b. 334
    c. 401
    d. 441

11. Based on recent events in the US, the risk of exposure to the Ebola virus is:
    a. High
    b. Moderate
    c. Low
    d. Extremely low

12. The first reported case in the US was treated in which city?
    a. Omaha
    b. Dallas
    c. Chicago
    d. Orlando
13. How many Dallas-based nurses contracted the disease after caring for the initial patient?
   a. 2
   b. 5
   c. 10
   d. 15

14. The first identified outbreak of infection with a filovirus dates to ____
   a. 1976
   b. 1967
   c. 1987
   d. 1966

15. Which of the following is not considered to be PPE?
   a. Level 4 surgical gown
   b. Coveralls
   c. Double gloves
   d. Shoe covers

16. According to the author, the first pair of gloves should be donned prior to the ____.
   a. Overalls
   b. Hood
   c. Shoe covers
   d. Gown

17. Which technique is discouraged because it limits tactile sensation?
   a. Double gloving
   b. Triple gloving
   c. Double shoe covers
   d. Wearing an enclosed hood

18. If a PAPR is used, (a) disposable ____ should be worn.
   a. Shoe covers
   b. Hair covers
   c. Hood
   d. Gloves

19. Sterile team members should wear a pair of ___ that extend at least to the mid-calf.
   a. Boots
   b. Waterproof booties
   c. Waterproof wool socks
   d. Either a or b

20. Which level of gown should be used in infectious disease cases?
   a. Level 4
   b. Level 5
   c. Level 3
   d. Level 6

21. Doffing of the PPE should occur where?
   a. At the OR table
   b. In the hallway
   c. In an anteroom outside of the OR
   d. Outside the facilities’ grounds

22. Currently, there are how many known strains that result in EVD?
   a. 45
   b. 6
   c. 7

23. Shoe covers should be removed by pulling them toward the toe of the shoe and discarded using caution to avoid contaminating the ____.
   a. Shoes
   b. Hands
   c. Arms
   d. Legs

24. To remove the inner gloves, the ____ of the ungloved hand should slide under the cuff and push down.
   a. Ring finger
   b. Index finger
   c. Pinkie finger
   d. Thumb
25. Recently, what animal do scientists believe the largest-known outbreak is traced to?
   a. Monkeys
   b. Dogs
   c. Boars
   d. Bats

26. Coveralls with separate ____ are preferred as they reduce cross-contamination during the removal process.
   a. Hoods
   b. Flaps
   c. Gloves
   d. Boots

27. Generally, infected patients demonstrate symptoms between ___ days following exposure.
   a. 6-12
   b. 8-10
   c. 8-12
   d. 10-12

28. The range of infection is from ___ days.
   a. 2-10
   b. 1-21
   c. 1-22
   d. 2-21

29. Current guidelines recommend screening any patient presenting with a fever greater than ___ degrees Fahrenheit.
   a. 101.1
   b. 100.4
   c. 102.4
   d. 104.4

30. Contact and droplet isolation precautions should be implemented with airborne isolation precautions if the patient is _____.
   a. Coughing
   b. Sneezing
   c. Vomiting
   d. All of the above

31. According to the World Health Organization, mortality rates associated with Ebola range from ___.
   a. 25%-90%
   b. 20%-90%
   c. 50%-90%
   d. 50%-80%

32. The current epidemic involving ____ is the most virulent.
   a. ICEBOV
   b. BEBOV
   c. ZEBOV
   d. SEBOV

33. In early October 2014, the CDC reported that ___ healthcare workers caring for EVD patients in West Africa has contracted the disease.
   a. 232
   b. 334
   c. 401
   d. 441

34. When testing for EVD, leukopenia with ____ is a common laboratory finding.
   a. Neutrophilia
   b. Lymphocytopenia
   c. Throboplastin
   d. Prothrombin

35. A significant number of patients with EVD will require _____.
   a. Renal replacement therapy
   b. Right internal jugular therapy
   c. Hemodialysis
   d. Subclavian vein placement
### Answers CE CREDIT PKG 25: 5.5 CONTINUING EDUCATION CREDITS

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Dealing with Infectious Disease – Ebola continued…

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