

TAPM Audio Series 2006
Module 3: Acute Infections in Hospice
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Module Objectives

1. List several types of acute infections that may be encountered in the hospice setting
2. Describe how being on hospice may alter management of such infections
3. Discuss the management of urinary and respiratory infections

Post-test

Each question has one correct answer. Please record your answers on the separate answer/evaluation sheet and submit to TAPM if credit is desired.

1. According to the presentation, which of the following statements is *incorrect*?
 - a. Determining the appropriate management of an infection is straightforward for non-hospice patients.
 - b. The medical literature has very little information on managing infections in the hospice setting.
 - c. Because hospice patients usually have many complex issues, managing infections can be complicated.
 - d. Whether an infection adds to suffering should not be a consideration in the decision to treat.
2. The following scenarios for treating urinary tract infections are supported in the medical literature, *except*:
 - a. Uncomplicated UTI with ciprofloxacin for 3 days.
 - b. Uncomplicated UTI with ciprofloxacin for 7 days.
 - c. Prostatitis with a quinolone for 10 days.
 - d. Pyelonephritis with a quinolone for 10 days.
3. In the US, community-acquired pneumonia has resulted in all of the following, *except*:
 - a. 1.3 million cases annually
 - b. 10 million physician visits annually
 - c. 0.5 million hospitalizations
 - d. 14% in-patient mortality rate
4. Of the following which is *not* independently associated with increased mortality in community-acquired pneumonia?
 - a. Tachypnea
 - b. Altered mental status
 - c. Pleurisy
 - d. Hypotension
5. Which of the following is described as an *inappropriate* antibiotic to be used alone for aspiration pneumonia?
 - a. Clindamycin
 - b. Amoxicillin-clavulanate
 - c. Metronidazole
 - d. Gatifloxacin