

# Healthcare-associated infection

This issue's special feature, on which these questions are based, was commissioned from independent authors. The information in the box below should help readers to identify knowledge gaps and undertake continuing professional development. Readers are also invited to complete the questions overleaf to test their knowledge of the articles, and send their answers, together with a stamped and addressed C5 envelope, to:

Life-long Learning—HCAI  
*Hospital Pharmacist*  
 1 Lambeth High Street  
 London SE1 7JN



Entries must be received by 3 March 2008. Results will be returned with a certificate of completion.

Name: \_\_\_\_\_

RPSGB registration number: \_\_\_\_\_

Address: \_\_\_\_\_

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Post code: \_\_\_\_\_

### Life-long Learning competition

Details of the next Life-long Learning competition are still being finalised.

In the meantime, readers are invited to continue to answer the Life-long Learning questions overleaf for continuous professional development purposes. Answers will be marked as usual and a certificate of completion will be sent in return. Accreditation by the College of Pharmacy Practice remains unchanged.

### How to undertake continuing professional development

#### Identify knowledge gaps

- ◆ The types of infections that commonly occur due to healthcare interventions
- ◆ How to treat or reduce the risk of healthcare-associated infections

#### Act

- ◆ Read the articles in this issue
- ◆ Test your knowledge by answering the multiple-choice questions overleaf

#### Evaluate

- ◆ What have you learnt?
- ◆ How has it added value to your practice?

- ◆ What will you do now and how will this be achieved?

The feature on healthcare-associated infections has been accredited by the College of Pharmacy Practice against the Royal Pharmaceutical Society's general and hospital practice areas of competence, which can be accessed via *Hospital Pharmacist* online ([www.pjonline.com/hplinks](http://www.pjonline.com/hplinks))

Reading the feature and completing the questions will help readers to fulfil aspects of the following competency areas, depending on their area of practice and

application of learning: G1, G5, G8, G9, HP1, HP2, HP4, HP5, HP10.

Completion of the questions entitles undergraduates to one point towards the Professional Development Certificate, a joint initiative between the British Pharmaceutical Students' Association and the College.

The assistance of the College of Pharmacy Practice is acknowledged in producing the CPD elements of this month's **Special feature.**



To answer the questions, tick either the True or False column

	True	False		True	False
<b>1. Regarding meticillin-resistant <i>Staphylococcus aureus</i> (MRSA) infection:</b>					
a) It was first recognised in the 1960s					
b) The majority of cases are community-acquired					
c) If the urinary tract is affected, tigecycline can be used as treatment					
d) If the skin is affected, antibacterial combinations including doxycycline can be used as treatment					
e) Colonisation is a significant risk factor					
<b>2. Extended-spectrum beta-lactamases (ESBLs):</b>					
a) Can hydrolyse cephalosporins					
b) Are produced by Gram-positive bacteria					
c) Are usually, but not always, inhibited by clavulanic acid					
d) Are exclusively produced by the <i>Klebsiella</i> spp					
e) Can cause bacterial-resistance to quinolones					
<b>3. <i>Clostridium difficile</i> :</b>					
a) Is a Gram-negative bacteria					
b) Is capable of causing toxic megacolon					
c) Caused fewer cases of diarrhoea in the UK during 2006 than in 2004					
d) Can form spores					
e) Lives naturally in the gastrointestinal tract					
<b>4. Regarding hospital-acquired pneumonia:</b>					
a) It affects approximately 20 per cent of all hospital inpatients					
b) Treatment differs depending on the length of time the infected patient has been in hospital					
c) Ventilator-associated pneumonia affects 55 per cent of all hospital inpatients					
d) It can be treated with ciprofloxacin if caused by <i>Pseudomonas aeruginosa</i>					
e) Late-onset disease can be caused by MRSA					
<b>5. Norovirus:</b>					
a) Infection should be treated with antibacterials					
b) Can be transmitted via aerosol formation when an infected patient vomits					
c) Can survive outside the human body for several weeks					
d) Infection outbreak can cause the temporary closure of a hospital ward					
e) Can only infect hospital patients					
<b>6. Catheter-associated infection:</b>					
a) Is an inevitable consequence of catheter-associated bacteriuria					
b) Is most commonly caused by <i>Escherichia coli</i>					
c) Can develop into potentially fatal bacteraemia					
d) Usually requires treatment with intravenous antibiotics					
e) Can be prevented by positioning the catheter drainage bag above the level of the bladder					
<b>7. Regarding infections caused by the insertion of intravenous devices:</b>					
a) They can be local or systemic					
b) <i>Staphylococcus epidermidis</i> is an example of a causative organism					
c) To prevent infection, Hickman lines should be removed after a few days					
d) If infection results in cellulitis, metronidazole is usually the first-line treatment					
e) A third of all hospital-acquired bacteraemias are caused by the insertion of central venous catheters					
<b>8. Antibacterial prophylaxis during surgery:</b>					
a) Can prevent a potentially fatal infection					
b) Is mandatory for all surgical procedures					
c) Should be administered an hour before the procedure if delivered intravenously					
d) Should always be continued for a few days after the procedure					
e) May require repeat doses if the procedure lasts for eight hours					
<b>9. A patient should only be offered home IV treatment if he or she:</b>					
a) Has provided consent for receiving treatment at home					
b) Has a recent history of alcohol abuse					
c) Is given 24 hour access to advice from healthcare professionals					
d) Has access to a telephone at home					
e) Has had a Port-A-Cath inserted in his or her chest					
<b>10. Home IV service patients should be provided with:</b>					
a) A supply of the prescribed drug					
b) A supply of any ancillary products that are required for the drug's administration (eg, water for injection)					
c) The loan of a refrigerator if required					
d) Instructions on how to reinsert the delivery device if its site of insertion becomes infected					
e) Training on dealing with a blocked delivery device					

Answers will appear in the March issue

