

INSTRUCTIONS FOR CREDIT

1. Review the entire CME/CE information including target audience, learning objectives, and disclosures.
2. Review the two modules.
3. Complete this Post Test, Evaluation, and Credit Application form.
4. Mail to Vemco MedEd, 245 US Highway 22, Suite 304, Bridgewater, NJ 08807 Or Fax to (908) 450-3300.

Please note that to receive credit you must have a score of at least 70% on the Post Test.

Documentation of credit will be mailed within 4 weeks of receipt of this completed form.

POST TEST. Please select the most appropriate response.

1. _____ is the leading cause of mortality due to hospital-acquired infections.

<input type="checkbox"/> Surgical site infection	<input type="checkbox"/> <i>Clostridium difficile</i> infection
<input type="checkbox"/> Ventilator-associated pneumonia	<input type="checkbox"/> Catheter-related urinary tract infection
2. Antimicrobials typically account for _____ of total hospital costs.

<input type="checkbox"/> <10%	<input type="checkbox"/> 20%
<input type="checkbox"/> 30%	<input type="checkbox"/> 50%
3. _____ is **not** an ESKAPE pathogen identified by the IDSA.

<input type="checkbox"/> <i>Staphylococcus aureus</i>	<input type="checkbox"/> <i>Klebsiella pneumoniae</i>
<input type="checkbox"/> <i>Candida albicans</i>	<input type="checkbox"/> <i>Pseudomonas aeruginosa</i>
4. _____ of *S. aureus* isolates in hospitals is methicillin resistant.

<input type="checkbox"/> 25%	<input type="checkbox"/> 40%
<input type="checkbox"/> 60%	<input type="checkbox"/> 80%
5. Prolonged infusion of beta-lactams is an effective method to increase _____.

<input type="checkbox"/> C _{max}	<input type="checkbox"/> MIC
<input type="checkbox"/> Time>MIC	<input type="checkbox"/> All of these
6. _____ is the leading cause of invasive fungal infections in solid organ transplant recipients.

<input type="checkbox"/> <i>Candida</i>	<input type="checkbox"/> <i>Aspergillus</i>
<input type="checkbox"/> Zygomycetes	<input type="checkbox"/> <i>Cryptococcus</i>
7. _____ is not detected by the beta-D-glucan assay.

<input type="checkbox"/> <i>Candida albicans</i>	<input type="checkbox"/> <i>Candida glabrata</i>
<input type="checkbox"/> <i>Cryptococcus neoformans</i>	<input type="checkbox"/> <i>Aspergillus fumigatus</i>
8. _____ can be used to identify specific *Candida* species.

<input type="checkbox"/> Galactomannan assay	<input type="checkbox"/> PNA FISH
<input type="checkbox"/> Beta-D-glucan assay	<input type="checkbox"/> Gram stain
9. Risk factors for mortality due to candidemia include _____.

<input type="checkbox"/> Delayed therapy	<input type="checkbox"/> Retained central venous catheter
<input type="checkbox"/> Inadequate dosing of fluconazole	<input type="checkbox"/> All of these
10. Clinical criteria can be used to reliably predict the species causing an invasive *Candida* infection.

<input type="checkbox"/> True
<input type="checkbox"/> False

OVERALL EVALUATION

1. The following Learning Objectives were met.	Yes	Somewhat	No
Define evidence-based tactics to reduce the risk of serious hospital infections			
Apply antimicrobial stewardship principles to improve patient quality of care			
Analyze latest approaches to prevent and treat invasive fungal infections			
2. The content was relevant to my practice and educational needs.			
3. The activity format enhanced achievement of learning objectives.			
4. This activity was fair, balanced, and without commercial bias.			
If you answered "No" to any of the above, please explain.			
5. Faculty: Please rate the teaching ability and subject expertise.	Excellent/ Good	Fair	Poor
Richard H. Drew, PharmD, MS, BCPS			
Marin H. Kollef, MD, FACP, FCCP			
James S. Lewis, PharmD			
George G. Zhanel, PharmD, PhD			
6. Do you have (1) any suggestions for improving this activity or (2) any additional comments?			

CREDIT APPLICATION (Please Print)

Name _____ Degree _____

Practice setting ☐ Community ☐ Hospitals ☐ Others (specify) _____

Address _____

City _____ State _____ ZIP _____

E-mail address _____ May we contact you by e-mail? ☐ Yes ☐ No

Type of credit requested ☐ Pharmacists ☐ Physicians ☐ Others _____

I certify that I have reviewed *Pharmaceutical Utilization Strategies for Serious Infections* and claim a total of _____ credit (maximum allowed credit: 1.25).

Signature _____ Date _____