PRINTED TEST

NAME _____ 2018 DATE_____

Smith Seminars

Pneumocystis Carinii Pneumonia in HIV

1. ____ Human immunodeficiency virus (HIV) is typically transmitted via:
A) Sexual intercourse
B) Shared intravenous drug paraphernalia
C) mother-to-child transmission
D) All the above

2.____ Risk factors for possible exposures to human immunodeficiency virus (HIV) include:
A) Mucosal contact with infected blood
B) Receipt of blood products (after 2001 in the United States)
C) Sharing alcoholic beverages
D) Shaking hands with a known HIV positive individual

3.____ Viral load in peripheral blood is used as a surrogate marker of viral replication rate because:
A) Most of the viral replication occurs in the lymph nodes rather than in the peripheral blood.
B) Most of the viral replication occurs in the peripheral blood rather than in the lymph nodes.
C) Most of the viral replication occurs in the bowels rather than in the peripheral blood.
D) Most of the viral replication occurs in the spinal fluid rather than in the lymph nodes.

4.____ The CDC classifies HIV infection into 3 categories, according to the presence of certain infections or diseases including:
A) Category A is asymptomatic HIV infection without a history of symptoms or AIDS-defining conditions.
B) Category B is HIV infection with symptoms that are directly attributable to HIV infection (or a defect in T-cell–mediated immunity) or that are complicated by HIV infection.
C) Category C is HIV infection with AIDS-defining opportunistic infections.
D) All the above

5.____ Disease occurs when both cellular immunity and humoral immunity are defective including:
A) Increased alveolar-capillary permeability.
B) Activated alveolar macrophages with CD4+ cells are able to eradicate Pneumocystis organisms.
C) Multiple host immune defects disallow replication of Pneumocystis organisms.
D) None of the above

6.____ Groups are at risk for PCP include persons with:
A) HIV infection whose CD4+ cells is above 600/µL, who are not receiving PCP prophylaxis
B) HIV infection with other opportunistic infections, regardless of CD4+ count
C) Primary immune sufficiency
D) Long-term immune-tolerant regimens for connective-tissue disorders

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7.____ The physical examination findings of PCP are nonspecific and may include:
A) Cyanosis, nasal flaring, and intercostal retractions in children
B) Tachypnea, fever, and tachycardia
C) Mild crackles and rhonchi
D) All the above

8.____ High-resolution computed tomography (HRCT) scanning of chest yields
A) High sensitivity for P carinii pneumonia (PCP) in patients with HIV infection.
B) Patchy areas of ground-glass attenuation with a background of interlobular septal thickening.
C) A & B
D) None of the above

9.____ Prevention of PCP include:
A) Chemoprophylaxis
B) Smoking cessation
C) A & B
D) None of the above

10.____ The agent of choice for PCP prophylaxis in the absence of a contraindication is
A) TMP-SAX
B) TMP-SMX
C) TRP-SMX
D) TOP-SOX

Evaluation Form

Course Sponsor: Smith Seminars (CRCE Sponsor)
Title of Activity: Pneumocystis Carinii Pneumonia in HIV
Title of Module: Pneumocystis Carinii Pneumonia in HIV

Learner's achievement of each objective. Rate each on a scale of 1=low 5=high. (Circle One)

Objective 1

Become familiar with the current diagnosis and treatment modalities used in human immunodeficiency virus.
Have a working knowledge of the clinical presentation, diagnosis, and treatment of the opportunistic infection pneumocystis carinii pneumonia (PCP) in HIV infected patients.
Know the prevention strategies for pneumocystis carinii pneumonia (PCP) in HIV and non-HIV infected patients.

1 2 3 4 5

Purpose/Goal of this activity

Attendee will be aware of the current information and will be able to meet the required continuing education.
Relationship of objectives to overall Purpose/Goal of activity.

1 2 3 4 5

If conflict of interest, off-label use, commercial support, or in-kind support were evident in the education component of this program, were you notified? (Circle One)
N/A — not applicable for any of the above
Yes
No
Comments:
_____
_____
Content was presented without bias of any commercial product or drug. (Circle One)
Yes
No
Comments:
_____
_____
Will the information you gained from this program change your practice? (Circle One)
Yes
No
Comments:
_____
_____
Additional comments or suggestions
_____

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Print the test, answer the questions, complete the evaluation, and fill out personal information.

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