

## Self-Assessment Test

### Pharmacist Essentials in Preventing and Managing Venous Thromboembolism

This program is located at [www.ashpmedia.org/symposia/vte-essentials](http://www.ashpmedia.org/symposia/vte-essentials)

---



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on "Take CE Test" to proceed to the ASHP CE Testing Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

---

**There are a total of 12 questions associated with this self-assessment test.**

1. The estimated annual incidence of symptomatic venous thromboembolism (VTE) is at least
  - a. 200,000
  - b. 400,000
  - c. 600,000
  - d. 1,000,000
2. The most common cause of death from acute pulmonary embolism is
  - a. Acute tissue necrosis of lung tissue
  - b. Lack of oxygen exchange (respiratory failure)
  - c. Right sided heart failure
  - d. None of the above
3. Patients with vein wall trauma and/ or venous stasis are at increased risk for the development of venous thrombosis.
  - a. True
  - b. False
4. Which of the following patients is at the **lowest** risk for venous thromboembolism?
  - a. 65 year-old male with congestive heart failure
  - b. 60 year-old female with diabetes and hypertension
  - c. 40 year-old female undergoing treatment for breast cancer
  - d. 30 year-old male with multiple traumatic injuries following an auto accident
5. PR is a 45 year-old, 210 kg male with a past medical history of inflammatory bowel disease, hypertension, and hypercholesterolemia. He recovered from a myocardial infarction in the previous year. Last week, he flew from Los Angeles, California to Frankfurt, Germany on a business trip. How many risk factors for VTE does PR have?
  - a. 2
  - b. 4
  - c. 6
  - d. 8



For additional CE opportunities and other resources, please visit  
[www.ashpadvantage.com](http://www.ashpadvantage.com)

## Self-Assessment Test

### Pharmacist Essentials in Preventing and Managing Venous Thromboembolism

This program is located at [www.symposia.ashp.org/vte-essentials](http://www.symposia.ashp.org/vte-essentials)

---

6. Both enoxaparin and fondaparinux are indicated for the treatment of venous thromboembolism on an inpatient and outpatient basis.
  - a. True
  - b. False
  
7. Which of the following clotting factors is **not** inhibited by warfarin?
  - a. Factor II
  - b. Factor V
  - c. Factor VII
  - d. Factor X
  
8. Anticoagulants prevent clot formation and extension.
  - a. True
  - b. False
  
9. A low dose of a low molecular weight heparin administered once daily reduces thromboembolic events in orthopedic and abdominal surgery patients, as well as medically ill patients.
  - a. True
  - b. False
  
10. Which of the following is the best treatment regimen for confirmed venous thromboembolism?
  - a. Continuous infusion heparin for 10 days + enoxaparin for 30 days
  - b. Continuous infusion heparin for 5 days + warfarin for 5 days
  - c. Enoxaparin for 5 days + warfarin for 90 days
  - d. Enoxaparin for 30 days + warfarin for 180 days
  
11. Which of the following tests is used to monitor warfarin therapy?
  - a. Activated partial thromboplastin time (aPTT)
  - b. Platelet counts
  - c. International Normalized Ratio (INR)
  - d. None of the above
  
12. Which of the following is an advantage of low molecular weight heparin (LMWH) compared to unfractionated heparin?
  - a. Lack of heparin-induced thrombocytopenia
  - b. Lower incidence of osteoporosis
  - c. Ability to monitor LMWH therapy with the aPTT
  - d. Shorter duration of activity than unfractionated heparin



For additional CE opportunities and other resources, please visit  
[www.ashpadvantage.com](http://www.ashpadvantage.com)