

Self-Assessment Test

The Changing Face of Anticoagulant Therapy: Improving the Management of Patients at Risk for Venous Thromboembolism

This activity is located at <http://ashpmedia.org/symposia/vte>



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There are a total of 18 questions associated with this self-assessment test.

1. According to the quality of care continuum, which one of the following is considered a mandatory element?
 - a. Clinical studies.
 - b. Evidence-based guidelines.
 - c. Hospital/physician quality measures.
 - d. Pay for performance.
2. When the Agency for Healthcare Research and Quality conducted a systematic review of 79 patient safety interventions based on the strength of the evidence, appropriate venous thromboembolism (VTE) prophylaxis in patients at risk was:
 - a. Ranked first among the top ten safety practices.
 - b. Listed among the top ten safety practices, but not ranked first.
 - c. Listed among the 79 safety practices, but not ranked in the top ten.
 - d. Not listed among the 79 safety practices.
3. Which of the following is a secondary diagnosis (condition that develops as a result of hospitalization) for which reimbursement is no longer provided by the Centers for Medicare & Medicaid Services?
 - a. VTE following knee or hip replacement surgery.
 - b. VTE in pregnant and post-partum women.
 - c. VTE in patients with obesity.
 - d. VTE in patients with thrombophilia or other hypercoagulable states.
4. Which of the following is a goal of the Surgical Care Improvement Project (SCIP)?
 - a. A 2% reduction in surgical complications nationwide by 2010.
 - b. A 25% reduction in surgical complications nationwide by 2010.
 - c. A 2% reduction in adverse events from anticoagulants nationwide by 2010.
 - d. A 25% reduction in adverse events from anticoagulants nationwide by 2020.



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5. Which of the following is an accepted SCIP process measure for VTE?
 - a. Ordered appropriate VTE prophylaxis anytime from hospital arrival to 24 hours after anesthesia end time.
 - b. Received appropriate VTE prophylaxis within 48 hours prior to anesthesia start time to 48 hours after anesthesia end time.
 - c. Intra- or post-operative PE diagnosed during index hospitalization and within 30 days of surgery.
 - d. Intra- or post-operative DVT diagnosed during index hospitalization and within 30 days of surgery.

6. Which of the following is a proposed SCIP outcome measure for VTE?
 - a. Ordered appropriate VTE prophylaxis anytime from hospital arrival to 24 hours after anesthesia end time.
 - b. Received appropriate VTE prophylaxis within 48 hours prior to anesthesia start time to 48 hours after anesthesia end time.
 - c. Intra- or post-operative PE diagnosed during index hospitalization and within 30 days of surgery.
 - d. Intra- or post-operative DVT diagnosed during index hospitalization and within 60 days of surgery.

7. Which of the following is a Joint Commission/National Quality Forum VTE core performance measure?
 - a. Number of patients admitted with VTE.
 - b. Number of patients discharged with VTE.
 - c. Documentation of VTE prophylaxis given or why no prophylaxis was given within 24 hours of hospital admission.
 - d. Documentation of VTE prophylaxis given or why no prophylaxis was given within 30 days after surgery.

8. Which of the following is a risk factor for VTE?
 - a. Coronary heart disease.
 - b. Diabetes mellitus.
 - c. Parkinson's disease.
 - d. Trauma.

9. Which of the following conditions occurs most frequently?
 - a. Asymptomatic VTE.
 - b. Symptomatic VTE.
 - c. Fatal pulmonary embolism (PE).
 - d. Asymptomatic PE.



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10. Which of the following is the target international normalized ratio (INR) recommended by ACCP when warfarin is used for VTE prophylaxis after major orthopedic surgery?
 - a. ≤ 2
 - b. 2-3
 - c. 1.5-2.5
 - d. 1.7-3.3

11. In orthopedic surgery patients receiving enoxaparin as prophylaxis, which of the following variables correlated most closely with the incidence of VTE?
 - a. Waist circumference.
 - b. Body mass index.
 - c. Body weight.
 - d. Body surface area.

12. Which of the following statements about the potential benefits and risks of using larger-than-normal enoxaparin dosages to prevent deep vein thrombosis (DVT) in obese patients is suggested by clinical experience with the drug in patients undergoing bariatric surgery?
 - a. A larger enoxaparin dosage will not increase the risk of hemorrhage, but it does not help prevent DVT in obese patients.
 - b. A larger enoxaparin dosage is not needed to prevent DVT, and it may increase the risk of hemorrhage in obese patients.
 - c. A larger enoxaparin dosage may be needed to prevent DVT, although it may increase the risk of hemorrhage in obese patients.
 - d. A larger enoxaparin dosage may be needed to prevent DVT, and it will not increase the risk of hemorrhage in obese patients.

13. Which of the following statements about the use of surveillance (i.e., screening) ultrasound after major orthopedic surgery is correct?
 - a. It is occasionally recommended because it has been shown to decrease the incidence of symptomatic VTE in some patients who are at particularly high risk.
 - b. It is routinely recommended because it has been shown to decrease the incidence of symptomatic VTE.
 - c. It is routinely recommended because it has been shown to decrease the incidence of asymptomatic VTE.
 - d. It is not routinely recommended because it has not been shown to decrease the incidence of symptomatic VTE.

14. Which of the following new anticoagulants is a direct thrombin (factor IIa) inhibitor?
 - a. Apixaban.
 - b. Dabigatran.
 - c. Idraparinux.
 - d. Rivaroxaban.



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15. Which of the following limitations of currently available anticoagulants (e.g., unfractionated heparin, low molecular weight heparin, warfarin) remains a concern with apixaban, rivaroxaban, and dabigatran?
 - a. Need for laboratory monitoring.
 - b. Parenteral route of administration.
 - c. Potential for drug interactions.
 - d. Risk of thrombocytopenia.

16. Which of the following new anticoagulants was more effective than enoxaparin in clinical trials for preventing VTE in orthopedic surgery patients?
 - a. Apixaban in the ADVANCE 1 trial.
 - b. Dabigatran in the RE-MOBILIZE trial.
 - c. Rivaroxaban in the RECORD 4 trial.
 - d. Apixaban, dabigatran, and rivaroxaban were not more effective than enoxaparin in clinical trials to date.

17. Which of the following new anticoagulants was safer than enoxaparin based on the incidence of major or clinically relevant bleeding in clinical trials for preventing VTE in orthopedic surgery patients?
 - a. The safety of apixaban and enoxaparin was similar in the ADVANCE 1 trial.
 - b. The safety of rivaroxaban and enoxaparin was similar in the RECORD trials.
 - c. Dabigatran was safer than enoxaparin in the RE-MOBILIZE trial.
 - d. Enoxaparin was safer than dabigatran in the RE-MODEL trial.

18. Which of the following are characteristics of the ideal anticoagulant agent?
 - a. Broad therapeutic window, slow onset of action, and action readily reversible.
 - b. Broad therapeutic window, rapid onset of action, and action readily reversible.
 - c. Narrow therapeutic window, slow onset of action, and action readily reversible.
 - d. Narrow therapeutic window, rapid onset of action, and action readily reversible.



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