

Self-Assessment Test

Applying ACC/AHA Guidelines to Anticoagulant Therapy in the Management of Acute Coronary Syndrome

This program is located at <http://esymposia.ashp.org/acsbeyond>



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 majority of annual emergency department visits in the United States by patients with acute coronary syndrome (ACS) is for:
 - a. Non-ST-elevation myocardial infarction (NSTEMI).
 - b. ST-elevation myocardial infarction (STEMI).
 - c. Unstable angina.
 - d. None of the above.
2. The largest component of the costs of acute coronary syndrome (ACS) is:
 - a. Emergency department visits.
 - b. Hospitalization.
 - c. Pharmacy costs.
 - d. Physician office visits.
3. Which of the following statements about the differential diagnosis of patients with ACS is correct?
 - a. Chest pain at rest lasting for more than 20 minutes may be used to differentiate STEMI from NSTEMI.
 - b. Chest pain at rest lasting for more than 20 minutes may be used to differentiate NSTEMI from UA.
 - c. Elevation of cardiac markers may be used to differentiate STEMI from NSTEMI.
 - d. Elevation of cardiac markers may be used to differentiate NSTEMI from UA.
4. Which of the following is LEAST important in determining which type of acute coronary syndrome (ACS) the patient is experiencing?
 - a. Past medical history
 - b. Chest pain
 - c. Electrocardiogram (ECG)
 - d. Cardiac markers



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5. Which of the following is preferred for a patient with NSTEMI and a high risk for bleeding in whom a conservative strategy is selected?
 - a. Bivalirudin.
 - b. Enoxaparin.
 - c. Fondaparinux.
 - d. Unfractionated heparin (UFH).

6. True or False. Anticoagulant drugs target the following pathways of thrombus formation: platelet formation and/or the coagulation cascade.
 - a. True
 - b. False

7. The results of the ACUITY study suggest that patients with NSTEMI who undergo PCI:
 - a. Do not require antiplatelet or anticoagulant therapy.
 - b. Require anticoagulant therapy but do not require antiplatelet therapy.
 - c. Require antiplatelet therapy but do not require anticoagulant therapy.
 - d. Require both antiplatelet therapy and anticoagulant therapy.

8. The results of the ISAR-REACT 2 study of patients with NSTEMI who received clopidogrel and aspirin and underwent PCI suggest that:
 - a. A platelet glycoprotein (GP) IIb/IIIa inhibitor should be administered to all patients.
 - b. A GP IIb/IIIa inhibitor should be administered only to troponin-negative patients.
 - c. A GP IIb/IIIa inhibitor should be administered only to troponin-positive patients.
 - d. A GP IIb/IIIa inhibitor should not be administered to any patients.

9. Fondaparinux should NOT be used as the only anticoagulant in patients with STEMI who undergo an early invasive strategy with PCI because of an increased risk of:
 - a. Bleeding.
 - b. Catheter-related thrombosis.
 - c. Death.
 - d. Thrombocytopenia.

10. The following statements match clinical trials with drugs evaluated in the trial. Which of the following is NOT correct?
 - a. SYNERGY: enoxaparin, unfractionated heparin
 - b. OASIS-5: fondaparinux, unfractionated heparin
 - c. ACUITY: enoxaparin, bivalirudin, unfractionated heparin
 - d. ISAR-REACT 2: abciximab, unfractionated heparin



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11. True or False. Adherence to therapeutic guidelines corresponds with a reduction in in-hospital mortality for patients with acute coronary syndrome.
 - a. True
 - b. False

12. The web-based Hospital Compare quality tool:
 - a. is a service in which hospitals can enroll for an annual fee.
 - b. provides cost comparisons of hospital services across the country.
 - c. provides the public information about the quality of health care at hospitals.
 - d. is an online registry of clinical trials.



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