Import Settings:

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Information Field: Complexity

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Infectious Diseases - Infectious Diseases - TBNK**

**Multiple Choice**

1. According to Part G of the Ryan White Comprehensive AIDS Resources Emergency Act, medical facilities are required to notify emergency responders of potentially infectious diseases involving patients they transported no longer than \_\_\_ hours from the time they have a suspect case.

A) 6

B) 12

C) 24

D) 48

Ans: D

Complexity: Moderate

Ahead: Protecting Public Health

Subject: Infectious Diseases

Page: 1345

Feedback: Protecting Public Health, page 1345

2. Which of the following examples provides the BEST description of indirect contact with a microorganism?

A) Becoming infected with West Nile virus from a mosquito bite

B) Touching a bloody stretcher railing with an open wound on your hand

C) Inhaling infected droplets from a person after he or she sneezes or coughs

D) Making brief physical contact with a person who has an infectious disease

Ans: B

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1347

Feedback: Protecting Health Care Providers, page 1347

3. Which of the following is NOT a factor in determining a person's risk of contracting an infectious disease following exposure?

A) The organism's mode of entry

B) The virulence of the organism

C) The age and sex of the patient

D) Host resistance of the individual

Ans: C

Complexity: Easy

Ahead: Chain of Infection

Subject: Infectious Diseases

Pages: 1355–1356

Feedback: Chain of Infection, pages 1355–1356

4. Unlike bacteria, viruses:

A) can only multiply outside a host.

B) die when exposed to the environment.

C) can only be contracted by direct contact.

D) are larger and reproduce outside the cell.

Ans: B

Complexity: Easy

Ahead: Chain of Infection

Subject: Infectious Diseases

Page: 1356

Feedback: Chain of Infection, page 1356

5. When a disease infects large numbers of people and spreads all over the world, it is considered a(n):

A) endemic.

B) epidemic.

C) outbreak.

D) pandemic.

Ans: D

Complexity: Easy

Ahead: Protecting Public Health

Subject: Infectious Diseases

Page: 1345

Feedback: Protecting Public Health, page 1345

6. Virulence is defined as the:

A) severity of infection once an organism enters the body.

B) degree of difficulty that it takes to destroy an organism.

C) ability of an organism to invade and create disease in a host.

D) amount of time that it takes for an organism to infect the host.

Ans: C

Complexity: Easy

Ahead: Chain of Infection

Subject: Infectious Diseases

Page: 1355

Feedback: Chain of Infection, page 1355

7. An individual's ability to fight off infection is called:

A) virulence.

B) immunity.

C) host resistance.

D) communicability.

Ans: C

Complexity: Easy

Ahead: Chain of Infection

Subject: Infectious Diseases

Page: 1355

Feedback: Chain of Infection, page 1355

8. A person is exposed to the mumps virus, is asymptomatic for 16 days, and then becomes ill. The 16-day period is called the:

A) incubation period.

B) resistance period.

C) virulent period.

D) communicable period.

Ans: A

Complexity: Moderate

Ahead: Chain of Infection

Subject: Infectious Diseases

Pages: 1355–1356

Feedback: Chain of Infection, pages 1355–1356

9. In the context of a communicable disease, a \_\_\_\_\_\_\_\_\_\_\_ is a place where organisms may live and multiply.

A) host

B) reservoir

C) carrier

D) contaminant

Ans: B

Complexity: Moderate

Ahead: Chain of Infection

Subject: Infectious Diseases

Page: 1356

Feedback: Chain of Infection, page 1356

10. A health care worker's fear of contracting a communicable disease is MOST often the result of:

A) obsessive-compulsive disorder.

B) statistics published by the media.

C) a prior history of disease exposure.

D) a lack of proper education and training.

Ans: D

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1346

Feedback: Protecting Health Care Providers, page 1346

11. After an employee who believes he or she has been exposed to an infectious disease notifies the designated infection control officer (DICO), the DICO should:

A) execute the postexposure plan within 24 to 36 hours.

B) determine whether an actual exposure occurred.

C) immediately refer the employee to a designated physician.

D) obtain the patient's consent to have his or her blood drawn.

Ans: B

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1352

Feedback: Protecting Health Care Providers, page 1352

12. In contrast to body substance isolation precautions, standard precautions:

A) is a term used to describe infection control practices that reduce the risk of exposure to blood.

B) describe a universal approach in which all blood and bodily fluids are assumed to be infectious.

C) emphasize protection from moist body substances that may transmit bacterial or viral infections.

D) specify that sweat is an effective carrier of infectious diseases, even if the sweat makes contact with intact skin.

Ans: C

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1347

Feedback: Protecting Health Care Providers, page 1347

13. Which of the following is NOT included in the Centers for Disease Control and Prevention's list of recommended immunizations and tests for health care providers?

A) Annual HIV testing

B) Hepatitis B vaccine

C) Tuberculosis testing

D) Measles, mumps, and rubella

Ans: A

Complexity: Easy

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1353

Feedback: Protecting Health Care Providers, page 1353

14. Personal protective equipment:

A) serves as a secondary protective barrier beyond what your body provides.

B) is a standardized set of equipment that is used with every patient contact.

C) is the most effective means of preventing the spread of an infectious disease.

D) is required by the CDC when a paramedic draws blood or gives an injection.

Ans: A

Complexity: Easy

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1348

Feedback: Protecting Health Care Providers, page 1348

15. Which of the following medical procedures would pose the LEAST risk of exposure to an infectious disease?

A) Administering a subcutaneous injection

B) Covering a wound that is bleeding minimally

C) Delivering the baby of an HIV-negative mother

D) Assessing a patient's temperature by the oral route

Ans: D

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1348

Feedback: Protecting Health Care Providers, page 1348

16. When washing your hands after a call, you should:

A) wash your hands for at least 10 seconds.

B) use an antimicrobial, alcohol-based foam or gel.

C) wash with cold water and let your hands air dry.

D) scrub your hands vigorously with an antibacterial gel.

Ans: B

Complexity: Easy

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1349

Feedback: Protecting Health Care Providers, page 1349

17. Most infectious disease exposures in health care providers occur due to:

A) indirect contact.

B) blood splatter.

C) sharps injuries.

D) inhaled droplets.

Ans: C

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1350

Feedback: Protecting Health Care Providers, page 1350

18. Postexposure prophylaxis is available for all of the following diseases, EXCEPT:

A) HIV.

B) hepatitis C.

C) syphilis.

D) gonorrhea.

Ans: B

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1352

Feedback: Protecting Health Care Providers, page 1352

19. Following a significant exposure, the source patient is routinely tested for all of the following, EXCEPT:

A) HIV.

B) HCV antibody.

C) HBV antigen.

D) HBV antibody.

Ans: D

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1352

Feedback: Protecting Health Care Providers, page 1352

20. According to the Ryan White Comprehensive AIDS Resources Emergency Act, the medical facility must:

A) release the source patient's status to the designated infection control officer.

B) hold the source patient's laboratory results for 24 hours before releasing them.

C) avoid releasing the source patient's status to anyone due to HIPAA regulations.

D) release the source patient's HIV and hepatitis B status to the exposed employee.

Ans: A

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Pages: 1352–1353

Feedback: Protecting Health Care Providers, pages 1352–1353

21. Work restriction guidelines enforced by OSHA require an employee to use sick time for an illness, unless:

A) the employee opted to take the hepatitis B vaccine.

B) a physician deems that the illness was unavoidable.

C) the illness is the result of an occupational exposure.

D) the illness occurred after the post-hire probation period.

Ans: C

Complexity: Moderate

Ahead: Protecting Health Care Providers

Subject: Infectious Diseases

Page: 1354

Feedback: Protecting Health Care Providers, page 1354

22. When obtaining the SAMPLE history of a person suspected of having an infectious disease, you should specifically inquire about:

A) the patient's HIV status.

B) a history of recent travel.

C) any prior hospitalizations.

D) the last sexual encounter.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Infectious Diseases

Pages: 1354–1355

Feedback: Patient Assessment, pages 1354–1355

23. A common sign of the measles is:

A) petechiae.

B) a blotchy red rash.

C) severe diarrhea.

D) a purpuric rash.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Page: 1363

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, page 1363

24. Particles from the measles virus can travel up to \_\_\_ feet before they fall to the ground.

A) 6

B) 10

C) 14

D) 20

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Page: 1363

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, page 1363

25. Rubella is characterized by:

A) enlarged lymph nodes.

B) visual disturbances.

C) abdominal discomfort.

D) an isolated facial rash.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1360

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1360

26. According to the Centers for Disease Control and Prevention, all children should be immunized against all of the following diseases, EXCEPT:

A) smallpox.

B) hepatitis B.

C) seasonal influenza.

D) *Haemophilus influenzae* type b.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Page: 1364

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, page 1364

27. Rubella is transmitted and spreads when an infected person:

A) vomits.

B) bleeds.

C) sneezes.

D) is febrile.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1360

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1360

28. Which of the following statements regarding the mumps is correct?

A) Mumps can cause sterility in males past the age of puberty.

B) Postexposure vaccination against the mumps is recommended.

C) Mumps presents with fever and swelling of the salivary glands.

D) A variety of bacteria have been identified as causing the mumps.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1360

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1360

29. Transmission of mumps occurs by direct contact with the \_\_\_\_\_\_\_\_ of an infected person.

A) tears

B) saliva

C) sweat

D) blood

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1360

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1360

30. In older adults, shingles arises when the \_\_\_\_\_\_\_\_\_ virus resides in the ganglion of a nerve.

A) rubella

B) varicella

C) rubeola

D) herpes

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Page: 1362

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, page 1362

31. Which of the following diseases is bacterial in nature, has an insidious onset, and is characterized by a cough that progresses to coughing spasms?

A) Tetanus

B) Bronchitis

C) Diphtheria

D) Pertussis

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1359

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1359

32. Which of the following statements regarding meningitis is correct?

A) Most epidemic outbreaks involve meningococcal meningitis.

B) *Neisseria meningitidis* is the least common type of meningitis.

C) The viral form of meningitis is a highly communicable disease.

D) Meningitis is an acute viral inflammation of the cerebral meninges.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1358

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1358

33. Common signs and symptoms of meningitis include:

A) irritability, back pain, headache, and hypertension.

B) slow-onset fever, tinnitus, and an occipital headache.

C) mental status changes, fever, stiff neck, and headache.

D) a dark red rash, combativeness, and a low-grade fever.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1358

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1358

34. Antibiotic therapy following exposure to meningitis is NOT appropriate for individuals who are:

A) taking birth control pills.

B) older than 45 years of age.

C) asymptomatic after 24 hours.

D) severely immunocompromised.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1358

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1358

35. A person with tuberculosis (TB) infection:

A) poses a significant health risk to others.

B) has active TB and is highly contagious.

C) usually has a negative chest radiograph.

D) has tested positive for exposure to TB.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Page: 1361

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, page 1361

36. Common signs and symptoms of TB include all of the following, EXCEPT:

A) hemoptysis.

B) photophobia.

C) weight loss.

D) a persistent cough.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Page: 1362

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, page 1362

37. A paramedic would MOST likely be infected with TB if he or she:

A) was close to a coughing patient who had a positive TB skin test.

B) performed mouth-to-mouth resuscitation on a patient with active untreated TB.

C) was exposed to blood-stained vomitus of a patient with active TB.

D) received a needlestick from a person suspected of having active TB.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Page: 1361

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, page 1361

38. A person who is taking antibiotic therapy following a positive TB skin test and chest radiograph should not consume alcohol because:

A) this increases the risk of active TB.

B) alcohol can cause a violent reaction.

C) the antibiotics are toxic to the liver.

D) alcohol causes immunocompromise.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Page: 1362

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, page 1362

39. The leading cause of lower respiratory tract infections in infants, older people, and immunocompromised individuals is the:

A) rotovirus.

B) influenza virus.

C) parainfluenza virus.

D) respiratory syncytial virus.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1359

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1359

40. Mononucleosis is caused by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and grows in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A) Epstein-Barr virus, epithelium of the oropharynx

B) pneumococcal bacterium, inner lining of the lungs

C) streptococcus bacterium, epithelial cells of the trachea

D) cytomegalovirus, nasopharyngeal mucous membranes

Ans: A

Complexity: Moderate

Ahead: Other Infections of the Respiratory Tract

Subject: Infectious Diseases

Page: 1364

Feedback: Other Infections of the Respiratory Tract, page 1364

41. The clinical presentation of mononucleosis includes:

A) fever, swollen lymph glands, and an enlarged spleen.

B) vomiting, a fever greater than 102°F, and shaking chills.

C) hemoptysis, low-grade fever, and up to 10% weight loss.

D) nasal drainage, a dry cough, and right upper quadrant pain.

Ans: A

Complexity: Moderate

Ahead: Other Infections of the Respiratory Tract

Subject: Infectious Diseases

Page: 1365

Feedback: Other Infections of the Respiratory Tract, page 1365

42. If you do not receive a flu vaccine and are exposed to a person with the flu:

A) symptoms of the flu, if you contract it, will become evident within 12 to 24 hours after the exposure.

B) antiviral drugs may be given within 48 hours after the exposure to reduce the severity of the flu if you contract it.

C) an injection of immune globulin given within 12 hours after the exposure will prevent you from contracting the flu.

D) a nasal spray that contains the live flu virus in an attenuated form will be administered to you within 48 hours.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1359

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1359

43. Transmission of gonorrhea occurs when contact is made with:

A) the infected person's blood through an area where the skin is not intact.

B) pus-containing fluid from the mucous membranes of the infected person.

C) any portion of the infected person's genitalia during sexual intercourse.

D) all of the infected person's bodily fluids, with or without sexual contact.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1365

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1365

44. Gonorrhea in females:

A) is usually more acute and pronounced than it is in males.

B) typically manifests as dysuria within 24 hours of infection.

C) often goes unnoticed until signs of acute abdomen appear.

D) remains communicable for up to 48 hours after treatment.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1365

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1365

45. The primary infection with syphilis produces:

A) numerous small pustules on the genitalia.

B) low-grade fever and pain in the genital area.

C) an ulcerative chancre at the site of infection.

D) dysuria and a purulent discharge in the urine.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1366

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1366

46. Secondary syphilitic infection is characterized by all of the following, EXCEPT:

A) petechiae.

B) a skin rash.

C) patchy hair loss.

D) swollen lymph glands.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1366

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1366

47. Which of the following statements regarding genital herpes is correct?

A) The lesions of genital herpes remain infectious for 12 to 24 days.

B) The incubation period for genital herpes often lasts up to 3 weeks.

C) In females, genital herpes presents as a single vesicle on the vulva.

D) Acyclovir is used to reduce a herpetic outbreak, but there is no cure.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1366

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1366

48. In males, infection with *Chlamydia trachomatis* would MOST likely lead to:

A) hepatitis.

B) prostatitis.

C) bladder cancer.

D) testicular torsion.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1367

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1367

49. *Chlamydia trachomatis* is caused by a \_\_\_\_\_\_\_\_\_ and is treated with an \_\_\_\_\_\_\_\_\_.

A) bacterium, antibiotic

B) virus, antiviral drug

C) fungus, antifungal drug

D) virus, immunoglobulin

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Pages: 1366–1367

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, pages 1366–1367

50. Nocturnal itching and the presence of a rash involving the hands are indicative of:

A) lice.

B) herpes.

C) scabies.

D) shingles.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1367

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1367

51. If a paramedic is exposed to lice:

A) he or she should immediately report to the designated infection control officer for prophylactic antiviral treatment.

B) permethrin cream treatment may be prescribed and restrictions from patient care may be indicated until the paramedic is free of lice.

C) infection is unlikely because paramedics have strong immune systems due to exposure to patients with various diseases.

D) a specially made shampoo that contains a combination of a steroid and an antibiotic should be used within 6 hours after exposure.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1368

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1368

52. Hepatitis B is also referred to as:

A) CSF hepatitis.

B) fecal hepatitis.

C) enteral hepatitis.

D) serum hepatitis.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1370

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1370

53. Following exposure to the hepatitis B virus, a person may remain asymptomatic for up to:

A) 150 days.

B) 225 days.

C) 300 days.

D) an entire year.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1370

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1370

54. Early signs and symptoms of hepatitis B infection include all of the following, EXCEPT:

A) fatigue.

B) anorexia.

C) jaundice.

D) low-grade fever.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1370

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1370

55. The third dose of the three-series hepatitis B vaccine is given:

A) 6 months after the first dose.

B) 4 weeks after the second dose.

C) 12 months after the initial dose.

D) within 2 to 3 months of the second dose.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1371

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1371

56. If you are exposed to the hepatitis B virus and have a positive titer on file:

A) the source patient will be retested.

B) no follow-up treatment is required.

C) the vaccination series should be repeated.

D) you will be offered HBV immune globulin.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1371

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1371

57. Occupationally acquired hepatitis C virus infection:

A) is not possible because an effective one-series vaccine is available.

B) is most commonly contracted via blood exposure to nonintact skin.

C) occurs by ingestion of food that is contaminated with infected feces.

D) is related to a contaminated needlestick with visible blood on the sharp.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Pages: 1371–1372

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, pages 1371–1372

58. Most patients infected with the hepatitis C virus are unaware that they acquired the infection because:

A) a blood test to detect the virus does not exist.

B) they do not develop phase 2 signs and symptoms.

C) the incubation period ranges from 15 to 20 years.

D) hepatitis C does not produce any signs or symptoms.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1372

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1372

59. Which of the following statements regarding the hepatitis D virus (HDV) is correct?

A) The typical incubation period for HDV infection ranges from 180 to 360 days.

B) The most common route of transmission of HDV is through sexual contact.

C) Infection with HDV requires the host to be infected with the hepatitis B virus.

D) If a documented exposure occurs, testing begins with the person who was exposed.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1372

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1372

60. The primary target of infection with the human immunodeficiency virus is the:

A) immune system.

B) lymphatic system.

C) pulmonary system.

D) central nervous system.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Pages: 1372–1373

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, pages 1372–1373

61. The communicable period for HIV:

A) is largely unknown.

B) ranges from 7 to 10 days.

C) begins at the onset of infection.

D) is decreased with antiretroviral therapy.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1373

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1373

62. Signs and symptoms of HIV infection may include all of the following, EXCEPT:

A) acute febrile illness.

B) swollen lymph nodes.

C) malaise and a headache.

D) right upper quadrant pain.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1373

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1373

63. Acquired immunodeficiency syndrome:

A) occurs in as many as 85% of HIV-infected individuals.

B) exists when T-helper lymphocytes are dangerously high.

C) most often occurs within 5 to 10 years of HIV infection.

D) is characterized by the presence of opportunistic infections.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1373

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1373

64. If the source patient's blood tests positive for HIV:

A) the exposed individual will receive a one-time injection of immune globulin and will be tested for HIV in 2 weeks.

B) the blood will be assessed for viral load and the exposed individual may be offered a 4-week trial of antiretroviral therapy.

C) the most rapid method for determining if the exposed individual was infected is by assessing his or her lymphocyte count.

D) federal law requires that the exposed individual be placed on antiretroviral therapy and not be allowed to work in a health care setting.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1373

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1373

65. Hepatitis A is often described as a benign disease because:

A) people with hepatitis A are typically asymptomatic.

B) there is an effective vaccination to prevent infection.

C) lifelong immunity occurs once the disease is acquired.

D) no known method of transmission has been identified.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Non-Bloodborne Hepatitis Viruses

Subject: Infectious Diseases

Page: 1375

Feedback: Pathophysiology, Assessment, and Management of Non-Bloodborne Hepatitis Viruses, page 1375

66. In addition to children, the hepatitis A vaccine is recommended for:

A) any health care worker who functions in an actual patient care setting.

B) emergency response team members traveling outside the United States.

C) all Federal Emergency Management Agency response team members.

D) all health care workers when an outbreak of hepatitis A is documented.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Non-Bloodborne Hepatitis Viruses

Subject: Infectious Diseases

Page: 1376

Feedback: Pathophysiology, Assessment, and Management of Non-Bloodborne Hepatitis Viruses, page 1376

67. In developing countries, there is a strong association between the hepatitis E virus and:

A) inadequate hygiene.

B) sexual intercourse.

C) infection with HIV.

D) blood transfusions.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Non-Bloodborne Hepatitis Viruses

Subject: Infectious Diseases

Page: 1376

Feedback: Pathophysiology, Assessment, and Management of Non-Bloodborne Hepatitis Viruses, page 1376

68. Which of the following statements regarding West Nile virus (WNV) is correct?

A) It is estimated that approximately 20% to 30% of mosquitoes carry WNV.

B) The incubation period for WNV is 3 to 14 days following the bite of an infected tick.

C) Up to 80% of people infected with WNV experience a severe headache, body rash, and fever.

D) There is no period of communicability because WNV is not transmitted from person to person.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Vector-Borne and Zoonotic (Animal-borne) Diseases

Subject: Infectious Diseases

Page: 1377

Feedback: Pathophysiology, Assessment, and Management of Vector-Borne and Zoonotic (Animal-borne) Diseases, page 1377

69. The avian flu:

A) is caused by a virus that occurs naturally in the bird population.

B) is typically contracted by people who cook and eat infected chickens.

C) has been linked directly to the hantavirus found in the feces of rodents.

D) is preventable if antiviral drugs are given within 48 hours after exposure.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Newly Recognized Diseases

Subject: Infectious Diseases

Page: 1385

Feedback: Pathophysiology, Assessment, and Management of Newly Recognized Diseases, page 1385

70. The MOST effective ways to protect your patients from health care-associated infections include:

A) placing gloves on all patients with drug-resistant infections and placing a mask on yourself.

B) routinely placing masks on all patients you treat and ensuring that your vaccinations are current.

C) not reporting to work when you are sick and keeping the interior of the ambulance clean and disinfected.

D) receiving the hepatitis B vaccine, having a titer drawn every 2 years, and wearing gloves on every EMS call.

Ans: C

Complexity: Moderate

Ahead: Protecting Public Health

Subject: Infectious Diseases

Pages: 1345–1346

Feedback: Protecting Public Health, pages 1345–1346

71. You receive a call for a 33-year-old man with difficulty breathing. Upon arrival, you begin to assess the patient, who tells you that he is HIV-positive. During the primary assessment, you should:

A) immediately place a nonrebreathing mask on the patient.

B) identify and correct immediately life-threatening conditions.

C) inquire about any antiretroviral medications he is taking.

D) apply two pairs of gloves in case you encounter any gross bleeding.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Infectious Diseases

Pages: 1354–1355

Feedback: Patient Assessment, pages 1354–1355

72. A 49-year-old woman presents with a severe headache, a temperature of 103.2°F, and photosensitivity. Her blood pressure is 140/76 mm Hg, pulse rate is 120 beats/min and strong, and respiratory rate is 22 breaths/min and regular. While caring for this patient, it is MOST important to:

A) apply a cardiac monitor and assess her tachycardia.

B) protect yourself from any nasopharyngeal secretions.

C) treat her as though she is experiencing viral meningitis.

D) attempt to assist her ventilations with a bag-mask device.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases

Subject: Infectious Diseases

Page: 1358

Feedback: Pathophysiology, Assessment, and Management of Droplet-Transmitted Diseases, page 1358

73. While assessing a 59-year-old man with an acute onset of crushing chest pain and diaphoresis, the patient tells you that he recently tested positive to a tuberculin skin test. His vital signs reveal hypertension and tachycardia. You should be MOST concerned with:

A) applying a mask to the patient to reduce your chance of exposure.

B) reporting this to your supervisor and receiving a tuberculin skin test.

C) establishing vascular access and rapidly transporting to the hospital.

D) the fact that he may be experiencing an acute myocardial infarction.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases

Subject: Infectious Diseases

Pages: 1361–1362

Feedback: Pathophysiology, Assessment, and Management of Airborne-Transmitted Diseases, pages 1361–1362

74. You are dispatched to an apartment complex for a 20-year-old woman who is sick. When you arrive at the scene and begin assessing the patient, she tells you that she has been experiencing a purulent vaginal discharge, but denies vaginal bleeding or a fever. Her blood pressure is 104/64 mm Hg, pulse rate is 88 beats/min and strong, and respirations are 14 breaths/min and regular. What should you suspect?

A) Syphilis

B) Chlamydia

C) Gonorrhea

D) Pelvic inflammatory disease

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1365

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1365

75. A 70-year-old homeless man presents with a rash to his hands, wrists, and ankles. He denies any known allergies and states that the rash itches severely at night. His vital signs are stable, and he is breathing without difficulty. You should:

A) transport him to the hospital and thoroughly wash your hands after patient care has been completed.

B) establish vascular access in case he begins to experience signs and symptoms of a severe allergic reaction.

C) be highly suspicious that he has body lice and use a high-level disinfectant when cleaning the ambulance.

D) administer 25 mg of diphenhydramine IM and transport him to an appropriate medical facility.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Page: 1367

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, page 1367

76. A known intravenous drug abuser presents with anorexia, body aches, a low-grade fever, and scleral icterus. She is very quiet and is not willing to share her medical history information with you. Which of the following additional clinical signs would reinforce your suspicion regarding the cause of this patient's condition?

A) Jaundiced skin

B) Blood-tinged sputum

C) Swollen lymph glands

D) Red or purple skin lesions

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases

Subject: Infectious Diseases

Pages: 1370–1371

Feedback: Pathophysiology, Assessment, and Management of Sexually Transmitted Diseases, pages 1370–1371

77. You receive a call for an “unresponsive person.” Law enforcement arrives at the scene before you and advises that the scene is secure. When you arrive, you find the patient, a young man, lying supine on the floor of his poorly kept apartment. He is unresponsive and his breathing is slow and shallow. One of the police officers recognizes the patient as a known intravenous drug abuser. During your care of this patient, you should:

A) ventilate him with a bag-mask device at a rate of 24 breaths/min.

B) avoid removing his wallet or any other possessions from his pockets.

C) defer vascular access until the patient is in the emergency department.

D) establish an IV line of normal saline and administer 2 mg of flumazenil.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases

Subject: Infectious Diseases

Page: 1372

Feedback: Pathophysiology, Assessment, and Management of Common Bloodborne Diseases, page 1372

78. You and your partner are transferring a 76-year-old woman from a local nursing facility to the emergency department for evaluation of an acute onset of fever. While reviewing the transfer record, you note that the patient was recently treated with daptomycin. This patient MOST likely has:

A) vancomycin-resistant enterococci.

B) hemorrhagic fever caused by hantavirus.

C) an infection caused by the hepatitis A virus.

D) methicillin-resistant *Staphylococcus aureus*.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Infection With Antibiotic-Resistant Organisms and Multidrug-Resistant Organisms (MDROs)

Subject: Infectious Diseases

Page: 1382

Feedback: Pathophysiology, Assessment, and Management of Infection With Antibiotic-Resistant Organisms and Multidrug-Resistant Organisms (MDROs), page 1382

79. After delivering a patient with a high fever and dry cough to the emergency department, you are later informed that the patient was diagnosed with severe acute respiratory syndrome. Reflecting back on the care you provided to the patient, you recall being in close proximity to her because she was hearing impaired, but you do not recall wearing a protective mask. What will MOST likely happen?

A) There will be no special precautions taken because you did not receive a significant exposure.

B) You will be tested for HIV and hepatitis B, and will be placed on a 7-day trial of antibiotics.

C) You may be quarantined for up to 10 days and will be asked to check your temperature daily.

D) You will receive an immune globulin injection and will not be allowed to return to work for a week.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Newly Recognized Diseases

Subject: Infectious Diseases

Page: 1384

Feedback: Pathophysiology, Assessment, and Management of Newly Recognized Diseases, page 1384

80. You transported a patient with flu-like symptoms to the hospital 4 days ago. Your designated infection control officer advises you that the patient was diagnosed with the avian flu. If you documented an exposure to this patient, you will MOST likely be:

A) offered an antiviral medication.

B) referred to an infectious disease physician.

C) restricted from duty for a 2-week period.

D) mandated to get a regular flu vaccination.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Newly Recognized Diseases

Subject: Infectious Diseases

Page: 1385

Feedback: Pathophysiology, Assessment, and Management of Newly Recognized Diseases, page 1385

81. The typical incubation period for the Ebola virus is:

A) 2 to 21 days.

B) 4 to 28 days.

C) 6 to 32 days.

D) 8 to 40 days.

Ans: A

Complexity: Moderate

Ahead: Ebola

Subject: Infectious Diseases

Page: 1374

Feedback: Ebola, page 1374

82. Initial symptoms of Ebola include:

A) severe vomiting and diarrhea.

B) photophobia and hearing loss.

C) fever, weakness, and sore throat.

D) spontaneous bleeding and fever.

Ans: C

Complexity: Easy

Ahead: Ebola

Subject: Infectious Diseases

Page: 1374

Feedback: Ebola, page 1374

83. Which of the following is a treatment focus for a patient infected with the Ebola virus?

A) Hemodialysis

B) Fluid rehydration

C) Antihypertensive therapy

D) Antidysrhythmic therapy

Ans: B

Complexity: Easy

Ahead: Ebola

Subject: Infectious Diseases

Page: 1375

Feedback: Ebola, page 1375

84. Zika virus presents the MOST significant risk to individuals who:

A) have diabetes.

B) are pregnant.

C) live in the U.S.

D) are not ambulatory.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Vector-borne and Zoonotic (Animal-borne) Diseases

Subject: Infectious Diseases

Page: 1378

Feedback: Pathophysiology, Assessment, and Management of Vector-Borne and Zoonotic (Animal-borne) Diseases, page 1378

85. A 30-year-old male presents with a round skin lesion that resembles a blister under his left arm. He and his family were recently hiking. What should you suspect?

A) Zika virus

B) Hantavirus

C) Lyme disease

D) Rocky Mountain spotted fever

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Vector-borne and Zoonotic (Animal-borne) Diseases

Subject: Infectious Diseases

Pages: 1378–1379

Feedback: Pathophysiology, Assessment, and Management of Vector-Borne and Zoonotic (Animal-borne) Diseases, pages 1378–1379