

CME Credit Application Form

(1 CME credit)



To receive CME credits, read the CME article in this issue, indicate the correct responses to the educational questions and complete the requested information. This form is also available in electronic format at www.erj.ersjournals.com/current.dtl. To return your application, you can either:

- use this form and return it completed to ERS Publications Office, 442 Glossop Road, Sheffield, S10 2PX, UK; fax to +44-114-2665064; or e-mail to info@ersj.org.uk
- fill in the online form at www.erj.ersjournals.com/current.dtl

Certificates will be e-mailed to the address filled in below. Please allow 4 weeks for processing.

CME credit applications are now free of charge.

Applicant personal details.

ERS Membership No. (if known): Date of Birth (DD/MM/YYYY):

Family Name: First Name:

Mailing Address:

Postal Code: City: Country:

Telephone: + E-mail:

Educational questions.

"Predictive factors, microbiology and outcome of patients with parapneumonic effusion"

For each statement, mark appropriately in every box with a (+) for true or (-) for false.

1. In patients with community-acquired pneumonia, what is the incidence of pleural effusion?

- <15%. 25-35%. 35-50%. >50%.

2. Comparing patients with uncomplicated parapneumonic effusion and patients without pleural effusion, which of the following sentences is true?

- Uncomplicated parapneumonic effusion is more common in patients with chronic renal diseases. Pneumococcal vaccination significantly reduces the risk of uncomplicated parapneumonic effusion. At admission, patients with uncomplicated parapneumonic effusion have lower oxygen saturation levels. Uncomplicated parapneumonic effusion is not associated with unfavorable outcome parameters. The presence of uncomplicated parapneumonic effusion does not modify the spectrum of causal microorganisms.

3. A 47-year-old man with smoking and alcoholic habits, presented with an acute illness characterised by fever, cough, pleuritic pain and signs of consolidation. On the initial examination, the patient was afebrile, with a pulse rate of 95 beats · min⁻¹, a respiratory rate of 28 cycles · min⁻¹, a blood pressure of 127/88 mmHg and a basal oxygen saturation of 93%. A chest radiograph revealed a lobar consolidation with pleural effusion on the right side. Blood analyses showed a reactive C-protein of 248, the haematocrit was 49% and the white-cell count was 21.750 cells · mm⁻³. What is the risk for empyema/complicated parapneumonic effusion in this patient?

- >50%. 35-50%. 25-35%. 15-25%. <15%.

4. In patients with empyema/complicated parapneumonic effusion, which of the following sentences are true in relation to the outcome?

- The length of hospitalisation is longer. The mortality is higher. The bacteraemic rate is lower. a and b. a, b and c.

5. The antibiotic treatment of empyema/complicated parapneumonic effusion should be particularly active against the following groups of pathogens?

- Gram-negative bacilli and atypical agents. Gram-positive cocci and atypical agents. Gram-negative bacilli and anaerobes. Gram-positive cocci and anaerobes. Gram-negative bacilli and anaerobes.