

Self-Assessment Questions for Physicians and Nurses

Select the 1 best answer to each question and circle that letter on the Answer Grid on the evaluation form.

- Levels of immune globulin intravenous (IGIV) use for FDA-approved indications have declined in recent years, with the exception of:
 - Immune thrombocytopenic purpura (ITP).
 - Primary immunodeficiency (PID).
 - Pediatric HIV infection.
 - Graft-versus-host disease (GVHD).
- During the past 2.5 decades, the annual growth rate for the demand for IGIV has been:
 - 50% to 80%.
 - 40% to 45%.
 - 20% to 35%.
 - 10% to 15%.
- Off-label uses of IGIV account for what percentage of IGIV use?
 - 10% to 15%
 - 14% to 24%
 - 50% to 80%
 - >80%
- Patterns of IGIV use for some FDA-approved indications have changed because of:
 - Evolving clinical evidence and emerging alternative therapies.
 - Changing lifestyle patterns.
 - Decreased number of patients.
 - Diminished supply of IGIV.
- The use of IGIV as initial treatment for acute ITP in children is:
 - No longer recommended.
 - Limited to children presenting with profound thrombocytopenia and mucosal bleeding.
 - Controversial because of the cost.
 - Controversial because of uncertainties regarding dosage.
- The Primary Immunodeficiency Committee of the American Academy of Allergy, Asthma, and Immunology categorized the use of IGIV for myasthenia gravis as:
 - Definitely beneficial.
 - Probably beneficial.
 - Not beneficial.
 - Contraindicated.
- A serious adverse reaction that may occur during IGIV infusion is:
 - Nausea.
 - Anaphylaxis.
 - Headache.
 - Pruritis.
- According to evidence-based recommendations from the Canadian Blood Services and the National Advisory Committee on Blood and Blood Products, IGIV use is *not* recommended for:
 - Autism.
 - Polymyositis.
 - Stiff-person syndrome.
 - Multiple sclerosis.
- In the case report, maintenance therapy with corticosteroids therapy was not needed because the patient:
 - Had a previous sustained response to this treatment.
 - Had a platelet count $<30,000/\mu\text{L}$.
 - Was Rh+.
 - Was refractory to corticosteroids, had a post-treatment platelet count $>30,000/\mu\text{L}$, and experienced acute hemorrhage because of ectopic pregnancy.
- In patients with thromboembolic risk factors, which IGIV attribute should be considered?
 - Sodium content
 - Sugar content
 - pH
 - IgA content