

## Self-Assessment Test

### Achieving Best Practices in Nutrition: Improving Outcomes through Recognition and Management of Malnutrition

This program is located at <http://symposia.ashp.org/nutrition>

---



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 19 questions associated with this self-assessment test.

1. After hospital admission, the risk of undernutrition:
  - a. Increases during hospital stay
  - b. Decreases after one week of hospital stay
  - c. Remains equal to pre-hospital admission risk
  - d. Sharply declines after the first two days of hospital stay
  
2. Which of the following nutritional screening mechanisms is recommended by the European Society of Parenteral and Enteral Nutrition for hospitalized patients?
  - a. Subjective Global Assessment (SGA)
  - b. Nutrition Risk Screening (NRS-2002)
  - c. Malnutrition Risk Tool (MRT)
  - d. Prognostic Malnutrition Tool (MRT-2)
  
3. It is estimated that the economic impact of malnutrition in the United Kingdom is double the projected cost of obesity.
  - a. True
  - b. False
  
4. A body mass index (BMI) < 16 may be categorized as:
  - a. Normal weight.
  - b. Protein-energy malnutrition grade I
  - c. Protein-energy malnutrition grade II
  - d. Protein-energy malnutrition grade III
  
5. The European Society of Parenteral and Enteral Nutrition (ESPEN) recommends that energy guidelines for the majority of hospitalized patients in the recovery phase of illness fall between:
  - a. 15-25 kcal/kg/day
  - b. 25-30 kcal/kg/day
  - c. 30-40 kcal/kg/day
  - d. 40-50 kcal/kg/day



For additional CE opportunities and other resources, please visit [www.ashpadvantage.com](http://www.ashpadvantage.com)

## Self-Assessment Test

### Achieving Best Practices in Nutrition: Improving Outcomes through Recognition and Management of Malnutrition

This program is located at <http://symposia.ashp.org/nutrition>

---

6. The most accurate technique to determine energy requirements is:
  - a. Doubly labeled water
  - b. Indirect calorimetry
  - c. Predictive equations using real time biochemical measures
  - d. Estimation of energy based on kcals per kilogram
  
7. There is strong data to support the benefit of customized total parenteral nutrition (TPN) versus standardized therapy.
  - a. True
  - b. False
  
8. The use of premixed admixtures and TPN is generally supported by The Joint Commission and could improve patient safety.
  - a. True
  - b. False
  
9. It is **NOT** possible to eliminate a TPN standard hang time with premixed therapy.
  - a. True
  - b. False
  
10. All of the following are potential benefits of premixed TPN **EXCEPT**:
  - a. May significantly improve patient safety
  - b. Does not necessarily require an order form
  - c. Can significantly increase costs
  - d. Is the common form of TPN therapy in Europe
  
11. Errors associated with parenteral nutrition compounding are relatively frequent and are prone to cause patient harm.
  - a. True
  - b. False
  
12. American Society of Parenteral and Enteral Nutrition (ASPEN) guidelines are rigidly adhered to by most hospitals in the United States.
  - a. True
  - b. False



For additional CE opportunities and other resources, please visit  
[www.ashpadvantage.com](http://www.ashpadvantage.com)

## Self-Assessment Test

### Achieving Best Practices in Nutrition: Improving Outcomes through Recognition and Management of Malnutrition

This program is located at <http://symposia.ashp.org/nutrition>

---

13. An acute electrolyte disorder is generally considered to be less than \_\_\_\_\_ in duration.
  - a. 24 hours
  - b. 48 hours
  - c. 96 hours
  - d. 168 hours
  
14. Refractory hypokalemia is often more effectively managed with aggressive concurrent \_\_\_\_\_ and potassium replacement.
  - a. Sodium
  - b. Calcium
  - c. Magnesium
  - d. Phosphorus
  
15. Most symptomatic electrolyte disorders require \_\_\_\_\_ of maintenance and/or replacement infusions to safely correct and replace total body losses.
  - a. 2 days
  - b. 3 days
  - c. 9 days
  - d. 10 days
  
16. Which of the following electrolytes has a narrow therapeutic index when referring to replacement dosages?
  - a. Sodium
  - b. Magnesium
  - c. Phosphorus
  - d. Potassium
  
17. The recommended dosage of potassium in an adult patient requiring parenteral nutrition with a creatinine clearance > 50 mL/minute and normal acid-base balance is \_\_\_\_\_ .
  - a. 0.25-0.5 mEq/kg/day
  - b. 0.5-1 mEq/kg/day
  - c. 1-2 mEq/kg/day
  - d. 2-4 mEq/kg/day



For additional CE opportunities and other resources, please visit  
[www.ashpadvantage.com](http://www.ashpadvantage.com)

## Self-Assessment Test

### Achieving Best Practices in Nutrition: Improving Outcomes through Recognition and Management of Malnutrition

This program is located at <http://symposia.ashp.org/nutrition>

---

18. Patients at greatest risk of developing the refeeding syndrome include those with:
  - a. D5W containing IV fluids for > 7 days
  - b. NPO status on post-operative day 2
  - c. Recent weight gain prior to hospitalization
  - d. Morbid obesity
  
19. Serum potassium should ideally be at least \_\_\_\_\_ for patients undergoing surgery to prevent further morbidity.
  - a. 2 mEq/L
  - b. 2.5 mEq/L
  - c. 3 mEq/L
  - d. 3.5 mEq/L



For additional CE opportunities and other resources, please visit  
[www.ashpadvantage.com](http://www.ashpadvantage.com)