

## April 2009 — Hemorrhagic Stroke: Prevention and Treatment

1. Most deaths from subarachnoid hemorrhage (SAH) occurs within:
  - a. two minutes
  - b. two hours
  - c. two days
  - d. two weeks
2. The arachnoid is the thin, delicate membrane that constitutes which of the following layers of the meninges?
  - a. Inner.
  - b. Middle.
  - c. Outer.
3. The principal causes of SAH are arteriovenous malformations and rupture of:
  - a. aneurysms.
  - b. plaque.
  - c. arterioles.
  - d. granulomas.
4. The classic symptom of SAH is severe:
  - a. cramping.
  - b. depression.
  - c. headache.
  - d. syncope.
5. General support for patients experiencing an SAH include all of the following EXCEPT:
  - a. antiemetics.
  - b. analgesics.
  - c. sedatives.
  - d. stool softeners.
6. Spontaneous intracerebral hemorrhage (ICH) refers to those cases that occur in the absence of:
  - a. syncope.
  - b. symptoms.
  - c. thromboembolism.
  - d. trauma.
7. The bleeding associated with ICH occurs directly into the brain parenchyma which is:
  - a. connective tissue.
  - b. functional tissue.
  - c. interstitial tissue.
  - d. mesenteric tissue.
8. The most important risk factor for ICH, especially in persons younger than 55 years of age, is:
  - a. hyperkalemia.
  - b. hyperlipidemia.
  - c. hypertension.
  - d. hyperthrombosis.
9. The root cause of the dysfunction that results from either ICH or ischemic stroke is:
  - a. destruction of neural tissue.
  - b. initiation of arterial fibrillation.
  - c. precipitation of ventricular tachycardia.
  - d. rupture of atherosclerotic plaque.
10. Which of the following has been proven to be effective in treating ICH?
  - a. medical treatment only.
  - b. surgical treatment only.
  - c. both medical and surgical treatment.
  - d. neither medical nor surgical treatment.

### CONTINUING EDUCATION EXAMINATION—QUIZ SHEET FOR TECHNICIANS ONLY

**April 2009— Hemorrhagic Stroke: Prevention and Treatment.** This activity is a **FREE** service to members of the Kentucky Pharmacists Association. The fee for non-members is \$30. The fee for duplicate certificates is \$5. Please send a self addressed, stamped envelope to **KPERF, 1228 US 127 South, Frankfort, KY 40601**. Successful completion—a score of at least 80 percent of the questions will result in .15 CEUs. Participants who score less than 80 percent will be notified and permitted one re-examination.

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#### Quiz Sheet for PHARMACISTS ONLY

Name \_\_\_\_\_ Ky. Lic. # \_\_\_\_\_

Address \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- |            |            |            |            |             |
|------------|------------|------------|------------|-------------|
| 1. A B C D | 3. A B C D | 5. A B C D | 7. A B C D | 9. A B C D  |
| 2. A B C   | 4. A B C D | 6. A B C D | 8. A B C D | 10. A B C D |

Information presented in the activity:

Met my educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Figures and tables were useful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achieve the stated objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Posttest was appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was well written	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial bias was present	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is relevant to my practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

I hereby certify that I completed this self-study program independently and without assistance from any other party.



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