

The CPD programme for SAMJ is administered by Medical Practice Consulting.
CPD questionnaires must be completed online at www.mpconsulting.co.za.

True (A) or false (B):

SAMJ

A multifaceted hospital-wide intervention increases hand hygiene compliance

1. In South Africa (SA), about one in seven patients entering health facilities may be at risk of developing a hospital-acquired infection.
2. An estimated 10 - 25% of patients admitted to hospitals in SA may acquire an infection.

Where do children die and what are the causes? Under-5 deaths in the Metro West geographical service area of the Western Cape, SA, 2011

3. There are ample data on causes of death in children specific to districts and subdistricts available in SA.
4. About four times more child deaths are investigated at forensic mortuaries in the Western Cape than elsewhere in the country.

Antiretroviral therapy programme outcomes in Tshwane district, SA: A 5-year retrospective study

5. It has been reported that non-retention of patients on antiretroviral therapy in the clinics of SA and the sub-Saharan region ranges from 30% to 40%.

The burden of diabetes mellitus in KwaZulu-Natal's public sector: A 5-year perspective (online only)

6. In SA, diabetes mellitus accounts for 58 deaths daily and is the fifth-highest cause of natural deaths.

The other side of surveillance: Monitoring, application, and integration of tuberculosis (TB) data to guide and evaluate programme activities in SA

7. In this study 64.7% of staff recognised the purpose of TB surveillance as guiding programme planning, implementation and evaluation.
8. Information on patients confirmed to have TB disease based on a positive sputum smear for the presence of acid-fast bacilli is recorded on a paper TB Register.

A randomised controlled trial comparing oxytocin and oxytocin + ergometrine for prevention of postpartum haemorrhage at caesarean section

9. The overall need for blood transfusion was significantly reduced by about two-thirds in women receiving the oxytocin + ergometrine combination.

Socioeconomic factors associated with asthma prevalence and severity among children living in low-income SA communities

10. Severe asthma was predicted by child depression and greater household poverty.

CME

Acute viral bronchiolitis in SA: Diagnostic flow

11. The clinical pattern of wheezing and hyperinflation in a young child is diagnostic of bronchiolitis.
12. Measurement of peripheral arterial oxygen saturation is useful to indicate the need for supplemental oxygen.
13. CXR is mandatory in a child admitted with bronchiolitis.
14. Complete blood counts have not been shown to be useful in either diagnosing bronchiolitis or guiding its therapy.
15. Infants under 1 year of age are at greatest risk of bronchiolitis.

Acute viral bronchiolitis in SA: Strategies for management and prevention

16. There is currently no proven effective therapy for bronchiolitis other than oxygen for hypoxic children.
17. Inhaled ipratropium bromide is ineffective in the treatment of bronchiolitis.
18. The use of chest physiotherapy has not been shown to change the course of bronchiolitis or its outcome.
19. Antibiotics should not routinely be used in bronchiolitis except in children with severe disease in whom bacterial lower respiratory tract infection is suspected.
20. An important educational message to parents of children is that bronchiolitis is caused by a virus; antibiotics are not needed.

Readers please note: articles may appear in summary/abstract form in the print edition of the Journal, with the full article available online at www.samj.org.za

A maximum of 3 CEUs will be awarded per correctly completed test.

INSTRUCTIONS

1. Read the journal. All the answers will be found there, in print or online.
2. Go to www.mpconsulting.co.za to answer the questions.

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