

Post-Test: Digoxin Toxicity

Name _____

(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.) Enter N/A if you are not employed.

Hospital _____ Unit _____

*Email Address _____

*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

- Which of the following is NOT an indication for digoxin use?
 - Chronic atrial fibrillation
 - Paroxysmal atrial tachycardia
 - Right ventricular failure
 - Left ventricular failure
- What are the effects of digoxin in a therapeutic dosage?
 - Increased HR, decreased contractility
 - Decreased HR, increased contractility
 - Decreased HR, increased AV conduction
 - None of the above
- What is the generally accepted normal therapeutic range for a digoxin blood level?
 - 0.4 - 0.6 ng/mL
 - 0.6 - 1.2 ng/mL
 - 0.8 - 2.0 ng/mL
 - 2.0 - 4.0 ng/mL

- Normal ECG changes related to digoxin include:
 - Lengthening of QT interval
 - Shortening of PR interval
 - ST segment elevation
 - ST segment depression with T wave opposite QRS
 - How long after ingestion should you wait before drawing a digoxin level?
 - 1-2 hours
 - 2-4 hours
 - 4-5 hours
 - 6-8 hours
 - Which of the following symptoms are hallmarks of digoxin toxicity?
 - Green or yellow appearance to objects
 - Blurred or double vision
 - Photophobia
 - All of the above
 - Digoxin toxicity causes what ECG symptoms?
 - Increased automaticity
 - Decreased conduction through the SA node
 - Decreased conduction through the AV node
 - All of the above
 - Match the following dysrhythmias to its description.
 - Atrial tachycardia with block _____
 - Fascicular ventricular tachycardia _____
 - Bifascicular ventricular tachycardia _____
 - Atrial fibrillation with junctional tachycardia _____
- Fibrillatory waves seen in lead II
Ventricular rhythm regular
QRS complex narrow
 - Atrial rate of 130-250 beats/min
More P waves than QRS complexes – AV block
Narrow QRS complex
 - HR of 90-160 beats/min
QRS complex ~ 0.12 seconds
QRS morphology alternates every other beat
 - HR of 90-160 beats/min
QRS complex ~ 0.12 seconds
Incomplete RBBB pattern in V1

- 9) Emergency treatment of digoxin toxicity includes:
- a) Continuous ECG rhythm monitoring
 - b) Discontinuation of digoxin
 - c) Gastric lavage if an acute overdose
 - d) All of the above
- 10) Which of the following is an indication for Digibind® administration?
- a) Progressive bradydysrhythmias unresponsive to atropine
 - b) Ventricular tachycardia/fibrillation
 - c) Serum concentration > 15 ng/mL
 - d) All of the above
- 11) After giving Digibind®, when can you expect to see recession of the symptoms of toxicity (on average)?
- a) 15 minutes
 - b) 20 minutes
 - c) 90 minutes
 - d) 400 minutes

Expiration date: The last day that post tests will be accepted for this edition is **December 31, 2017**—your envelope must be postmarked on or before that day.

Evaluation: Digoxin Toxicity

Please complete the evaluation form below by placing an “X” in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. List the indications for digoxin use.	
2. Identify the physical symptoms of toxicity.	
3. Identify cardiac rhythm disturbances that may occur with toxicity.	
4. Describe initial management of digitalis toxicity.	
5. Describe management of digitalis toxicity with Digibind®	
6. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
7. Notice of requirements for successful completion, including purpose and objectives	
8. Conflict of interest	
9. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
10. Sponsorship or commercial support	
11. Non-endorsement of products	
12. Off-label use	
13. Expiration Date for Awarding Contact Hours	
14. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

15. How long did it take you to read this home study and complete the post test and evaluation:
_____ hours and _____ minutes.

16. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?

___ Yes

___ No, more contact hours should have been offered

___ No, fewer contact hours should have been offered.

Expiration date: December 31, 2017
