Cheap Nursing CEUs

Identifying and Managing Pericarditis: Prevention to Recovery

1. A 36-year-old with a first episode of pericarditic chest pain has persistent symptoms for 5 weeks without any symptom-free interval or meaningful improvement despite NSAID therapy. According to the 2025 ACC duration-based definitions, which classification best describes his pericarditis?

A. Chronic pericarditis
B. Acute pericarditis
C. Recurrent pericarditis
D. Incessant pericarditis

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2. Which clinical timeline most accurately meets the definition of recurrent pericarditis in the 2025 ACC guidelines?

A. Initial episode that fully resolves, followed by at least 4–6 weeks without symptoms, then onset of a new acute pericarditis episode
B. Persistent pericarditis symptoms that last 4–6 weeks without improvement
C. Pericarditis symptoms that continue for more than three months without a symptom-free interval
D. Reappearance of chest pain three days after a partial improvement with NSAID therapy

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3. A patient in a U.S. hospital with no history of autoimmune disease, malignancy, or tuberculosis presents with a first episode of acute pericarditis. Extensive evaluation reveals no clear systemic illness. Based on epidemiology in regions where tuberculosis is not endemic, which underlying etiology is most likely?

A. A viral infection leading to idiopathic/viral pericarditis
B. Active tuberculous pericarditis accounting for most local cases
C. Primary malignant pericardial tumor such as pericardial mesothelioma
D. Parasitic pericarditis from Echinococcus in an otherwise immunocompetent host

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4. You are evaluating several patients with pericarditis. Which scenario best represents a patient at increased risk for complicated pericarditis based on the course and clinical features described in the content?

A. A 72-year-old female on oral anticoagulation with fever and a large pericardial effusion that has not improved after one week of NSAID therapy
B. A 25-year-old male with typical sharp chest pain and complete symptom relief within 48 hours of starting NSAIDs, without pericardial effusion

C. A 40-year-old male with a small pericardial effusion and normal ejection fraction whose symptoms resolved in three days
D. A 30-year-old female with mild chest discomfort, normal inflammatory markers, and no effusion whose pain improves with rest

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5. A nurse is educating a patient who has recovered from acute viral pericarditis in a country where tuberculosis is not endemic. Which prevention-focused counseling point is best supported by the content?

A. Eliminate all moderate physical activity indefinitely, even after symptoms and inflammatory markers have normalized
B. Undergo routine annual transthoracic echocardiography to screen for recurrent pericardial effusion
C. Begin daily low-dose corticosteroid therapy after any upper respiratory infection to prevent pericardial inflammation
D. Practice meticulous hand hygiene, stay up to date on vaccines such as COVID-19, influenza, and rubella, and avoid close contact with people who have flu-like illnesses

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6. A 57-year-old man presents with sharp, left-sided chest pain that worsens when lying supine and with deep inspiration, and improves when he sits up and leans forward. On auscultation, a triphasic friction rub is heard that does not vary with respiration. Troponin is normal. Based on these findings, which diagnosis is most consistent with the content?

A. Acute ST-elevation myocardial infarction
B. Acute pericarditis
C. Pleuritic chest pain from pneumonia
D. Gastroesophageal reflux disease with esophagitis

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7. During auscultation of a patient with chest pain and a scratchy sound near the left sternal border, the clinician is unsure whether the sound is a pericardial friction rub or a pleural rub. According to the content, which bedside maneuver best helps differentiate these two findings?

A. Have the patient cough forcefully; a pericardial rub will disappear after coughing while a pleural rub will not
B. Ask the patient to hold their breath; a pericardial rub will persist even without respiratory movement
C. Move the stethoscope to the right upper lung field; a pericardial rub is loudest in that location
D. Ask the patient to take very shallow breaths; a pleural rub will become triphasic while a pericardial rub becomes monophasic

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8. A patient presents with acute sharp chest pain. Examination reveals a pericardial friction rub, echocardiography shows a small pericardial effusion, ECG demonstrates diffuse concave ST elevation, and CRP is elevated. According to the 2025 ACC guidelines described in the content, how should the likelihood of pericarditis be classified?

A. Possible pericarditis but myocardial infarction is more likely because ST elevation is present
B. Unlikely to be pericarditis because cardiac MRI has not yet confirmed pericardial thickening
C. Definite pericarditis because chest pain is present with at least two additional signs of pericardial inflammation
D. Pericarditis can only be diagnosed if chest pain occurs without any ECG changes

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9. For a patient with uncomplicated acute pericarditis and no contraindications, which initial management strategy aligns best with the 2025 ACC guideline-based approach described in the content?

A. Anti–interleukin-1 therapy as the routine initial treatment for all acute cases regardless of response to NSAIDs
B. Immediate long-term high-dose glucocorticoid monotherapy as first-line treatment
C. High-dose NSAID therapy plus colchicine, with gastric protection as needed, and restriction of physical activity
D. Colchicine monotherapy without NSAIDs to avoid gastrointestinal side effects

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10. A hospitalized patient with known pericarditis suddenly develops hypotension, jugular venous distension, and muffled heart sounds. As the team prepares for possible pericardiocentesis, which immediate nursing intervention is most consistent with the recommended management of suspected cardiac tamponade in the content?

A. Encourage the patient to ambulate to improve venous return and then obtain a routine stress test
B. Provide oxygen, maintain bed rest with legs elevated, establish large-bore IV access for fluid resuscitation, and ensure a pericardiocentesis tray is ready at the bedside
C. Limit intravenous fluids to prevent increasing the pericardial effusion while scheduling elective cardiac MRI
D. Administer a beta-blocker to normalize heart rate before obtaining further imaging or preparing for procedures

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