

Structured Board Review 1310 Quest. Adults #1-41; Cardio 16-19; Child. 11-16; Infect. Dis. 1-10; Endo 11-15

Adult

31. A patient reports dyspepsia that has not responded to over-the-counter ranitidine. The recommended treatment is:
- A. Omeprazole 20 mg/day.
 - B. Omeprazole 40 mg/day.
 - C. Lansoprazole 30 mg/day.
 - D. Esomeprazole 40 mg/day.
 - E. Pantoprazole 40 mg/day.
32. Which of the following is least common in the patient with cerebral palsy?
- A. Scoliosis.
 - B. Hip dislocation.
 - C. Chondromalacia patellae.
 - D. Thumb-in-palm deformity.
 - E. Ankle and foot deformities.
33. Which of the following is the best drug therapy option for a nonambulatory patient with severe spasticity who has not benefited from oral drugs?
- A. Intrathecal baclofen.
 - B. Intravenous corticosteroids.
 - C. Transdermal fentanyl.
 - D. Inhaled tizanidine.
34. A patient has a catheter that is leaking. The most likely cause is:
- A. A catheter that is too small.
 - B. A balloon that is too small.
 - C. An absence of bladder spasms.

D. Stress incontinence.

E. Constipation.

35. A patient with a spinal cord injury and neurogenic bladder has gross hematuria. The physician should evaluate the patient for which condition?

A. Bladder cancer.

B. Renal cell carcinoma.

C. Thrombocytopenia.

D. Interstitial cystitis.

E. Irritation from an indwelling catheter.

36. An individual with multiple sclerosis has urge incontinence from detrusor hyperreflexia. Anticholinergic drugs are not beneficial. Which of the following drugs may decrease voiding frequency and the volume of incontinence?

A. Nifedipine.

B. Phenylephrine.

C. Desmopressin.

D. Oxybutynin.

E. Spironolactone.

37. A patient with a spinal cord injury reports constipation. Physical examination demonstrates an intact external anal sphincter. In addition to fluid intake and physical activity, which of the following treatments is recommended?

A. High-fiber diet.

B. Digital stimulation.

C. Gentle Valsalva maneuver.

D. Avoidance of chemical stimulants.

38. Which of the following is most effective in treating a 29-year-old man with neurogenic erectile dysfunction?

A. Intracavernous injections of alprostadil.

- B. Papaverine injections.
- C. Oral yohimbine.
- D. Oral sildenafil.
- E. Cognitive behavioral therapy.

39. A patient with a spinal cord injury develops a pressure ulcer. You should:

- A. Use swab cultures to diagnose wound infection.
- B. Use donut-type devices to protect the heels.
- C. Avoid massage over bony prominences.
- D. Use antiseptic agents when cleansing ulcers.

40. A 31-year-old patient with a spinal cord injury at the T6 nerve root develops facial swelling, headache, and blurred vision. The blood pressure level is 170/88 mm Hg and the pulse rate is 64 beats/min. The physician should:

- A. Have the patient lie down.
- B. Conduct an immediate digital rectal examination.
- C. Administer nifedipine.
- D. Apply 2% nitroglycerin below the level of the lesion.
- E. Irrigate catheter with ice water.

41. A patient with multiple sclerosis is taking interferon beta-1b and is diagnosed with depression. The best treatment for depression is:

- A. Sertraline.
- B. Nortriptyline.
- C. Trazodone.
- D. Mirtazapine.
- E. Bupropion.

Cardio

16. There are a number of conditions classified by the World Health Organization (WHO) that can cause elevated pulmonary arterial pressure. Which one of the following does so because of hypoxic vasoconstriction?
- A. WHO Group 1 pulmonary arterial hypertension.
 - B. WHO Group 2 pulmonary hypertension (PH) due to left heart disease.
 - C. WHO Group 3 PH due to lung disease.
 - D. WHO Group 4 chronic thromboembolic PH.
 - E. WHO Group 5 PH with unclear or multifactorial mechanisms.
17. Your patient with diabetes and chronic hypertension treated with a diuretic presents to your office with increasing dyspnea and exercise intolerance. An echocardiogram shows a normal ejection fraction, left atrial enlargement, and a delayed relaxation pattern on Doppler evaluation. Which one of the following would you consider?
- A. Right and left heart catheterization to differentiate pulmonary arterial hypertension from diastolic dysfunction.
 - B. Treatment for likely pulmonary hypertension.
 - C. Treatment with an exercise program.
 - D. Treatment with a pulmonary vasodilator.
 - E. Withdrawal of the diuretic.
18. Your patient with chronic obstructive pulmonary disease recently developed increasing dyspnea and bilateral pitting edema. You suspect pulmonary hypertension (PH). Which one of the following should be considered?
- A. Initiation of a PH-specific treatment.
 - B. Referral to a PH center.
 - C. Confirmation of the diagnosis with a ventilation-perfusion scan.
 - D. Confirmation of the diagnosis with an echocardiogram.
 - E. All of the above.
19. Your patient with idiopathic pulmonary fibrosis develops pulmonary hypertension. She is a candidate for lung transplantation and is on a waiting list. She wants to pursue additional treatment. Which one of the following would you consider?
- A. Maximize oxygenation.
 - B. Consider a short trial of a calcium channel blocker.

- C. Consider a short trial of a prostacyclin.
- D. Consider a short trial of aggressive diuresis.

Children

16. A 4-year-old child develops nightmares. Which of the following is true?
- A. Nightmares are most likely to occur during the first half of the night.
 - B. The use of a night light may make the child feel more comfortable.
 - C. Nightmares are atypical in this age group.
 - D. Parents should not discuss the event with the child the following morning.
 - E. The child will not awaken fully during the episode or recall the events in the morning.
17. When initiating a disciplinary time-out, which of the following statements is true?
- A. The time-out for a toddler should be for 5 minutes for each year of age.
 - B. If the child has an intense emotional reaction to the time-out, the parent should negotiate with the child.
 - C. A warning should be given before the time-out if possible, so the child has an opportunity to halt misbehavior.
 - D. The child should be sent to a specific place or chair and withdrawn from activity.
 - E. Both C and D.
18. Which of the following statements regarding learning disabilities is true?
- A. Behavioral problems occur only after learning disorders are recognized.
 - B. Associated aggressive behavior occurs rarely.
 - C. The child qualifies for assistance through the Individuals With Disabilities Education Act as well as Section 504 of the Rehabilitation Act of 1973.
 - D. Learning disabilities usually are caused by impaired hearing or vision.
19. The parents of a 13-year-old boy bring him to your office reporting that he has become increasingly withdrawn. The boy reports that several older boys are sending him intimidating and hurtful e-mail messages. You should:
- A. Encourage the child to try to solve the bullying problem himself.

- B. Encourage the child to mediate the problem by suggesting he and the other boys "work it out."
 - C. Encourage the child to ignore the problem, telling him that it will resolve eventually.
 - D. Encourage a discussion among the child, the family, and school representatives.
- 20.** In the middle school-aged child, which of the following behaviors should precipitate a mental health consultation?
- A. Cutting.
 - B. Fire setting.
 - C. Sexual misconduct.
 - D. Restrictive eating.
 - E. All of the above.

Skin

- 11.** In acute care, it is the responsibility of the physician to write the location and stage of a pressure ulcer on hospital admission forms. Which one of the following helps determine whether a pressure ulcer is stage II?
- A. Ulceration through the dermal layer into subcutaneous tissue.
 - B. Ulceration that extends through the fascia.
 - C. Purple discoloration of intact skin or blood-filled blister.
 - D. Ulceration through the epithelium, but not beyond the dermis.
 - E. Intact, nonblanchable skin with erythema.
- 12.** The Norton Scale is one of several validated risk assessment tools that can be used along with clinical evaluation as part of a comprehensive assessment of pressure ulcer risk. This scale includes patient physical and mental condition, activity level, mobility, and which one of the following additional factors?
- A. Sepsis.
 - B. Incontinence.
 - C. Drug use.
 - D. Comorbid conditions.

- E. Foot deformity.
13. You complete a validated pressure ulcer risk assessment scale (eg, Braden) for a patient with congestive heart failure and venous stasis as part of a comprehensive assessment of pressure ulcer risk. Which one of the following additional factors also should be considered?
- A. Prior pressure ulcer.
- B. Other comorbid condition.
- C. Body temperature.
- D. Current drugs.
- E. All of the above.
14. A patient is hospitalized after a stroke with rightsided hemiparesis. After 2 days, you notice a stage I pressure ulcer on the right heel. He is already using a foam mattress. In addition to placing pillows beneath the legs to elevate the heels, which one of the following additional factors should be part of this patient's care plan?
- A. Negative pressure wound therapy.
- B. Compression dressings.
- C. Topical antibiotic for prophylaxis.
- D. Assessment of nutritional needs.
15. A patient has fever attributable to an infected stage III pressure ulcer. You plan to begin antibiotic treatment for this likely polymicrobial infection. You have asked the wound team to debride the ulcer and obtain samples for culture testing before starting antibiotics. Which one of the following should be obtained for the culture?
- A. Swab from the center of the wound.
- B. Tissue from the edge of the wound.
- C. Deep tissue from the center of the wound.
- D. Bone biopsy at the wound site.
- E. Culture testing results are unreliable and samples should not be obtained.

Infectious disease

1. You are aware that your community has a significant prevalence of intermediate *Streptococcus pneumoniae* resistance. Which of the following doses is most appropriate in treating a child with acute sinusitis?

- A. Amoxicillin 30 mg/kg per day in two divided doses.
- B. Amoxicillin 45 mg/kg per day in two divided doses.
- C. Amoxicillin 60 mg/kg per day in two divided doses.
- D. Amoxicillin 90 mg/kg per day in two divided doses.
- E. Amoxicillin 120 mg/kg per day in two divided doses.

2. You diagnose otitis media in a 4-year-old child. In deciding whether to initiate antibiotics or manage by watchful waiting, which of the following statements is true?

- A. Parents have higher satisfaction if their children are given antibiotics.
- B. There are fewer treatment failures if children are given antibiotics.
- C. Children use more analgesia if they are given antibiotics.
- D. Children have fewer adverse effects if they are given antibiotics.
- E. The likelihood of treatment failure is greater for children with a strategy of watchful waiting.

3. A 7-year-old child complains of a full feeling in her ears. On examination, the child is afebrile and not toxic-appearing. The tympanic membrane is cloudy, has poor mobility, and an air bubble is visualized behind the tympanic membrane. Hearing is not affected. You should:

- A. Treat with antibiotics.
- B. Treat with a tapered dose of steroids.
- C. Treat with antibiotics and a tapered dose of steroids.
- D. Treat with antihistamines.
- E. Observe without any treatment for 3 months.

4. A 3-month-old with cough and tachypnea has a low-grade fever but does not appear toxic. A complete blood count demonstrates peripheral eosinophilia and the chest x-ray reveals bilateral diffuse infiltrates that are disproportional to how well the infant looks. You should:

- A. Order human immunodeficiency virus testing.
- B. Admit to the hospital for administration of intravenous ceftriaxone.
- C. Treat with oral erythromycin estolate for 2 weeks as an outpatient.

- D. Treat with amoxicillin 90 mg/kg in two divided doses for 14 days.
- E. Admit to the hospital for administration of intravenous clindamycin.
5. For several days, a 16-year-old had a sore throat, hoarseness, and fever. As these symptoms resolved, a cough and lower respiratory tract infection symptoms developed. Which of the following is indicated?
- A. Cefdinir.
- B. Amoxicillin-clavulanate potassium.
- C. Tetracycline.
- D. Amoxicillin 90 mg/kg per day.
- E. Trimethoprim-sulfamethoxazole.
6. A child presents with painful hemorrhagic colitis with frank blood in the stool. As the gastrointestinal symptoms subside, she develops microangiopathic hemolytic anemia, thrombocytopenia, and renal failure. The most likely etiology is:
- A. *Giardia lamblia*.
- B. *Vibrio cholera*.
- C. Enterohemorrhagic *Escherichia coli*.
- D. Rotavirus.
- E. *Salmonella*.
7. Several children develop gastroenteritis symptoms after a party at which they ate cream-filled pastries. The most likely etiology is:
- A. *Staphylococcus aureus*.
- B. *Escherichia coli*.
- C. *Salmonella*.
- D. *Bacillus cereus*.
- E. Norovirus.
8. In treating the infant with vomiting and diarrhea:

- A. Breast-feeding can continue.
 - B. Formula should be diluted to half strength with additional water.
 - C. Use of manzanilla tea should be encouraged.
 - D. Antiemetics are beneficial.
 - E. Agents that decrease intestinal motility shorten the course of the disease.
9. An 18-week-old presents with fever and appears toxic. She is admitted to the hospital. Pending culture results, you should administer vancomycin and:
- A. Ceftriaxone.
 - B. Acyclovir.
 - C. Gentamicin.
 - D. Aztreonam.
 - E. Ampicillin sodium-sulbactam sodium.
10. Which of the following statements regarding meningococcal vaccination is true?
- A. 11- to 12-year-old children or previously unvaccinated adolescents at high school entry should receive meningococcal polysaccharide vaccine (MPSV4).
 - B. A 14-year-old who previously received MPSV4 at 5 years of age needs no further meningococcal vaccination.
 - C. College freshmen living in dorms and military recruits should be immunized with meningococcal conjugate vaccine (MCV4).
 - D. Fever is more likely in recipients of MPSV4 than MCV4.
 - E. MCV4 is indicated for a 3-year-old child with asplenia.

Endo

11. Which one of the following should be used to diagnose prediabetes in an overweight 55-year-old patient?
- A. Hemoglobin A1c level.
 - B. Point-of-care fingerstick glucose test.
 - C. Plasma glucose level measurement.

- D. Fasting insulin level.
- E. 3-hour oral glucose tolerance test.
- 12.** A 31-year-old Native American woman presents with gestational diabetes. Which one of the following drugs is indicated?
- A. Metformin.
- B. Acarbose.
- C. Rosiglitazone.
- D. Sitagliptin.
- E. Exenatide.
- 13.** You diagnose type 2 diabetes in a patient. According to the American Diabetes Association, the initial pharmacologic intervention should be:
- A. Metformin.
- B. Sulfonylureas.
- C. Thiazolidinediones.
- D. Long-acting insulin.
- 14.** The hemoglobin A1c level of a patient with type 2 diabetes is inadequately controlled despite the use of maximum doses of metformin and glipizide. The patient weighs 100 kg (220 lb). Which one of the following is the recommended next step in management?
- A. Lispro 10 units before the largest meal of the day.
- B. A basal bolus insulin regimen.
- C. Glargine 10 units at bedtime.
- D. Rosiglitazone.
- E. Detemir 5 units before each meal.
- 15.** In a patient with poorly controlled diabetes despite dual therapy with metformin and sulfonylurea, you initiate exenatide, explaining it will:
- A. Promote gastric emptying.
- B. Decrease insulin secretion.

- C. Stimulate glucagon.
- D. Promote weight loss.