4th Year Quiz

# Multiple Choice and True or False

1. Patients presenting to the Emergency Department with chest pain for four to five hour duration would be most likely to have an elevation of which cardiac enzyme with acute myocardial ischemia?
   1. Myoglobin
   2. CK.MB.
   3. Troponin
   4. LDH
2. Patient who presents with acute chest pain of two hours duration can be ruled out for an acute myocardial infarction or acute coronary syndrome by a normal EKG and negative cardiac enzymes.
   1. True
   2. False
3. Most appropriate initial treatment plan for patient presenting with an acute myocardial infarction less than two hours old is:
   1. Emergency angioplasty
   2. Emergency coronary arterial bypass graft (CABG)
   3. Emergency thrombolysis
   4. Anticoagulation and ICU admission
4. A 43 year old male presents to the Emergency Department with acute substernal chest pain that woke him from his sleep one hour prior to the arrival to the Emergency Department. He rates the pain as a 7 on the scale of 1 to 10. He has a history of hypertension but no other cardiovascular history. He has not had any medication for the last 24 hours. What is the most appropriate initial treatment in the Emergency Department?
   1. Aspirin
   2. Nitroglycerin
   3. Oxygen
   4. All of the above
5. A 52 year old male develops acute shortness of breath on hour after returning home from a transcontinental airline flight from Los Angeles to Detroit. He also has some pleuritic chest discomfort but denies any other symptoms. He has had no previous history of similar problems and only medical history of morbid obesity and hypercholesterolemia. The most LIKELY cause of the patient’s chest pain is:
   1. Acute MI
   2. Spontaneous pneumothorax
   3. Pulmonary embolus
   4. COPD
6. The current standard of care to evaluate a patient in the Emergency Department for an acute pulmonary embolus would include:
   1. D-dimer
   2. Chest X-ray
   3. Chest CT scan
   4. All of the above
7. A 28 year old female presents to the Emergency Department with acute shortness of breath and no prior medical history. She is on birth control but takes no other medications, has had no previous history of thromboembolus. An oxygen saturation level of 98% is adequate to rule out pulmonary embolus.
   1. True
   2. False
8. In the above patient, a positive D-dimer test confirmed a pulmonary embolus in this patient.
   1. True
   2. False
9. A 14 year old male presents to the Emergency Department with intermittent crampy, diffuse abdominal pain, nausea, vomiting and diarrhea with low-grade fever. The most LIKELY diagnosis of this patient would be:
   1. Acute gastroenteritis
   2. Acute appendicitis
   3. Acute diverticulitis
   4. Peptic ulcer disease
10. An 8th grade student from a local junior high presents with acute onset of left lower quadrant abdominal pain for two hours. She denies any urinary symptoms, nausea, vomiting, diarrhea, vaginal discharge or bleeding, or any prior trauma history. Both patient and her mother deny any possibility of sexual history. The highest priority studies to be obtained in the ED would be:
    1. Abdominal X-Rays
    2. Urinalysis
    3. Pelvic Exam and pregnancy test
    4. CBC
11. Acute appendicitis can be ruled out in an ED patient with a normal white count on their CBC
    1. True
    2. False
12. The most definitive study to evaluate acute appendicitis in the ED is:
    1. CBC
    2. Plain X-Rays
    3. Urinalysis
    4. Abdominal CT
13. An HIV+ patient presents to the ED with a fever, cough, and congestion over the last three days becoming progressively worse. He denies any serious breathing problems. Vital signs are stable other than the elevated temp at 102.6. Initial x-rays show diffuse interstitial infiltrates. The most important initial management for this patient is:
    1. Airway support
    2. I.V. antibiotics
    3. I.V. fluid hydration
    4. Antiviral medications
14. Relating to wound management principles, the most appropriate way to clean a laceration in the ED is:
    1. Irrigation with normal saline
    2. Scrub with antibacterial soap
    3. Wipe clean with moist gauze pad
    4. Irrigate with iodine
15. The most appropriate way to close a partial thickness scalp laceration in ED is:
    1. Staples
    2. Suture repair
    3. Dermabond/tissue adhesive
    4. Steri-Strips
16. The purpose of the five minute rule” in the ED is to:
    1. Limit your interaction with the patient and family
    2. Expedite patient work-up and treatment efficiently
    3. Assure the patient that their work-up will be inadequate
    4. Test your skills at “Guess the diagnosis”
17. After assessing a patient, she asks if you can get her a cup of water and a blanket. The most appropriate response to this would be:
    1. Get it yourself
    2. That’s not my job
    3. I’ll take care of that for you
    4. I’ll send in one of the other medical students
18. An 18 year old male presents to the ED after slipping on the ice and rolling their ankle today. After taking their history and identifying this as an inversion injury, x-rays are ordered and they are negative for an acute fracture. There are no other deformities other than the moderate swelling of the lateral malleolus. The most appropriate treatment for this injury is:
    1. Ace wrap and crutches
    2. Orthopedic consult for lower leg cast
    3. Ambulatory splint (i.e. AIR CAST)
    4. No treatment/splint/cast needed
19. A 17 year old high school football player sustains head injury with transient loss of consciousness less than one minute. He presents to the ED complaining of a headache, had one episode of vomiting, but now states that he is improved. The patient cannot recall the actual incident but otherwise has no amnesia to events earlier in the day or the game. Vital signs are stable and he has no other residual symptoms other than the slight headache. What is the most appropriate initial course of action in the ED:
    1. Emergency CT
    2. Oral narcotics
    3. Neuro checks Q1 hour
    4. Oral NSAID
20. A 57 year old female presents in acute respiratory distress by EMS to the Emergency Department. She is unable to speak due to her respiratory insufficiency, is sitting upright, gasping for breath, coughing up frothy sputum. Family members provided a history of significant hypertension and a previous MI in the past, but no previous breathing difficulty. Vital signs are as follows: BP 182/120, pulse 125, respiratory rate 48, temp 98.8 and Pulse Ox 78%. The patient has been on an 02 mask by EMS for the last 15 minutes and there has been no significant change in her 02 saturation on route. What is the most appropriate INITIAL treatment in the Emergency Department:
    1. Place a Foley catheter
    2. Set up for emergency intubation
    3. Administer IV Lasix
21. A 22 year old female presents to the ED complaining of a severe headache. The patient states a history of migraine headaches, but her current headache is different than her usual migraine. She states that this started abruptly, more severe than any previous migraine that she has had and is bi-temporal in location. Vital signs are stable and she is afebrile at this time. She rates her pain as a 10 out of 10. What is the most appropriate management plan for this patient:
    1. Emergency CT
    2. I.V. DHE and Reglan
    3. I.M. Nubain and Phenergan
    4. I.M. Toradol

**ONCE COMPLETED PLEASE PUT IN THE MAILBOX FOR NICK BELL (TOP DRAWER IN THE BREAKROOM)**