Test Bank

Subject:

SubMedicine-Emergency

Collected by:

018 Batch

Note : This file contain all 018 miniosce qs including final

بسم الله الرحمن الرحيم

Miniosce collection

Chest pain

1)The ideal time period after ER presentation within which percutaneous coronary angioplasty (PCI) should be performed in a patient with STEMI is:* FINAL018* **

A) 15 minutes
B)30 minutes
C) 60 minutes
D) 90 minutes

Answer: D

2) A very long case of a female patient who presented to the ER with chest pain for 1 hour. An ECG was done & she was diagnosed with STEMI. The question asked for the best treatment option? **

A. Aspirin & PCI
B. Aspirin & thrombolysis
C. Aspirin alone
D. Pacemaker
E. Something that didn't make sense

Answer: A

3) Which of the following is wrong about STEMI? **

A. If O2 saturation is >98%, don't give oxygen
B. Aspirin is given to all the patients in the ER
C. Wait for biomarkers before you start treatment
D. Other 2 options that were obviously correct

Answer: C

4) 55year old, HTN, DM, Hypercholesterolemia with history of stable angina presented with chest pain radiating to the upper limbs what do you expect to find in ECG:

A. Short Qt
B. Normal ECG
C. Non specific ST changes
D. St depression
E. ST elevation

Answer is E

5) Case of chest pain with no ecg changes, raised troponin:
A. Stable angina
B. Unstable angina
C. STEMI
D. NSTEMI

Answer is D

ECGs:
A.fib
V.fib
Location of st elevation
A.flutter
Torsade de pointes
LBBB + A.fib
Heart Block

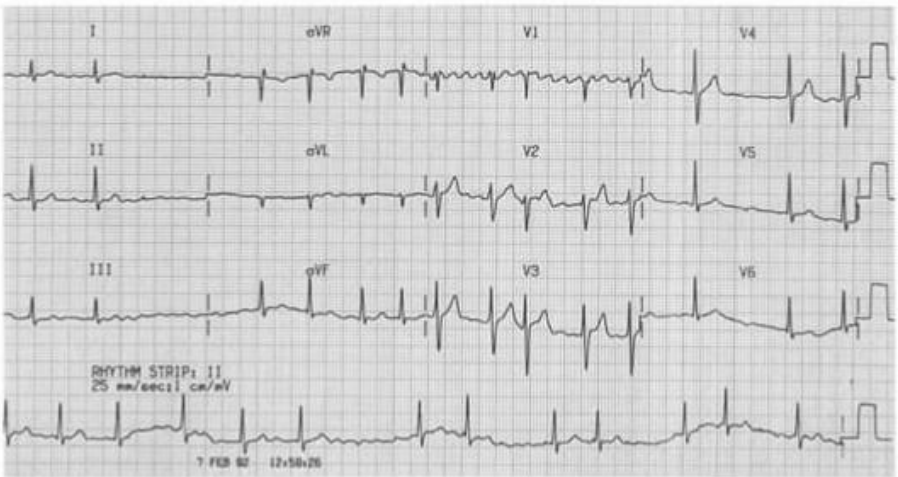
Ecgs

1. What's the diagnosis depending on this ECG strip?

A. Normal ECG
B. First degree heart block
C. Second degree heart block
D. Atrial flutter
E. Atrial fibrillation

Answer: A
(The P-R interval was slightly less than 0.2, so one might think it's a first degree block, but it was not)

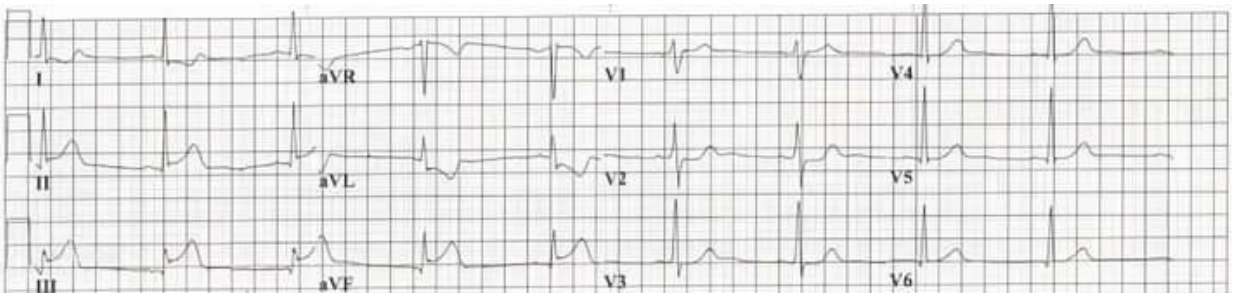
2.A 73-year-old ICU patient who became unresponsive. An ECG was done, this is his ECG strip. His blood pressure was 70/40. What's the best next step for management?



A. Cardioversion with 50 Joules
B. Adenosine 6mg
C. Amiodarone 300mg
D. Diltiazem 0.25mg
E. Lidocaine 100mg

Answer: A

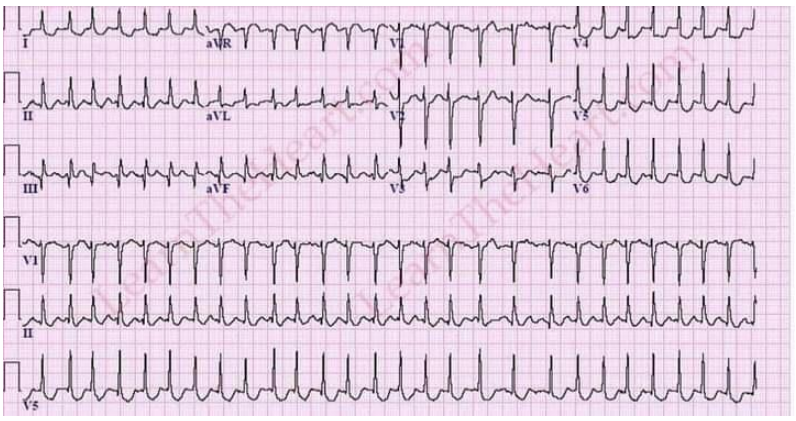
3.Which of the following is true about this ECG strip? **



A. It shows pathological Q wave in the chest leads
B. It shows ECG changes of a lateral MI
C. It shows ECG changes of an anterior MI
D. It shows ECG changes of an inferior MI

Answer: D

4. A 55-year-old asthmatic patient who presented with the feeling that her heart is racing. An ECG was done & this is her ECG strip. She's stable. What's the best next step for management? ***



A. Diltiazem
B. Amiodarone
C. Cardioversion
D. Adenosine
E . Atropine

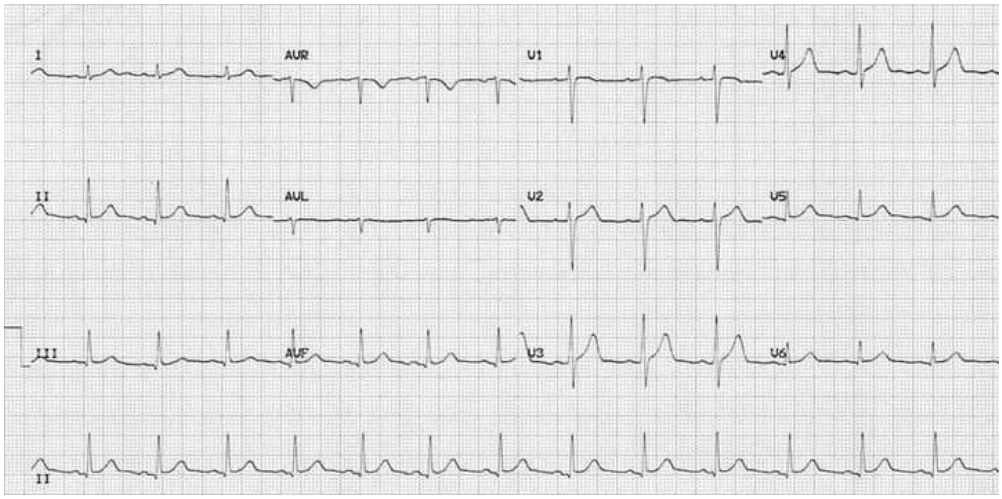
Answer: A [This ECG shows Afib]

5. A 75-year-old patient who became unresponsive, was brought to the ER but regained consciousness & is now feeling better. He's hypertensive & takes amlodipine. He's not complaining of anything but his heart rate is 35 BPM with the following ECG. What's the best next step? ***

A. Amiodarone
B. Stop amlodipine & arrange for a temporary pacemaker
C. Isoprenaline infusion
D. Manage as inpatient with a permanent pacemaker
E. Stop amlodipine & admit for 24-hour cardiac monitoring

Answer: D [This is a third degree block, NOT a second degree block type 2, the P-R intervals are NOT equal)

6. Patient works as a farmer started having chest pain while working, he took a break for 10 minutes then resumed to work. He started having the same pain again:



A. Angina *
B. Abnormal chest discomfort
C. Acute pericarditis
D. Nonspecific ECG changes

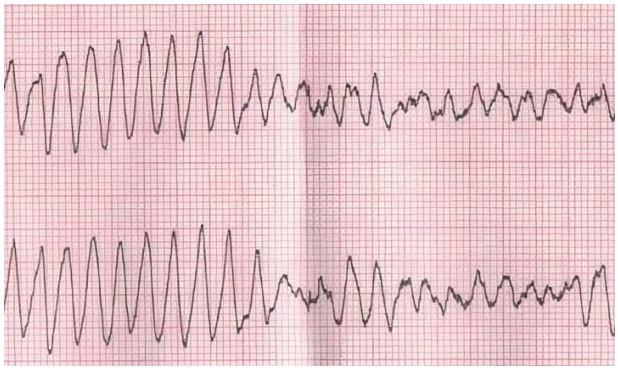
Answer : A

7. Which artery is affected depending on the following ECG panel? *FINAL*

A. Left circumflex artery
B. Left marginal artery
C. Left main stem
D. Left anterior descending artery
E. Right coronary artery

Answer: D

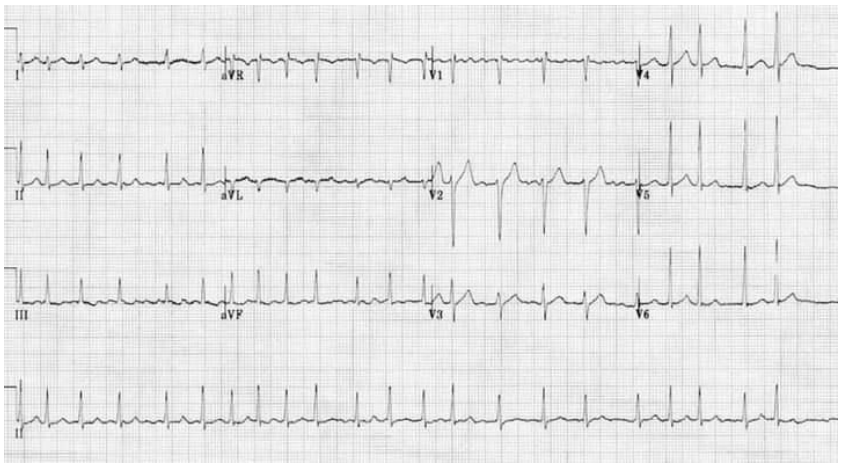
8. An ICU patient who became unresponsive, he was found to have no pulse & he's not breathing. An ECG was done & showed the following. What's the best next step for management? **



A. Amiodarone
B. Cardioversion
C. Epinephrine
D. Defibrillation
E. Secure the patient's airways

Answer: D

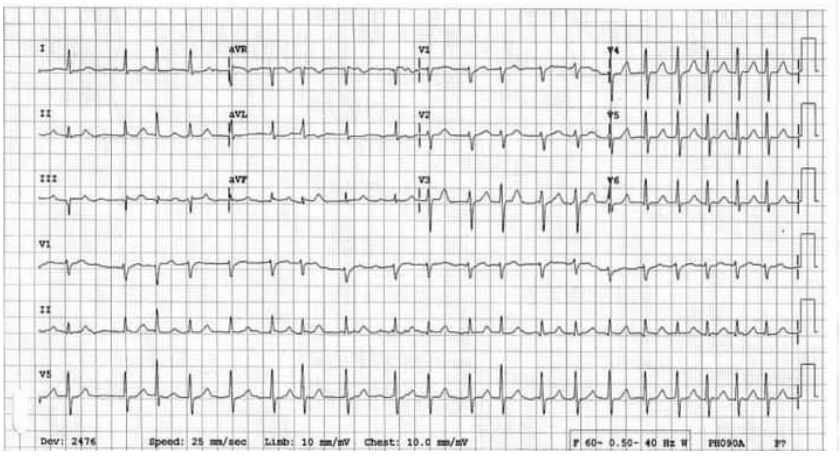
9. Patient athletic presented with the feeling of heart racing ,vitals stable, with this ECG what do you give: ****



A. Atropine
B. Diltiazim
C. Adenosine
D. Amiodarone

Answer is B

10. What does this ECG present:
A. Atrial flutter
B. Heart block
C. Atrial fibrillation
Answer is C



11. Similar to this ECG whats the type of block:

A. Complete
B. First degree
C. second degree morbitz 1
E. Second degree morbitz 2

Answer is A? (The pic given in the exam wasn't debatable)

12. (Not the same ECG but similar idea) , What is the diagnosis? *FINAL018*

a. Type 1 av block
b. Type 2 mobitz I av block
c. Type 2 mobitz II av block
d. Complete heart block
Answer: c
*Note: theoritically both c and d could be correct answers

13. Progressive prolongation of PR intervals with dropped p waves is seen in:
A. Complete heart block
B. First degree
C. Second degree mobitz 1
D. Second degree mobitz 2

Answer is C
.14. Palpitations in asthmatic patient and shown ECG of Afib, first line treatment?
Diltiazim.
15. Progressive prolongation of PR interval is seen in: mobitz type 1 heart block.

16. First line treatment in symptomatic bradycardia is: *FINAL*
A. Atropine
B. Diltizim
C. Amiodarone
D. Adenosine

Answer is A
17. Bradycardia with poor perfusion what are the steps of management:

A. Chest compressions, cardiac drugs, defibrillation
B. Chest compression, transcutaneous pacing, basic airway
C. Chest compression, invasive airway, transcutaneous pacing
D. Chest compression, defibrillation, cardiac drugs

Answer is B

18. Whats the first thing to check in bradycardia algorithm:
A. Perfusion
B. BP
C. HR
D. Rhythm
Answer is A

19. Management of Bradycardia with poor perfusion(yes ,again, different choices): prepare for trans venous pacing and give atropine and IV adrenaline while preparing. **

20. Best leads presenting the anterior heart: *FINAL018*
A. I, aVL
B. V3-V4
C. V5-V6
D. V1-V2

Answer is B

21. ECG changes in leads I, aVL (V4-V6):
A. Anteroseptal
B. Anterolateral
C. Lateral
D. Inferior
E. Posterior

Answer should be lateral because changes must be consecutive in V3-V4 for it to be anterolateral , But doctor said in one of rotations shes gonna consider both B, C correct

22. An old female patient was at the grocery store when she experienced chest pain that radiated to her left arm. She also reported diaphoresis. At the emergency department, an ECG was performed. (An ECG was shown. Findings included ST elevation in leads ll, lll and aVF). The most likely location for the patient's MI is: ***FINAL018*
A) Anterolateral
B)Septal
C) Inferior

D) Posterior

Answer: C

23.The exact same question stem as in question, but a different ECG was shown. (ECG findings included ST elevations in leads l, aVL, V3, V4, V5 and V6). The most likely location for the patient's MI is: **

A) Anterolateral

B)Septal

C) Inferior

D) Posterior

Answer: A

Leads that represent anterior wall of myocardium: V3-V4.
Patient with chest pain and ST elevation on lead I, avL, V4-V6, affected wall of myocardium: lateral wall.

ECG with ST elevation in leads II, III, aVF (Inferior STEMI)

ECG with ST elevation in leads V3-V6, lead I, aVL (anterolateral STEMI)

24. Patient with palpitations and has pulse, ECG shown of Vtach, no loss of consciousness or chest pain, first step in management: amiodarone.

25.An unresponsive patient with ventricular fibrillation received a shock and the ECG rhythm converted into third degree AV block. What is the next most appropriate step in management? ***

A) High dose epinephrine

B)Transcutaneous pacing

C) Defibrillation

D) Amiodarone

Answer: B?

Debate over A or B. (Note: The question did not specify whether the pulse had returned after conversion to AV block)

26. The most appropriate management for pulseless electrical activity: **

A) Amiodarone

B)Epinephrine

C) Beta blocker

D) Atropine

Answer: B

27. Unresponsive patient who developed shockable rhythm, best treatment? (answer: Defibrillation

28. nurse was connecting a patient to a monitor to keep track of his vitals when the patient suddenly became unresponsive. His ECG was shown (ECG showed ventricular fibrillation). The most appropriate next step in management is: ***
A) Wait a few minutes to see if the patient wakes up on his own
B)Synchronized DC shock (100 j)
C) Defibrillation (200 j)
D) Epinephrine
E) Amiodarone

Answer: C

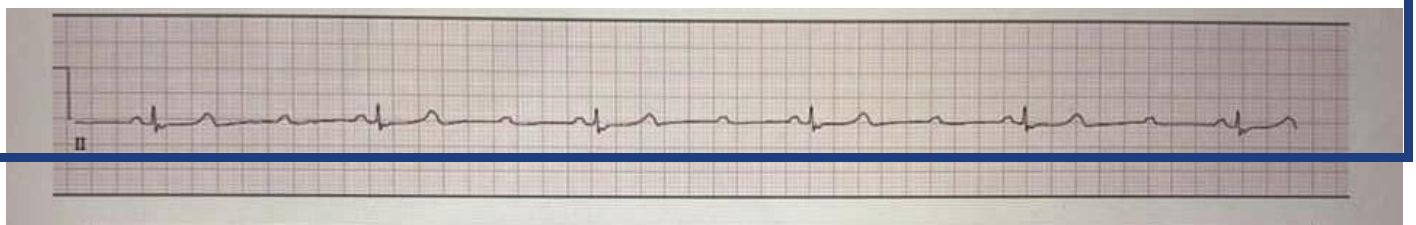
29.Description of a patient who presented to the ER with palpitations. The patient was stable and there was no chest pain/signs of heart failure. His heart rate was 130. His ECG was shown (Findings: Atrial flutter). The best next step in management is: **
A) Adenosine
B)Synchronized DC shock
C) Beta blocker

Answer: C

30.A young patient (teenager) was brought to the ER after he collapsed while playing football. His ECG was shown. (It showed Torsades de Pointes). The rhythm shown is consistent with which arrhythmia: **
A) SVT
B)Atrial fibrillation
C) Wolff-Parksinons-White syndrome
D) Torsades de Pointes

Answer: D

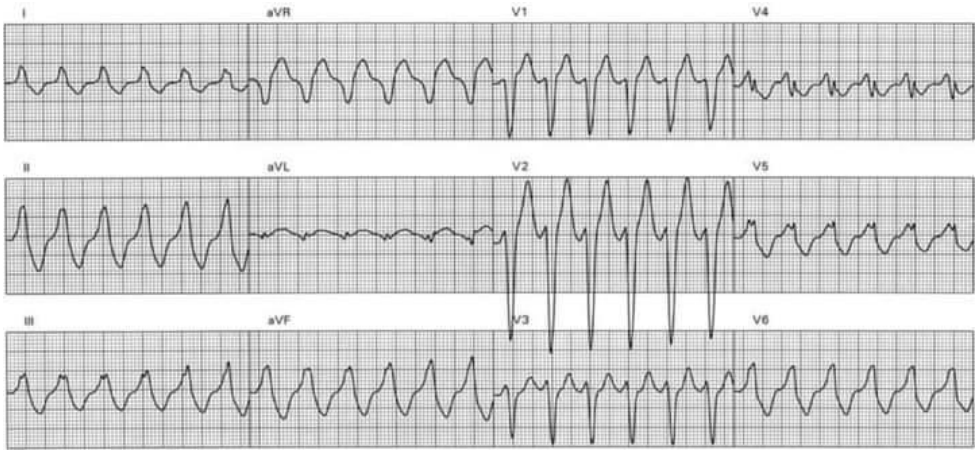
31.An 85-year-old female patient who was previously healthy presented with recurrent syncopal episodes, the last of which was an hour ago. An ECG was shown. What type of block does she have?
A) First degree AV block
B)Mobitz type 1
C) Mobitz type 2



D) Complete heart block

Answer: Debate over C and D.
Most probably C

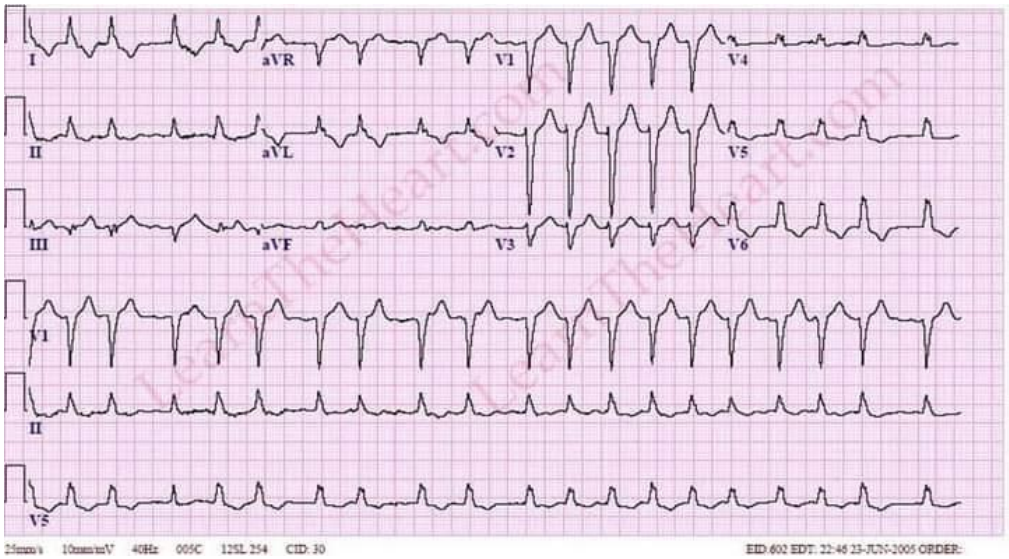
32. Patient with normal vitals, HR is 170, with the following ECG what do you give:



A. Synchronized DC
B. Adenosine
C. Diltiazim
D. Amiodarone

Answer is D
34. Case with patient who has family history of his father's early death due to cardiac disease + an ECG (answer: torsade de pointes)

35. Ecg showing Lbbb + atrial fibrillation



36. A patient with diabetes, hypertension and hypercholesterolemia presented to the ER with chest pain that radiates to his left arm. His ECG showed T wave inversions in the lateral leads (There was no ECG picture in this question. The question stated the findings in the question stem). The best next step in management is: ***
A) Call cardiology and arrange for immediate PCI
B)Connect him to a cardiac monitor and administer aspirin and nitroglycerin

Answer: B

37.Patient with apnea and loss of consciousness, ECG shown of vfib, sequence of management: chest compression, defibrillation, invasive airway.

showing post صورة جديدة38-Which artery is affected depending on the following ECG panel? wall infarct
A. Left circumflex artery
B. Left marginal artery
C. Left main stem
D. Left anterior descending artery
E. Right coronary artery

Answer : E

38. Patient became unresponsive his ECG is the following (V. Fib) what do you do next: *FINAL018*
A. Cardioversion
B. Defibrillation
C. Amiodarone
D. Adenosine
E. B blocker

Answer is B

39. A question about the management of asystole: **
Answer: Adminsiter epinephrine

40.A question about management of a patient with STEMI. Choose the best next step among the following: **
A) Transfer to a hospital with fibrinolysis capabilities only (no PCI), 15 minutes away
B)Transfer to a hospital with PCI capabilities only, 15 minutes away

Answer: B

41. A patient with an SVT who was unstable. Next step in management: synchronized cardioversion.
42. Old patient who is stable with SVT, treatment? (answer: carotid massage)
43. CPR to unstable patient who became stable and rhythm reverted to complete heart block, next best step? (answer: Transcutaneous pacer)
44. STEMI gold standard treatment (answer: PCI within 90 minutes))
45. ECG showing ventricular tachycardia, stable patient. Best treatment? (answer: Amiodarone)
46. Best treatment for cardiac arrest (answer: Early defibrillation)
47. ECG shows ventricular fibrillation. The most appropriate next step in management is: Defibrillation
48. The most appropriate management for pulseless electrical activity: Epinephrine
49.Description of a patient with STEMI. The definitive management is: ** Percutaneous angioplasty

50. You're in an ambulance, patient with STEMI, best treatment?
A) Fibrinolytics within 15 minutes
B) go to nearest hospital with CABG capacity
C) PCI with fibrinolytics within 15 minutes
D) PCI within 15 minutes
Answer : D

BLS and ALS

1.Change between rescures should be: *FINAL018*
A. Every two cycles
B. Every ten cycles
C. Every five cycles
D. Every three cycles

Answer is C

2. In an unresponsive patient, you should check the carotid pule for no more than ____ seconds
A. Five
B. Two
C. Ten
D. One

Answer is C

3. The chest compression to rescue breath ratio in a pediatric patient during CPR is:
FINAL018, choices were wrong : 15:2 ,15:3, 06, 06, 10:1
A) 15:2
B)15:3
C) 30:2
D) 30:3

Answer: C (it's 15:2 if 2 rescuers)
4. Choose the correct steps of basic life support (BLS):
A) Assess the victim, activate EMS and bring AED, perform chest compressions, rescue breaths
B)Assess the victim, perform chest compression, rescue breathe, defibrillation

Answer: A

5. Patient with apnea and loss of consciousness, ECG shown of vfib, sequence of management: chest compression, defibrillation, invasive airway.

6. When giving rescue breaths to an apneic patient with a pulse, when should you re-check the pulse?
A) Every 10 seconds
B)Every minute
C) Every 2 minutes
D) Every 5 minutes

Answer: C
7.After finding an unresponsive child, yelling for help, & confirming the child isn't breathing, what would be your next course of action? **
A. Leave the child & search for an AED
B. Deliver rescue breaths as most cardiac arrest occur due to breathing problems
C. Begin back blows & chest thrusts
D. Deliver 30 chest compressions
E. Start Heimlich maneuver

Answer: D

8.While performing CPR on an infant, another rescuer appears on the scene, what do you do next? ***

A. Immediately transport the patient
B. Wait until exhausted, then switch
C. Have the second rescuer help with CPR, to minimize fatigue

D. Have the second rescuer begin ventilations; ratio 30:2
E. Ask the second rescuer to call for help

Answer: C
9. Best order for CPR: (answer: Assess patient, Call EMS and bring AED, Check Pulse, Chest Compressions)

10.After finding someone who is unresponsive, has a pulse but does not appear to be breathing, you find you are unable to give them CPR, what do you do next? ***
A. Begin CPR
B. Repeat the head tilt/chin lift maneuver & attempt the breath again
C. Abdominal thrusts
D. Heimlich maneuver
E. Leave the child & search for an AED

Answer: B

11. Arriving first to the scene, you find an unresponsive person with no pulse that has thrown up. You feel CPR is not something you are comfortable giving them. What would be the next best thing for you to do? ****
A. Wipe off the face or cover with a shirt
B. Compression only CPR
C. Go & get help
D. Do not initiate resuscitation
E. One last choice that made no sense

Answer: B

12. How long should you check for breathing while performing CPR?
A. Do not check for breathing, continue chest compressions
B. 2 seconds
C. 3 seconds
D. 5 seconds
E. No longer than 10 seconds

Answer: E

13. Which of the following is wrong about CPR?
A. Push 2 inches deep
B. Minimize interruptions
C. 30:2 ratio
D. Allow for partial recoil
E. One last thing that was clearly correct

Answer: D

STROKE

1)A patient with a history of diabetes and hypertension presented with vertigo, double vision and difficulty speaking. The symptoms shortly resolved afterwards (within an hour or two?). The most likely diagnosis and the affected vessel are: ***

A) Embolic stroke - Middle cerebral artery
B)Thrombotic stroke - Middle cerebral artery
C) TIA - vertebrobasilar artery
D) TIA - middle cerebral artery
E) Thrombotic stroke - Anterior cerebral artery

Answer: C

2) Left hand weakness, pronator drift, no sensory loss, location of lesion:

A.right frontal lobe

B. Left cerebellum

C.right cerebellum

D.right parietal

E. left parietal.

Answer: A

4) A stroke paient presented with intention tremor, dysdiadochokinesia, nystagmus, ataxia, & contralateral motor deficit. Which artery is affected in this patient? ***

A. Anterior cerebral artery
B. Middle cerebral artery
C. Posterior cerebral artery
D. Vertebrobasilar artery
E. External carotid artery

Answer: D

5) You're assessing a patient's Glasgow Coma Scale at the bedside. What is the patient's score based on these findings:

When you arrive to the patient's bedside the patient's eyes are closed, but they open when you speak to the patient. The patient doesn't respond appropriately to questions asked & says words that don't make sense. In addition, the patient can't obey a motor command. Therefore, when you apply a central stimulus the patient moves to locate & remove the stimulus. **

A. E3 V4 M5
B. E2 V4 M2
C. E3 V3 M5
D. E3 V3 M4
E. E3 V3 M3

Answer: C
6) Patient presented with left arm weakness, pronator drift, power of the lest side 2/5 intact sensation and speech, where is the lesion? *FINAL018, the only difference is Lt->Rt*

A. Right cerebellum
B. Right parietal lobe
C. Right frontal lobe
D. Left cerebellum
E. Left parietal lobe

Answer is C

Others
1. Severe sudden headache, photosensitivity, vomiting, neck stiffness, bp 190/110, first line treatment: nicardipine (other choices: ceftriaxone, ketorolac, platelets, vitamin K).

2. A patient with Ehlers-Danlos syndrome presented with a headache, stiff neck, photosensitivity and nausea. The next most appropriate medication to administer is:
*FINAL018***
A) Nicardipine
B)Ceftriaxone
C) Beta blocker

Answer: A

3. All of the following are contraindications to thrombolysis therapy EXCEPT: **
A. The patient presented with weakness, but was noticed 5 hours ago by his spouse to be normal
B. INR >1.7
C. Platelets <150
D. Active bleeding
E. MCA territory of ischemic stroke is >1/3

Answer: C

4. All of the following are contraindications to thrombolysis therapy EXCEPT: (Yes, again)

A. Brain tumour
B. BP >180/110
C. Previous stroke
D. & 2 other contraindications

Answer: All(A,B,C) are considered contraindications

5. ONE of the following is not a candidate for tissue plasminogen activator (tPA) ?
a) platelets 250
b) BP 210/110
c) symptoms of ischemia for 30 min

Answer: b

6. A contraindication for tPA therapy:
A) BP 200/110
B) Symptoms of ischemia
C) Limb weakness for 2 hours duration
D) No findings on CT

Answer: A .1

7. 90yr old patient with unknown medical history and dysarthria only, next best step (answer: Glucocheck)

Final 017(different topics were included)

1-A 23-year-old male who was involved in a massive Road Traffic Accident (RTA) presented to the Emergency department with Glasgow Coma Score of 7. A definitive airway was required. One of the following are NOT considered as definitive airway device, Select one:
a. Tracheostomy tube
b. Surgical cricothyroidotomy tube
c. Nasotracheal tube
d. Orotracheal tube
e. Laryngeal mask airway device
Answer: E

2. In the initial assessment of trauma patients, one of the following conditions DOES NOT affect ventilation
a. Cardiac tamponade
b. Flail chest and pulmonary contusion
c. Airway obstruction
d. Hemothorax

e. Tension pneumothorax
Answer: A

3. Not in the primary survey of trauma patients:
a. Pelvic x-ray
b. Chest x-ray
c. Nasogastric tube
d. Brain CT
e. Oxygen
Answer: C

4. Brought to the ER with an altered level of consciousness after falling from 5 stories. HR 110, BP 70/50, and the patient was anxious. Which degree is her hypovolemic shock?
a. I
b. II
c. III
d. IV
e. Irreversible
Answer: C [Plz refer to the table in qs like this,HR should match the BP, the debate in this qs is due to book=old version .of tables]

5. In the initial assessment of trauma patients, one of the following conditions DOES NOT affect circulation:
a. Femoral fracture
b. Spinal cord injury
c. Brain trauma
d. 2nd degree burn of 20% BSA
e. Ruptured heart valve

Answer : D

Before 017
6-Lady presents to the ER with headache, correct match :
a.band like - cluster
b.tenderness with touch - tension
c. With nick stiffness - SAH
d.early morning - migraine
e. Need more neurologic symptoms
Answer : c

7-Stage of shock? 3 4 9 ?
Answer: 3 ,[preshock, shock , end organ dysfunction]

8-Not in primary survey : Taking full history
9-Not in E of ABCDE . (the qs in past isnt clearly stated however know each letterrefer to what, E refers to exposure & environment control)
10- Not an indication of intubation : GCS of 10 (should be less than or equal 8)
11- Not an objective sign of airway obstruction : Neck vein distention

12) which of following arteries is not part of circle of willis :
a-vertebral artery
b-basilar artery
c- anterior communicating artery
d- posterior communicating artery
e- internal carotid artery
Answer is a

13) most important factor for P.E
-DVT

14)Which of the following doesn't need prolonged resuscitation ?
a- subarachnoid hg
b- hypothermia
c- electrical shock with alternating current??
d- drug addict comatose
Answer: D ?

Clinical features of partial airway obstruction [1]

- Noisy breathing
- Snoring
- Stridor
- Hoarse voice
- Gurgling from secretions
- Hypoxia or hypercarbia
- Signs of increased work of breathing

Clinical features of complete airway obstruction [1]

- Inability to speak or cough
- Inaudible breath sounds
- Paradoxical movement of the chest and abdomen
- Profound hypoxia

15- Farmer presented with cyanosis, frothy mouth secretions, difficulty breathing, pinpoint pupils, the FIRST thing you should do is:
a- Clear Airways

b- Give Atropine

c- Give Pralodixime
answer: a

16. A story about an unconscious patient arriving comatose to the ER with the help of a witness after the victim was in a quarrel as the witness said upon examination he was noted to have a contusion on the frontal aspect of his head and wth the help of CT he was found to have a fracture in the frontal lobe and bilateral subarachnoid hemorrage,what can you say to the police:

a. he was not in a quarrel
b. he was hit with a large stone
c. he was hit with a steak!
d. he fell on the ground
e. he collided a blunt object"
Answer: e

17. As a doctor who first receives a patient in the ER,the most important task you should do is:
a. write specific details about the injury
b. inform the police
c. indicate whether your report is primary or final
d. take full history
e. add the estimated moddet el ta38eel
answer : a

18- Diseases that must be reported immediately, by wire or telephone, to health directorates or the Ministry of Health, include the following, except:

a. Cholera
b. plague
c.poliomyelitis
d.yellow fever
e. meningitis

Answer: e?

19.The following procedure could be used in the first aid management in cases of snake bite except:
a- Removal of all constricting items (eg. Rings)
b- Lights immobilization of the injured part
c- Application of tight constricting band above the swelling
d- Making small parallel incision through the fang marks through the skin and drainage
f- Resting the victim and reduction his activity
Answer: d

The End

✨ Good Luck ✨