

ASSESSMENT OF 30 MCQs

FPSC No : 63

MCQS ON EMERGENCY MEDICINE- WHAT THE FAMILY PHYSICIAN CAN TREAT

Submission DEADLINE: 10 NOVEMBER 2015, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline.

- Which is true of a “mallet finger”?**
 - Disruption of extensor digitorum insertion.
 - Sequelae of a central slip rupture.
 - Disruption of flexor digitorum profundus insertion.
 - Treated with a Stack splint for 2-4 weeks.
 - Mechanism of injury involves axial loading of finger.
- Testing of flexor digitorum profundus function is central to the diagnosis of:**
 - Mallet finger.
 - Trigger finger.
 - Gamekeeper’s thumb.
 - Skier’s thumb.
 - Jersey finger.
- What are acceptable angulations (on radiographs), amenable to conservative management for metacarpal shaft fractures of the second to fifth metacarpals?**
 - 5° 10° 40° 50°
 - 5° 10° 20° 30°
 - 10° 20° 30° 40°
 - 20° 20° 30° 40°
 - 20° 30° 40° 50°
- Which of the following is a component of the Ottawa ankle rule?**
 - Transmitted tenderness on springing of tibia & fibula.
 - Positive anterior Drawer test.
 - Tenderness over the distal tibiofibular joint.
 - Tenderness over the navicular.
 - Tenderness over the neck of the fifth metatarsal.
- A Lisfranc injury is characterized by all of the following, except:**
 - Mid-plantar bruising.
 - Mid-foot tenderness.
 - Positive talar tilt test.
 - Fleck sign on X-ray.
- Initial management involves immobilisation in a well-moulded long leg cast.**
- In the inflammatory phase of wound healing, which of the following cell types are involved in preventing infection and promote healing?**
 - Leukocytes.
 - Macrophages.
 - Fibroblasts.
 - A and B.
 - None of the above.
- Which of the following statement about wound healing is false?**
 - An acute wound becomes a chronic wound if it does not heal by 4 to 6 weeks.
 - The 4 phases of wound healing include haemostasis, inflammation, proliferation and remodelling.
 - Type II collagen matures into type I collagen during remodelling to increase soft tissue strength and integrity.
 - Resolution of the inflammation is necessary for eventual wound healing.
 - The remodelling phase can take up to 2 years to complete.
- A 23-year-old female attends your clinic after being bitten by her cat over her left hand. On examination, there are bite marks seen over the dorsum of her left hand with minimal bleeding. Which of the following best describes the appropriate management?**
 - Refer the patient for surgical review for wound washout and debridement.
 - Clean, irrigate and close the wound using non-absorbable sutures.
 - Clean, irrigate and allow the wound to heal by secondary intention.

- D. Administer IM ATT (anti-tetanus toxoid), irrigate the wound and allow healing by secondary intention.
- E. Administer IM ATT and prescribe oral antibiotics.
- 9. Which of the following statement is false about tissue adhesives?**
- It is suitable for closure of small superficial wounds with low tension.
 - Its tensile strength is equivalent to a suture of 5-O or smaller.
 - It can be used for closure of small wounds over hands or feet.
 - It is generally better accepted by patients and has faster healing time.
 - The long-term cosmetic outcome of tissue adhesives is comparable to that of traditional methods of repair.
- 10. A 70-year-old lady presents to your clinic with a pretibial flap laceration after she missed a step and fell. Which of the following statement(s) is/are true regarding pretibial lacerations?**
- All pre-tibial lacerations in elderly patients can be safely sutured with prolene 5-O.
 - Pre-tibial lacerations have the potential to heal poorly and the patient may be left with a chronic infected leg ulcer.
 - Pre-tibial lacerations should be apposed without tension and this can be done via application of steri-strips or tagging the edges loosely with non-absorbable sutures.
- i only.
 - ii only.
 - iii only.
 - ii and iii.
 - All of the above.
- 11. Where should one look when examining the eye for any foreign body?**
- Cornea.
 - Conjunctiva.
 - Subtarsal.
 - Intraocular.
 - All of the above.
- 12. You have established a history of a projectile striking the eye and the worker reporting a failure to have his protective eye-wear on whilst at work. He is also complaining of pain, lacrimation and blurred vision. You noticed that his eye is red. What would be your next course of action?**
- Refer the patient for a complete evaluation by the eye team on-call at the Emergency Department to exclude intraocular foreign body.
 - Ensure that the cornea is intact with no evidence of corneal foreign body and send the patient home.
 - Reassure the patient and advise him/her to return for a review if not better.
 - Prescribe dextracin eyedrops and give a review for 2 days' time with advice to return earlier if symptoms worsen.
 - All of the above are possible.
- 13. A child with unilateral nasal discharge of 2 weeks' duration comes to the clinic. What could be a possible diagnosis?**
- Allergic rhinitis.
 - Nasal foreign body.
 - Upper respiratory tract infection (URTI).
 - Nasopharyngeal carcinoma.
 - Flu.
- 14. A child comes to the clinic with an insect in the ear, you attempt to remove it, but the child is extremely fretful and refuses an examination. What can you do?**
- Give oral antibiotics and ask the child to go to the emergency department.
 - Insist on removing the insect in the clinic.
 - Give olive oil eardrops to drown the insect and arrange for the child to be seen by the otolaryngologist as soon as possible for removal of the insect using a microscope.
 - Reassure the parents that the insect will crawl out on its own.
 - None of the above.
- 15. A 3-year-old child came to your clinic, and her mum is concerned that she might have choked on apple bits earlier during lunch. Clinically, she has some wheezing and coughing. She is able to speak and is not in respiratory distress. What will you do?**
- Perform a first-aid manoeuvre and attempt to force the foreign body out from the airway.
 - Give her antibiotics and send her home if X-ray is normal.
 - Get an outpatient Paediatric Respiratory Medicine referral.
 - Arrange for her to go to the emergency department and be reviewed by a Paediatric Otolaryngologist.
 - None of the above.
- 16. A 19-year-old man complains of mild non-productive cough and shortness of breath on cold days. Slight wheezing but otherwise there was normal physical examination. Chest X-ray is clear. What is the most likely clinical diagnosis?**
- Asthma.
 - COPD.
 - Heart failure.
 - Anxiety attacks.
 - Pneumothorax.

17. A 35-year-old diabetic man presents to you with a 3-day history of fever and increasing shortness of breath since morning. What is the most likely clinical diagnosis?
- Hypoglycaemia.
 - Gastritis.
 - Diabetic ketoacidosis.
 - Panic attack.
 - Acute myocardial infarction.
18. An elderly male presents to your clinic with a 2-week history of cough and fever on and off since the same time. Examination of the respiratory system shows decreased air entry on the left side, stony dullness and decreased breath sounds. His chest x-ray is most likely to reveal:
- Pneumothorax.
 - Pleural Effusion.
 - Cardiomegaly.
 - Fibrosis.
 - Hyperinflated lung fields.
19. The most common risk factor for Chronic Obstructive Pulmonary Disease (COPD) is:
- Asbestosis.
 - Air Pollution.
 - Smoking.
 - Infection.
 - Coal mining.
20. A 45-year old man presents with a history of high-grade fever for the last 5 days associated with cough and greenish sputum. Auscultation reveals bronchial breathing on the right lower chest. What is the most likely clinical diagnosis?
- Pneumonia.
 - Congestive heart failure.
 - Asthma exacerbation.
 - Pulmonary embolism.
 - Tuberculosis.
21. A 67-year-old hypertensive patient has been diagnosed by you to have community-acquired pneumonia. Her chest X-ray shows a right lower zone consolidation and her vital signs are as follows: temperature 38.6°C, HR 115/min, BP 100/50 and SpO₂ 96% on room air. Which of the following is true?
- Her 30-day mortality risk is about 7% and she should be referred to hospital for admission and IV antibiotics.
 - She should be treated with oral antibiotics for two weeks and reviewed after that.
 - Her 30-day mortality risk is 27% and she should be admitted to hospital and may need intensive care.
 - Her CURB-65 score is 1.
 - She has not fulfilled SIRS criteria.
22. A 55-year-old resident of a nursing home is seen by you for persistent cough of 2 weeks' duration. The nurse reports that his cough has worsened and has been producing yellow sputum for the last 5 days, and he has a fever of 37.9°C which has not responded to oral Co-amoxiclav.
- Which of the following is NOT true?
- He needs antibiotics.
 - He needs admission to hospital.
 - He has community-acquired pneumonia.
 - He has healthcare-associated pneumonia.
 - He should do a chest X-ray.
23. An ADL-dependent 85-year-old lady, on nasogastric tube feeding is brought to you by family members with whom she lives. They report a cough for 5 days as well as fever and breathlessness for 1 day. She was last admitted to hospital for pneumonia 6 months prior. She is tachypnoeic and you can hear crepitations in her right axilla. The appropriate thing to do is to:
- Refer to the hospital for community-acquired pneumonia.
 - Refer to the hospital for healthcare-associated pneumonia.
 - Start oral Co-amoxiclav and Clarithromycin and review in 2 days.
 - Start IM Ceftriaxone and oral Flagyl and review in 2 days.
 - Tell the family to stop feeding through the tube and refer for admission.
24. Which of the following is NOT a parameter of the CURB-65 rule?
- Confusion, defined as an Abbreviated Mental Test Score of 8 or less.
 - Diastolic blood pressure of less than 60mmHg.
 - Respiratory rate of 30 breathes per minute or more.
 - Systolic blood pressure of less than 100mmHg.
 - None of the above.
25. A 35-year-old Caucasian lady comes into your clinic with 4 days of high fever, dry cough, arthralgia and headache. She has left basal crepitations but a chest radiograph that you ordered is normal. Which of the following is NOT true?
- She has community-acquired pneumonia but her X-ray is clear because of time lag.
 - She has atypical pneumonia and can be started on Clarithromycin to cover for Mycoplasma.
 - She needs admission to hospital.
 - She can be started on Co-amoxiclav and Clarithromycin concurrently.
 - She should have a blood test to rule out dengue infection.

- 26. A 60-year-old gentleman presented to your clinic for complaints of severe lower abdominal pain. The decision was made to give the patient a single dose of intramuscular Tramadol 50 mg. Which of the following statements is correct?**
- A. Painkillers are contraindicated in the evaluation of an acute abdomen.
 - B. Painkillers will reduce the accuracy of the abdominal exam.
 - C. If given in small doses it can assist in diagnosis.
 - D. If pain is partially relieved the patient can be sent home with reassurance.
 - E. All of the above.
- 27. Which of the following symptoms is least useful in the clinical diagnosis of acute appendicitis?**
- A. Presence of RLQ pain.
 - B. Migratory pain.
 - C. Loss of appetite.
 - D. Fever.
 - E. Nausea and vomiting.
- 28. A 79-year-old lady presented to your clinic complaining of vague abdominal pain for the previous 2 days, made worse upon coughing. Urinalysis demonstrated the presence of microhaematuria. Which of the following diagnoses is correct?**
- A. Urinary tract infection.
 - B. Acute appendicitis.
 - C. Lower lobe pneumonia.
 - D. Leaking abdominal aortic aneurysm.
 - E. All of the above.
- 29. The full blood count:**
- A. Is always elevated in acute appendicitis.
 - B. Is more elevated in acute appendicitis than in PID.
 - C. Is often misleading.
 - D. Is not elevated in non-surgical disease.
 - E. Is not part of the Alvarado score.
- 30. A 45-year-old lady with no previous surgical history comes in with severe abdominal pain. The most appropriate investigation to first consider is:**
- A. 12 lead ECG.
 - B. Urine pregnancy test.
 - C. Abdominal films — both erect and supine.
 - D. Erect chest X-ray.
 - E. Full blood count.