

Visual Stimulation - 2022

1

Disclosures

- None
- Thanks to
- John Wilburn
- James Paxton
- Brian Haber
- Luda Khait

2

• 3 yo unvaccinated male presents with a temp of 39.0, Pulse 110, Respiratory rate 24 and normal blood pressure. The child developed this finding, along with a cough, runny nose and injected eyes 2 days after the temp.

Which of the following is true

- A) Bacterial superinfection in the most common etiology of fatal complications
- B) The causal agent may reoccur later in life as a painful rash
- C) The course always benign and self limited
- D) The causal agent may cause birth defects
- E) Treatment is with an antitoxin

3



4

• 3 yo unvaccinated male presents with a temp of 39.0, Pulse 110, Respiratory rate 24 and normal blood pressure. The child developed this finding, along with a cough, runny nose and injected eyes 2 days after the temp.

Which of the following is true

- A) Bacterial superinfection in the most common etiology of fatal complications
- B) The causal agent may reoccur later in life as a painful rash
- C) The course always benign and self limited
- D) The causal agent may cause birth defects
- E) Treatment is with an antitoxin

5

• 3 yo unvaccinated male presents with a temp of 39.0, Pulse 110, Respiratory rate 24 and normal blood pressure. The child developed this finding, along with a cough, runny nose and injected eyes 2 days after the temp.

Which of the following is true

- A) Bacterial superinfection in the most common etiology of fatal complications**
- B) The causal agent may reoccur later in life as a painful rash
- C) The course always benign and self limited
- D) The causal agent may cause birth defects
- E) Treatment is with an antitoxin

6

- A middle age refuge presents with foul smelling breath and mouth pain. Oral exam is showed.

Which of the following is the initial treatment

- A) Biopsy for culture
- B) Chlorhexadine rinse
- C) Gentle debridement
- D) Highly active antiretroviral therapy
- E) Topical antibiotics

7



8

- A middle age refuge presents with foul smelling breath and mouth pain. Oral exam is showed.

Which of the following is the initial treatment

- A) Biopsy for culture
- B) Chlorhexadine rinse
- C) Gentle debridement
- D) Highly active antiretroviral therapy
- E) Topical antibiotics

9

- A middle age refuge presents with foul smelling breath and mouth pain. Oral exam is showed.

Which of the following is the initial treatment

- A) Biopsy for culture
- B) Chlorhexadine rinse
- C) Gentle debridement**
- D) Highly active antiretroviral therapy
- E) Topical antibiotics

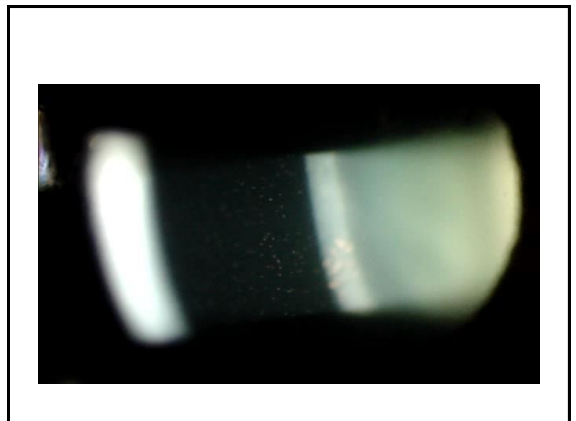
10

- A patient complains of eye pain and blurry vision after minor eye trauma. The patient's vision is normal but states it seems like there is moving "stuff" in front of his eye. He has not other medical conditions. There is no pain when light is shined in his eye and his pupil is reactive. Slit lamp exam is shown.

The next step in management is:

- A) Emergent ophthalmology consultation
- B) Fluorescein stain
- C) Oral antibiotics
- D) Topical cycloplegics

11



12

- A patient complains of eye pain and blurry vision after minor eye trauma. The patient's vision is normal but states it seems like there is moving "stuff" in front of his eye. He has not other medical conditions. There is no pain when light is shined in his eye and his pupil is reactive. Slit lamp exam is shown.

The next step in management is:

- A) Emergent ophthalmology consultation
- B) Fluorescein stain
- C) Oral antibiotics
- D) Topical cycloplegics

13

- A patient complains of eye pain and blurry vision after minor eye trauma. The patient's vision is normal but states it seems like there is moving "stuff" in front of his eye. He has not other medical conditions. There is no pain when light is shined in his eye and his pupil is reactive. Slit lamp exam is shown.

The next step in management is:

- A) Emergent ophthalmology consultation
- B) Fluorescein stain**
- C) Oral antibiotics
- D) Topical cycloplegics

14

- A patient complains of eye pain and blurry vision after minor eye trauma. The patient's vision is normal but states it seems like there is moving "stuff" in front of his eye. He has not other medical conditions. There is no pain when light is shined in his eye and his pupil is reactive. Slit lamp exam is shown.

The next step in management is:

- A) Emergent ophthalmology consultation
- B) Fluorescein stain**
- C) Oral antibiotics
- D) Topical cycloplegics

15



16

- A patient complains of eye pain and blurry vision after minor eye trauma. The patient's vision is normal but states it seems like there is moving "stuff" in front of his eye. He has not other medical conditions. There is no pain when light is shined in his eye and his pupil is reactive. Slit lamp exam is shown.

The next step in management is:

- A) Emergent ophthalmology consultation
- B) Fluorescein stain**
- C) Oral antibiotics
- D) Topical cycloplegics

17

- A patient presents after falling and sustaining a knee injury. The patient cannot extend the knee and complains of significant pain distal to the patella. The xray of the knee is shown:

Treatment includes:

- A) Applying pressure to edge of the patella while extending the knee.
- B) Angiogram of the affected leg
- C) Incision and Drainage
- D) Orthopedic surgery consultation for traction pin
- E) Splinting and weightbearing with crutches**

18

• 9 mo patient presents for intermittent crying. The patient has episodes of vomiting and refuses to eat. The symptoms seem to come and go. On exam, you note a firm mass. Using POCUS, you obtain the following image:

Which of following is true:

- A) After treatment, endoscopic visualization is recommended to exclude malignancy
- B) Antibiotics are necessary to prevent superinfection
- C) Contrast enema is diagnostic
- D) Expectant management is usually sufficient
- E) Once treated, there is a high likelihood of reoccurrence

19



20

• 9 mo patient presents for intermittent crying. The patient has episodes of vomiting and refuses to eat. The symptoms seem to come and go. On exam, you note a firm mass. Using POCUS, you obtain the following image:

Which of following is true:

- A) After treatment, endoscopic visualization is recommended to exclude malignancy
- B) Antibiotics are necessary to prevent superinfection
- C) Contrast enema is diagnostic
- D) Expectant management is usually sufficient
- E) Once treated, there is a high likelihood of reoccurrence

21

• 9 mo patient presents for intermittent crying. The patient has episodes of vomiting and refuses to eat. The symptoms seem to come and go. On exam, you note a firm mass. Using POCUS, you obtain the following image:

Which of following is true:

- A) After treatment, endoscopic visualization is recommended to exclude malignancy
- B) Antibiotics are necessary to prevent superinfection
- C) Contrast enema is diagnostic**
- D) Expectant management is usually sufficient
- E) Once treated, there is a high likelihood of reoccurrence

22

• A child is started on a new seizure medication. The patient develops worrisome skin changes.

Which of following is true:

- A) Early steroid treatment is necessary for improved outcomes
- B) Immune suppression with HIV is associated with lower
- C) Mortality is ~80%, even with optimal therapy
- D) Mycoplasma is a non-pharmacologic cause of this condition
- E) Cefazolin is a commonly associated cause

23



24

- A child is started on a new seizure medication. The patient develops worrisome skin changes.

Which of following is true:

- A) Early steroid treatment is necessary for improved outcomes
- B) Immune suppression with HIV is associated with lower
- C) Mortality is ~80%, even with optimal therapy
- D) Mycoplasma is a non-pharmacologic cause of this condition
- E) Cefazolin is a commonly associated cause

25

- A child is started on a new seizure medication. The patient develops worrisome skin changes.

Which of following is true:

- A) Early steroid treatment is necessary for improved outcomes
- B) Immune suppression with HIV is associated with lower
- C) Mortality is ~80%, even with optimal therapy
- D) Mycoplasma is a non-pharmacologic cause of this condition**
- E) Cefazolin is a commonly associated cause

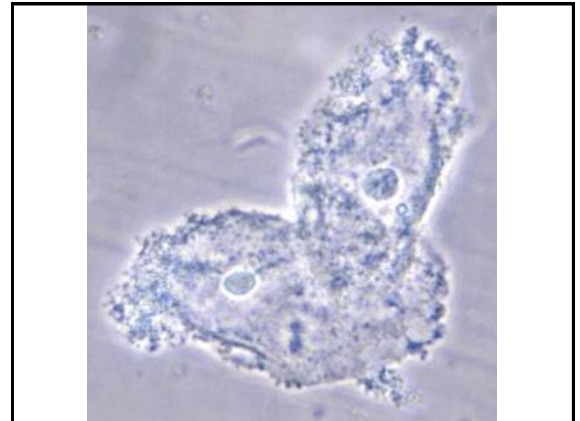
26

- A patient presents with a foul smelling vaginal discharge.

Based on microscopy, what is the most appropriate treatment?

- A) Acyclovir
- B) Ceftriaxone and doxycycline
- C) Fluconazole
- D) Metronidazole
- E) Penicillin G

27



28

- A patient presents with a foul smelling vaginal discharge.

Based on microscopy, what is the most appropriate treatment?

- A) Acyclovir
- B) Ceftriaxone and doxycycline
- C) Fluconazole
- D) Metronidazole
- E) Penicillin G

29

- A patient presents with a foul smelling vaginal discharge.

Based on microscopy, what is the most appropriate treatment?

- A) Acyclovir
- B) Ceftriaxone and doxycycline
- C) Fluconazole
- D) Metronidazole**
- E) Penicillin G

30

• An elderly patient presents with a headache and vomiting after a fall. A representative image from a CT is shown

• What is the best treatment for this condition?

- A) Craniotomy for hematoma evacuation
- B) Emergent burr hole for drainage
- C) Interventional neurology/neurosurgery for angiogram and coiling
- D) Monitoring for signs of clinical worsening
- E) Ventricular drain for hematoma evacuation

31



32

• An elderly patient presents with a headache and vomiting after a fall. A representative image from a CT is shown

• What is the best treatment for this condition?

- A) Craniotomy for hematoma evacuation
- B) Emergent burr hole for drainage
- C) Interventional neurology/neurosurgery for angiogram and coiling
- D) Monitoring for signs of clinical worsening
- E) Ventricular drain for hematoma evacuation

33

• An elderly patient presents with a headache and vomiting after a fall. A representative image from a CT is shown

• What is the best treatment for this condition?

- A) Craniotomy for hematoma evacuation**
- B) Emergent burr hole for drainage
- C) Interventional neurology/neurosurgery for angiogram and coiling
- D) Monitoring for signs of clinical worsening
- E) Ventricular drain for hematoma evacuation

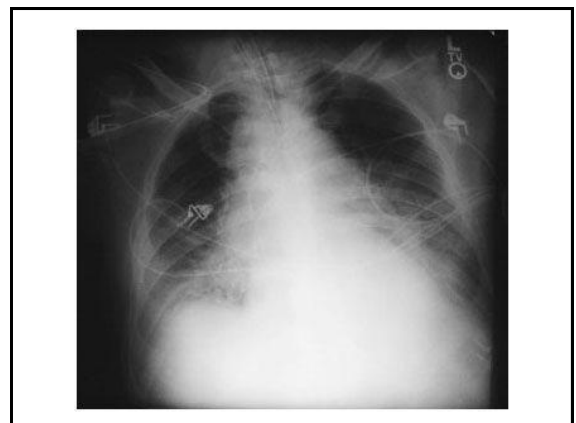
34

• A worker at a CDC biolab presents with difficulty breathing after an accidental exposure to a pathogen. The patient presents with cough, fever and difficulty breathing. A respiratory viral panel is negative.

What is the recommended antibiotic regimen for the xray findings?

- A) Azithromycin
- B) Ceftriaxone and Doxycycline
- C) Ciprofloxacin followed by Doxycycline
- D) Linezolid and Tobramycin
- E) Meropenem

35



36

- A worker at a CDC biolab presents with difficulty breathing after an accidental exposure to a pathogen. The patient presents with cough, fever and difficulty breathing. A respiratory viral panel is negative.

What is the recommended antibiotic regimen for the xray findings?

- A) Azithromycin
- B) Ceftriaxone and Doxycycline
- C) Ciprofloxacin followed by Doxycycline
- D) Linezolid and Tobramycin
- E) Meropenem

37

- A worker at a CDC biolab presents with difficulty breathing after an accidental exposure to a pathogen. The patient presents with cough, fever and difficulty breathing. A respiratory viral panel is negative.

What is the recommended antibiotic regimen for the xray findings?

- A) Azithromycin
- B) Ceftriaxone and Doxycycline
- C) Ciprofloxacin followed by Doxycycline**
- D) Linezolid and Tobramycin
- E) Meropenem

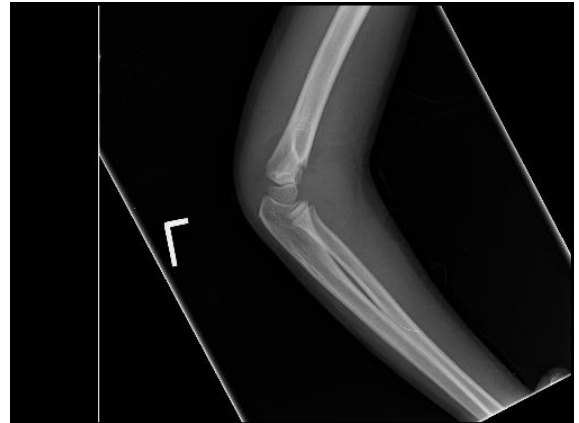
38

- A young child presents with an injury and this xray.

Which of the following is true:

- A) Closed Reduction is usual sufficient
- B) Compartment syndrome is never seen
- C) Median Nerve injury is most common complication
- D) Most common Mechanism of injury is a direct blow to the humerus
- E) There is usually a second fracture associated with this injury

39



40

- A young child presents with an injury and this xray.

Which of the following is true:

- A) Closed Reduction is usual sufficient
- B) Compartment syndrome is never seen
- C) Median Nerve injury is most common complication
- D) Most common Mechanism of injury is a direct blow to the humerus
- E) There is usually a second fracture associated with this injury

41

- A young child presents with an injury and this xray.

Which of the following is true:

- A) Closed Reduction is usual sufficient
- B) Compartment syndrome is never seen
- C) Median Nerve injury is most common complication**
- D) Most common Mechanism of injury is a direct blow to the humerus
- E) There is usually a second fracture associated with this injury

42

- A young child presents with ear pain that has progressed over the course of 2 weeks.

Which of the following is true:

- A) Antibiotic therapy directed towards common otitis median pathogens is recommended
- B) CT or other imaging is necessary for diagnosis
- C) Emergent surgical debridement is necessary
- D) Most common pathogen is viral
- E) Treatment is with IV steroids alone

43



44

- A young child presents with ear pain that has progressed over the course of 2 weeks.

Which of the following is true:

- A) Antibiotic therapy directed towards common otitis median pathogens is recommended
- B) CT or other imaging is necessary for diagnosis
- C) Emergent surgical debridement is necessary
- D) Most common pathogen is viral
- E) Treatment is with IV steroids alone

45

- A young child presents with ear pain that has progressed over the course of 2 weeks.

Which of the following is true:

- A) Antibiotic therapy directed towards common otitis median pathogens is recommended**
- B) CT or other imaging is necessary for diagnosis
- C) Emergent surgical debridement is necessary
- D) Most common pathogen is viral
- E) Treatment is with IV steroids alone

46

- A patient was out hiking in the woods. He developed a fever for several day then noticed a rash. He does recall pulling several ticks off of himself a few days afterward.

Which of the following is true:

- A. Doxycycline is the treatment of choice, regardless of age
- B. Long term/Chronic infection is common
- C. Heart block is associated with rash
- D. The highest incidence is in Colorado and Utah
- E. Treatment is 3 doses of IM Penicillin G

47



48

- A patient was out hiking in the woods. He developed a fever for several day then noticed a rash. He does recall pulling several ticks off of himself a few days afterward.

Which of the following is true:

- A. Doxycycline is the treatment of choice, regardless of age
- B. Long term/Chronic infection is common
- C. Heart block is associated with rash
- D. The highest incidence is in Colorado and Utah
- E. Treatment is 3 doses of IM Penicillin G

49

- A patient was out hiking in the woods. He developed a fever for several day then noticed a rash. He does recall pulling several ticks off of himself a few days afterward.

Which of the following is true:

- A. Doxycycline is the treatment of choice, regardless of age**
- B. Long term/Chronic infection is common
- C. Heart block is associated with rash
- D. The highest incidence is in Colorado and Utah
- E. Treatment is 3 doses of IM Penicillin G

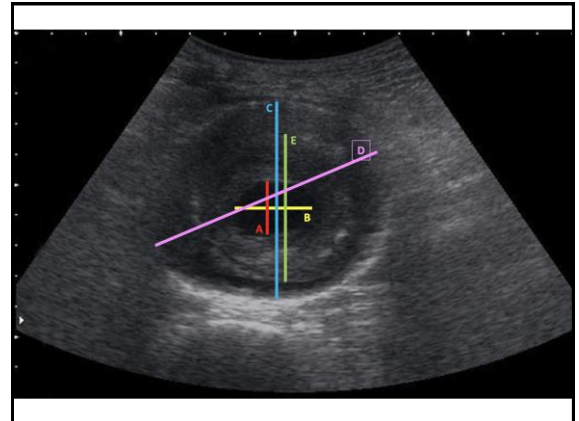
50

- A 66yoM presents with lumbar back pain that started 6 hours ago. He has a history of tobacco use, chronic back pain, CKD and hypertension. Pain is a bit different from his typical pain and radiates to his bilateral flanks. BP 105/55, HR 90. You obtain an ultrasound of the aorta and get the following image.

• Which of the following represents the correct placement of the measurement calipers to obtain the aortic diameter.

- A. A
- B. B
- C. C
- D. D
- E. E

51



52

- A 66yoM presents with lumbar back pain that started 6 hours ago. He has a history of tobacco use, chronic back pain, CKD and hypertension. Pain is a bit different from his typical pain and radiates to his bilateral flanks. BP 105/55, HR 90. You obtain an ultrasound of the aorta and get the following image.

• Which of the following represents the correct placement of the measurement calipers to obtain the aortic diameter.

- A. A
- B. B
- C. C
- D. D
- E. E

53

- A 66yoM presents with lumbar back pain that started 6 hours ago. He has a history of tobacco use, chronic back pain, CKD and hypertension. Pain is a bit different from his typical pain and radiates to his bilateral flanks. BP 105/55, HR 90. You obtain an ultrasound of the aorta and get the following image.

• Which of the following represents the correct placement of the measurement calipers to obtain the aortic diameter.

- A. A
- B. B
- C. C**
- D. D
- E. E

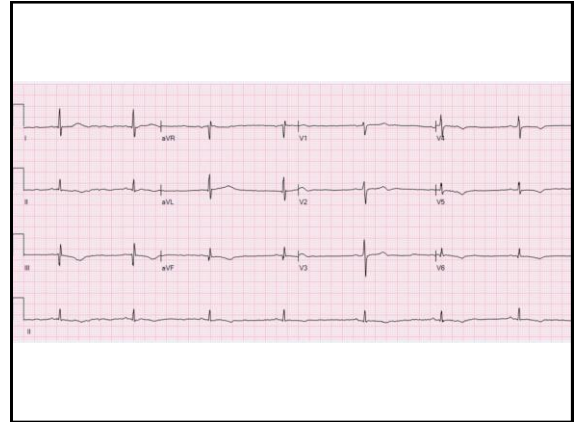
54

• A 3 year old child is found with a bottle of medication that is partially consumed. The patient passes out when standing up. HR is between 30-40 on exam, but otherwise the exam is unremarkable. An ECG is obtained.

Which of the following is true:

- A. Digoxin FAB therapy is recommended
- B. The medication blocks adrenergic release
- C. High dose naloxone is almost always effective
- D. The patient is at risk for serotonin syndrome
- E. Transvenous pacing is necessary for treatment

55



56

• A 3 year old child is found with a bottle of medication that is partially consumed. The patient passes out when standing up. HR is between 30-40 on exam, but otherwise the exam is unremarkable. An ECG is obtained.

Which of the following is true:

- A. Digoxin FAB therapy is recommended
- B. The medication blocks adrenergic release
- C. High dose naloxone is almost always effective
- D. The patient is at risk for serotonin syndrome
- E. Transvenous pacing is necessary for treatment

57

• A 3 year old child is found with a bottle of medication that is partially consumed. The patient passes out when standing up. HR is between 30-40 on exam, but otherwise the exam is unremarkable. An ECG is obtained.

Which of the following is true:

- A. Digoxin FAB therapy is recommended
- B. The medication blocks adrenergic release**
- C. High dose naloxone is almost always effective
- D. The patient is at risk for serotonin syndrome
- E. Transvenous pacing is necessary for treatment

58

• A young child sustains an ankle injury. An xray of the injury is shown.

How would you classify this fracture:

- A. Salter Harris I
- B. Salter Harris II
- C. Salter Harris III
- D. Salter Harris IV
- E. Salter Harris V

59



60

- A young child sustains an ankle injury. An xray of the injury is shown.

How would you classify this fracture:

- A. Salter Harris I
- B. Salter Harris II
- C. Salter Harris III
- D. Salter Harris IV
- E. Salter Harris V

61

- A young child sustains an ankle injury. An xray of the injury is shown.

How would you classify this fracture:

- A. Salter Harris I
- B. Salter Harris II
- C. Salter Harris III**
- D. Salter Harris IV
- E. Salter Harris V

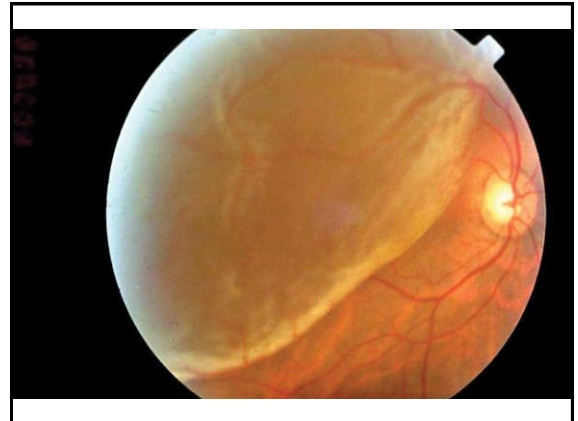
62

- An Elderly patient complains of a curtain like change in vision. The patient has light perception only through most of the field of vision. You see this on exam.

Next next step includes:

- A. Aggressive glucose control
- B. Emergent Ophthalmology consultation
- C. Lateral canthotomy
- D. Normal Saline irrigation of the eye
- E. Oral/IV acetazolamide followed by timolol

63



64

- An Elderly patient complains of a curtain like change in vision. The patient has light perception only through most of the field of vision. You see this on exam.

Next next step includes:

- A. Aggressive glucose control
- B. Emergent Ophthalmology consultation
- C. Lateral canthotomy
- D. Normal Saline irrigation of the eye
- E. Oral/IV acetazolamide followed by timolol

65

- An Elderly patient complains of a curtain like change in vision. The patient has light perception only through most of the field of vision. You see this on exam.

Next next step includes:

- A. Aggressive glucose control
- B. Emergent Ophthalmology consultation**
- C. Lateral canthotomy
- D. Normal Saline irrigation of the eye
- E. Oral/IV acetazolamide followed by timolol

66

- A several month old child with trisomy 21 presents cyanotic that does not improve with oxygen. As part of the work up, you obtain a chest xray.

Based on the findings you should:

- A. Antibiotics directed at pseudomonas
- B. Initiate a prostaglandin infusion
- C. IV furosemide
- D. IV phenylephrine
- E. Refer for emergent ECMO

67



68

- A several month old child with trisomy 21 presents cyanotic that does not improve with oxygen. As part of the work up, you obtain a chest xray.

Based on the findings you should:

- A. Antibiotics directed at pseudomonas
- B. Initiate a prostaglandin infusion
- C. IV furosemide
- D. IV phenylephrine
- E. Refer for emergent ECMO

69

- A several month old child with trisomy 21 presents cyanotic that does not improve with oxygen. As part of the work up, you obtain a chest xray.

Based on the findings you should:

- A. Antibiotics directed at pseudomonas
- B. Initiate a prostaglandin infusion
- C. IV furosemide
- D. IV phenylephrine**
- E. Refer for emergent ECMO

70

- A child has had a week of a fever of 38.5, but otherwise minimal symptoms and firm, painless masses in the neck. Notable exam findings are shown.

Based on the findings your next steps include:

- A. Acetylsalicylic acid treatment
- B. Blood and urine culture, imaging and antibiotics
- C. Methylprednisolone
- D. Refer for oncology evaluation
- E. Refer for cardiac catheterization

71



72

- A child has had a week of a fever of 38.5, but otherwise minimal symptoms and firm, painless masses in the neck. Notable exam findings are shown.

Based on the findings your next steps include:

- A. Acetylsalicylic acid treatment
- B. Blood and urine culture, imaging and antibiotics
- C. Methylprednisolone
- D. Refer for oncology evaluation
- E. Refer for cardiac catheterization

73

- A child has had a week of a fever of 38.5, but otherwise minimal symptoms and firm, painless masses in the neck. Notable exam findings are shown.

Based on the findings your next steps include:

- A. Acetylsalicylic acid treatment**
- B. Blood and urine culture, imaging and antibiotics
- C. Methylprednisolone
- D. Refer for oncology evaluation
- E. Refer for cardiac catheterization

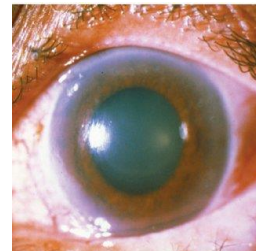
74

- An Elderly patient complains of a blurry vision in one eye. The eye is painful and the pupil of that eye is not reactive.

Your next step includes:

- A. Aggressive glucose control
- B. Emergent Ophthalmology consultation
- C. Lateral canthotomy
- D. Normal Saline irrigation of the eye
- E. Oral/IV acetazolamide followed by timolol

75



76

- An Elderly patient complains of a blurry vision in one eye. The eye is painful and the pupil of that eye is not reactive.

Your next step includes:

- A. Aggressive glucose control
- B. Emergent Ophthalmology consultation
- C. Lateral canthotomy
- D. Normal Saline irrigation of the eye
- E. Oral/IV acetazolamide followed by timolol

77

- An Elderly patient complains of a blurry vision in one eye. The eye is painful and the pupil of that eye is not reactive.

Your next step includes:

- A. Aggressive glucose control
- B. Emergent Ophthalmology consultation
- C. Lateral canthotomy
- D. Normal Saline irrigation of the eye
- E. Oral/IV acetazolamide followed by timolol

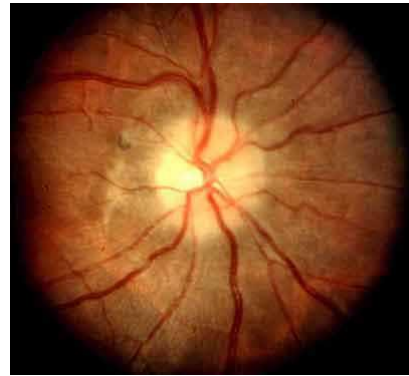
78

- An obese female patient complains of frequent severe headaches, associated with nausea and vomiting. The headaches do not improve with medication and frequently wake her up. She has noted decreased vision in both eyes. An exam finding is shown.

Which of following is true:

- A. Head CT will likely show an obstructing mass
- B. Lumbar puncture is diagnostic and therapeutic
- C. MRI will likely reveal demyelinating plaques
- D. The condition is worsened with diphenhydramine
- E. Treatment is with acyclovir

79



80

- An obese female patient complains of frequent severe headaches, associated with nausea and vomiting. The headaches do not improve with medication and frequently wake her up. She has noted decreased vision in both eyes. An exam finding is shown.

Which of following is true:

- A. Head CT will likely show an obstructing mass
- B. Lumbar puncture is diagnostic and therapeutic
- C. MRI will likely reveal demyelinating plaques
- D. The condition is worsened with diphenhydramine
- E. Treatment is with acyclovir

81

- An obese female patient complains of frequent severe headaches, associated with nausea and vomiting. The headaches do not improve with medication and frequently wake her up. She has noted decreased vision in both eyes. An exam finding is shown.

Which of following is true:

- A. Head CT will likely show an obstructing mass
- B. Lumbar puncture is diagnostic and therapeutic
- C. MRI will likely reveal demyelinating plaques
- D. The condition is worsened with diphenhydramine
- E. Treatment is with acyclovir

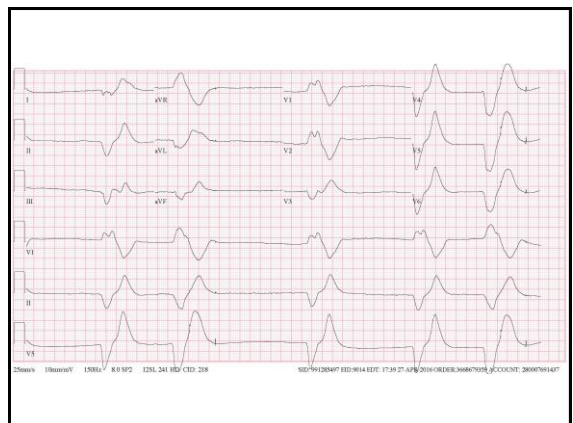
82

- An elderly patient with multiple medical conditions complains of syncope and not feeling well. The patient has been stuck in the house due to weather and is unable to make their scheduled appointments. An ECG is shown.

Initial Treatment should include:

- A. Amiodarone
- B. Atropine
- C. Glucagon
- D. IV calcium gluconate
- E. Transvenous pacing

83



84

- An elderly patient with multiple medical conditions complains of syncope and not feeling well. The patient has been stuck in the house due to weather and unable to make their scheduled appointments. An ECG is shown.

Initial Treatment should include:

- A. Amiodarone
- B. Atropine
- C. Glucagon
- D. IV calcium gluconate
- E. Transvenous pacing

85

- An elderly patient with multiple medical conditions complains of syncope and not feeling well. The patient has been stuck in the house due to weather and unable to make their scheduled appointments. An ECG is shown.

Initial Treatment should include:

- A. Amiodarone
- B. Atropine
- C. Glucagon
- D. IV calcium gluconate
- E. Transvenous pacing

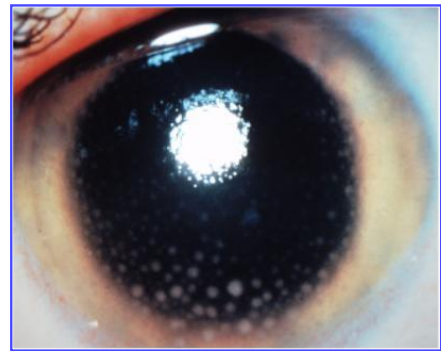
86

- 44yo Male was Arc Welding a fence all weekend. He has pain in both eyes and blurry vision. IOP is 15.

Treatment should include:

- A. Acyclovir ophthalmic
- B. Acetazolamide
- C. Saline Irrigation
- D. Patching
- E. Sunglasses

87



88

- 44yo Male was Arc Welding a fence all weekend. He has pain in both eyes and blurry vision. IOP is 15.

Treatment should include:

- A. Acyclovir ophthalmic
- B. Acetazolamide
- C. Saline Irrigation
- D. Patching
- E. Sunglasses

89

- 44yo Male was Arc Welding a fence all weekend. He has pain in both eyes and blurry vision. IOP is 15.

Treatment should include:

- A. Acyclovir ophthalmic
- B. Acetazolamide
- C. Saline Irrigation
- D. Patching
- E. Sunglasses

90

- 3 day old infant presents with ocular discharge. The child was born at home via a uncomplicated NSVD.

In addition to antibiotics, what treatment is necessary to prevent blindness:

- Acetazolamide to prevent glaucoma
- Antibiotics for the mother
- Fluorescein staining
- Lateral canthotomy
- Normal saline irrigation

91



92

- 3 day old infant presents with ocular discharge. The child was born at home via a uncomplicated NSVD.

In addition to antibiotics, what treatment is necessary to prevent blindness:

- Acetazolamide to prevent glaucoma
- Antibiotics for the mother
- Fluorescein staining
- Lateral canthotomy
- Normal saline irrigation

93

- 3 day old infant presents with ocular discharge. The child was born at home via a uncomplicated NSVD.

In addition to antibiotics, what treatment is necessary to prevent blindness:

- Acetazolamide to prevent glaucoma
- Antibiotics for the mother
- Fluorescein staining
- Lateral canthotomy
- Normal saline irrigation

94

- 22 yo gymnast falls while skiing and sustains a shoulder injury. There is grinding of the shoulder with movement.

This patient is best managed by:

- Carotid angiogram
- Emergent/Urgent Surgical reduction and fixation
- Scapular manipulation for reduction
- Sling and swath, pain management, re-evaluation
- Tube thoracostomy

95



96

- 22 yo gymnast falls while skiing and sustains a shoulder injury. There is grinding of the shoulder with movement.

This patient is best managed by:

- Carotid angiogram
- Emergent/Urgent Surgical reduction and fixation
- Scapular manipulation for reduction
- Sling and swath, pain management, re-evaluation
- Tube thoracostomy

97

- 22 yo gymnast falls while skiing and sustains a shoulder injury. There is grinding of the shoulder with movement.

This patient is best managed by:

- Carotid angiogram
- Emergent/Urgent Surgical reduction and fixation
- Scapular manipulation for reduction
- Sling and swath, pain management, re-evaluation
- Tube thoracostomy

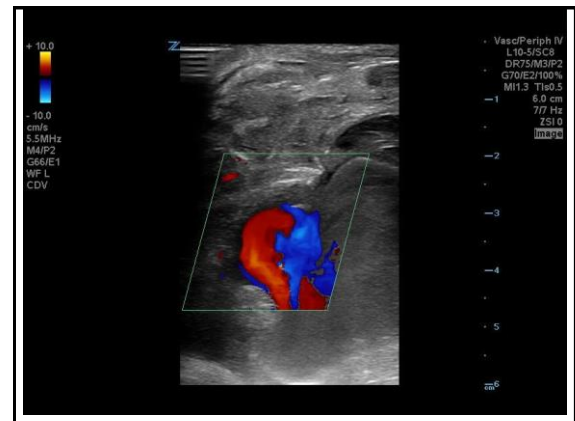
98

- 65yo Male presents with a painful swelling to the groin after a heart catheterization. There is palpable fluctuance ~1 cm around. The skin is mildly erythematous with no significant induration. POCUS image is shown.

What is the next best course of action:

- Admit for IV antibiotics
- Direct pressure
- Incision and Drainage plus oral antibiotics
- Refer for excisional biopsy
- Surgical consult for repair

99



100

- 65yo Male presents with a painful swelling to the groin after a heart catheterization. There is palpable fluctuance ~1 cm around. The skin is mildly erythematous with no significant induration. POCUS image is shown.

What is the next best course of action:

- Admit for IV antibiotics
- Direct pressure
- Incision and Drainage plus oral antibiotics
- Refer for excisional biopsy
- Surgical consult for repair

101

- 65yo Male presents with a painful swelling to the groin after a heart catheterization. There is palpable fluctuance ~1 cm around. The skin is mildly erythematous with no significant induration. POCUS image is shown.

What is the next best course of action:

- Admit for IV antibiotics
- Direct pressure
- Incision and Drainage plus oral antibiotics
- Refer for excisional biopsy
- Surgical consult for repair

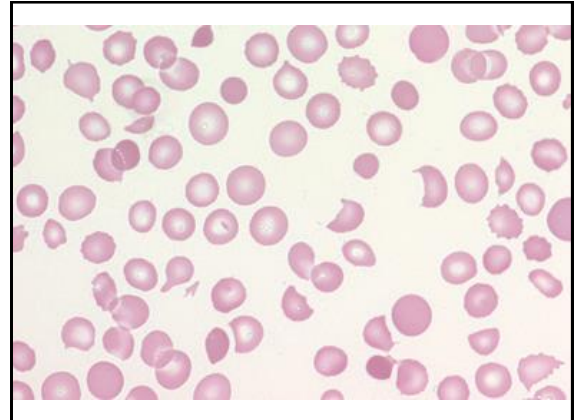
102

• 45yo male presents for Altered mental status. The patient is confused and has rash. Family notes a recent history of significant diarrhea. Labs show moderate renal insufficiency and UA show a high specific gravity and is positive for blood. CBC shows WBC 15K, Hemoglobin 9.8g and platelets of 10K. The lab requests you look at a slide:

A definitive treatment plan would include:

- A. Doxycycline
- B. Hydroxyurea
- C. IV hydration
- D. Plasma exchange
- E. Platelet and red cell transfusion

103



104

• 45yo male presents for Altered mental status. The patient is confused and has rash. Family notes a recent history of significant diarrhea. Labs show moderate renal insufficiency and UA show a high specific gravity and is positive for blood. CBC shows WBC 15K, Hemoglobin 9.8g and platelets of 10K. The lab requests you look at a slide:

A definitive treatment plan would include:

- A. Doxycycline
- B. Hydroxyurea
- C. IV hydration
- D. Plasma exchange
- E. Platelet and red cell transfusion

105

• 45yo male presents for Altered mental status. The patient is confused and has rash. Family notes a recent history of significant diarrhea. Labs show moderate renal insufficiency and UA show a high specific gravity and is positive for blood. CBC shows WBC 15K, Hemoglobin 9.8g and platelets of 10K. The lab requests you look at a slide:

A definitive treatment plan would include:

- A. Doxycycline
- B. Hydroxyurea
- C. IV hydration
- D. Plasma exchange
- E. Platelet and red cell transfusion

106

• A 3 year old child presents with a hot, painful ear. She recently had an ear piercing which was removed due to pain. The parents have been cleaning the ear with hydrogen peroxide without improvement. There is pain with movement of the tragus and antihelix.

A definitive treatment plan would include:

- A. Antibiotics with MRSA coverage
- B. Antipseudomonal antibiotics
- C. Chlorhexidine washes
- D. Exploration for foreign body removal
- E. Topical Steroids

107



108

- A 3 year old child presents with a hot, painful ear. She recently had an ear piercing which was removed due to pain. The parents have been cleaning the ear with hydrogen peroxide without improvement. There is pain with movement of the tragus and antihelix.

A definitive treatment plan would include:

- A. Antibiotics with MRSA coverage
- B. Antipseudomonal antibiotics
- C. Chlorhexidine washes
- D. Exploration for foreign body removal
- E. Topical Steroids

109

- A 3 year old child presents with a hot, painful ear. She recently had an ear piercing which was removed due to pain. The parents have been cleaning the ear with hydrogen peroxide without improvement. There is pain with movement of the tragus and antihelix.

A definitive treatment plan would include:

- A. Antibiotics with MRSA coverage
- B. Antipseudomonal antibiotics
- C. Chlorhexidine washes
- D. Exploration for foreign body removal
- E. Topical Steroids

110

- An 8 year old male is having difficulty walking. Over the last few days he has developed a pronounced limp. There was no apparent injury and the child does not have a significant medical history. The pain does improve with NSAID. On presentation, x-rays are obtained.

Best management is:

- A. IM ceftriaxone and oral azithromycin
- B. Imaging the knee on the affected side.
- C. Non-weight bearing and orthopedic referral
- D. Referral for intra-articular steroid injection
- E. Rest, Ice and NSAIDS

111



112

- An 8 year old male is having difficulty walking. Over the last few days he has developed a pronounced limp. There was no apparent injury and the child does not have a significant medical history. The pain does improve with NSAID. On presentation, x-rays are obtained.

Best management is:

- A. IM ceftriaxone and oral azithromycin
- B. Imaging the knee on the affected side.
- C. Non-weight bearing and orthopedic referral
- D. Referral for intra-articular steroid injection
- E. Rest, Ice and NSAIDS

113

- An 8 year old male is having difficulty walking. Over the last few days he has developed a pronounced limp. There was no apparent injury and the child does not have a significant medical history. The pain does improve with NSAID. On presentation, x-rays are obtained.

Best management is:

- A. IM ceftriaxone and oral azithromycin
- B. Imaging the knee on the affected side.
- C. Non-weight bearing and orthopedic referral
- D. Referral for intra-articular steroid injection
- E. Rest, Ice and NSAIDS

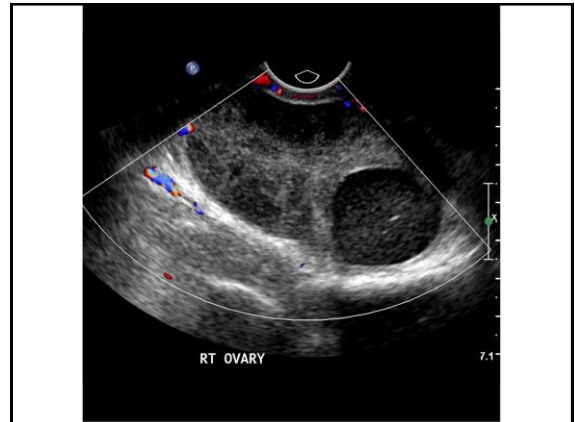
114

• A 33 yo female presents with several episodes of right lower abdominal pain that comes and goes. Episodes are associated with nausea and vomiting. The abdomen is tender on the right side, without rebound. Manual exam shows no cervical motion tenderness and suggests a unilateral adnexal mass. Pregnancy test is negative. An ultrasound with color flow is ordered.

Best management is:

- A. Admission for IV antibiotics
- B. General Surgery consultation
- C. Interventional radiology for percutaneous drainage
- D. Intramuscular methotrexate
- E. OB/Gyn consultation for exploration

115



116

• A 33 yo female presents with several episodes of right lower abdominal pain that comes and goes. Episodes are associated with nausea and vomiting. The abdomen is tender on the right side, without rebound. Manual exam shows no cervical motion tenderness and suggests a unilateral adnexal mass. Pregnancy test is negative. An ultrasound with color flow is ordered.

Best management is:

- A. Admission for IV antibiotics
- B. General Surgery consultation
- C. Interventional radiology for percutaneous drainage
- D. Intramuscular methotrexate
- E. OB/Gyn consultation for exploration

117

• A 33 yo female presents with several episodes of right lower abdominal pain that comes and goes. Episodes are associated with nausea and vomiting. The abdomen is tender on the right side, without rebound. Manual exam shows no cervical motion tenderness and suggests a unilateral adnexal mass. Pregnancy test is negative. An ultrasound with color flow is ordered.

Best management is:

- A. Admission for IV antibiotics
- B. General Surgery consultation
- C. Interventional radiology for percutaneous drainage
- D. Intramuscular methotrexate
- E. OB/Gyn consultation for exploration

118

• 65yo Male presents with eye pain and decreased vision. Medical history is significant for diabetes and hypertension. On eye exam, you note the following.

What is your treatment

- A. Digital pressure and ophthalmology consultation
- B. Emergency Ophthalmology referral
- C. Ganciclovir and HIV testing
- D. High dose IV methylprednisolone
- E. Oral Naproxen

119



120

- 65yo Male presents with eye pain and decreased vision. Medical history is significant for diabetes and hypertension. On eye exam, you note the following.

What is your treatment

- A. Digital pressure and ophthalmology consultation
- B. Emergency Ophthalmology referral
- C. Ganciclovir and HIV testing
- D. High dose IV methylprednisolone
- E. Oral Naproxen

121

- 65yo Male presents with eye pain and decreased vision. Medical history is significant for diabetes and hypertension. On eye exam, you note the following.

What is your treatment

- A. Digital pressure and ophthalmology consultation
- B. Emergency Ophthalmology referral
- C. Ganciclovir and HIV testing
- D. High dose IV methylprednisolone
- E. Oral Naproxen

122

- 55 yo male presents with a hard, painful mass near his tongue that has developed over several days. T: 37.0C, HR: 80, R:12, Bp 120/80. He can open and close his mouth and notes no significant mouth or neck swelling. He can swallow easily.

What is your treatment

- A. Emergency Intubation
- B. Cricothyroidotomy
- C. IV antibiotics and ENT consult for debridement
- D. Lemon drops and outpatient ENT referral.
- E. Oral antibiotics and outpatient dental/OMFS referral

123



124

- 55 yo male presents with a hard, painful mass near his tongue that has developed over several days. T: 37.0C, HR: 80, R:12, Bp 120/80. He can open and close his mouth and notes no significant mouth or neck swelling. He can swallow easily.

What is your treatment

- A. Emergency Intubation
- B. Cricothyroidotomy
- C. IV antibiotics and ENT consult for debridement
- D. Lemon drops and outpatient ENT referral.
- E. Oral antibiotics and outpatient dental/OMFS referral

125

- 55 yo male presents with a hard, painful mass near his tongue that has developed over several days. T: 37.0C, HR: 80, R:12, Bp 120/80. He can open and close his mouth and notes no significant mouth or neck swelling. He can swallow easily.

What is your treatment

- A. Emergency Intubation
- B. Cricothyroidotomy
- C. IV antibiotics and ENT consult for debridement
- D. Lemon drops and outpatient ENT referral.
- E. Oral antibiotics and outpatient dental/OMFS referral

126

- A patient presents with vaginal discharge.

Based on the exam findings, what is the most appropriate treatment?

- A) Acyclovir
- B) Ceftriaxone and doxycycline
- C) Fluconazole
- D) Metronidazole
- E) Penicillin G

127



128

- A patient presents with vaginal discharge.

Based on microscopy, what is the most appropriate treatment?

- A) Acyclovir
- B) Ceftriaxone and doxycycline
- C) Fluconazole
- D) Metronidazole
- E) Penicillin G

129

- A patient presents with vaginal discharge.

Based on microscopy, what is the most appropriate treatment?

- A) Acyclovir
- B) Ceftriaxone and doxycycline
- C) Fluconazole
- D) Metronidazole
- E) Penicillin G

130

- A patient presents with vaginal discharge.

Based on microscopy, what is the most appropriate treatment?

- A) Acyclovir
- B) Ceftriaxone and doxycycline
- C) Fluconazole
- D) Metronidazole
- E) Penicillin G

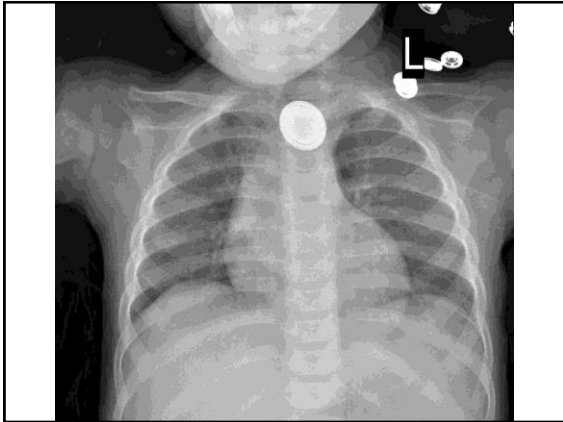
131

- A 2 year old male has swallowed a foreign object. That family is not certain what it was. The child is resting comfortably and is not drooling. An xray is ordered.

Based on the xray, what is your next step:

- A) Emergency endoscopy
- B) IV glucagon
- C) Observation and stool sifting
- D) Oral viscous lidocaine
- E) Video assisted intubation

132



133

- A 2 year old male has swallowed a foreign object. That family is not certain what it was. The child is resting comfortably and is not drooling. An xray is ordered.

Based on the xray, what is your next step:

- A) Emergency endoscopy
- B) IV glucagon
- C) Observation and stool sifting
- D) Oral viscous lidocaine
- E) Video assisted intubation

134

- A 2 year old male has swallowed a foreign object. That family is not certain what it was. The child is resting comfortably and is not drooling. An xray is ordered.

Based on the xray, what is your next step:

- A) Emergency endoscopy
- B) IV glucagon
- C) Observation and stool sifting
- D) Oral viscous lidocaine
- E) Video assisted intubation

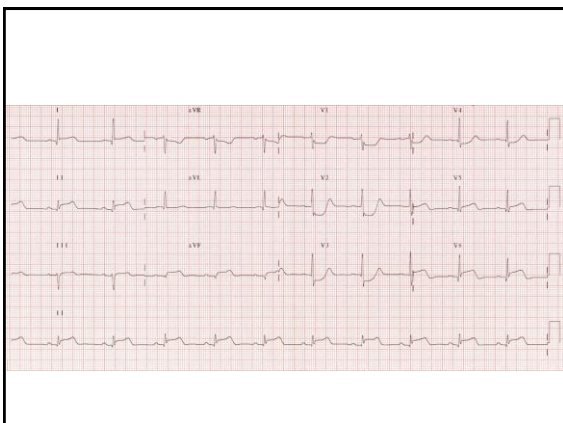
135

- 70 yo male presents for crushing chest pain. The pain has been going on for 45 minutes. The patient has a history of diabetes, hypertension and smokes. The patient is diaphoretic and has rales on exam. P: 65, Bp: 85/50, R: 20, T: 37.0, Sat 95%. You obtain an ECG as part of the evaluation.

What is the most appropriate step:

- A) Aspirin, nitroglycerin, Ticagralor and heparin
- B) Digoxin FAB administration
- C) Intervention Radiology consultation for embolectomy
- D) IV tPA
- E) Vasopressors and transfer for cardiac catheterization

136



137

- 70 yo male presents for crushing chest pain. The pain has been going on for 45 minutes. The patient has a history of diabetes, hypertension and smokes. The patient is diaphoretic and has rales on exam. P: 65, Bp: 85/50, R: 20, T: 37.0, Sat 95%. You obtain an ECG as part of the evaluation.

What is the most appropriate step:

- A) Aspirin, nitroglycerin, Ticagralor and heparin
- B) Digoxin FAB administration
- C) Intervention Radiology consultation for embolectomy
- D) IV tPA
- E) Vasopressors and transfer for cardiac catheterization

138

• 70 yo male presents for crushing chest pain. The pain has been going on for 45 minutes. The patient has a history of diabetes, hypertension and smokes. The patient is diaphoretic and has rales on exam. P: 65, Bp: 85/50, R: 20, T: 37.0, Sat 95%. You obtain an ECG as part of the evaluation.

What is the most appropriate step:

- A) Aspirin, nitroglycerin, Ticagrelor and heparin
- B) Digoxin FAB administration
- C) Intervention Radiology consultation for embolectomy
- D) IV tPA
- E) Vasopressors and transfer for cardiac catheterization

139

• 25 yo female presents after a motor vehicle collision. She has multiple injuries and has pain trying to move her leg. Rectal exam shows tone. Breath sounds are present bilaterally. Bp 80/50, P: 135, R: 24, Temp 37.0 Sat: 99%

What is the most first step step:

- A) Blood transfusion with uncrossed matched O- blood
- B) Foley catheter
- C) Orthopedic consultation for ORIF
- D) Pelvic binder
- E) Traction splint

140



141

• 25 yo female presents after a motor vehicle collision. She has multiple injuries and has pain trying to move her leg. Rectal exam shows tone. Breath sounds are present bilaterally. Bp 80/50, P: 135, R: 24, Temp 37.0 Sat: 99%

What is the most first step step:

- A) Blood transfusion with uncrossed matched O- blood
- B) Foley catheter
- C) Orthopedic consultation for ORIF
- D) Pelvic binder
- E) Traction splint

142

• 25 yo female presents after a motor vehicle collision. She has multiple injuries and has pain trying to move her leg. Rectal exam shows tone. Breath sounds are present bilaterally. Bp 80/50, P: 135, R: 24, Temp 37.0 Sat: 99%

What is the most first step step:

- A) Blood transfusion with uncrossed matched O- blood
- B) Foley catheter
- C) Orthopedic consultation for ORIF
- D) Pelvic binder
- E) Traction splint

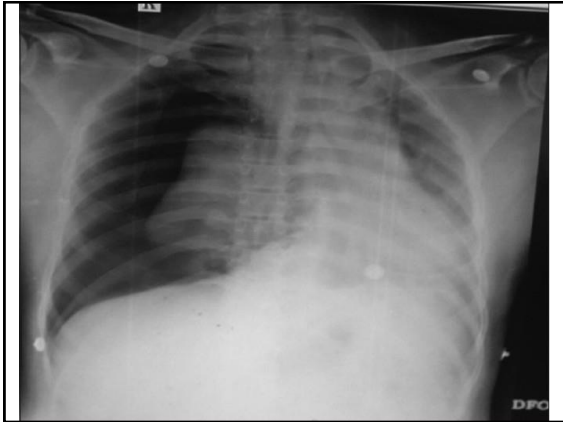
143

• 25 yo male passenger of the previous patient presents via EMS. The patient is altered and breath sounds are difficult to auscultate. Bp 80/50, P: 135, R: 24, Temp 37.0 Sat: 93%. A Chest xray is obtained.

What is the most first step step:

- A) Blood transfusion with uncrossed matched O- blood
- B) Endotracheal intubation
- C) Left tube thoracostomy with a 40F tube
- D) Needle decompression of the right chest
- E) Pelvic binder

144



145

- 25 yo male passenger of the previous patient presents via EMS. The patient is altered and breath sounds are difficult to auscultate. Bp 80/50, P: 135, R: 24, Temp 37.0 Sat: 93%. A Chest xray is obtained.

What is the most first step step:

- A) Blood transfusion with uncrossed matched O- blood
- B) Endotracheal intubation
- C) Left tube thoracostomy with a 40F tube
- D) Needle decompression of the right chest
- E) Pelvic binder

146

- 25 yo male passenger of the previous patient presents via EMS. The patient is altered and breath sounds are difficult to auscultate. Bp 80/50, P: 135, R: 24, Temp 37.0 Sat: 93%. A Chest xray is obtained.

What is the most first step step:

- A) Blood transfusion with uncrossed matched O- blood
- B) Endotracheal intubation
- C) Left tube thoracostomy with a 40F tube
- D) Needle decompression of the right chest
- E) Pelvic binder

147

- 10 yo male is brought in after a house fire, he is responsive but complaining of dyspnea. Exam finding are shown. Blood pressure 100/70, P: 110, R: 30, T: 37.0, Sat: 100% on NRB.

What is the most first step step:

- A) ABG with CO level
- B) Blood transfusion with uncrossed matched O- blood
- C) Endotracheal intubation
- D) Hydroxocobalamine
- E) Needle decompression of the right chest

148



149

- 10 yo male is brought in after a house fire, he is responsive but complaining of dyspnea. Exam finding are shown. Blood pressure 100/70, P: 110, R: 30, T: 37.0, Sat: 100% on NRB.

What is the most first step step:

- A) ABG with CO level
- B) Blood transfusion with uncrossed matched O- blood
- C) Endotracheal intubation
- D) Hydroxocobalamine
- E) Needle decompression of the right chest

150

- 10 yo male is brought in after a house fire, he is responsive but complaining of dyspnea. Exam finding are shown. Blood pressure 100/70, P: 110, R: 30, T: 37.0, Sat: 100% on NRB.

What is the most first step step:

- A) ABG with CO level
- B) Blood transfusion with uncrossed matched O- blood
- C) Endotracheal intubation
- D) Hydroxocobalamine
- E) Needle decompression of the right chest

151

- 70 yo patient with ESRD presents with dyspnea. Bp: 120/80, P: 110, R: 14, T: 38.5, Sat 94% on RA. You perform a beside sonogram of the heart.

Based on imaging, treatment includes:

- A) Cardiology consultation
- B) Emergency Hemodialysis
- C) IV Heparin
- D) IV Furosemide
- E) Serial Blood Cultures

152



153

- 70 yo patient with ESRD presents with dyspnea. Bp: 120/80, P: 110, R: 14, T: 38.5, Sat 94% on RA. You perform a beside sonogram of the heart.

Based on imaging, treatment includes:

- A) Cardiology consultation
- B) Emergency Hemodialysis
- C) IV Heparin
- D) IV Furosemide
- E) Serial Blood Cultures

154

- 70 yo patient with ESRD presents with dyspnea. Bp: 120/80, P: 110, R: 14, T: 38.5, Sat 94% on RA. You perform a beside sonogram of the heart.

Based on imaging, treatment includes:

- A) Cardiology consultation
- B) Emergency Hemodialysis
- C) IV Heparin
- D) IV Furosemide
- E) Serial Blood Cultures

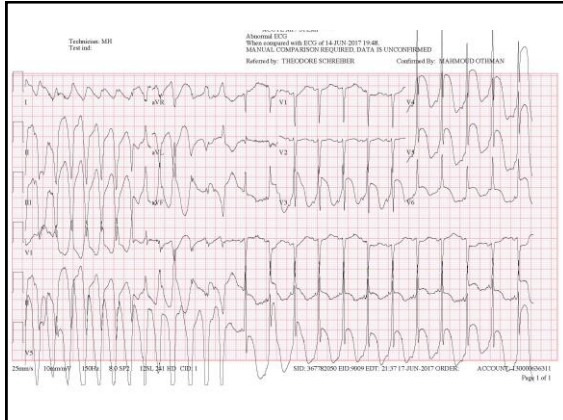
155

- A patient on methadone presents for syncope. An ECG is obtained.

Based on the ECG, which treatment should probably be avoided:

- A) Amiodarone
- B) Lidocaine
- C) Isoproterenol
- D) Magnesium
- E) Transcutaneous pacing

156



157

- A patient on methadone presents for syncope. An ECG is obtained.

Based on the ECG, which treatment should probably be avoided:

- A) Amiodarone
- B) Lidocaine
- C) Isoproterenol
- D) Magnesium
- E) Transcutaneous pacing

158

- A patient on methadone presents for syncope. An ECG is obtained.

Based on the ECG, which treatment should probably be avoided:

- A) Amiodarone
- B) Lidocaine
- C) Isoproterenol
- D) Magnesium
- E) Transcutaneous pacing

159

- Envenomation by the picture animal is most associated with:

Choose the best answer:

- A) ECG abnormalities and paresthesias
- B) Prolonged pruritis
- C) Respiratory paralysis
- D) Seizures
- E) Severe bleeding

160



161

- Envenomation by the picture animal is most associated with:

Choose the best answer:

- A) ECG abnormalities and paresthesias
- B) Prolonged pruritis
- C) Respiratory paralysis
- D) Seizures
- E) Severe bleeding

162

- Envenomation by the picture animal is most associated with:

Choose the best answer:

- A) ECG abnormalities and paresthesias
- B) Prolonged pruritis
- C) Respiratory paralysis
- D) Seizures
- E) Severe bleeding

163

- A 20 yo male presents with the painless lesion pictured.

What is a potential complication if this is not treated:

- A) Liver Abscess
- B) Lymph node rupture
- C) Penile Cancer
- D) Rupture of the aorta
- E) Testicular infection

164



165

- A 20 yo male presents with the painless lesion pictured.

What is a potential complication if this is not treated:

- A) Liver Abscess
- B) Lymph node rupture
- C) Penile Cancer
- D) Rupture of the aorta
- E) Testicular infection

166

- A 20 yo male presents with the painless lesion pictured.

What is a potential complication if this is not treated:

- A) Liver Abscess
- B) Lymph node rupture
- C) Penile Cancer
- D) Rupture of the aorta
- E) Testicular infection

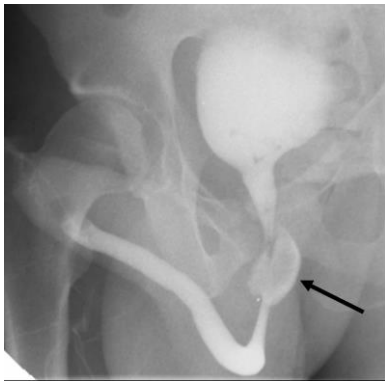
167

- An 18 yo male presents with a pelvic injury after falling off a roof and straddling a fence. Blood is noted coming from the urethra. A urethrogram is obtained.

Which is true regarding this injury:

- A) Blind foley catheter placement should be attempted followed by confirmatory angiogram
- B) Injury is caused by a laceration from a pelvic bone
- C) Normal DRE rules out this injury
- D) Testicular injury is unlikely
- E) Untreated, this may result in urethral stricture

168



169

- An 18 yo male presents with a pelvic injury after falling off a roof and straddling a fence. Blood is noted coming from the urethra. A urethrogram is obtained.

Which is true regarding this injury:

- A) Blind foley catheter placement should be attempted followed by confirmatory angiogram
- B) Injury is caused by a laceration from a pelvic bone
- C) Normal DRE rules out this injury
- D) Testicular injury is unlikely
- E) Untreated, this may result in urethral stricture

170

- An 18 yo male presents with a pelvic injury after falling off a roof and straddling a fence. Blood is noted coming from the urethra. A urethrogram is obtained.

Which is true regarding this injury:

- A) Blind foley catheter placement should be attempted followed by confirmatory angiogram
- B) Injury is caused by a laceration from a pelvic bone
- C) Normal DRE rules out this injury
- D) Testicular injury is unlikely
- E) **Untreated, this may result in urethral stricture**

171

- A 20 yo male painter accidentally hit hand with his paint sprayer. He is having a hard time flexing or extending his index finger. Xray shows no fracture.

What is most appropriate next step:

- A) Admission for IV antibiotic with gram negative coverage
- B) Consultation for emergent exploration and debridement
- C) Ice, bandage and outpatient follow up
- D) Irrigation, splint in extension and hand follow up
- E) Incision and drainage

172



173

- A 20 yo male painter accidentally hit hand with his paint sprayer. He is having a hard time flexing or extending his index finger. Xray shows no fracture.

What is most appropriate next step:

- A) Admission for IV antibiotic with gram negative coverage
- B) Consultation for emergent exploration and debridement
- C) Ice, bandage and outpatient follow up
- D) Irrigation, splint in extension and hand follow up
- E) Incision and drainage

174

- A 20 yo male painter accidentally hit hand with his paint sprayer. He is having a hard time flexing or extending his index finger. Xray shows no fracture.

What is most appropriate next step:

- A) Admission for IV antibiotic with gram negative coverage
- B) Consultation for emergent exploration and debridement
- C) Ice, bandage and outpatient follow up
- D) Irrigation, splint in extension and hand follow up
- E) Incision and drainage

175

- A 20 yo male painter accidentally hit hand with his paint sprayer. He is having a hard time flexing or extending his index finger. Xray shows no fracture.

What is most appropriate next step:

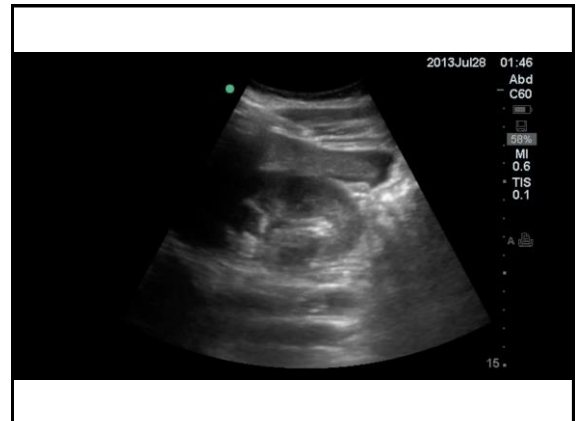
- A) Admission for IV antibiotic with gram negative coverage
- B) Consultation for emergent exploration and debridement
- C) Ice, bandage and outpatient follow up
- D) Irrigation, splint in extension and hand follow up
- E) Incision and drainage

176

- 22 yo Female present with abdominal pain. The pain was sudden onset and associated with dizziness. Pregnancy test is positive. Blood pressure 90/40, pulse 110, respiratory rate 22, Temp 37.0. RUQ ultrasound is shown. What is your 1st step in management:

- A. Antibiotics
- B. Interventional Radiology for embolization
- C. TraumOB/Gyn consultation for surgery
- D. a surgery consultation for management
- E. Uncrossmatched blood

177



178

- 22 yo Female present with abdominal pain. The pain was sudden onset and associated with dizziness. Pregnancy test is positive. Blood pressure 90/40, pulse 110, respiratory rate 22, Temp 37.0. RUQ ultrasound is shown. What is your 1st step in management:

- a) Antibiotics
- b) Interventional Radiology for embolization
- c) OB/Gyn consultation for surgery
- d) Trauma surgery consultation for management
- e) Uncrossmatched blood

179

- 22 yo Female present with abdominal pain. The pain was sudden onset and associated with dizziness. Pregnancy test is positive. Blood pressure 90/40, pulse 110, respiratory rate 22, Temp 37.0. RUQ ultrasound is shown. What is your 1st step in management:

- a) Antibiotics
- b) Interventional Radiology for embolization
- c) OB/Gyn consultation for surgery
- d) Trauma surgery consultation for management
- e) Uncrossmatched blood

180

- 21 yo female presents with severe, unilateral back pain. The pain comes and goes, but is worsening in intensity. Pregnancy test is negative. UA shows 50-100, Leukocyte Esterase and Nitrites. Gram negative rods are noted. B: 120/80, P: 100, R: 16, T 38.2. Best management would include:

- Initiate antibiotic treatment for e coli and arrange urology follow up.
- IV antibiotics and observation
- IV antibiotics and open excision
- IV antibiotics and ureter stenting
- Pain medications and outpatient follow

181



182

- 21 yo female presents with severe, unilateral back pain. The pain comes and goes, but is worsening in intensity. Pregnancy test is negative. UA shows 50-100, Leukocyte Esterase and Nitrites. Gram negative rods are noted. B: 120/80, P: 100, R: 16, T 38.2. Best management would include:

- Initiate antibiotic treatment for e coli and arrange urology follow up.
- IV antibiotics and observation
- IV antibiotics and open excision
- IV antibiotics and ureter stenting
- Pain medications and outpatient

183

- 21 yo female presents with severe, unilateral back pain. The pain comes and goes, but is worsening in intensity. Pregnancy test is negative. UA shows 50-100, Leukocyte Esterase and Nitrites. Gram negative rods are noted. B: 120/80, P: 100, R: 16, T 38.2. Best management would include:

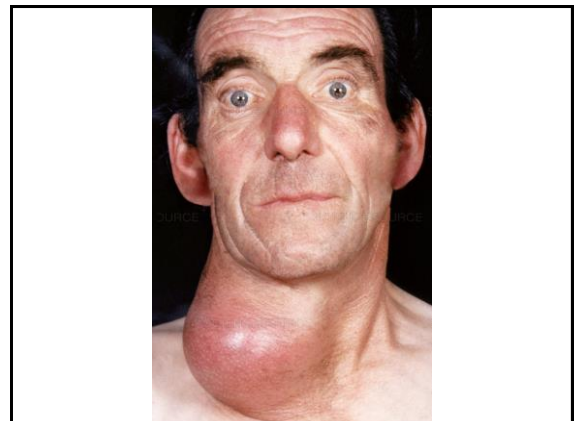
- Initiate antibiotic treatment for e coli and arrange urology follow up.
- IV antibiotics and observation
- IV antibiotics and open excision
- IV antibiotics and ureter stenting
- Pain medications and outpatient follow up

184

- 55 yo male presents with malaise. Bp is 140/70, pulse 140, resp rate 14, temp 40.0C. He has scaly rash on his legs and his ECG shows atrial fibrillation. Lung sounds are clear bilaterally. Which medication are you administering first

- Iodine
- Lidocaine
- Methimazole
- Methylprednisolone

185



186

- 55 yo male presents with malaise. Bp is 140/70, pulse 140, resp rate 14, temp 40.0C. He has scaly rash on his legs and his ECG shows atrial fibrillation. Lung sounds are clear bilaterally. Which medication are you administering first

- A. Iodine
- B. Lidocaine
- C. Methimazole
- D. Methylprednisolone
- E. Propranolol

187

- 55 yo male presents with malaise. Bp is 140/70, pulse 140, resp rate 14, temp 40.0C. He has scaly rash on his legs and his ECG shows atrial fibrillation. Lung sounds are clear bilaterally. Which medication are you administering first

- A. Iodine
- B. Lidocaine
- C. Methimazole
- D. Methylprednisolone
- E. Propranolol

188

- What is the eponym of the pictured finding:

- A. Bankart Fracture
- B. Galeazzi Fracture
- C. Lisfranc Fracture
- D. Monteggia Fracture
- E. Pott's Fracture

189



190

- What is the eponym of the pictured finding:

- A. Bankart Fracture
- B. Galeazzi Fracture
- C. Lisfranc Fracture
- D. Monteggia Fracture
- E. Pott's Fracture

191

- What is the eponym of the pictured finding:

- A. Bankart Fracture
- B. Galeazzi Fracture
- C. Lisfranc Fracture
- D. Monteggia Fracture
- E. Pott's Fracture

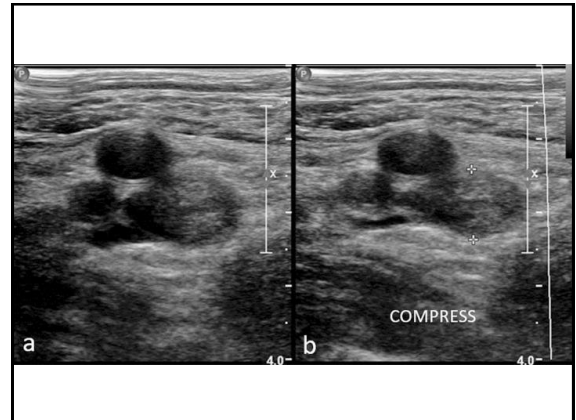
192

- A patient presents with significant unilateral leg swelling and pain that has been going on for 2 days. The skin of the leg is very dark compared to the unaffected side. The pain does not improve with analgesics. You evaluated with bedside ultrasound and obtain the following images.

What is most appropriate next step:

- A) Aspirin and clopidogrel
- B) Catheter directed lysis
- C) Direct Acting Oral Anticoagulant and rapid outpatient followup
- D) Heparin and admission for monitoring
- E) Vascular surgery consultation for arterial stenting

193



194

- A patient presents with significant unilateral leg swelling and pain that has been going on for 2 days. The skin of the leg is very dark compared to the unaffected side. The pain does not improve with analgesics. You evaluated with bedside ultrasound and obtain the following images.

What is most appropriate next step:

- A) Aspirin and clopidogrel
- B) Catheter directed lysis
- C) Direct Acting Oral Anticoagulant and rapid outpatient followup
- D) Heparin and admission for monitoring
- E) Vascular surgery consultation for arterial stenting

195

- A patient presents with significant unilateral leg swelling and pain that has been going on for 2 days. The skin of the leg is very dark compared to the unaffected side. The pain does not improve with analgesics. You evaluated with bedside ultrasound and obtain the following images.

What is most appropriate next step:

- A) Aspirin and clopidogrel
- B) Catheter directed lysis**
- C) Direct Acting Oral Anticoagulant and rapid outpatient followup
- D) Heparin and admission for monitoring
- E) Vascular surgery consultation for arterial stenting

196

- A 25 yo patient presents after MVC. The patient was a restrained rear seat passenger. The patient is complaining of numbness and weakness in the legs, but can still move them. The patient has tenderness in the Lumbar region. A spinal reconstruction from the CT is shown.

What is true about this injury:

- A) Axial compression is the mechanism
- B) Rapid flexion causes this injury pattern
- C) Shoulder restraints can prevent this injury
- D) This is a stable fracture
- E) The sympathetic chain can be interrupted with this fracture

197

- A 25 yo patient presents after MVC. The patient was a restrained rear seat passenger. The patient is complaining of numbness and weakness in the legs, but can still move them. The patient has tenderness in the Lumbar region. A spinal reconstruction from the CT is shown.

What is true about this injury:

- A) Axial compression is the mechanism
- B) Rapid extension causes this injury pattern
- C) Shoulder restraints can prevent this injury
- D) This is a stable fracture
- E) The sympathetic chain can be interrupted with this fracture

198



199

- A 25 yo patient presents after MVC. The patient was a restrained rear seat passenger. The patient is complaining of numbness and weakness in the legs, but can still move them. The patient has tenderness in the Lumbar region. A spinal reconstruction from the CT is shown.

What is true about this injury:

- A) Axial compression is the mechanism
- B) Rapid extension causes this injury pattern
- C) Shoulder restraints can prevent this injury
- D) This is a stable fracture
- E) The sympathetic chain can be interrupted with this fracture

200

- A 25 yo patient presents after MVC. The patient was a restrained rear seat passenger. The patient is complaining of numbness and weakness in the legs, but can still move them. The patient has tenderness in the Lumbar region. A spinal reconstruction from the CT is shown.

What is true about this injury:

- A) Axial compression is the mechanism
- B) Rapid extension causes this injury pattern
- C) Shoulder restraints can prevent this injury**
- D) This is a stable fracture
- E) The sympathetic chain can be interrupted with this fracture

201

- An 8 year old previously healthy, unvaccinated male presents with the following rash. The parents noted the child was not acting right the day before the rash started. They noticed the first lesions on the torso, then on the face and inside the mouth, followed by the arms and legs. The child is still eating, drinking and urinating. Bp: 100/70, P: 110, R:16, T: 38.5C, S: 99% on RA

What is you next step:

- A) Acetaminophen as needed and Isolation from school
- B) Admit for IV acyclovir
- C) High dose Aspirin therapy
- D) In hospital negative pressure isolation w/airborne precaution and emergently notify public health authorities
- E) Incision and Drainage of lesions

202



203

- An 8 year old previously healthy, unvaccinated male presents with the following rash. The parents noted the child was not acting right the day before the rash started. They noticed the first lesions on the torso, then on the face and inside the mouth, followed by the arms and legs. The child is still eating, drinking and urinating. Bp: 100/70, P: 110, R:16, T: 38.5C, S: 99% on RA

What is you next step:

- A) Acetaminophen as needed and Isolation from school
- B) Admit for IV acyclovir
- C) High dose Aspirin therapy
- D) In hospital negative pressure isolation w/airborne precaution and emergently notify public health authorities
- E) Incision and Drainage of lesions

204

- An 8 year old previously healthy, unvaccinated male presents with the following rash. The parents noted the child was not acting right the day before the rash started. They noticed the first lesions on the torso, then on the face and inside the mouth, followed by the arms and legs. The child is still eating, drinking and urinating. Bp: 100/70, P: 110, R:16, T: 38.5C, S: 99% on RA

What is you next step:

- A) **Acetaminophen as needed and Isolation from school**
- B) Admit for IV acyclovir
- C) High dose Aspirin therapy
- D) In hospital negative pressure isolation w/airborne precaution and emergently notify public health authorities
- E) Incision and Drainage of lesions