

Emergency Medicine

1. A 21 year-old woman presents to the Emergency Department after being kicked during a varsity soccer game. She has tenderness in the malleolar zone and has localized tenderness at the anterior tip of the lateral malleolus. She is able to weight bear in the ED. The emergency physician should:
 - a) Order an ankle CT
 - b) Order an ankle x-ray
 - c) Provide supportive care and suggest follow up with her family physician
 - d) Place the leg in a plaster cast
2. Tension pneumothorax is best diagnosed with:
 - a) Stat CT scan
 - b) Chest x-ray
 - c) Watch and wait
 - d) Clinical exam
 - e) None of the above
3. A patient presents with decreased level of consciousness. On exam he has pinpoint pupils and is unresponsive. Which of the following is NOT a likely etiology?
 - a) Cerebellar infarct
 - b) TCA overdose
 - c) Morphine overdose
 - d) Pons hemorrhage
 - e) Ethanol overdose
4. A 41 year-old male with alcoholic use disorder is brought into the ED by ambulance. He has been seizing for approximately 20 minutes. Appropriate actions in the next 5 minutes may include all of the following EXCEPT:
 - a) Endotracheal intubation, if unable to stop the seizure rapidly
 - b) Administration of IV anticonvulsants
 - c) Performing a complete set of vital signs
 - d) Ordering a stat EEG
5. What is the most frequent type of abdominal trauma?
 - a) Penetrating trauma
 - b) Blunt trauma
 - c) Visceral trauma
6. A 28 year-old female presents to the ED with right lower quadrant pain. She is vitally stable and is not peritonitic. Her bHCG is 2183 and U/S shows a 0.9x1.2x1.1 cm adnexal mass. What is the best course of management?
 - a) Laparoscopic salpingostomy
 - b) Laparoscopic salpingectomy
 - c) Methotrexate IM
 - d) Fluid management and follow up in early pregnancy program
7. Which of the following is not part of the Cushing's triad, seen in response to increased intracranial pressure?
 - a) Widened pulse pressure
 - b) Irregular breathing
 - c) Bradycardia
 - d) Fever
8. A 75 year-old male comes in with mild aphasia, facial palsy, and left arm and leg weakness. You are worried about a stroke. Which of the following image modalities should you get first?
 - a) Non-contrast brain CT
 - b) Brain MRI
 - c) Carotid doppler
 - d) Brain CT with contrast

9. A 27 year-old man is brought into the ER after a bicycling accident. A car door suddenly opened in front of him, of which he smashed into and was thrown 15 feet. On examination, he is drowsy and confused. He opens his eyes when his name is called. He mumbles words that you understand but the sentences do not make sense. He moves all four limbs but does not respond to any commands. He is able to pull both hands away when pinched and squirms when his sternum is rubbed, making no effort to stop you. What is his Glasgow COMA Scale score?
- 10
 - 11
 - 9
 - 8
10. Which of the following are not consistent with primary (spontaneous) bacterial peritonitis?
- Abdominal discomfort and fever
 - Ascitic fluid neutrophil count of $>250 \times 10^6$ cells/L
 - Ascitic fluid WBC count of $>500 \times 10^6$ cells/L
 - Multiple organisms on culture and sensitivity of ascitic fluid
11. A 25 year-old known to abuse substances is brought to the ED with a suspected overdose. Which of the following is not considered a universal antidote?
- Glucose
 - Oxygen
 - Calcium gluconate
 - Naloxone
 - Thiamine
12. Prolonged vomiting is associated with what electrolyte abnormality?
- Hypochloremic hypokalemic metabolic acidosis
 - Hypochloremic hypokalemic metabolic alkalosis
 - Hyperchloremic metabolic acidosis
 - Hyperkalemia
 - None of the above
13. A 37 year-old male arrives at the Emergency Department unconscious. He is warm and sweaty. His heart rate is 52 bpm, his BP is 90/60. His pupils are constricted, his eyes are teary, and he is drooling. You assume he is suffering from a toxidrome. What antidote will you give him?
- Flumazenil
 - Naloxone
 - Glucagon
 - Atropine
 - Ethanol
14. A 16 year-old girl is brought to hospital by her frantic parents after a bee sting. Vitals signs are BP 70/40, RR 30 and laboured, HR 140, T 37.5. Which of the following would not be an option in her management?
- Epinephrine
 - Diphenhydramine
 - Methylprednisolone
 - Salbutamol
 - Atropine
15. A patient presented with sinus bradycardia and a heart rate of 32 beats/min. Atropine has been given to a total dose of 3 mg. Transcutaneous cardiac pacing has failed to capture. The patient becomes hypotensive and endorses chest discomfort. What therapy should be administered next?
- Adenosine 6 mg
 - Epinephrine 2-10 mcg/min
 - Normal saline 1 L bolus
 - Atropine 1 mg
16. A patient with a history of STEMI presents with worsening angina. Which of the following is a contraindication to nitrate administration?
- Systolic blood pressure greater than 180 mmHg
 - Heart rate less than 90 beats/min
 - Previous left ventricular myocardial infarction
 - Use of a phosphodiesterase inhibitor in the past 24 hours

ANSWERS

1. C
2. D
3. B
4. D
5. B
6. C
7. D
8. A
9. A
10. D
11. C
12. B
13. D
14. E
15. B
16. D