

Random MCQs 300

The most likely mechanism of injury for a metaphyseal corner fracture of the humerus in a young child is:

- A. fall on the outstretched hand.
- B. fall onto the point of the elbow
- C. a sudden pull to the extended arm ("pulled elbow")
- D. non-accidental injury
- E. a direct blow to the elbow

Answer: D

Oleanders

- A. Contain cardioactive toxins related to bretylium
- B. Generally do not cause vomiting after ingestion
- C. When burnt, may cause poisoning from inhaled smoke
- D. Do not cause poisoning in animals
- E. Are relatively harmless

Answer: C

Venomous Australian snakes

- A. Belong to the family Viperidae
- B. Are usually aggressive
- C. Are the most venomous in the world
- D. Have fangs which fold up to the roof of the mouth
- E. Produce considerable local tissue necrosis after a bite

Answer: C

When giving antivenom for envenomation by an Australian snake

- A. Commonwealth Serum Laboratories recommend pretreating with adrenaline
- B. Steroids should be given
- C. Allergic reactions occur in up to 40% of patients
- D. Antivenom should be given intramuscularly to minimise the possibility of allergic reaction
- E. Antivenom is ineffective once paralysis has occurred

Answer: A

Specific antivenoms are available to all of the following except

- A. Funnel-web spiders
- B. Red-back spiders
- C. Box jellyfish
- D. Blue-ringed octopus
- E. Stone fish

Answer: D

Regarding viral infections in children:

- A. Koplik's spots characteristically occur after the onset of the measles exanthem.
- B. Pertussis immunisation is not necessary for the child with a past history of typical paroxysmal cough.
- C. Epstein-Barr viral infections are rare before adolescence.
- D. The usual presentation of roseola infantum is a maculopapular rash followed 2 - 4 days later by a high fever.
- E. Oral acyclovir given within 24 hours of the onset of varicella rash reduces the duration of fever and skin lesions.

Answer: E

Idiopathic facial cellulitis in children:

- A. is most common during the first five years of life.
- B. blood cultures are rarely helpful in yielding the pathogen.
- C. is usually managed as an outpatient with high-dose oral antibiotics.

- D. is usually due to Staph. aureus.
- E. is usually a result of local invasion.

Answer: A.

Characteristics of infantile botulism include all of the following except:

- A. Fever
- B. Constipation
- C. Vomiting
- D. Symmetrical weakness with profound hypotonia.
- E. Fixed dilated pupils.

Answer: A

Concerning diarrhoea in the patient with known AIDS

- A. escheria coli is the commonest pathogen
- B. cryptosporidium is the commonest pathogen
- C. the diarrhoea is usually self limiting
- D. blood cultures are rarely indicated
- E. mycobacterial cultures are rarely indicated

Answer: B

In empiric antibiotic treatment of the febrile neonate the following should be considered:

- A. Cefotaxime alone is effective against all most likely organisms.
- B. Ceftriaxone is relatively contra-indicated in the neonate due to high protein binding potentially leading to bilirubin-induced encephalopathy.
- C. The most likely organisms are Haemophilus influenzae type B, Streptococcus pneumoniae and Neisseria meningitides.
- D. Lumbar puncture should be performed in all cases prior to antibiotic administration.
- E. Bulging of the anterior fontanelle is an early sign of bacterial meningitis.

Answer: B

Concerning cardiac tamponade

- A. pulsus paradoxus is an abnormal expiratory decrease in systolic blood pressure
- B. Beck's triad consists of hypotension, jugular venous distension and pulsus paradoxus
- C. pulsus alternans is characteristically associated with electrical alternans
- D. Kussmaul's sign is exaggerated distension of the jugular venous system in expiration
- E. Symptomatic relief requires removal of a small volume of fluid from the pericardial sac

Answer: E

Comparing thrombolytic therapy with anticoagulation for venous thromboembolism

- A. neither restores competence to lower limb deep venous valves
- B. recent neurosurgery is a relative contraindication to thrombolysis
- C. thrombolysis reduces mortality from pulmonary embolism
- D. following pulmonary embolism, pulmonary haemodynamics show greater improvement with thrombolysis
- E. serious bleeding should not be treated with fresh frozen plasma

Answer: D

Concerning subarachnoid haemorrhage, which of the following statements is NOT true

- A. the headache is typically sudden in onset
- B. transient loss of consciousness may occur
- C. CT is a more sensitive diagnostic modality than lumbar puncture
- D. sub hyaloid haemorrhages are characteristic
- E. nimodipine may prevent cerebral vasospasm

Answer: C

All the following drugs may abort an attack of migraine EXCEPT

- A. pethidine
- B. chlorpromazine
- C. ergotamine
- D. nifedipine
- E. naproxen

Answer: A

Resuscitation drugs should be administered to children via the following routes, in this order of preference:

- A. central venous, peripheral venous, endotracheal, intraosseous, intracardiac
- B. peripheral venous, intraosseous, endotracheal, central venous, intracardiac
- C. peripheral venous, central venous, endotracheal, intraosseous, intracardiac
- D. peripheral venous, central venous, intraosseous, endotracheal, intracardiac
- E. endotracheal, peripheral venous, intraosseous, intracardiac, central venous

Answer: D

In distinguishing peripheral from central causes of vertigo:

- A. peripheral lesions are associated with a more gradual onset of vertigo
- B. peripheral lesions are associated with a shorter duration of vertigo
- C. central lesions commonly cause tinnitus
- D. the vertigo associated with a peripheral lesion is not usually affected by head position
- E. focal neurological signs are rarely associated with central lesions

Answer: B

Which one of the following methods of wound closure offers the greatest resistance to infection:

- A. closure with silk suture
- B. closure with metal staples
- C. closure with mono filament nylon
- D. closure with wound tapes
- E. closure with braided nylon

Answer D

What is the Glasgow Coma Score of a head injured patient who presents with a pulse of 126, firmly closed eyes, a withdrawal response to pain and who keeps repeating 'You Tasmanian Mongrel'

- A. 6
- B. 8
- C. 3
- D. 14
- E. 10

Answer B

Pain and numbness in the left upper extremity, extending down to the ring and little fingers, together with Horner's syndrome, are suggestive of:-

- A. Shoulder-hand syndrome.
- B. Scalenus anticus syndrome.
- C. Herniation of a nucleus pulposus in the neck.
- D. A Pancoast tumour (carcinoma of the superior sulcus of the lung).
- E. A cervical rib.

Answer: D

With regard to carbon monoxide poisoning:-

- A. Endogenous production results in HbCO levels up to 5%
- B. Loss of consciousness results from HbCO levels of 40%.
- C. Toxicity is produced by binding of CO to cytochrome oxidase.
- D. High HbCO levels produce focal cerebral necrosis.
- E. 100% O<sub>2</sub> reduces the HbCO half-life to 5-6 hours.

Answer: D

Which of the following is NOT true of intoxication with lysergic acid diethylamide (LSD):-

- A. Recovery is usually complete after 8 hours.
- B. Pupillary dilation is the most frequent early sign.
- C. Hypertension is a common finding.
- D. Salivation and lacrimation may occur.
- E. In an acute panic attack diazepam is the drug of choice.

Answer: C

A man with hypertension presents with acute mono-articular arthritis:-

- A. A normal uric acid level rules out the diagnosis of gout.
- B. An increased uric acid level establishes the diagnosis of gout.
- C. Allopurinol is likely to give a rapid clinical improvement if he has gout.
- D. 20 percent of untreated hypertensive patients have increased uric acid levels.
- E. X-ray of the joint will not assist in reaching the diagnosis.

Answer: D

Which of the following drugs possess similar antiarrhythmic action:-

- A. Lignocaine and Bretylium.
- B. Quinidine and Disopyramide.
- C. Amiodarone and Procainamide.
- D. Verapamil and Sotalol.
- E. Lignocaine and Digoxin.

Answer: B

Which of the following is associated with severe anorexia nervosa:-

- A. Increased deep tendon reflexes.
- B. Hyperkalaemia.
- C. Diabetes insipidus.
- D. Menorrhagia.
- E. Rapid gastric emptying.

Answer: C

Patient presents with pain in neck and shoulder plus weakness and wasting of the whole of the right arm and absent reflexes. The likely diagnosis is which of the following:-

- A. Herpes Zoster myelopathy.
- B. Polymyositis.
- C. Parietal lobe wasting.
- D. Median nerve compression due to carpal tunnel syndrome.
- E. Malignant infiltration of brachial plexus.

Answer: E

Which one of the following drugs do not cross the placenta:-

- A. Phenytoin.
- B. Heparin.
- C. Diazepam.
- D. Salicylates.
- E. Promethazine.

Answer: B

Traumatic asphyxia (ecchymotic mask) is caused by>

- A. Tracheal obstruction.
- B. Air embolism.
- C. Obstruction of extrathoracic veins.
- D. Obstruction of superior vena cava.
- E. Crush injury to the chest.

Answer: E

Of the following factors which does not influence wounding potentiality of a missile:-

- A. Velocity of the missile.
- B. Tumbling effect in tissue.
- C. Size of the wound of entry.
- D. Type of tissue being traversed.
- E. Ballistic shape of missile.

Answer: C

According to the rule of nines in calculating body surface area, which of the following is NOT correct:-

- A. One lower extremity = 9 percent.
- B. Head and neck = 9 percent.
- C. Genitalia = 1 percent.
- D. Posterior chest = 9 percent.
- E. Anterior abdomen = 9 percent.

Answer: A

Which of the following usually shows the highest body temperature:-

- A. Shock.
- B. Peritonitis.
- C. Acute osteomyelitis.
- D. Sunstroke.
- E. Acute cholecystitis.

Answer: A

Regarding phaeochromocytoma

- A. it causes persistent elevation of blood pressure.
- B. it is best treated with high doses of beta blockers.
- C. It is familial.
- D. It is associated with a state of relative hypervolemia.
- E. Initial screening test of choice is abdominal CT.

Answer: C

A fracture through the epiphysis of the tibial condyle associated with a chip of the metaphysis is a Salter Harris fracture type

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

Answer: D

Varicella

- A. Is characterised by a high neutrophilia.
- B. Is no longer infectious when the lesions have dried.

- C. Acyclovir produces a rapid clinical improvement.
- D. Should be confirmed by serological studies.
- E. Is associated with a carrier state.

Answer: B

Which of the following is compatible with normal CSF

- A. [Glucose] > 40 mg/dL.
- B. [Protein] > 50 mg/dL.
- C. Total protein level consisting of 50% IgG.
- D. 10 Lymphocytes / mm<sup>3</sup>.
- E. Ratio of red blood cells to white cells of 2000:1

Answer: A

A nine year old boy is stung by a bee. His mother has removed the sting but he has a swollen bite site, is dyspnoeic with generalised rhonchi & is sweating. He weighs 30 Kg optimal treatment includes the following

- A. Adrenaline 1 : 10000, 0.3 ml IVI.
- B. Adrenaline 1 : 10000, 1 ml IVI.
- C. Adrenaline 1 : 10000, 3 ml IVI.
- D. Adrenaline 1 : 10000, 6 ml IVI.
- E. Adrenaline 1 : 10000, 9 ml IVI.

Answer: C

A woman in the third trimester of pregnancy is fitting. Which of the following is true.

- A. Eclampsia is unlikely in the absence of oedema & proteinuria.
- B. MgSO<sub>4</sub> is the drug of choice.
- C. Diazepam is contraindicated in view of the imminent delivery.
- D. Delivery should be delayed.
- E. IV rehydration is important.

Answer: B

Ingestion of hydrochloric acid

- A. Causes coagulative oesophageal necrosis .
- B. Should be treated with immediate use of sodium bicarbonate.
- C. Steroids are indicated in all cases as they decrease the incidence of gastric outlet obstruction & oesophageal stricture.
- D. Should receive activated charcoal.
- E. Prophylactic antibiotics are indicated.

Answer: A

SSD

- A. Leads to early neutropenia.
- B. Is contraindicated for facial burns due to skin pigmentation from oxidation of silver when exposed to the atmosphere.
- C. Causes renal impairment due to silver toxicity.
- D. Causes anaemia commonly seen in burns due to direct bone marrow depression.
- E. Contains silver sulfadiazine 5%

Answer: B

With respect to abdominal aortic aneurysms

- A. The most common presentation is an incidental finding on abdominal examination
- B. The most common presentation is with acute rupture & hypotension

- C. The most common presentation is with chronic contained rupture with severe lumbar pain but a non-tender aneurysm
- D. The most common presentation is with haematemesis & melena due to aorto caval fistula.
- E. The most common presentation is with bilateral lumbar pain radiating to the inguinal region.

Answer: A

The following are associated with profuse diarrhoea & large numbers of leukocytes in the stool except

- A. Campylobacter jejuni
- B. Shigella
- C. Cholera
- D. Enteroinvasive e. coli
- E. Clostridium difficile

Answer: C

With respect to arterial aneurysms which of the following is false?

- A. Congenital aneurysms are most likely to rupture between 20 to 30 years of age
- B. Superior mesenteric art aneurysms are associated with atherosclerosis.
- C. Subclavian artery aneurysms are associated with trauma.
- D. Renal artery aneurysms require urgent operative interventions.
- E. Hepatic artery aneurysms most common presentation is GIT bleeding & jaundice,

Answer: A

The following is true of axillary vein thrombosis except:

- A. Primary thrombosis occurs most commonly in young healthy males.
- B. Primary thrombosis most commonly occurs in the limb of the dominant hand.
- C. Primary oedema can occur in association with cervical ribs.
- D. Non pitting oedema commonly occurs in the dominant limb.
- E. Is not associated with radiotherapy or malignancy.

Answer: D

Unilateral acute painful tender testicle

- A. Occurs more commonly in tall thin males.
- B. Mumps orchitis is rarely unilateral.
- C. Parotitis always precedes mumps orchitis by 4-5 days.
- D. If it is transilluminated, torsion can be excluded.
- E. Mumps orchitis is seen in 10% of adult males.

Answer: C

In the treatment of pneumonia, antibiotics are chosen based on the following except

- A. Sputum gram stain.
- B. Clinical collection of data.
- C. Physical findings on chest examination.
- D. Previous infection.
- E. Nosocomial Vs community acquired.

Answer: C

Which of the following is not an afterload reducing agent

- A. Glyceryl trinitrate
- B. Glucagon
- C. Nitroprusside
- D. Phenoxy Benzamine
- E. Chlorpromazine

Answer: B

Which of the following drugs possess similar antiarrhythmic action

- A. Lignocaine & Bretylium
- B. Quinidine & Disopyramide
- C. Amiodarone & Procainamide
- D. Verapamil & Sotalol
- E. Lignocaine & Digoxin

Answer: B

The half life of 5% normal serum albumin is

- A. 20 minutes
- B. 60 minutes
- C. Two hours
- D. Two days
- E. Five days

Answer: E

Which of the following is not a feature of Kawasaki's syndrome

- A. Fever
- B. Conjunctivitis
- C. Pharyngeal erythema
- D. Desquamation of the palms of the hand & soles of the feet
- E. Polymorphous rash

Answer: A

Twenty four hours a total body radiation exposure of 300 Rads you would expect to see

- A. Nothing
- B. Nausea
- C. Nausea & vomiting
- D. Diarrhoea
- E. Nausea, vomiting & diarrhoea

Answer: C

Which of the following is most likely to exacerbate PID

- A. Pregnancy
- B. Menstruation
- C. Ovulation
- D. Urinary tract infection
- E. Diarrhoea

Answer: B

Which of the following is not characteristic of an non-organic cause of violence.

- A. Onset in someone older than 40 years of age with no past psychiatric history.
- B. Gradual onset
- C. Sweating
- D. Incontinence
- E. Recent hospitalisation

Answer: C

Which of the following is associated with severe anorexia nervosa

- A. Increased deep tendon reflexes
- B. Hyperkalaemia
- C. Diabetes insipidus
- D. Menorrhagia



E. Rapid gastric emptying

Answer: C

Which of the following should be given a National Triage Scale priority of 2

- A. Acute severe asthma
- B. Major trauma
- C. Pyelonephritis
- D. Acute myocardial infarction
- E. Diabetic ketoacidosis

Answer: C

A 24 year old male presents after receiving flash burns to the left sides of the head & neck, arm & leg. The percentage area burnt is

- A. 20%
- B. 26%
- C. 30%
- D. 36%
- E. None of the above

Answer: A

Signs of spinal cord damage following a C7/T1 dislocation include

- A. Respiratory failure
- B. Loss of biceps reflex
- C. Hypertension & sweating
- D. Horner's syndrome
- E. Elevated shoulders

Answer: E

An 18 year old male presents 24 hours following a diving accident in a pond. He is complaining of neck pain & stiffness with tingling in his left thumb. The first thing that you would do is

- A. Apply high flow oxygen via a face mask
- B. Palpate the cervical spine for localising tenderness
- C. Arrange an urgent CT of the cervical spine
- D. Immobilise the cervical spine
- E. Arrange an urgent lateral cervical spine x-ray

Answer: D

Atopic dermatitis differs from seborrheic dermatitis in

- A. Onset is after 3 months of age
- B. Resolves completely after 4 weeks of treatment
- C. Decreases in severity at puberty
- D. Located over the flexural surfaces of the cubital fossa
- E. Is associated with negative skin antigen testing

Answer: C

In the assessment of the multi trauma patient

- A. A 12 lead ECG is a priority in an unstable patient
- B. Hypotensive patients should receive crystalloid fluid resuscitation until group compatible blood is available
- C. Cervical spine, chest & abdominal x-rays are a priority
- D. Hypoxia is a major cause of preventable death
- E. Elderly hypotensive patients should receive aggressive fluid resuscitation

Answer: D

Amyotrophic lateral sclerosis is associated with the following except

- A. Bilateral up going plantar response
- B. Brisk jaw jerk
- C. Fasciculations
- D. Reversal of the supinator jerk
- E. Weakness of ocular muscles

Answer: E

A 30 year old male presents with an acutely painful knee & no history of trauma. The most likely diagnosis is

- A. Reiter's Syndrome
- B. Gout
- C. Septic arthritis
- D. Hemarthrosis
- E. Not gonococcal without a history of preceding urethritis

Answer: C

A previously well 2 year old male infant presents with a vesicular eruption involving the palms of the hands, soles of the feet & the perioral region.

- A. The most likely diagnosis is Kawasaki's disease
- B. The most likely diagnosis is herpes
- C. Appropriate management includes IV fluids & maintaining a watch on the child's hydration
- D. The most likely diagnosis is varicella
- E. The most likely diagnosis is acute eczematous dermatitis

Answer: B

Anal fissures

- A. Are a complication of haemorrhoids
- B. Are a complication of perianal abscesses
- C. Commonly are posterior in males & anterior in post partum females
- D. Local anaesthetics are not useful in treatment
- E. Are a complication of ulcerative colitis

Answer: C

A 50 year old male presents with haematemesis. His coagulation studies show PT = 50 seconds (control = 15 seconds), APTT = 80 seconds. This is consistent with

- A. Warfarin toxicity
- B. Liver failure
- C. Factor VII deficiency
- D. Haemophilia
- E. DIC

Answer: B

Bleeding from the nipple in the absence of a palpable breast lump is most commonly due to

- A. An intraductal papilloma
- B. A non-infiltrating intraductal carcinoma
- C. An adenocarcinoma of the breast
- D. Paget's disease of the nipple
- E. Cracked nipple

Answer: A

Occlusion of the left middle cerebral artery results in

- A. A left hemiplegia with the leg affected more than the arm
- B. Nystagmus
- C. A fixed conjugate gaze of the left
- D. Dysphagia
- E. Dysarthria

Answer: E

Which of the following is not associated with changes in the lens

- A. Hypoparathyroidism
- B. Diabetes
- C. Corticosteroids
- D. Myotonic dystrophy
- E. Down's Syndrome

Answer: A

Which of the following is not associated with a lupus syndrome

- A. Phenytoin
- B. Quinidine
- C. Procaine amide
- D. Sulphonamides
- E. Frusemide

Answer: E

52 year old male with known Amyotrophic Lateral Sclerosis presents to the emergency department with drowsiness and shortness of breath. Blood gas analysis on air demonstrates pH 7.25, pO<sub>2</sub> 49, pCO<sub>2</sub> 79, HCO<sub>3</sub> 30. The most correct answer:

- A. This patient should be intubated, ventilated, and sent to ICU.
- B. This patient should not be intubated and not sent to ICU.
- C. This patient should be given oxygen by venturi mask titrated to pO<sub>2</sub>.
- D. This patient should not be given oxygen unless measures are taken to improve ventilation.
- E. Emergency evaluation of reversible causes of respiratory failure should be undertaken in the emergency department.

Answer: E

Paediatric asystolic cardiopulmonary arrest:

- A. has a better outcome than adult asystolic cardiopulmonary arrest
- B. occurs most commonly in the pre-school age group
- C. has a better outcome with improved critical pre-hospital care
- D. has a dismal outcome
- E. has the same outcome as paediatric cardiorespiratory arrest due to ventricular fibrillation

Answer: D

In paediatric CPR:

- A. the thoracic and cardiac pump mechanisms are equally likely explanations of blood flow
- B. injuries to the bony thorax have not been reported
- C. ventilations must always be accompanied by chest compressions
- D. begin with 5 quick breaths
- E. the apical impulse is the most reliable indicator of cardiac output

Answer: B

Adenosine

- A. acts on the His-Purkinje fibres
- B. patients rarely develop side effects during administration
- C. is useful in the management of a broad complex tachycardia
- D. use in all forms of heart block is safe

E. is not recommended for use during pregnancy

Answer: C

During assessment of the unconscious patient

- A. the patient should be positioned in the left lateral position
- B. jaw thrust with head tilt is the safest initial approach to opening the airway of a victim with a suspected neck injury
- C. dentures should always be removed
- D. agonal respiration is always a sign of prolonged cardiac arrest
- E. a call for help should precede all other assessment

Answer: E

Concerning closed chest cardiopulmonary resuscitation

- A. The maximum cardiac output that can be achieved is 50% of normal
- B. Maximum cerebral perfusion is <10% of normal
- C. Maximum PAO<sub>2</sub> which can be achieved with expired air resuscitation is 60mmhg
- D. The most important factor in survival to discharge is time to initial defibrillation
- E. Rib and sternal fractures must be avoided

Answer: B

Concerning defibrillation

- A. Some myocardial damage occurs with all shocks '
- B. Optimum paddle pressure is 2.5kg
- C. Optimum paddle size for infants is 8cm diameter
- D. The shock is best delivered in inspiration
- E. Higher current is generated by subsequent shocks at the same energy level

Answer: E

Concerning the theory of blood flow during CPR

- A. the thoracic pump hypothesis presumes direct cardiac compression produces blood flow
- B. the "thoracic pump" produces antegrade blood flow with cough CPR
- C. venous valves play no role in the direction of blood flow
- D. significant pressure with each compression is transmitted to the extra-thoracic veins
- E. simultaneous compression and ventilation CPR does not significantly increase cardiac output when compared with conventional CPR

Answer : B

Intercostal chest drains :

- A. The intercostal catheter is inserted at the upper margin of the chosen space (ie just beneath a rib.)
- B. An underwater seal drain or Heimlich valve is not necessary if the drain is placed on continuous suction
- C. When bottles are connected in series (eg for draining blood or other fluid) each one should have the tube on the patient side under 2 - 3 cm of water
- D. The tubes must be clamped during transport of the patient.
- E. If suction is used then 10 - 20 cm water (2-5 kPa) is the maximum pressure allowed.

Answer E

Mycobacterium Ulcerans infections

- A. "Mycobacterium Ulcerans" is a general description for any atypical mycobacterium causing an ulcer
- B. In Australia, these infections, or "tropical ulcers" occur only North of the Tropic of Capricorn
- C. Culture of the organism can take up to 6 months
- D. The administration of antibiotics for prolonged periods is the only effective treatment.
- E. The development of severe pain, with tenderness, redness, swelling and fever indicates a secondary infection (eg Staph Aureus, Streptococcus.)

Answer C

Oesophageal dysphagia.

- A. Oesophageal webs associated with Iron deficiency (Patterson Kelly or Plummer Vinson syndrome) occur in the lower half of the oesophagus.
- B. Most patients with the "steakhouse syndrome" (oesophageal obstruction caused by impaction of a large piece of improperly chewed food) have a normal oesophagus
- C. About 5% of the population has an oesophageal (Schatzki) ring near the gastroesophageal junction
- D. Air visualised in the oesophagus on plain radiographs of chest or neck may be a normal finding
- E. Glucagon is contraindicated when treating oesophageal obstruction as the muscle contraction may result in oesophageal perforation (Boerhaave's syndrome.)

Answer: C

Which of the following statements about spontaneous oesophageal perforation (Boerhaave's Syndrome) is correct?

- A. Chest X-Ray is normal in the majority of patients.
- B. Significant associated haemorrhage is uncommon and the haematocrit is likely to be slightly increased rather than low.
- C. A gastrograffin swallow is diagnostic if a tear is shown, but it has a high false negative rate.
- D. Flexible endoscopy is the examination of choice.
- E. Boerhaave's syndrome may be accompanied by pneumomediastinum or pneumothorax but not both.

Answer: B

All but one of the following is true of hand and wrist injuries:

- A. crush injuries of the hand may require fasciotomy for compartment syndrome
- B. a lateral X-ray of the wrist will demonstrate carpal dislocation if the lunate has lost its articulation with the capitate
- C. "Gamekeepers Thumb " can be excluded provided a good quality radiograph (AP) of the thumb is taken
- D. complex dislocations of finger M.C.P. joints are marked by minimal hyperextension and dimpling of overlying volar skin
- E. metacarpal neck fractures usually involve the fourth or fifth finger

Answer: C

All but one of the following statements about trauma scores are true :

- A. the Injury Severity Score (I.S.S.) cannot be adequately assessed in the Emergency Department
- B. An I.S.S. greater than 16 equates with major trauma
- C. Revised Trauma Score can be performed in the Emergency Department, and assesses conscious state and physiologic parameters
- D. as yet, no physiologic scoring system suffices for prehospital triage of trauma victims
- E. the I.S.S. is derived from the Abbreviated Injury Score ( A.I.S.)

Answer: A

All but one of the following is true of urologic injury

- A. ureteric injuries are rare, and usually due to penetrating trauma
- B. posterior urethral injuries occur most commonly with blunt trauma associated with pelvic fractures
- C. penile rupture can occur during intercourse, and may be associated with a loud cracking sound
- D. penetrating wounds to the kidney are invariably accompanied by significant haematuria
- E. intraperitoneal rupture of the bladder can occur if the bladder is distended when the lower abdomen receives a direct blow

Answer: D

Emergency Department thoracotomy is least indicated in:

- A. pre-hospital cardiac arrest as a result of blunt trauma
- B. cardiac tamponade with profound shock
- C. low velocity penetrating trauma to the heart
- D. traumatic cardiac arrest following penetrating chest trauma with signs of life in the pre hospital setting
- E. blunt or penetrating trauma to chest or abdomen with profound shock unresponsive to fluid therapy and unlikely to survive till operation

Answer: A

A 20 year old male who had a spinal injury with a neurological level at C6 presents to your emergency department with bitemporal headache. On examination he has head and neck sweating and flushing, pallor of the skin of the abdomen and legs, a pulse rate of 45/min, and blood pressure of 210/100. The most likely underlying diagnosis is:

- A. Spinal shock
- B. Subdural hematoma
- C. Malignant hypertension
- D. Urinary retention
- E. Appendicitis

Answer: D

A patient has CI HIV infection as classified by the Centre for Disease Control 1993. This means:

- A. He has Kaposi Sarcoma and his CD4 T-cell count > 500/ml.
- B. He acquired HIV infection from intravenous drug use and he has an AIDS indicator condition.
- C. He has an AIDS indicator condition and his CD4 T-cell count > 500/ml.
- D. He does not have an AIDS indicator condition and his CD4 T-cell count > 500/ml.
- E. He has an AIDS indicator condition and his CD4 T-cell count < 200/ml.

Answer: C

Patients with HIV infection:

- A. Are less likely to develop a deep vein thrombosis than the general population.
- B. Do not have AIDS [category C HIV infection] unless CD4 T-cell count < 500/ml.
- C. Have antibodies to HIV.
- D. Have a high rate of spontaneous pneumothorax associated with Pneumocystis carinii pneumonia.
- E. Are likely to develop Pneumocystis carinii infection within months of developing antibodies to HIV.

Answer: D

A 7 year old boy presents to the emergency department with headache, photophobia, vomiting and drowsiness. He has a ventriculo-peritoneal shunt with a single reservoir palpable in the parietal region. He has a temperature of 37.8 C, and Glasgow Coma Scale of 14. All of the following are appropriate except:

- A. Compression and release of shunt reservoir.
- B. Head CT Scan and shunt series.
- C. Obtaining IV access, blood culture and urine culture.
- D. Rapid sequence intubation if hypoventilation or loss of airway control occurs.
- E. Lumbar puncture.

Answer: E

The following are taken as radiographic indications of an unstable lumbar spine except

- A. anterior wedging of 10-15 degrees
- B. shift of one vertebrae relative to another
- C. fractures at the level of the facet joints or pedicles
- D. avulsion fracture of the tip of a spinous process
- E. shearing fracture of a vertebral body

Answer: A

All but one of the following is true of peripheral nerve injuries

- A. ulnar nerve injury may result in decreased sensation in the medial 1 1/2 fingers
- B. ulnar nerve injury at the wrist is unlikely to limit ability to fully flex fingers
- C. Froment's test, which tests the function of the adductor of the thumb, is a test of median nerve function
- D. division of the radial nerve in the distal forearm is unlikely to cause any wrist drop
- E. severed median nerve results in an inability to pick up a pin with thumb and index finger

Answer: C

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Answer: A

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Answer: C

Blood loss in the setting of major trauma can be expected by the development of a bleeding diathesis. All but one of the following is true:

- A. causes of bleeding diathesis include banked blood, hypothermia, consumptive coagulopathy and platelet dysfunction.
- B. the next best choice after fresh whole blood is cryoprecipitate.
- C. crush-type injuries are especially likely to cause coagulopathy
- D. coagulopathy becomes more likely when 1-2 times the estimated blood volume has been acutely replaced.
- E. the hypocalcaemia induced by stored blood has not been demonstrated to be a major cause of bleeding.

Answer: B

Complications of traumatic posterior hip dislocation include all but one of the following

- A. avascular necrosis
- B. femoral nerve palsy
- C. myositis ossificans
- D. irreducible dislocation
- E. fracture of femoral head

Answer: B

The death adder (genus *Acanthopsis*)

- A. Is native to South America
- B. Causes profound coagulopathy
- C. Is nocturnal
- D. Causes an irreversible paralysis
- E. Is aggressive

Answer: C

The following are true of Hepatitis E, EXCEPT:

- A. R.N.A. virus
- B. Spread by faecal - oral route
- C. Has a long incubation period (> 10 weeks)
- D. A high mortality in pregnant women.
- E. Absence of chronic liver damage or a carrier state after recovery from acute infection.

Answer: C

Infectious endocarditis in intravenous drug abusers:

- A. Cocaine abusers have the lowest risk for developing endocarditis
- B. The pulmonic valve is most commonly affected

- C. Embolic phenomena are uncommon
- D. Tricuspid endocarditis is rare.
- E. Staphylococci and Streptococci are the most commonly incriminated organisms.

Answer: E

In the evaluation of pharyngitis, throat culture may be indicated for the following, EXCEPT;

- A. Possibility of gonorrhoea.
- B. Age > 5 yrs
- C. Pharyngeal membrane present.
- D. Immunocompromised host
- E. History of unusually prolonged or severe pharyngitis

Answer : B

The following are commonly cultured organisms in acute otitis externa. EXCEPT:

- A. Pseudomonas aeruginosa
- B. Proteus vulgaris
- C. Staph aureus.
- D. Actinomyces
- E. Non group A streptococci

Correct answer: D

The following is true of croup, EXCEPT:

- A. Dexamethasone is of little value.
- B. Can occur in all age groups.
- C. Stridor is audible when 75 - 90% of the airway is blocked.
- D. The dose of Nebulized racemic Adrenaline is 0.05 ml/kg (1:100)
- E. The dose of Nebulized Adrenaline is 0.5ml/kg (1:1000)

Answer: A

What features will not assist you in diagnosing testicular torsion?

- A. Right testis higher than the left.
- B. Epididymis is lying to the front of the testicles.
- C. The testis is retracted and lies horizontally.
- D. Elevation of the testis decreases pain.
- E. The cremasteric reflex is present.

Answer: D

Which of the following is useful if determining the prognosis in acute pancreatitis on initial presentation?

- A. 6 x elevation of the AST.
- B. Amylase > 2000 IU.
- C. Age < 25.
- D. Hypoglycaemia.
- E. A WCC < 4.

Answer: C

Which are true for stonefish?

- A. They are found in fresh water estuaries and streams.
- B. They cause paralysis by tetrodotoxin.
- C. Causes cardiotoxicity.
- D. Has a painless sting.
- E. Causes a coagulopathy.

Answer: C



Regarding advanced life support:-

- A. VF should be treated with an initial DC shock of 200 J.
- B. The treatment of pulseless VT should be synchronised DC shock.
- C. Asystole should be initially treated with one shock.
- D. Sequential shocks increase transthoracic impedance.
- E. The time to initiation of CPR is the most important factor in predicting outcome.

Answer: A

Adenosine:-

- A. Has a half life of 30 seconds.
- B. Its activity is enhanced by theophylline.
- C. It blocks SA node and AV node conduction.
- D. It causes a transient tachycardia.
- E. It has no known contra-indications.

Answer: C

Indicators of the severity of aortic stenosis include all of the below except:-

- A. Reverse splitting of the second heart sound.
- B. Soft S2.
- C. Valve gradient of >50 mm Hg.
- D. S4.
- E. An aortic thrill.

Answer: B

Which of the following is not a feature of lateral medullary syndrome?

- A. Homer's syndrome.
- B. Ipsilateral third nerve palsy.
- C. Altered sensation on the ipsilateral side of the face.
- D. Loss of pain and temperature sensation on the contralateral side of the body.
- E. Nystagmus.

Answer: B

The function of triage in the Emergency Department is:-

- A. To tell patients of the anticipated waiting times.
- B. To send patients elsewhere.
- C. To sort patients based on medical priority and resources.
- B. To collect demographic data for epidemiological studies.
- E. To direct patients to appropriate care.

Answer: C

In the management of disasters, which of the following is correct?

- A. The National Triage Scale should be used on site.
- B. Deceased patients are a public health risk and should be removed from the scene as soon as possible.
- C. In Australia the army are the primary responders.
- D. All category I patients should be taken to the nearest hospital .
- E. All hospitals should have their own disaster plan.

Answer: E

Sumatriptan in migraine:-

- A. Is a serotonin agonist.
- B. Is a serotonin antagonist and causes sedation.
- C. Is a DA antagonist similar to maxolon with a specific efficacy in migraine treatment.
- D. Causes chest pain in 3-5% of patients which is thought to be non cardiac in origin.

E. Can be coadministered with Ergotamine.

Answer: A

Which of the following drugs is not safe for use in pregnancy?

- A. Tetracyclines.
- B. Chloramphenicol.
- C. Erythromycin.
- D. Ceftriaxone.
- E. Penicillin.

Answer: A

IM Ketorolac can be given:-

- A. to a patient in pain and suspected of drug seeking behaviour.
- B. in renal failure.
- C. in pregnancy.
- D. in lactation.
- E. in the anticoagulated patient.

Answer: A

Appropriate analgesia for a 70 kg male with a fracture shaft of femur is:-

- A. Morphine 10 mg IVI.
- B. Pethidine 50 mg IMI.
- C. Femoral nerve block.
- D. Pethidine 100 mg IVI.
- E. Morphine 10 mg IMI.

Answer: C

Which of the following is not a cause of hypocalcaemia?

- A. Hypoparathyroidism.
- B. Vitamin D deficiency.
- C. Renal failure.
- D. Hypomagnesaemia.
- E. Hypophosphataemia.

Answer: E

A Jefferson fracture:-

- A. Is associated with axial compressive forces.
- B. Is a fracture through the pedicles of C2.
- C. Is best diagnosed on cervical spine AP view.
- D. Seldom causes pain on palpation of the C spine.
- E. Is associated with hyperextension of the cervical spine.

Answer: A

In assessing the burnt area in children cf. adults which is always true?

- A. The head in children is proportionately twice the area of an adult
- B. The legs in children each occupy 14% of the area
- C. The neck in children is proportionately the same as an adults
- D. The arms in children are less than an adult.
- E. The palmar surface of the hand is 1% of total body's surface area.

Answer: E

The following arterial blood gases were taken on room air:

pH = 7.30, pCO<sub>2</sub> = 60 mmHg, pO<sub>2</sub> = 60 mmHg, [HCO<sub>3</sub><sup>-</sup>] = 27 mmol / L  
These results are consistent with

- A. Acute pulmonary oedema
- B. Barbiturate over dose
- C. Chronic obstructive airways disease
- D. Carbon monoxide poisoning
- E. Salicylate overdose

Answer: B

Cardiac arrest can be caused by the following except

- A. Hypovolemia.
- B. Endotracheal intubation.
- C. Carotid sinus massage.
- D. Hypothermia.
- E. Hyperventilation.

Answer: E

Suxamethonium

- A. Causes tachycardia.
- B. Causes hypocalcemia.
- C. Is a non depolarising neuromuscular blocking agent.
- D. Is contraindicated in patients with demyelinating conditions.
- E. Causes hypotension.

Answer: D

Thyrotoxic storm

- A. IV steroids are contraindicated as part of the treatment.
- B. Hypertension is essential to make the diagnosis.
- C. Hyperthermia is essential to make the diagnosis.
- D. Levels of T<sub>3</sub> & T<sub>4</sub> correlate well with severity.
- E. Propranolol is useful to reduce ocular manifestations

Answer: C

The following can cause syncope except

- A. Addison's disease.
- B. Hyperventilation.
- C. Primary pulmonary hypertension.
- D. Infective endocarditis.
- E. GIT haemorrhage.

Answer: D

Hyperventilation is associated with the following except

- A. Agoraphobia.
- B. Chest pain.
- C. An increased tendency to convulsions.
- D. ST & T wave changes on ECG.
- E. Increased intracranial pressure.

Answer: E

Torsades De Pointes

- A. Procainamide is the treatment of choice.
- B. Is usually associated with hyperkalemia.
- C. Can be treated with MgSO<sub>4</sub>.
- D. Can be treated with Quinidine.
- E. Is a complication of lithium overdose.

Answer: C

Gillian Barre Syndrome is usually associated with the following except:

- A. An acute onset.
- B. With foot drop or wrist drop.
- C. The need for mechanical ventilation.
- D. Increased CSF proteins.
- E. Complete recovery.

Answer: A

A Salter Harris type III fracture

- A. Involves crushing to all or part of the epiphyseal plate.
- B. Involves separation of part of the epiphysis.
- C. Involves separation of part of the epiphysis with a metaphyseal fragment.
- D. Involves the epiphysis being displaced carrying with it a small triangular metaphyseal fragment.
- E. Involves a fracture of the epiphyseal plate only.

Answer: B

Childhood injuries

- A. Most commonly occur in the playground.
- B. Most commonly occur on public roads.
- C. Maximum incidence of poisoning is at 6 years of age.
- D. Incidence increases when levels of stress in the house hold increase.
- E. Rarely seen in child abuse cases in children less than 12 months of age.

Answer: D

Early characteristics of senile dementia may include the following except

- A. Demonstrable cortical atrophy.
- B. Paranoid delusions.
- C. Onset at sixty five years of age.
- D. Loss of long term memory.
- E. Loss of short term memory.

Answer: D

Clinically significant fat emboli are associated with the following except.

- A. Pyrexia.
- B. Snow storm appearance of the lung on CXR.
- C. Petechia.
- D. Intraosseous infusions.
- E. Massive burns.

Answer: D

Abdominal x-rays

- A. Contraindicated during pregnancy.
- B. Barium should be avoided in cases of suspected intestinal perforation because it is irritant to the peritoneum.
- C. Gastrografin causes diarrhoea.
- D. Inhaled water soluble contrast media is less irritant to the lungs than barium.
- E. Can be used to exclude a suspected ruptured aortic aneurysm.

Answer: B

Regarding x-ray

- A. The maximal risk to the foetus is in the first 10 days post conception.
- B. A plain abdominal x-ray exposes the foetus to five times the radiation dose c.f. with a chest x- ray.
- C. Supine abdominal x-rays can usually detect a pneumoperitoneum.
- D. Gastrografin causes diarrhoea.
- E. Chest x-rays are usually normal with pulmonary embolus.

Answer: A

Upper abdominal peritoneal signs

- A. Are not a feature of cardiac disease.
- B. Are commonly seen in pre-eclampsia.
- C. Are not a feature of ectopic pregnancy.
- D. Are not a feature of methanol overdose.
- E. Are commonly seen in renal calculi.

Answer: A

Ten days following a routine appendectomy a 20 year old female presents with swinging temperatures

- A. A subphrenic abscess is the most likely diagnosis.
- B. A right sided pleural effusion is likely to be due to pneumonia.
- C. A deep vein thrombosis is the most likely diagnosis.
- D. A tubo-ovarian abscess is the most likely diagnosis.
- E. A pelvic abscess is the most likely diagnosis.

Answer: E

Which one of the following statements concerning a foreign body impacted in the oesophagus is false?

- A. CXR & AXR are suitable initial x-ray studies.
- B. Must be urgently removed because of the danger of perforation & aspiration pneumonia.
- C. Perforation can be reliably excluded with an erect chest x-ray.
- D. Mediastinitis is a complication of perforation.
- E. Can result in a tracheo-oesophageal fistula.

Answer: C

Oesophageal motility disorders

- A. Most commonly seen in young people in their 30's.
- B. Symptoms are most pronounced when swallowing solids.
- C. Are associated with the inability to relax the lower oesophageal sphincter.
- D. Symptoms are most pronounced when swallowing liquids.

E. Commonly associated with gastro-oesophageal reflux.

Answer: B

With regard to urinary tract infections (UTI)

- A. The presence of nitrites is highly specific for UTI.
- B. Frequency & dysuria always indicates the presence of a UTI.
- C. Can be reliably excluded with a normal urinalysis.
- D. They can be reliably diagnosed from bag urine specimens in young children.
- E. The presence of proteinuria is highly specific for UTI.

Answer: A

Metabolic acidosis results in all of the following except

- A. Shifts-the oxygen Hb dissociation curve to the right.
- B. Increases oxygen availability from haemoglobin in peripheral tissues.
- C. Decreases intracellular potassium concentration.
- D. Increases glomerular filtration rate.
- E. Can result in increased muscular contractility.

Answer: D

A diver presents complaining of hoarseness which began soon after surfacing from a dive. Which of the following statements is false?

- A. You should arrange for an urgent intubation.
- B. Administer 100% oxygen.
- C. Prophylactic steroids are recommended.
- D. You should arrange for an urgent CXR.
- E. The patient should be place in the supine position.

Answer: A

Concerning spirometry which of the following statements is true

- A. It is dependent on the height, weight & sex of the patient.
- B. The ratio of FEV1/VC is reduced in restrictive lung disease.
- C. The FEV1 is a better measure of respiratory function than the maximal mid expiratory flow rate.
- D. Patients symptoms correlate well with changes in spirometry.
- E. The ratio of FEV1/VC is increased in obstructive lung disease.

Answer: A

Intussusception

- A. Usually is ileo-colic in origin.
- B. Causes vomiting early.
- C. Is suggested by the presence of fluid filled loops over the right upper quadrant on abdominal x-ray.
- D. Surgical reduction is commonly required in children less than one.
- E. Is most common after two years of age.

Answer: A

Pyloric stenosis

- A. Is best diagnosed with a plain abdominal x-ray.
- B. Presents with projectile bile stained vomiting.

- C. Results in a hypochloremic metabolic acidosis.
- D. Is familial.
- E. In adults can be due to chronic pyloric ulceration.

Answer: E

With regard to depression

- A. The treatment of choice in the elderly & frail is ECT.
- B. Antidepressants are less effective in the elderly.
- C. Larger doses of antidepressants are needed in the elderly.
- D. The suicide risk varies with age.
- E. Psychotic phenomenon are not a feature.

Answer: D

With regard to Stevens Johnson Syndrome

- A. Characteristically steroids are highly effective.
- B. Sulphonamides are implicated in the aetiology.
- C. Attacks are seasonal.
- D. More common in women than in males.
- E. Outpatient management is indicated in mild cases.

Answer: B

In acute tubular necrosis

QQ

- A. Steroids may be useful in cases secondary to overwhelming sepsis.
- B. Red blood cell casts are not characteristic.
- C.  $[Na^+]$  in urine  $> 20$  meq / L.
- D. An IVP is useful to exclude urinary obstruction.
- E. Recovery is usually incomplete.

Answer: C

Iron overdose

- A. Haematemesis & melena are a late complication.
- B. Neuropsychiatric sequelae are a late complication.
- C. Bowel strictures are a late complication.
- D. Charcoal is useful in the initial management of the patient.
- E. Plain abdominal x-rays can be used to exclude ferrous sulphate ingestions.

Answer: C

With regard to SCUBA divers

- A. Rupture of the round window is associated with ascent.
- B. Pneumothorax is associated with ascent.
- C. Mask squeeze is associated with ascent.
- D. Nitrogen narcosis is associated with ascent.
- E. Nitrogen narcosis is associated with the rate of ascent.

Answer: B

Rapid ascent from sea level to 3,500 m is acutely associated with the following except:

- A. A fall in urine output due to increased insensible losses.
- B. Confusion.
- C. Cerebral oedema.
- D. Headache.
- E. Respiratory alkalosis.

Answer: A

With regard to massive blood transfusion

- A. Coagulation factors V & VII are most likely to fail as they are the most labile.
- B. Cryoprecipitate contains adequate amounts of fibrinogen.
- C. Transmission of HIV & CMV can occur with blood products as well as blood.
- D. Cross matching is necessary for using FFP.
- E. Calcium may be useful in treatment.

Answer: B

Streptokinase

- A. Hypofibrinogenemia is unlikely to occur.
- B. Can be readministered after 2 years.
- C. Acts by inhibiting thrombin synthetase.
- D. Bleeding can be controlled with Protamine.
- E. Produces hypotension due to bradykinin release.

Answer: E

Giardiasis

- A. Affects the distal ileum.
- B. Associated with explosive, watery or foul smelling diarrhoea.
- C. Associated with increased mucosal folds.
- D. Is best treated with ciprofloxacin.
- E. Is excluded by negative stool microscopy.

Answer: B

Cystic fibrosis can be associated with the following except

- A. Haematemesis.
- B. Hyponatremic dehydration.
- C. Lobar collapse.
- D. Infertility.
- E. Steatorrhea.

Answer: A

Which of the following is associated with a carrier state

- A. Histoplasmosis
- B. Hep A
- C. Rubella
- D. Varicella
- E. Measles

Answer: A

At a core temperature of 28 C the following can occur



- A. Severe shivering.
- B. Pinpoint fixed pupils.
- C. Hypokalemia.
- D. Hyperglycaemia.
- E. Thrombocytosis.

Answer: D

With regard to Wolff-Parkinson-White Syndrome

- A. SVT can be confused with ventricular tachycardia.
- B. In the presence of atrial fibrillation digoxin is the drug of choice.
- C. In the presence of atrial fibrillation DC cardioversion is the treatment of choice.
- D. Amiodarone is effective because it inhibits anterograde conduction through the AV node.
- E. Is always associated with Delta wave on ECG.

Answer: A

Thrombosis of the superior mesenteric artery can be associated with the following

- A. Decreased haematocrit.
- B. Positive abdominal paracentesis.
- C. Abdominal x-ray showing no gas.
- D. Raised serum amylase.
- E. Decreased serum phosphate.

Answer: D

With regard to blunt abdominal trauma in the third trimester of pregnancy which of the following is false?

- A. Postmortem caesarean section is only indicated if foetal heart sounds are present.
- B. If the patient is hypotensive a pillow should be placed under the left hip.
- C. Coagulation abnormalities suggest placental injury.
- D. CTG is indicated even in relatively minor trauma.
- E. Consideration should be given to the administration of anti-D immunoglobulin.

Answer: B

Which of the following is true

- A. Warfarin causes a foetal syndrome is administered during the second trimester of pregnancy.
- B. Monitoring of maternal gentamicin levels improves the safety of the foetus.
- C. Pregnancy following failure of the "morning after pill" is associated with an increased incidence of urogenital abnormalities in the foetus.
- D. Quinolones are safe to use during pregnancy.
- E. Sulphonamides should be avoided in the third trimester of pregnancy.

Answer: E

With regards to the bite of red back spider which of following is incorrect

- A. Is painful.
- B. Causes local piloerection & sweating.
- C. Requires treatment with IV antivenom.
- D. A compressive bandage is not necessary as part of first aid treatment.
- E. The venom contains several toxins the most prominent being latrotoxins.

Answer: C

Anti-prostaglandin agents are more likely to cause renal damage in the presence of the following except:

- A. Hyponatremia.
- B. Hypotension.
- C. In the elderly.
- D. Pre-existing renal disease.
- E. In the post operative period.

Answer: A

Features of child abuse include the following except:

- A. Spiral fracture of tibia.
- B. Retinal haemorrhages.
- C. "Immersion" burns.
- D. Skull fractures.
- E. Fractured ribs.

Answer: A

A low urine concentration of chloride suggests the following as a cause of metabolic alkalosis

- A. Conn's syndrome.
- B. Barter's syndrome.
- C. Vomiting.
- D. Diuretics.
- E. Severe hypokalemia.

Answer: E

In a median nerve injury at the wrist, you would expect to find on examination

- A. inability to flex the terminal phalanx of the thumb.
- B. inability to adduct the thumb.
- C. inability to abduct the thumb.
- D. inability to abduct the fingers.
- E. inability to adduct the fingers.

Answer: C

In a complete transection of the seventh cervical nerve root, you would expect to find on examination all of the following EXCEPT

- A. numbness in the middle finger.
- B. weak supination of the forearm.
- C. weak pronation of the forearm.
- D. weak wrist extension.
- E. weak wrist flexion.

Answer: B

Normal anion gap metabolic acidosis can be caused by

- A. methanol.
- B. diabetes.
- C. Conn's syndrome.
- D. uraemia.
- E. diarrhoea.

Answer: E

A person who is opening his eyes to pain, making incomprehensible sounds and withdraws to painful stimuli has a Glasgow Coma Scale score of

- A. 7
- B. 8
- C. 9
- D. 10
- E. none of the above

Answer: B

Ingested substances which may be radio opaque include all the following EXCEPT

- A. iron
- B. enteric coated tablets
- C. phenothiazines
- D. chloral hydrate
- E. anticholinergics

Answer: E

In salicylate poisoning

- A. may cause hypoglycaemia
- B. may cause bullous lesions
- C. the Rumack-Matthew nomogram is useful for determining probable toxicity
- D. an ingested dose of 150 mg/kg is potentially serious
- E. is not able to be dialysed

Answer: A

A good outcome from paediatric immersion can be expected with

- A. core temperature of 33° on arrival at the ED
- B. sinus rhythm in the ED
- C. immersion time less than 10 minutes
- D. resuscitation time not exceeding 10 minutes
- E. reactive pupils despite neurological unresponsiveness

Answer: D

Epiglottitis in children is associated with

- A. upper respiratory tract infection
- B. gradual onset
- C. no cough
- D. loud stridor
- E. more prevalent in males

Answer: C

Dobutamine

- A. has dopaminergic effects
- B. has only B1 sympathomimetic effects
- C. may improve myocardial oxygen supply

- D. frequently causes diastolic hypertension
- E. does not cause tachycardia

Answer: C

Suxamethonium is contraindicated in all of the following EXCEPT

- A. acute burns
- B. penetrating eye injury
- C. upper airway obstruction
- D. family history of malignant hyperthermia
- E. Guillain-Barre syndrome

Answer: A

Neutropenia can be caused by

- A. exercise
- B. sepsis
- C. adrenaline
- D. splenectomy
- E. uraemia

Answer: B

Severity of aortic stenosis is indicated by

- A. right ventricular failure
- B. collapsing pulse
- C. atrial fibrillation
- D. third heart sound
- E. fourth heart sound

Answer: E

Contraindications to thrombolysis include all the following EXCEPT

- A. warfarin
- B. CPR for longer than 10 minutes
- C. previous intracerebral haemorrhage
- D. laparotomy within 2 weeks
- E. ST segment elevation of 1 mm in 2 or more anterior chest leads

Answer: E

Causes of a wide complex tachycardia include all the following EXCEPT

- A. subarachnoid haemorrhage
- B. alcohol
- C. hyperthermia
- D. hyperglycaemia
- E. hyperkalaemia

Answer: D

The narrowest point in a paediatric airway is

- A. true vocal cords
- B. false vocal cords

- C. thyroid cartilage
- D. cricoid cartilage
- E. trachea

Answer: D

A difficult airway in an adult can be predicted by

- A. thyromental distance of 5.0 cms
- B. thyromental distance of 8.0 cms
- C. thyromental distance of 11.0 cms
- D. stemomental distance of 13.0 cms
- E. sternomental distance of 15.0 cms

Answer: A

Indication for surgical exploration in penetrating neck injury include all the following EXCEPT

- A. violation of the platysma
- B. deviation of the trachea
- C. expanding haematoma
- D. subcutaneous emphysema
- E. absent pulses

Answer: B

Which cervical injury is the most unstable?

- A. posterior arch C1
- B. Hangman's fracture
- C. bilateral facet dislocation
- D. extension tear drop fracture
- E. fracture of dens

Answer: E

The radiographic finding most suggestive of traumatic rupture of the aorta is

- A. deviation of the oesophagus to the right at T2
- B. deviation of the oesophagus to the left at T2
- C. depression of the right main bronchus more than 40 degrees
- D. deviation to the trachea to the left
- E. deviation of the trachea to the right

Answer: B

Erythema multiforme

- A. is commonly caused by malignancies in children
- B. is commonly caused by infections in adults
- C. is commonly associated with mycoplasma pneumonia
- D. is more common in females
- E. is rarely caused by sulphonamides

Answer: C

A 43 year old man is receiving positive pressure ventilation on a respirator following a road traffic crash. His ABG shows a pH 7.54, pCO<sub>2</sub> 28mmHg, pO<sub>2</sub> 87mmHg, Bic 16 mmol/L This blood gas shows:

- A. pure respiratory alkalosis
- B. respiratory alkalosis and hypoxaemia
- C. respiratory alkalosis and metabolic acidosis
- D. mixed respiratory and metabolic alkalosis
- E. metabolic acidosis with partial respiratory compensation

Answer: C

All of the following can be used in the management of stable VT EXCEPT:

- A. Lignocaine
- B. Isoprenaline
- C. Adenosine
- D. Sotalol
- E. Amiodarone

Answer: B

Formation of acetone occurs in poisoning with:

- A. ethanol
- B. methanol
- C. ethyleneglycol
- D. isopranolol
- E. acetaminophen

Answer: D

In statistics an alpha level of 0.001 means:

- A. the study is overpowered
- B. the study is underpowered
- C. that it is very likely that a type II error has occurred
- D. the probability of incorrectly accepting the null hypothesis is 1 in 1,000
- E. the probability of incorrectly rejecting the null hypothesis is 1 in 1,000

Answer: E

In clinical trials the method of CPR with the best clinical outcome is:

- A. conventional CPR
- B. simultaneous compression ventilation CPR
- C. active compression decompression CPR
- D. interposed abdominal compression CPR
- E. none of the above is better than the others

Answer: E

Uncuffed endotracheal tubes should be used for:

- A. tube sizes less than 6mm
- B. acute epiglottitis
- C. blind nasotracheal intubation
- D. intubations with a Macintosh blade
- E. known fractured base of skull

Answer: A

Cricoid pressure was first described by:

- A. Mendelson
- B. Danzl
- C. Sellick
- D. Tintinalli
- E. Meller

Answer: C

Homozygous pseudocholinesterase deficiency occurs in:

- A. 1 in 150
- B. 1 in 500
- C. 1 in 1,000
- D. 1 in 3,000
- E. only those of Anglo Saxon descent

Answer: D

All of the following drugs can be used in rapid sequence induction EXCEPT:

- A. atropine
- B. fentanyl
- C. isoflurane
- D. atracurium
- E. ketamine

Answer: C

The likely intact survival rate in paediatric cardiac arrest is:

- A. less than 1%
- B. less than 10%
- C. less than 25%
- D. greater than 50%
- E. worse if there is associated respiratory arrest

Answer: B

In paediatric resuscitation:

- A. endotracheal is the preferred route of drug administration
- B. the dose of adrenaline is up to 0.1 mg/kg
- C. sodium bicarbonate is used at a dose of 5 meq/kg
- D. the airway will be improved by neck flexion
- E. defibrillation is at a dose of 0.5 joules/kg

Answer: B

The following blood gases pH 7.17, pCO<sub>2</sub> 59 mmHg, Bic 21 mmol/L, pO<sub>2</sub> 130 mmHg are most likely to be consistent with:

- A. diabetic ketoacidosis
- B. diuretic overdose
- C. premature twin baby
- D. camphor ingestion with seizures
- E. oliguria and renal failure

Answer: D

Normal saline contains sodium at:

- A. 162mEq/L
- B. 154mEq/L
- C. 145 mEq/L
- D. 130 mEq/L
- E. 110 mEq/L

Answer: B

All of the following are reactions to blood transfusion EXCEPT:

- A. hypercalcaemia
- B. hyperkalaemia
- C. increased haemoglobin oxygen affinity
- D. haemolysis
- E. hypothermia

Answer: C

Nitrous oxide can be safely used in a patient with:

- A. joint pain after diving
- B. severe COAD
- C. paralytic ileus
- D. penetrating chest trauma
- E. traumatic retinal detachment

Answer: E

A one year old child would be expected to have a pulse of:

- A. 150
- B. 140
- C. 130
- D. 120
- E. 110

Answer: D

For blood pressure determination in a 6 year old child the cuff width should be:

- A. 3cms
- B. 4cms
- C. 5cms
- D. 6cms
- E. 7cms

Answer: E

During pregnancy:

- A. CVP gradually decreases
- B. oxygen reserve increases by about 20%
- C. diastolic blood pressure rises in the first trimester
- D. gastrointestinal motility increases
- E. blood volume increases by about 20% by term



Answer: A

The strongest wound suture is:

- A. silk
- B. prolene
- C. chromic cat gut
- D. nylon
- E. mersilene

Answer: B

Tetanus:

- A. typically has an incubation period of 2-3 days
- B. immunization status is particularly poor in elderly women
- C. toxoid is more effective by S.C. injection
- D. IgG will provide passive protection for about a week
- E. immunisation is not safe in pregnancy

Answer: B

Oesophageal foreign bodies can be treated with all of the Following EXCEPT:

- A. foley catheter
- B. sodium bicarbonate
- C. papain
- D. glucagon
- E. tartaric acid

Answer: C

The Glasgow Coma Scale:

- A. is a poor predictor of survival in head injury
- B. allocates a score of 3 to pain withdrawal response
- C. is the major component of the Revised Trauma Score
- D. is not suitable for use by trained first aiders
- E. was developed in the New England regional trauma system

Answer: C

The commonest site of mandibular fracture is:

- A. coronoid process
- B. symphysis
- C. condyle
- D. ramus
- E. body

Answer: C

With regard to spinal injuries:

- A. the Jefferson fracture is a vertical compression injury
- B. the Jefferson fracture is usually stable
- C. the Clay Shovelers fracture is unstable
- D. the Hangmans fracture is an extension tear drop injury
- E. the Chance fracture typically occurs at the cervicothoracic junction

Answer: A

In spinal injuries the central cord syndrome:

- A. is a result of forced hyperflexion
- B. occurs typically in those with degenerative arthritis
- C. will be more clinically apparent in the lower limbs
- D. will produce ipsi lateral motor paralysis
- E. will have position and vibration sense preserved

Answer: B

In attempted self hanging:

- A. cervical fractures are common
- B. death usually occurs from arterial obstruction
- C. steroids will prevent delayed cerebral oedema
- D. ARDS may often be seen in survivors
- E. long-term injury is rarely seen in survivors

Answer: D

Sternal fractures:

- A. are more likely in the over 65 age group
- B. have a 25% associated mortality
- C. mandate 24 hours of cardiac monitoring
- D. do not develop flail segments
- E. are prevented by seat belt use

Answer: A

Pericardial tamponade:

- A. will lower CVP below 5cm of water
- B. is common with severe blunt chest trauma
- C. may produce pulsus paradoxus
- D. usually presents as Becks triad
- E. produces RBBB on the ECG

Answer: C

Major pancreatic injury:

- A. will be excluded by a normal serum amylase
- B. presents with minimal abdominal signs initially
- C. will nearly always be detected by peritoneal lavage
- D. is the second most common organ injury in penetrating trauma
- E. is the third most common organ injury in penetrating trauma

Answer: B

Peritoneal lavage:

- A. is absolutely contraindicated in pregnancy
- B. requires a RBC count of > 100,000 per mm<sup>3</sup> to be considered positive
- C. has a complication rate of 5 - 10%
- D. has a high sensitivity for renal injuries
- E. has a false positive rate of 2 - 5%

Answer: E

With regard to orthopaedic injuries:

- A. the Salter Harris system classify metaphyseal injuries
- B. the Lis Franc injury is a tarso metatarsal fracture dislocation
- C. the Chance fracture is usually unstable
- D. the Chauffeurs fracture involves the ulna styloid
- E. the Barton fracture involves the distal articular surface of the ulna

Answer: B

Colles fracture:

- A. results from forced flexion of the wrist
- B. will often involve the articular surface of the radius
- C. is the reverse of a Smith's fracture
- D. is more common in men
- E. is associated with fractured ulna styloid in about 20% of cases

Answer: C

A posterior elbow dislocation:

- A. is reduced by traction and extension
- B. will frequently cause neurovascular compromise
- C. is mobilised at 3 - 5 days post injury
- D. rarely reduces spontaneously
- E. is caused by a fall on a supinated hand

Answer: C

Paediatric septic arthritis:

- A. is usually due to haemophilus influenzae
- B. is empirically treated with ceftriaxone or cefotaxime alone
- C. will show a joint aspirate cell count of  $>10,000$  mm<sup>3</sup>
- D. will show a joint aspirate with increased viscosity
- E. can often be diagnosed on plain radiography

Answer: C

Toxic shock syndrome:

- A. will often manifest without fever
- B. is a misnomer because BP is often maintained
- C. is caused by pseudomonas species
- D. often produces elevated creatinine kinase
- E. produces a discrete papular rash

Answer: D

Positive predictive value is:

- A. true positives divided by true positives plus false positives
- B. true negatives divided by false negatives plus true negatives
- C. false positives divided by false positives plus true negatives
- D. true positives divided by true positives plus false negatives

E. test positives divided by true positives

Answer: A

Erysipelas

- A. responds to erythromycin
- B. is caused strep pneumoniae
- C. results from microorganism exotoxin production
- D. typically occurs on the neck
- E. shares a similar aetiology to toxic epidermal necrolysis

Answer: A

Appropriate first aid management of brown snake envenomation includes:

- A. arterial tourniquet
- B. suction drainage of the wound
- C. wound incision
- D. aspirin 300mg orally
- E. splinting of the joint above the injury

Answer: E

Box jellyfish envenomation:

- A. can be treated prehospital with IV antivenene
- B. involves tetrodotoxin like blue ringed octopus
- C. is minimised by washing of nematocysts with fresh water
- D. can occur as far south as Sydney in mid summer
- E. causes death by fulminant hepatic failure

Answer: A

Using the Parkland formula in burns management:

- A. metabolic acidosis is allowed to persist
- B. SSD cream is applied at the rate 2gm/% area burnt
- C. skin grafting can be predicted for burns >10% surface area
- D. 4ml/kg/% body surface burn is per day burns replacement
- E. half the total requirement is given in the first 4 hours

Answer: D

In hypothermia:

- A. J waves are best seen in leads III and AVF
- B. atrial fibrillation is the commonest rhythm below 32°C
- C. insulin at reduced dose is the treatment of choice for hyperglycaemia
- D. alcohol is to a degree thermoprotective
- E. rewarming with bypass carries the highest risk of core after drop

Answer: B

The most effective method of cooling in heatstroke is:

- A. IV dantrolene
- B. cold IV fluids
- C. cooling blankets

- D. ice packs in the groin and axillae
- E. fan and sponge with tepid water

Answer: E

The following drugs can be used in the treatment of true heat stroke:

- A. chlorpromazine
- B. phenobarbitone
- C. mannitol
- D. NaHCO<sub>3</sub>
- E. all of the above

Answer: E

In lightning injury:

- A. in a mass casualty situation the apparently dead nearly always die
- B. in an arrested patient cardiac massage is the highest priority
- C. tympanic membrane rupture is common
- D. the classic skin burn resembles an inverted pine tree pattern
- E. myoglobinuric renal failure is a common sequelae

Answer: C

In near drowning:

- A. fresh water immersion is treated with hypertonic saline
- B. altered mental status on ED arrival is a grave prognostic sign
- C. those who die usually aspirate less than 20ml/kg
- D. sudden death on immersion is due to vocal cord spasm
- E. prophylactic antibiotics (e.g. ceftriaxone) are used routinely

Answer: C

In asthma:

- A. the white blood cell count will often be elevated
- B. the ECG may show signs of acute left heart strain
- C. a CXR should be routine in all patients admitted
- D. blood gas results correlate well with pulmonary function testing
- E. theophylline dosing needs to be increased if erythromycin is given

Answer: A

In a patient with COAD and cor pulmonale, a rapid irregular tachycardia:

- A. could be empirically treated with digoxin
- B. is well managed with titrated IV beta blocker
- C. will be improved by inducing alkalosis
- D. nifedipine may provide useful rate control
- E. ipratropium is unlikely to increase the heart rate

Answer: E

Regarding pleural effusion all of the following are true EXCEPT:

- A. can be tapped to make a diagnosis of pancreatitis
- B. can be detected radiographically when 10ml of fluid is present

- C. is most commonly caused by congestive cardiac failure
- D. can result from rheumatoid arthritis
- E. will not produce mediastinal shift

Answer: E

Sore throat is caused by all of the following EXCEPT:

- A. neisseria gonorrhoeae
- B. mycoplasma pneumoniae
- C. bacteroides fragilis
- D. cytomegalovirus
- E. corynebacterium diphtheriae

Answer: C

Regarding empiric antibiotic therapy in pneumonia:

- A. ceftazidime is used for atypical pneumonia
- B. clindamycin is used for aspiration pneumonia
- C. acyclovir is used for post influenza pneumonia
- D. erythromycin is used for PCP pneumonia
- E. amoxicillin alone is used for neonates with pneumonia

Answer: B

Use of amiodarone:

- A. causes long term corneal deposits commonly
- B. causes hypertension when used acutely
- C. is contraindicated in WPW syndrome
- D. is likely to decrease digoxin levels
- E. has efficacy similar to esmolol in PSVT

Answer: A

With regards to pulmonary embolism

- A. pleuritic chest pain is the most common symptom
- B. cigarette smokers are at increased risk
- C. fever is infrequent
- D. thrombolysis is achieved with SK 100,000 units stat
- E. the commonest ECG change is right axis deviation

Answer: B

ST segment elevation in V6 on a 12 lead ECG could be due to all of the following EXCEPT:

- A. a pericardiocentesis needle
- B. LBBB
- C. hyperkalaemia
- D. hypothermia
- E. subarachnoid haemorrhage

Answer: B

The strongest indication for pacing a patient with AMI is:

- A. new RBBB with 1 st degree AV block

- B. new LBBB with 1st degree AV block
- C. pre-existing bifascicular block with 1st degree AV block
- D. new bifascicular block
- E. pre-existing LBBB

Answer: D

The clinical trial that showed that patients with acute myocardial infarction manifesting as ST depression on ECG do worse with thrombolysis was:

- A. TIMI - I
- B. ISIS-I
- C. ISIS - II
- D. GISSI
- E. GUSTO

Answer: D

In a patient presenting with possible thoracic aortic dissection the investigation with the best sensitivity and specificity is:

- A. transthoracic echocardiography
- B. transoesophageal echocardiography
- C. CT scan
- D. aortography
- E. MRI

Answer: E

Henoch - Schonlein purpura:

- A. represents a vasculitis of large arteries
- B. is most common in spring
- C. is usually most obvious on the head and neck
- D. will not involve abdominal organs
- E. typically occurs in adolescents

Answer: B

Axillary vein thrombosis:

- A. causes pulmonary embolism in 1 - 2% of patients
- B. is best diagnosed by colour flow doppler study
- C. has no associated genetic predisposition
- D. does not respond to thrombolytic therapy
- E. is associated with IV drug abuse

Answer: E

The major Jones criteria for rheumatic fever include:

- A. chorea
- B. erythema marginatum
- C. subcutaneous nodules
- D. St Vitus dance
- E. all of the above

Answer: E

A footballer has suffered an injury to one of his upper incisor teeth. On examination there is severe pain and a pinkish tinge visible when fractured tooth is wiped clean. This represents an;

- A. Ellis class I injury
- B. Ellis class II injury
- C. Ellis class III injury
- D. Ellis class IV injury
- E. Ellis class V injury

Answer: C

Cytomegalovirus causes:

- A. infantile bronchiolitis
- B. retinitis
- C. chronic hepatitis
- D. neonatal encephalitis
- E. Kaposi sarcoma

Answer: B

To reduce a temporomandibular joint dislocation:

- A. the jaw is gently rocked from side to side
- B. the predominate movement required is protraction
- C. typically sedation with midazolam or diazepam is required
- D. the joint capsule is infiltrated with local anaesthetic
- E. the jaw is pushed down and back

Answer: E

Toxic epidermal necrolysis:

- A. is caused by aspirin
- B. is treated with high dose steroids
- C. is caused by staph aureus.
- D. produces a positive Nikloskys sign
- E. all of the above

Answer: E

The most common cause of erythema multiforme is:

- A. rheumatoid arthritis
- B. sarcoidosis
- C. tuberculosis
- D. herpes simplex
- E. pediculosis

Answer: D

Traumatic hyphaema:

- A. is treated with the patient lying flat
- B. may require treatment with IV mannitol
- C. rebleed in less than 5% of cases
- D. usually leads to glaucoma later in life
- E. all of the above



Answer: B

A sudden painless loss of vision in a 62 year old male could be treated with

- A. a number 11 scalpel blade
- B. nitrous oxide inhalation
- C. aminocaproic acid
- D. high dose steroids
- E. all of the above

Answer: A

All of the following substances bind well to activated charcoal EXCEPT;

- A. thioridazine
- B. atenolol
- C. cyanide
- D. benztropine
- E. tetrahydrocannabinol (THC)

Answer: C

In paracetamol poisoning:

- A. there are theoretical advantages to giving the antidote at 2 hours post ingestion
- B. toxicity is less likely in children than adults
- C. the initial dose of N-acetylcysteine is given over 5 minutes
- D. N-acetylcysteine is not indicated more than 20 hours post ingestion
- E. activated charcoal is not used more than 1 hour after ingestion

Answer: B

A patient who presents psychotically disturbed, hot, sweating and tachycardic is most likely to be poisoned with:

- A. promethazine
- B. chlorpheniramine
- C. dexamphetamine
- D. trumpet lillies
- E. all of the above

Answer: C

Digoxin specific antibodies:

- A. can be used to treat oleander poisoning
- B. should be used if serum digoxin is  $> 4\text{meq/L}$
- C. are indicated if profound first degree heart block is present
- D. should be used if serum potassium is  $> 4.5\text{mmol/L}$
- E. all of the above

Answer: A

The best predictor of serious toxicity in TCA poisoning is:

- A. drug plasma levels
- B. GCS less than 8
- C. estimates of ingested drug dose
- D. rightward deviation of the QRS vector
- E. QRS duration of  $>100\text{msec}$

Answer: B

Lithium poisoning:

- A. is treatable with multidose activated charcoal
- B. presents usually as cardiac arrhythmias
- C. is treated in part with frusemide
- D. is more dangerous if due to chronic poisoning
- E. produces ECG changes similar to hyperkalaemia

Answer: D

The safest and most efficacious therapy for cyanide poisoning is:

- A. sodium thiosulfate
- B. amyl nitrite
- C. sodium nitrite
- D. cobalt EDTA
- E. hydroxycobalamin

Answer: E

All of the following are major criteria for Kawasaki syndrome EXCEPT:

- A. fever  $> 38.5^{\circ}\text{C}$  for at least 5 days
- B. bilateral conjunctivitis
- C. erythematous palms and soles
- D. marked cervical lymphadenopathy
- E. congestive heart failure

Answer: E

A newly born who is limp and non responsive, pale and in which pulses and breathing cannot be easily detected has an APGAR of:

- A. 0
- B. 1
- C. 2 or 3
- D. 3 or 4
- E. 4

Answer: A

The most common cause of death in infants aged 6 to 12 months is:

- A. road traffic crashes
- B. SIDS
- C. homicide
- D. congenital tumors
- E. infectious diseases

Answer: C

The most common neurologic manifestation of child abuse is:

- A. retinal haemorrhage
- B. brainstem infarction
- C. subdural haematoma

- D. brain stem haemorrhage
- E. extradural haematoma

Answer: A

Epiglottitis:

- A. is most common in the third year of life
- B. shares a similar aetiology to bacterial tracheitis
- C. is more common in males
- D. is first manifest by signs of airway narrowing
- E. produces a cough in 30% of cases

Answer: C

Nebulised adrenaline when used for croup:

- A. mandates overnight admission
- B. is more efficacious if the racemic mixture is used
- C. is reserved for life threatening obstruction
- D. is given in 50 times the usual IM dose
- E. produces VT in 5% of cases

Answer: D

Mycoplasma pneumoniae is the most common causes of pneumonia in:

- A. 1-4 month olds
- B. 4-12 month olds
- C. 1-5 year olds
- D. 5-10 year olds
- E. all of the above

Answer: D

Jervell Lange - Nielsen syndrome links:

- A. deafness and sudden death
- B. VSD and right ventricular hypertrophy
- C. PSVT and accessory pathways
- D. severe rigors and Lyme disease
- E. aganglionosis and colonic dilatation

Answer: A

The sensory innervation of the heel can be blocked by local anaesthetic injected:

- A. behind the medial malleolus
- B. in front of the medial malleolus
- C. behind the lateral malleolus
- D. in front of the lateral malleolus
- E. just lateral to the flexor hallucis longus tendon

Answer: A

The daily IV fluid replacement of a 25kg child is:

- A. 1200 mls
- B. 1400 mls

- C. 1600 mls
- D. 2100 mls
- E. 2600 mls

Answer: C

The patient with these electrolytes: Na<sup>+</sup> 144mmol/L, K<sup>+</sup> 4mmol/L, HC0<sub>3</sub><sup>-</sup> 26mmol/L, Cl 100mmol/L, could be suffering from all of the following EXCEPT:

- A. acute renal failure
- B. methanol poisoning
- c. lower limb crush injury
- D. salicylate poisoning
- E. severe diarrhoea

Answer: E

The patient with normal lungs and pulmonary gas exchange breathing 40% oxygen at sea level and breathing normally could be expected to achieve an arterial oxygen tension of about:

- A. 150 mmHg
- B. 210 mmHg
- C. 235 mmHg
- D. 260 mmHg
- E. 290 mmHg

Answer: C

Hypercalcaemia can be treated with all of the following therapies EXCEPT;

- A. IV N saline
- B. frusemide
- C. chlorothiazide
- D. hydrocortisone
- E. calcitonin

Answer: C

The use of adenosine is contraindicated in a patient:

- A. in apparent ventricular tachycardia
- B. already treated with beta blockers
- C. with sick sinus syndrome in PSVT
- D. taking regular theophylline
- E. in a patient with a PB of 70/R

Answer: C

A patient with an acute AMI, basal crepitations and a third heart sound:

- A. falls into Class II in the Killip - Kimball classification
- B. has a 5 - 8% expected in hospital mortality
- C. is likely to have a cardiac index of <2L/min/M<sup>2</sup>
- D. falls into the Class IV in the Forrester-Diamond-Swan classification
- E. all of the above

Answer: A

Ascent barotrauma in a SCUBA diver might be expected to produce:

- A. external ear squeeze
- B. rupture of the round window
- C. blood in the face mask
- D. bruising and petechiae on the face
- E. alveolar haemorrhage

Answer: E

With regard to the age of first appearance of ossification centres in the elbow, which one of the following is TRUE

- A. Medial epicondyle 1-3 years
- B. Lateral epicondyle 7-9 years
- C. Capitulum 5-7 years
- D. Trochlea 11-14 years
- E. Radial head 3-5 years

Answer: E

In a patient with acute cholecystitis, which one of the statements is FALSE

- A. Anaerobic organisms are infrequently found on culture
- B. Mild jaundice is common early in the course of the disease
- C. Obstruction of the cystic duct appears to be a critical factor in the aetiology of the disease
- D. Cefotaxime as a single agent is an appropriate antibiotic choice in penicillin hypersensitivity
- E. 2-12% of cases are categorised as acalculous

Answer: B

A 13kg child ingests tablets containing 700mg of elemental iron. Which one of the following is TRUE

- A. This dose of elemental iron has greater than 50% mortality
- B. The absence of "vin rose" urine soon after intravenous desferrioxamine reliably excludes significant iron poisoning
- C. Desferrioxamine should not be given until iron levels and total iron binding capacity confirm the severity of the overdose
- D. Iron tablets should be seen on plain abdominal X-ray in 80% of such cases
- E. Haemodialysis will effectively remove ferrioxamine (chelated iron) in the anuric patient

Answer: E

With respect to eclampsia, which one of the following is TRUE

- A. Magnesium sulphate is over 90% effective in controlling eclamptic seizures
- B. The diagnosis is excluded in the absence of proteinuria
- C. Intravenous fluid administration is required to reverse placental vasospasm
- D. Phenytoin is contraindicated
- E. Urgent Caesarean section needs to be arranged in all cases

Answer: A

In acute viral bronchiolitis of infancy which one of the following is TRUE

- A. Crepitations are rarely heard
- B. Bronchodilators are not indicated because they aggravate hypoxaemia
- C. Adenovirus causes a more severe illness than respiratory syncytial virus
- D. High dose intravenous corticosteroids will modify the course of the disease
- E. Intravenous fluid at twice maintenance volumes is indicated

Answer: C

In children with burns, all of the following are criteria for referral to a burns unit EXCEPT

- A. Significant electrical burns
- B. Chemical burns to face, hands, feet or genitalia
- C. First degree burn to greater than 20% body surface area

- D. Patient has significant preexisting medical disorders that affect burn management
- E. Lightning burns

Answer: C

Regarding upper gastrointestinal haemorrhage, which one of the following is FALSE

- A. Early endoscopy allows risk stratification with respect to predicting re-bleeding
- B. In variceal bleeding, octreotide infusion offers no additional benefit to sclerotherapy alone
- C. The diagnostic yield of endoscopy falls sharply if the procedure is delayed more than 48 hours after the cessation of bleeding
- D. Intravenous omeprazole reduces transfusion requirements following endoscopic treatment of bleeding peptic ulcers
- E. Peptic ulcer disease accounts for approximately 60% of upper gastrointestinal haemorrhage

Answer: B

Which one of the following is TRUE of heat illness

- A. Heat cramps are usually associated with hypokalemia and dehydration
- B. Classic heat stroke is caused by overexertion in a hot environment
- C. During exertion it is essential to use both water and glucose supplements to prevent heat illness
- D. Antipyretics will decrease core temperature by 0.5-1.0 degree Celsius in heat stroke
- E. Altered mental state must be present to diagnose heat stroke

Answer: E

With respect to fluid and electrolytes in children, which one of the following is TRUE

- A. Weighing is the most accurate method of determining the degree of dehydration
- B. Intravenous normal saline is contraindicated in neonates because of the risk of hypernatremia
- C. A neonate's daily water requirement is approximately equivalent to its milk requirement.
- D. Vomiting is a contraindication to oral rehydration
- E. Hypoglycemia should be treated with an intravenous bolus of 1mg/kg of 10% dextrose

Answer: A

With regard to meningitis which one of the following statements is TRUE

- A. The rash of meningococcal infection is always petechial
- B. CSF protein is usually higher in viral meningitis than in bacterial meningitis
- C. CSF serum glucose ratio of less than 0.40 is pathognomonic of bacterial meningitis
- D. Penicillin may be omitted in non-immunocompromised patients aged between 3 months and 15 years
- E. Seizures do not occur in meningitis

Answer: D

Which one of the following is a stable injury of the spine

- A. Flexion teardrop fracture of the cervical spine
- B. Posterior neural arch fracture of the atlas
- C. Chance fracture
- D. Clay shoveller's fracture
- E. Bilateral interfacetal dislocation of the cervical vertebrae

Answer: D

With respect to traumatic hyphema, which one of these statements is FALSE

- A. Rebleeding typically occurs after 2-5 days
- B. Most patients should be admitted for bedrest and nursed supine
- C. Hyphema may be complicated by acute or chronic glaucoma
- D. Patients with haemoglobinopathies are at increased risk of complications
- E. A rise in intraocular pressure may be managed with topical timolol

Answer: V

Regarding schizophrenia, which one of the following statements is FALSE

- A. Genetic factors are important in its cause
- B. It usually starts in late adolescence
- C. It is characterised by delusional ideation
- D. Olfactory hallucinations are common
- E. It often has a prodromal phase with gradual deterioration in functioning

Answer: D

Australian Council on Healthcare Standards (ACHS) endorsed clinical indicators for emergency medicine include all of the following EXCEPT

- A. Waiting time for each triage category
- B. Admission rate for each triage category
- C. Number of missed cervical spine fractures
- D. Time to thrombolysis or primary angioplasty for acute myocardial infarction
- E. Audit of all emergency department deaths

Answer: C

With regard to thrombolysis for coronary artery occlusion which one of the following is FALSE

- A. Beta blockers and IIb/IIIa inhibitors improve mortality when used as adjunctive therapy after thrombolysis
- B. Thrombolytic agents are not contraindicated even after five minutes of CPR
- C. Tissue plasminogen activators cause higher rates of intracranial bleeding than streptokinase
- D. A new right bundle branch block with greater than 30 minutes of severe chest pain is not an indication for thrombolysis
- E. Patients with ST elevation but without a history of pain are not candidates for thrombolysis

Answer: A