

**PLEASE SELECT THE ONE CORRECT ANSWER.**

1. With regards to investigating patients with suspected PE. Which ONE of the following is TRUE

- A. The most common ECG finding in PE is p-pulmonale
- B. The chest x-ray in nearly half of all patients with acute PE will show an elevated dome of one hemidiaphragm
- C. 50% of patients with an acute PE will have a normal A-a gradient
- D. D-dimer is highly sensitive and specific for the diagnosis of PE
- E. Decreased ventilation in an area of diminished perfusion on a ventilation-perfusion lung scan is suggestive of PE

2. In the assessment of patients presenting with suspected bacterial endocarditis. Which ONE of the following is FALSE

- A. 25-50% have haematuria
- B. Evidence of vasculitis or embolic events aids clinical diagnosis
- C. Two separate sets of blood cultures from different veins should be taken for aerobic, anaerobic, and fungal cultures
- D. Leucocytosis, raised CRP, and pyuria support the diagnosis
- E. Normocytic anaemia supports the diagnosis

3. In differentiating between ventricular tachycardia and supraventricular tachycardia with aberrancy. Which ONE of the following is FALSE

- A. A constant Bundle Branch Block pattern suggests aberrancy
- B. QRS duration longer than 0.14s is usually found in ventricular tachycardia
- C. Vagal manoeuvres do not generally affect ventricular dysrhythmias
- D. Age over 35 years is suggestive of ventricular tachycardia in patients with a regular wide complex tachycardia
- E. An rSR' ( Right Bundle Branch ) pattern in V1 favours aberrancy

4. In patients following an acute myocardial infarction. Which ONE of the following is FALSE

- A. Treatment with  $\beta$ -adrenergic blockers have shown improved survival

- B.** The major determinants of prognosis include age, left ventricular function, and effort tolerance
- C.** Use of lipid-lowering agents in patients with ischaemic heart disease have been shown to reduce the risk of subsequent cardiovascular death
- D.** Clinical instability of angina is a major determinant of prognosis
- E.** In 25% of cases the infarct-related artery has only minimal or mild stenosis
- 5.** A 4 week old baby presents with a two day history of dyspnoea and sweating whilst feeding. Which ONE of the following is FALSE
- A.** Clinical differentiation of heart failure from non-cardiac causes in this age group is difficult.
- B.** Cardiomegaly on chest x-ray is usually present in congestive heart failure.
- C.** Patent ductus arteriosus is the most common cause of congestive heart failure at this age.
- D.** The incidence of congenital heart disease is 8 per 1000 live births.
- E.** Raised jugular venous pressure, peripheral oedema, and lung crepitations are late signs in infants with congestive heart failure.
- 6.** Which ONE of the following scenarios is most likely to explain the following results
- |                                 |                     |
|---------------------------------|---------------------|
| Na: 131 (135 – 145)             | pH 7.58             |
| K: 2.1 (3.5 – 4.5)              | pCO <sub>2</sub> 45 |
| Cl: 76 (100-110)                | pO <sub>2</sub> 51  |
| HCO <sub>3</sub> : 40 (22 – 28) | HCO <sub>3</sub> 41 |
| Urea 36 (3 – 9)                 |                     |
| Creat 0.52 (0.03- 0.10)         |                     |
- A.** A 60-year-old woman with exacerbation of COAD
- B.** A 10 day old boy with vomiting and constipation
- C.** A 15-year-old insulin dependent diabetic with altered level of consciousness
- D.** A 75-year-old woman on frusemide for congestive cardiac failure
- E.** A 23-year-old woman distressed after ingestion of amphetamines.
- 7.** Which ONE of the following results does NOT indicate a poorer prognosis in the assessment of a patient with acute pancreatitis
- A.** BSL 15.1mmol/l
- B.** Ca at 48hrs: 1.9mmol/l
- C.** LDH 1012 iu/l
- D.** WCC  $13.9 \times 10^9$  /litre
- E.** PO<sub>2</sub> at 48hrs: 59mmHg

**8.** A 72 year-old man presents to your Emergency Department complaining of severe generalised abdominal pain which came on suddenly 30mins prior to presentation. He was recently discharged from hospital following an acute anterior myocardial infarct that was treated with thrombolytic therapy. His examination reveals:

Severely distressed man

HR 72 – regular

BP 160/90

Temp 36.6

Abdomen soft with bowel sounds present

ABG - mild respiratory alkalosis

Which ONE of the following is the most likely diagnosis

- A. Acute peritonitis due to perforated peptic ulcer
- B. Mesenteric ischaemia due to arterial thrombosis
- C. Acute mesenteric ischaemia due to embolism to inferior mesenteric artery
- D. Acute mesenteric ischaemia due to embolism to superior mesenteric artery
- E. Haemorrhagic pancreatitis

**9.** With respect to acute gastroenteritis, which pairing is FALSE

- A. Bloody diarrhoea - Enteroinvasive E. coli
- B. Watery diarrhoea – Vibrio cholerae
- C. Enteric fever responsive to ciprofloxacin – Salmonella
- D. Dysentery – Salmonella
- E. Responsive to large dose Ciprofloxacin - Giardia

**10.** With respect to acute cholecystitis, which ONE of the following is TRUE

- A. Abdominal x-ray has a sensitivity of 75% for the identification of gallstones
- B. Raised white cell count with RUQ pain and ultrasound proven gall stones means cholecystitis is present
- C. Raised LFT's strongly indicates obstruction
- D. Ultrasound can visualise 95% of common bile duct stones with an experienced operator
- E. CT scan is very sensitive for CBD obstruction

**11.** Regarding a significant ingestion of mushrooms, which ONE of the following is FALSE

- A. GIT symptoms are common, but often not a marker of toxicity
- B. Patients with significant life threatening poisoning will present within days of their ingestion

- C. *Amanita phalloides* mushrooms are present in Australia
- D. *Amanita phalloides* poisoning is characterised by phases of severe GIT disturbance, apparent recovery at 24 hours, and multi organ failure commencing on day 2 or day 3
- E. Intractable grand mal seizures may be a manifestation of mushroom poisoning

12. A "tiny brownish coloured snake" has bitten a 3-year-old child on the trunk. Which ONE of the following is TRUE

- A. Juvenile brown snakes do not have adequate teeth and venom to cause significant envenomation in humans
- B. If this child lived in Tasmania, brown snakebite would still be in the differential of potential snakes fitting that description
- C. If this child lived in Western Australia, and was confirmed to have been envenomated by a brown snake, an initial antivenom dose of two vials brown snake specific antivenom would be considered adequate
- D. Applying local direct pressure to the bite site on the trunk has been shown to be beneficial as a form of first aid where pressure immobilisation bandages cannot be used due to the anatomical area of the bite
- E. Neurotoxicity is the most likely manifestation of envenomation with a brown snakebite.

13. Regarding the symptomatic exposure to organophosphates, which ONE of the following is FALSE

- A. Pupil size is not useful clinical marker in guiding therapy
- B. Organophosphates are highly lipophilic and penetrate exposed skin readily
- C. Administering benzodiazepines when organophosphate related neuropathy commences can prevent late axonal degeneration
- D. Pralidoxime administration is an efficient means to preventing the 'intermediate syndrome' associated with organophosphate poisoning
- E. When the mixed cholinesterase test is used, a value less than the mean of the two samples used suggest more pralidoxime is required

14. A 6-year-old child presents after a viral illness, having been given paracetamol for a few days. Which ONE of the following is FALSE

- A. Chronic supratherapeutic paracetamol ingestion often presents with lethargy and fever
- B. The Matthew-Rumack nomogram is not a useful tool in the setting of chronic paracetamol poisoning
- C. The loading dose of N-acetylcysteine is 100mg/kg in 100 ml 5% dextrose over 15 minutes
- D. Significant poisoning occurs when a cumulative dose of 150mg/kg/day of paracetamol is exceeded
- E. Allergic manifestations to N-acetylcysteine is common, but rarely an indication to cease such therapy

15. A child presents after a single large ingestion of iron tablets. Which ONE of the following is TRUE

- A. Ferrous sulfate contains approximately 12% elemental iron
- B. GIT stricture formation characterising the final stage of iron toxicity occurs approximately two weeks after ingestion
- C. Total iron binding capacity (TIBC) is a useful measure of iron toxicity
- D. A maximum single dose of deferoxamine in this patient should not exceed 2 gram when given IM
- E. More than 40mg/kg of ingested elemental iron is a significant ingestion with high likelihood of toxicity.

16. According to the “sad persons index” which ONE of the following is FALSE

- A. S: sex (M>F)
- B. A: age (>55 or youth)
- C. D: Depression (past history)
- D. P: plan
- E. E: ethanol

17. With respect to predictors of increased risk of recurrence in a child who has suffered a febrile convulsion. Which ONE of the following is FALSE

- A. Repetitive seizures
- B. Focal features
- C. Age less than 1 year
- D. Long duration between fever and onset of seizure
- E. Family history of febrile convulsion

18. Which ONE of the following statements regarding Wernicke’s encephalopathy is FALSE

- A. The mental signs usually occur latest
- B. Ocular palsies begin to improve within hours of treatment with Thiamine
- C. It is also referred to as Dry Beriberi
- D. Delay in treatment may lead to irreversible Korsakoff’s psychoses
- E. Ataxia is a late finding in the disease presentation

19. Which ONE of the following statements in relation to systemic lupus erythematosus (SLE) is FALSE

- A. Anti-dsDNA helps to confirm the clinical diagnosis of SLE
- B. Systemic symptoms including fatigue, fever and weight loss occur in 95% of patients
- C. Foetal loss can occur in up to 30% of pregnancies

- D. Neurological manifestations are uncommon (<20%)
- E. CNS lupus is treated with pulsed methylprednisolone

20. Concerning the pregnant patient, which ONE of the following statements is FALSE

- A. Tilting the patient or manually displacing the uterus to the left in late pregnancy prevents aortic compression with resultant hypotension syndrome
- B. The rate of combined intrauterine and ectopic pregnancies occurring together is approximately 1:5000 in patients not receiving fertility treatment
- C. Selected patients with an ectopic pregnancy may be managed with medical therapy such as methotrexate
- D. Hyperemesis is characteristic of trophoblastic disease of the uterus such as 'molar pregnancy'
- E. Rhesus-negative mothers may require anti-D Ig following trauma in pregnancy, spontaneous abortion and ruptured ectopic pregnancy

21. Which ONE of the following conditions is NOT associated with a raised anion gap metabolic alkalosis

- A. Starvation
- B. Chronic diarrhoea
- B. Vomiting with dehydration
- D. Thiamine deficiency
- E. Salicylate toxicity

22. Which ONE of the following statements is FALSE with regards diabetic ketoacidosis

- A. Insulin should be continued until the ketosis is cleared
- B. The half-life of intravenous insulin is short ie less than five minutes
- C. Hypophosphataemia is common secondary to urine losses
- D. Beta hydroxybutyrate is detected on a standard urinalysis
- E. Hypokalaemia on presentation necessitates replacement prior to the commencement of insulin

23. Which ONE of the following statements is FALSE with respect to Addisonian crisis

- A. Dexamethasone is the preferred corticosteroid if the diagnosis is in doubt

- B. A serum sodium: potassium ratio of less than 25:1 is suggestive of Addison's disease
- C. The serum ionised calcium level is often normal
- D. The ECG manifestations of severe hypoadrenalism include signs of slow conduction with large voltages in the precordial leads
- E. White cell count abnormalities may be seen

24. Which ONE of the following statements is FALSE with respect to hypokalaemia?

- A. Rhabdomyolysis can occur if the serum potassium is less than 3 mmol/l
- B. The corrected QT interval is prolonged
- C. Prolongation of the PR interval
- D. Can be the cause of atrial fibrillation
- E. Can lead to renal diabetes insipidus

25. Which ONE of the following is NOT used in the emergency management of hypercalcaemia

- A. Normal Saline
- B. Corticosteroids
- C. Thiazide diuretics
- D. Bisphosphonates
- E. Phosphate binders

26. In prophylaxis following HIV exposure, which ONE of the following is TRUE

- A. Prophylaxis is not recommended following exposure from patients with normal CD4 counts
- B. Triple therapy is recommended in all cases, if prophylaxis is to be used
- C. HIV testing should be continued for 12 months, following exposure
- D. Prophylaxis should commence within 6 hours of exposure for maximum benefit
- E. Muco-cutaneous exposure should not be considered for prophylaxis

27. With respect to febrile children, which ONE of the following statements is FALSE

- A. Contamination rates of blood culture specimens with skin flora is 5-10%
- B. A positive bag urine is not diagnostic of a UTI

- C. Unwell, toxic children aged between 3 months and 3 years with a temperature >38 degrees Celsius should be admitted and treated with empiric antibiotics
- D. A white cell count of  $10 \times 10^6/L$  in a neonatal CSF specimen is a positive result that requires antibiotic treatment
- E. Intravenous ceftriaxone can be used as empiric therapy in febrile children with a high suspicion of bacteraemia but no identifiable source
28. With respect to upper airway obstruction, which ONE of the following statements is FALSE
- A. In adult epiglottitis stridor is present in 60% of patients
- B. Inability to tolerate the supine position is a sensitive sign of significant upper airway obstruction
- C. Ludwig's angina is the most common neck space infection in adults
- D. In needle aspiration of a peritonsillar abscess, care must be taken to avoid puncturing the carotid vessels
- E. In clearing a foreign body upper airway obstruction in an infant abdominal thrusts should be avoided
29. An 80-year-old female requires manual reduction of her Colle's fracture. Which ONE of the following statements is TRUE
- A. The dose of prilocaine 0.5% for a Bier's block is 4mg/kg
- B. Prilocaine cardiac toxicity most commonly results in a ventricular tachycardia
- C. The cuff for a Bier's block should be inflated to a maximum of 50mmHg above the patient's systolic BP
- D. A complete plaster of paris should be applied with three point moulding to maintain the position of the reduction
- E. An inability to cooperate is a major precaution to performing a Bier's block in children
30. Select the ONE TRUE answer. Prognosis in non-traumatic coma
- A. Is extremely poor when renal failure is associated with coma
- B. Is better for structural lesions than hepatic encephalopathy
- C. Is worse in patients with coincident shock
- D. Is just as poor in drug overdose as in other causes
- E. Is such that most patients go on to recover and lead an independent existence
31. A five-year-old boy has a diagnosis of post –meningitis epilepsy for which he is taking phenytoin. He is brought to the ED by his parents who state that he is "walking funny", and that he complains of headache. He is afebrile with normal vital signs for age. Which ONE of the following is NOT an immediate procedure done from the ED for this case
- A. Check Serum phenytoin



- B. Cranial CT
- C. Administer paracetamol
- D. Lumbar Puncture
- E. Check Electrolytes

**32.** Intramuscular ketorolac could be safely used in which ONE of the following circumstances

- A. Haemophilia
- B. Lactation
- C. Anticoagulant therapy
- D. Suspected drug-seeking behaviour
- E. Renal failure

**33.** A 35-year-old aboriginal man is brought to the ED one minute after collapsing in the hospital foyer. He is GCS 3 with no output, asystole on monitor, and CPR is in progress. He has a dialysis fistula present at the left wrist. Which ONE of the following medications will be LEAST likely to increase the chance of successful resuscitation

- A. Calcium
- B. Bicarbonate
- C. Amiodarone
- D. Glucose
- E. Insulin

**34.** A 72-year-old man presents to the ED complaining of fever and lethargy. He suffers from small-cell lung carcinoma, and is two weeks into his latest course of chemotherapy. He is febrile to 40.5 degrees centigrade, and has a peripheral WCC of 2, with Neutrophils of 0.5. Which ONE of the following is NOT usually a drug of choice in this situation

- A. Gentamicin
- B. Timentin
- C. Ceftazidime
- D. Penicillin V
- E. Vancomycin

**35.** A 35-year-old alcoholic man from Darwin presents to the ED complaining of dysuria and fever, and supra-pubic abdominal pain. He is febrile to 39.5 degrees celcius with normal vital signs. Dipstick

urinalysis reveals 3+ Leucocytes, trace haemolysed blood, 2+ Protein. Investigation and treatment should include which ONE of the following

- A. Urinalysis and culture
- B. Prostatic Ultrasound
- C. Gentamicin
- D. Blood Culture
- E. All of the above

36. Which ONE of the following statements concerning soft tissue infections or wounds is FALSE

- A. Patients with fasciitis manifest moderate to severe systemic toxicity, often out of proportion to the cutaneous findings, with high fever, tachycardia, anxiety, disorientation and often frank shock.
- B. Early periorbital cellulitis in an adult may be treated with oral antibiotics and followed up on an outpatient basis, whereas orbital cellulitis requires hospitalisation and intravenous antibiotics
- C. The treatment of cutaneous abscess is incision and drainage. Antibiotics are not indicated in patients with normal host defences
- D. Tetanus prophylaxis is indicated for any wound in a patient who has been fully immunised, if the time since last vaccination is greater than five years
- E. All human bites to the hand including equivalent clenched fist injuries require prophylactic treatment with antibiotics

37. In the management of acute ischaemia of the lower limb, which ONE of the following is FALSE

- A. Patients with microemboli are anticoagulated for up to 5 days
- B. Urokinase is superior to streptokinase because of lower complication rates
- C. Therapy should commence within 12 hours of onset of ischaemia
- D. Contraindications to thrombolytic therapy are the same as those for myocardial infarction thrombolysis
- E. Embolic ischaemia is best treated by surgical intervention

38. Regarding thromboembolic disease, which one of ONE the following is TRUE

- A. D-dimer has negative predictive value only in patients with low pre-test clinical probability
- B. Plesythmography is superior to ultrasound in diagnosis of thrombosis in the lower limb
- C. Pulmonary emboli can arise from organised clot
- D. 50% of all fatal emboli come from thromboses in the calf
- E. CT pulmonary angiography must be performed within 24 hours of embolisation to the lungs.

**39.** Concerning the indications for CT scanning in minor head injuries, which ONE of the following is TRUE

- A. CT scanning is not recommended in children with a GCS of 10 or greater
- B. Post traumatic amnesia is not an indicator for CT findings
- C. Patients with a GCS of 15 don't require CT scanning
- D. Focal neurological deficit is an absolute indicator for CT scanning
- E. CT is indicated in all patients over 70 years of age with dementia.

**40.** When investigating patients with possible subarachnoid haemorrhage, which ONE of the following is TRUE

- A. Brain CT without contrast is the initial investigation of choice
- B. Xanthochromia can be reliably detected by visual inspection
- C. MRI is a reliable tool for detecting small aneurysms
- D. CT has a sensitivity of only 10% at 7 days post haemorrhage
- E. A positive D-dimer on CSF is not diagnostic

**41.** In supra-condylar fractures in children, which ONE of the following is FALSE

- A. Supra-condylar fractures are more common in children than in adults
- B. 95% are displaced posteriorly
- C. In some undisplaced fractures the fracture line may not be visible on x-ray
- D. Displaced fractures should be treated initially by closed reduction
- E. Neurovascular compromise is uncommon

**42.** Concerning painful hips in children, which ONE of the following is TRUE

- A. Acute transient tenosynovitis is the commonest cause of hip pain in children less than 10 years of age
- B. Legg-Clave-Perthes disease is bilateral in 25% of cases
- C. A raised ESR is diagnostic of septic arthritis
- D. Slipped capital femoral epiphysis is more common in females
- E. MRI is less sensitive than bone scan in detecting avascular necrosis

**43.** Regarding vertebral fractures, which ONE of the following is FALSE

- A. Bilateral interfacetal dislocations occur in flexion

- B. Chance fractures are not commonly associated with abdominal injuries
- C. Clay-shoveler fractures are the least unstable of cervical spinal fractures
- D. Up to 40% of cervical fractures are associated with neurological injury
- E. Wedge fractures of the lumbar spine rarely have associated neurological injury.

44. Concerning back pain, which of ONE the following is TRUE

- A. Sciatica is pain radiating from the back to above the knee
- B. Loss of anal tone is a reliable indicator of cauda equina
- C. Epidural abscesses are common in intravenous drug users
- D. A positive Laseuge's sign indicates nerve root irritation
- E. Spondylosis is not congenital

45. Regarding injuries of the lower limb, which ONE of the following is FALSE

- A. 10% of dislocations of the hip are anterior
- B. Dislocations of the knee often reduce spontaneously
- C. Ottawa ankle rules include tenderness along the anterior of the distal tibia
- D. Sever's disease is an overuse injury of the Achilles tendon insertion
- E. Osteochondral fractures of the talus commonly occur over the medial portion

46. In regard to renal colic, which of the following statements is TRUE

- A. Haematuria is absent in 1% of patients with renal colic
- B. Ultrasound is the preferred investigation for visualisation of uncomplicated midureteral stones
- C. Recurrent episodes occur in approximately 20% of patients
- D. Uric acid stones are radio-opaque and represent 10% of all stones
- E. Stones less than 5mm will pass within one month in 90% of cases

47. With respect to testicular pain in a 14-year-old male, which of the following statements is FALSE

- A. Torsion of the appendages probably occurs more often than torsion of the testes itself
- B. Diagnosis of epididymo-orchitis necessitates evaluation of the urinary tract as part of follow-up
- C. Salvage rate in torsion operated on within 4 hr is approximately 75%

- D. Ten percent of testicular tumours present with pain secondary to acute haemorrhage within the tumour
  - E. Bilateral orchidopexy should be performed in cases of testicular torsion
48. Drugs useful for tocolysis in a 27-week pregnant woman with pre-term labour include all EXCEPT
- A. Magnesium
  - B. Indomethacin
  - C. Salbutamol
  - D. Nifedipine
  - E. Betamethasone
49. In management of the patient with menorrhagia, which ONE of the following statements is FALSE
- A. Anovulatory DUB is generally not responsive to hormonal therapy
  - B. NSAID's are useful in the treatment of menorrhagia, by blocking prostaglandin PGE2
  - C. NSAID's have been associated with a 30 – 50% reduction in bleeding in patients with Menorrhagia
  - D. Patients over 35 require endometrial biopsy prior to definitive hormonal therapy for menorrhagia
  - E. Coagulopathies such as platelet function disorders may first manifest as severe perimenarcheal bleeding
50. With respect to sudden visual loss, which ONE of the following statements is FALSE
- A. Bilateral occipital infarction may present with bilateral blindness but pupil responses would be expected to be intact
  - B. Poisoning with quinine or methanol may present with bilateral blindness and fixed, constricted pupils
  - C. Acute vitreous haemorrhage presents with variable degrees of visual loss and is painless
  - D. Optic neuritis generally presents with a gradual visual decline and relative afferent pupillary defect should be present
  - E. Treatment of central retinal artery occlusion is generally futile if the obstruction has been present for more than two hours
51. In considering dentoalveolar trauma, which ONE of the following statements is TRUE
- A. An Ellis class I fracture involves the enamel and dentin components of a tooth
  - B. A frank drop of blood and exposed pulp implies an Ellis class III fracture and emergency dental review
  - C. A percentage point for successful re-implantation is lost each hour that an avulsed tooth is absent from the oral cavity

- D. Avulsed primary anterior teeth should be replaced into their sockets to avoid subsequent facial deformity
- E. Milk should not be used as a storage and transport medium for avulsed teeth due to its high concentration of calcium and magnesium

**52.** In an 8-year-old child with tonsillitis, which ONE of the following statements is FALSE

- A. Tonsillar exudate is rarely seen in viral pharyngitis
- B. Antibiotic treatment has only a minor impact on the duration of symptoms in acute sore throat
- C. Phenoxyethylpenicillin 10mg /kg is antibiotic treatment of choice for severe tonsillitis
- D. Objectives of treatment with penicillin include prevention of rheumatic fever and prevention of suppurative complications
- E. Post-streptococcal glomerulonephritis is a non-suppurative complication of strep pharyngitis that is not preventable with antibiotic therapy

**53.** With respect to cervical spine x-rays in children, which ONE of the following is CORRECT

- A. Air in the prevertebral space is always abnormal
- B. A normal predental space may be twice as wide as that seen in an adult
- C. The odontoid peg does not fuse to the vertebral body until after the age of four
- D. Subluxation at C2/C3 is normal
- E. The normal retropharyngeal space at C2 should be less than 7mm

**54.** With respect to asthma, which ONE of the following is TRUE

- A. An elevated white cell count is more likely to be due to infection in children
- B. Respiratory function testing is unreliable in most primary school aged children
- C. A chest x-ray should be performed
- D. The indication for steroids is the same in adults and children
- E. Intubation should be performed if the pCO<sub>2</sub> is elevated

**55.** Which ONE of the following statements about malignant hypertension is FALSE

- A. BP should be rapidly lowered by 30% over 30-60 mins
- B. Diastolic BP greater than 120 mmHg is diagnostic
- C. Nitroprusside causes an increase in myocardial oxygen demand
- D. GTN is the drug of choice in patient with pulmonary oedema

E. If associated with renal impairment, red cell casts are seen in the urine

**56.** Which ONE of the following is LEAST likely to be a feature in a patient admitted with bronchiolitis

A. Normal white blood cell count

B. Normal chest X-ray

C. Apnoea

D. Patient aged in first year of life

E. Response to bronchodilators

**57.** Which ONE of the following features would make you suspect an atypical pneumonia

A. Sudden onset of symptoms

B. Infection acquired in hospital

C. Lack of a predominant organism on sputum Gram stain

D. Elevated white blood cell count

E. Marked respiratory signs and symptoms with relatively minimal findings on chest X-ray

**58.** Which ONE of the following is TRUE of Bi-level Positive Airway Pressure (BiPAP)

A. Some investigators have found Level 1 evidence supporting the use of BiPAP in severe exacerbations of COAD

B. BiPAP typically causes a transient initial worsening of V-Q mismatch

C. There are no absolute contraindications to the use of BiPAP in COAD

D. The administration of BiPAP precludes the use of nebulised bronchodilators

E. BiPAP does not affect intrinsic PEEP (auto-PEEP) in patients with COAD

**59.** Which ONE of the following is the LEAST likely to complicate carcinoma of the lung

A. Hyponatraemia

B. Increased serum viscosity

C. Urinary incontinence

D. Facial oedema on waking

E. Hypercalcaemia

60. Which ONE of the following statements regarding spontaneous pneumothorax is TRUE

- A. The recurrence rate following a single episode is 10% over the ensuing five years
- B. Pulmonary infection is the most commonly associated condition in secondary spontaneous pneumothorax
- C. Hamman's sign is a pathognomonic finding
- D. In the absence of any further air leak, a 20% pneumothorax would be expected to reabsorb over approximately 16 days
- E. Re-expansion pulmonary oedema is usually bilateral

**Answers are asterixed \***

**MULTIPLE CHOICE QUESTIONS.**

**PLEASE SELECT THE ONE CORRECT ANSWER.**

1. With regards to investigating patients with suspected PE. Which ONE of the following is TRUE

- A. The most common ECG finding in PE is p-pulmonale
- B. The chest x-ray in nearly half of all patients with acute PE will show an elevated dome of one hemidiaphragm\*
- C. 50% of patients with an acute PE will have a normal A-a gradient
- D. D-dimer is highly sensitive and specific for the diagnosis of PE
- E. Decreased ventilation in an area of diminished perfusion on a ventilation-perfusion lung scan is suggestive of PE

2. In the assessment of patients presenting with suspected bacterial endocarditis. Which ONE of the following is FALSE

- A. 25-50% have haematuria
- B. Evidence of vasculitis or embolic events aids clinical diagnosis
- C. Two separate sets of blood cultures from different veins should be taken for aerobic, anaerobic, and fungal cultures\*
- D. Leucocytosis, raised CRP, and pyuria support the diagnosis
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3. In differentiating between ventricular tachycardia and supraventricular tachycardia with aberrancy. Which ONE of the following is FALSE

- A. A constant Bundle Branch Block pattern suggests aberrancy\*
- B. QRS duration longer than 0.14s is usually found in ventricular tachycardia
- C. Vagal manoeuvres do not generally affect ventricular dysrhythmias
- D. Age over 35 years is suggestive of ventricular tachycardia in patients with a regular wide complex tachycardia
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4. In patients following an acute myocardial infarction. Which ONE of the following is FALSE

- A. Treatment with b-adrenergic blockers have shown improved survival
- B. The major determinants of prognosis include age, left ventricular function, and effort tolerance
- C. Use of lipid-lowering agents in patients with ischaemic heart disease have been shown to reduce the risk of subsequent cardiovascular death
- D. Clinical instability of angina is a major determinant of prognosis
- E. In 25% of cases the infarct-related artery has only minimal or mild stenosis\*

5. A 4 week old baby presents with a two day history of dyspnoea and sweating whilst feeding. Which ONE of the following is FALSE

- A. Clinical differentiation of heart failure from non-cardiac causes in this age group is difficult.
- B. Cardiomegaly on chest x-ray is usually present in congestive heart failure.
- C. Patent ductus arteriosus is the most common cause of congestive heart failure at this age\*
- D. The incidence of congenital heart disease is 8 per 1000 live births.
- E. Raised jugular venous pressure, peripheral oedema, and lung crepitations are late signs in infants with congestive heart failure.

6. Which ONE of the following scenarios is most likely to explain the following results

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- B. A 10 day old boy with vomiting and constipation\*
- C. A 15-year-old insulin dependent diabetic with altered level of consciousness

D. A 75-year-old woman on frusemide for congestive cardiac failure

E. A 23-year-old woman distressed after ingestion of amphetamines.

7. Which ONE of the following results does NOT indicate a poorer prognosis in the assessment of a patient with acute pancreatitis

A. BSL 15.1mmol/l

B. Ca at 48hrs: 1.9mmol/l

C. LDH 1012 iu/l

D. WCC  $13.9 \times 10^9$  /litre\*

E. PO2 at 48hrs: 59mmHg

8. A 72 year-old man presents to your Emergency Department complaining of severe generalised abdominal pain which came on suddenly 30mins prior to presentation. He was recently discharged from hospital following an acute anterior myocardial infarct that was treated with thrombolytic therapy. His examination reveals:

Severely distressed man

HR 72 – regular

BP 160/90

Temp 36.6

Abdomen soft with bowel sounds present

ABG - mild respiratory alkalosis

Which ONE of the following is the most likely diagnosis

A. Acute peritonitis due to perforated peptic ulcer

B. Mesenteric ischaemia due to arterial thrombosis

C. Acute mesenteric ischaemia due to embolism to inferior mesenteric artery

D. Acute mesenteric ischaemia due to embolism to superior mesenteric artery\*

E. Haemorrhagic pancreatitis

9. With respect to acute gastroenteritis, which pairing is FALSE

A. Bloody diarrhoea - Enteroinvasive E. coli

B. Watery diarrhoea – Vibrio cholerae

C. Enteric fever responsive to ciprofloxacin – Salmonella

D. Dysentery – Salmonella

E. Responsive to large dose Ciprofloxacin – Giardia\*

**10.** With respect to acute cholecystitis, which ONE of the following is TRUE

- A.** Abdominal x-ray has a sensitivity of 75% for the identification of gallstones
- B.** Raised white cell count with RUQ pain and ultrasound proven gall stones means cholecystitis is present
- C.** Raised LFT's strongly indicates obstruction
- D.** Ultrasound can visualise 95% of common bile duct stones with an experienced operator
- E.** CT scan is very sensitive for CBD obstruction\*

**11.** Regarding a significant ingestion of mushrooms, which ONE of the following is FALSE

- A.** GIT symptoms are common, but often not a marker of toxicity
- B.** Patients with significant life threatening poisoning will present within days of their ingestion\*
- C.** Amanita phalloides mushrooms are present in Australia
- D.** Amanita phalloides poisoning is characterised by phases of severe GIT disturbance, apparent recovery at 24 hours, and multi organ failure commencing on day 2 or day 3
- E.** Intractable grand mal seizures may be a manifestation of mushroom poisoning

**12.** A "tiny brownish coloured snake" has bitten a 3-year-old child on the trunk. Which ONE of the following is TRUE

- A.** Juvenile brown snakes do not have adequate teeth and venom to cause significant envenomation in humans
- B.** If this child lived in Tasmania, brown snakebite would still be in the differential of potential snakes fitting that description
- C.** If this child lived in Western Australia, and was confirmed to have been envenomated by a brown snake, an initial antivenom dose of two vials brown snake specific antivenom would be considered adequate
- D.** Applying local direct pressure to the bite site on the trunk has been shown to be beneficial as a form of first aid where pressure immobilisation bandages cannot be used due to the anatomical area of the bite\*
- E.** Neurotoxicity is the most likely manifestation of envenomation with a brown snakebite.

**13.** Regarding the symptomatic exposure to organophosphates, which ONE of the following is FALSE

- A.** Pupil size is not a useful clinical marker in guiding therapy
- B.** Organophosphates are highly lipophilic and penetrate exposed skin readily
- C.** Administering benzodiazepines when organophosphate related neuropathy commences can prevent late axonal degeneration\*

D. Pralidoxime administration is an efficient means to preventing the 'intermediate syndrome' associated with organophosphate poisoning

E. When the mixed cholinesterase test is used, a value less than the mean of the two samples used suggest more pralidoxime is required

14. A 6-year-old child presents after a viral illness, having been given paracetamol for a few days. Which ONE of the following is FALSE

A. Chronic supratherapeutic paracetamol ingestion often presents with lethargy and fever

B. The Matthew-Rumack nomogram is not a useful tool in the setting of chronic paracetamol poisoning

C. The loading dose of N-acetylcysteine is 100mg/kg in 100 ml 5% dextrose over 15 minutes\*

D. Significant poisoning occurs when a cumulative dose of 150mg/kg/day of paracetamol is exceeded

E. Allergic manifestations to N-acetylcysteine is common, but rarely an indication to cease such therapy

15. A child presents after a single large ingestion of iron tablets. Which ONE of the following is TRUE

A. Ferrous sulfate contains approximately 12% elemental iron

B. GIT stricture formation characterising the final stage of iron toxicity occurs approximately two weeks after ingestion

C. Total iron binding capacity (TIBC) is a useful measure of iron toxicity

D. A maximum single dose of deferoxamine in this patient should not exceed 2 gram when given IM

E. More than 40mg/kg of ingested elemental iron is a significant ingestion with high likelihood of toxicity\*

16. According to the "sad persons index" which ONE of the following is FALSE

A. S: sex (M>F)

B. A: age (>55 or youth)

C. D: Depression (past history)

D. P: plan\*

E. E: ethanol

17. With respect to predictors of increased risk of recurrence in a child who has suffered a febrile convulsion. Which ONE of the following is FALSE

A. Repetitive seizures

B. Focal features

C. Age less than 1 year

D. Long duration between fever and onset of seizure\*

E. Family history of febrile convulsion

18. Which ONE of the following statements regarding Wernicke's encephalopathy is FALSE

A. The mental signs usually occur latest

B. Ocular palsies begin to improve within hours of treatment with Thiamine

C. It is also referred to as Dry Beriberi

D. Delay in treatment may lead to irreversible Korsakoff's psychoses

E. Ataxia is a late finding in the disease presentation\*

19. Which ONE of the following statements in relation to systemic lupus erythematosus (SLE) is FALSE

A. Anti-dsDNA helps to confirm the clinical diagnosis of SLE

B. Systemic symptoms including fatigue, fever and weight loss occur in 95% of patients

C. Foetal loss can occur in up to 30% of pregnancies

D. Neurological manifestations are uncommon (<20%)\*

E. CNS lupus is treated with pulsed methylprednisolone

20. Concerning the pregnant patient, which ONE of the following statements is FALSE

A. Tilting the patient or manually displacing the uterus to the left in late pregnancy prevents aortic compression with resultant hypotension syndrome\*

B. The rate of combined intrauterine and ectopic pregnancies occurring together is approximately 1:5000 in patients not receiving fertility treatment

C. Selected patients with an ectopic pregnancy may be managed with medical therapy such as methotrexate

D. Hyperemesis is characteristic of trophoblastic disease of the uterus such as 'molar pregnancy'

E. Rhesus-negative mothers may require anti-D Ig following trauma in pregnancy, spontaneous abortion and ruptured ectopic pregnancy

21. Which ONE of the following conditions is NOT associated with a raised anion gap metabolic alkalosis

A. Starvation

B. Chronic diarrhoea\*

B. Vomiting with dehydration

D. Thiamine deficiency

E. Salicylate toxicity

22. Which ONE of the following statements is FALSE with regards diabetic ketoacidosis

- A. Insulin should be continued until the ketosis is cleared
- B. The half-life of intravenous insulin is short ie less than five minutes
- C. Hypophosphataemia is common secondary to urine losses
- D. Beta hydroxybutyrate is detected on a standard urinalysis\*
- E. Hypokalaemia on presentation necessitates replacement prior to the commencement of insulin

23. Which ONE of the following statements is FALSE with respect to Addisonian crisis

- A. Dexamethasone is the preferred corticosteroid if the diagnosis is in doubt
- B. A serum sodium: potassium ratio of less than 25:1 is suggestive of Addison's disease
- C. The serum ionised calcium level is often normal
- D. The ECG manifestations of severe hypoadrenalism include signs of slow conduction with large voltages in the precordial leads\*
- E. White cell count abnormalities may be seen

24. Which ONE of the following statements is FALSE with respect to hypokalaemia?

- A. Rhabdomyolysis can occur if the serum potassium is less than 3 mmol/l
- B. The corrected QT interval is prolonged\*
- C. Prolongation of the PR interval
- D. Can be the cause of atrial fibrillation
- E. Can lead to renal diabetes insipidus

25. Which ONE of the following is NOT used in the emergency management of hypercalcaemia

- A. Normal Saline
- B. Corticosteroids
- C. Thiazide diuretics\*
- D. Bisphosphonates
- E. Phosphate binders

**26.** In prophylaxis following HIV exposure, which ONE of the following is TRUE

- A.** Prophylaxis is not recommended following exposure from patients with normal CD4 counts
- B.** Triple therapy is recommended in all cases, if prophylaxis is to be used
- C.** HIV testing should be continued for 12 months, following exposure
- D.** Prophylaxis should commence within 6 hours of exposure for maximum benefit\*
- E.** Muco-cutaneous exposure should not be considered for prophylaxis

**27.** With respect to febrile children, which ONE of the following statements is FALSE

- A.** Contamination rates of blood culture specimens with skin flora is 5-10%
- B.** A positive bag urine is not diagnostic of a UTI
- C.** Unwell, toxic children aged between 3 months and 3 years with a temperature >38 degrees Celsius should be admitted and treated with empiric antibiotics
- D.** A white cell count of  $10 \times 10^6$  /L in a neonatal CSF specimen is a positive result that requires antibiotic treatment\*
- E.** Intravenous ceftriaxone can be used as empiric therapy in febrile children with a high suspicion of bacteraemia but no identifiable source

**28.** With respect to upper airway obstruction, which ONE of the following statements is FALSE

- A.** In adult epiglottitis stridor is present in 60% of patients\*
- B.** Inability to tolerate the supine position is a sensitive sign of significant upper airway obstruction
- C.** Ludwig's angina is the most common neck space infection in adults
- D.** In needle aspiration of a peritonsillar abscess, care must be taken to avoid puncturing the carotid vessels
- E.** In clearing a foreign body upper airway obstruction in an infant abdominal thrusts should be avoided

**29.** An 80-year-old female requires manual reduction of her Colle's fracture. Which ONE of the following statements is TRUE

- A.** The dose of prilocaine 0.5% for a Bier's block is 4mg/kg
- B.** Prilocaine cardiac toxicity most commonly results in a ventricular tachycardia
- C.** The cuff for a Bier's block should be inflated to a maximum of 50mmHg above the patient's systolic BP

- D. A complete plaster of paris should be applied with three point moulding to maintain the position of the reduction
- E. An inability to cooperate is a major precaution to performing a Bier's block in children\*

30. Select the ONE TRUE answer. Prognosis in non-traumatic coma

- A. Is extremely poor when renal failure is associated with coma
- B. Is better for structural lesions than hepatic encephalopathy
- C. Is worse in patients with coincident shock\*
- D. Is just as poor in drug overdose as in other causes
- E. Is such that most patients go on to recover and lead an independent existence

31. A five-year-old boy has a diagnosis of post –meningitis epilepsy for which he is taking phenytoin. He is brought to the ED by his parents who state that he is “walking funny”, and that he complains of headache. He is afebrile with normal vital signs for age. Which ONE of the following is NOT an immediate procedure done from the ED for this case

- A. Check Serum phenytoin
- B. Cranial CT
- C. Administer paracetamol
- D. Lumbar Puncture\*
- E. Check Electrolytes

32. Intramuscular ketorolac could be safely used in which ONE of the following circumstances

- A. Haemophilia
- B. Lactation
- C. Anticoagulant therapy
- D. Suspected drug-seeking behaviour\*
- E. Renal failure

33. A 35-year-old aboriginal man is brought to the ED one minute after collapsing in the hospital foyer. He is GCS 3 with no output, asystole on monitor, and CPR is in progress. He has a dialysis fistula present at the left wrist. Which ONE of the following medications will be LEAST likely to increase the chance of successful resuscitation

- A. Calcium
- B. Bicarbonate



C. Amiodarone\*

D. Glucose

E. Insulin

**34.** A 72-year-old man presents to the ED complaining of fever and lethargy. He suffers from small-cell lung carcinoma, and is two weeks into his latest course of chemotherapy. He is febrile to 40.5 degrees centigrade, and has a peripheral WCC of 2, with Neutrophils of 0.5. Which ONE of the following is NOT usually a drug of choice in this situation

A. Gentamicin

B. Timentin

C. Ceftazidime

D. Penicillin V\*

E. Vancomycin

**35.** A 35-year-old alcoholic man from Darwin presents to the ED complaining of dysuria and fever, and supra-pubic abdominal pain. He is febrile to 39.5 degrees celcius with normal vital signs. Dipstick urinalysis reveals 3+ Leucocytes, trace haemolysed blood, 2+ Protein. Investigation and treatment should include which ONE of the following

A. Urinalysis and culture

B. Prostatic Ultrasound

C. Gentamicin

D. Blood Culture

E. All of the above<sup>8</sup>

**36.** Which ONE of the following statements concerning soft tissue infections or wounds is FALSE

A. Patients with fasciitis manifest moderate to severe systemic toxicity, often out of proportion to the cutaneous findings, with high fever, tachycardia, anxiety, disorientation and often frank shock.

B. Early periorbital cellulitis in an adult may be treated with oral antibiotics and followed up on an outpatient basis, whereas orbital cellulitis requires hospitalisation and intravenous antibiotics

C. The treatment of cutaneous abscess is incision and drainage. Antibiotics are not indicated in patients with normal host defences

D. Tetanus prophylaxis is indicated for any wound in a patient who has been fully immunised, if the time since last vaccination is greater than five years\*

E. All human bites to the hand including equivalent clenched fist injuries require prophylactic treatment with antibiotics

37. In the management of acute ischaemia of the lower limb, which ONE of the following is FALSE

- A. Patients with microemboli are anticoagulated for up to 5 days
- B. Urokinase is superior to streptokinase because of lower complication rates
- C. Therapy should commence within 12 hours of onset of ischaemia
- D. Contraindications to thrombolytic therapy are the same as those for myocardial infarction thrombolysis\*
- E. Embolic ischaemia is best treated by surgical intervention

38. Regarding thromboembolic disease, which one of ONE the following is TRUE

- A. D-dimer has negative predictive value only in patients with low pre-test clinical probability\*
- B. Plesythmography is superior to ultrasound in diagnosis of thrombosis in the lower limb
- C. Pulmonary emboli can arise from organised clot
- D. 50% of all fatal emboli come from thromboses in the calf
- E. CT pulmonary angiography must be performed within 24 hours of embolisation to the lungs.

39. Concerning the indications for CT scanning in minor head injuries, which ONE of the following is TRUE

- A. CT scanning is not recommended in children with a GCS of 10 or greater
- B. Post traumatic amnesia is not an indicator for CT findings
- C. Patients with a GCS of 15 don't require CT scanning
- D. Focal neurological deficit is an absolute indicator for CT scanning\*
- E. CT is indicated in all patients over 70 years of age with dementia.

40. When investigating patients with possible subarachnoid haemorrhage, which ONE of the following is TRUE

- A. Brain CT without contrast is the initial investigation of choice\*
- B. Xanthochromia can be reliably detected by visual inspection
- C. MRI is a reliable tool for detecting small aneurysms
- D. CT has a sensitivity of only 10% at 7 days post haemorrhage
- E. A positive D-dimer on CSF is not diagnostic

- 41.** In supra-condylar fractures in children, which ONE of the following is FALSE
- A. Supra-condylar fractures are more common in children than in adults
  - B. 95% are displaced posteriorly
  - C. In some undisplaced fractures the fracture line may not be visible on x-ray
  - D. Displaced fractures should be treated initially by closed reduction
  - E. Neurovascular compromise is uncommon\*
- 42.** Concerning painful hips in children, which ONE of the following is TRUE
- A. Acute transient tenosynovitis is the commonest cause of hip pain in children less than 10 years of age\*
  - B. Legg-Clave-Perthes disease is bilateral in 25% of cases
  - C. A raised ESR is diagnostic of septic arthritis
  - D. Slipped capital femoral epiphysis is more common in females
  - E. MRI is less sensitive than bone scan in detecting avascular necrosis
- 43.** Regarding vertebral fractures, which ONE of the following is FALSE
- A. Bilateral interfacetal dislocations occur in flexion
  - B. Chance fractures are not commonly associated with abdominal injuries\*
  - C. Clay-shoveler fractures are the least unstable of cervical spinal fractures
  - D. Up to 40% of cervical fractures are associated with neurological injury
  - E. Wedge fractures of the lumbar spine rarely have associated neurological injury.
- 44.** Concerning back pain, which of ONE the following is TRUE
- A. Sciatica is pain radiating from the back to above the knee
  - B. Loss of anal tone is a reliable indicator of cauda equina
  - C. Epidural abscesses are common in intravenous drug users
  - D. A positive Laseuge's sign indicates nerve root irritation\*
  - E. Spondylosis is not congenital

- 45.** Regarding injuries of the lower limb, which ONE of the following is FALSE
- A. 10% of dislocations of the hip are anterior
  - B. Dislocations of the knee often reduce spontaneously
  - C. Ottawa ankle rules include tenderness along the anterior of the distal tibia\*
  - D. Sever's disease is an overuse injury of the Achilles tendon insertion
  - E. Osteochondral fractures of the talus commonly occur over the medial portion
- 46.** In regard to renal colic, which of the following statements is TRUE
- A. Haematuria is absent in 1% of patients with renal colic
  - B. Ultrasound is the preferred investigation for visualisation of uncomplicated midureteral stones
  - C. Recurrent episodes occur in approximately 20% of patients
  - D. Uric acid stones are radio-opaque and represent 10% of all stones
  - E. Stones less than 5mm will pass within one month in 90% of cases\*
- 47.** With respect to testicular pain in a 14-year-old male, which of the following statements is FALSE
- A. Torsion of the appendages probably occurs more often than torsion of the testes itself
  - B. Diagnosis of epididymo-orchitis necessitates evaluation of the urinary tract as part of follow-up
  - C. Salvage rate in torsion operated on within 4 hr is approximately 75%\*
  - D. Ten percent of testicular tumours present with pain secondary to acute haemorrhage within the tumour
  - E. Bilateral orchidopexy should be performed in cases of testicular torsion
- 48.** Drugs useful for tocolysis in a 27-week pregnant woman with pre-term labour include all EXCEPT
- A. Magnesium
  - B. Indomethacin
  - C. Salbutamol
  - D. Nifedipine
  - E. Betamethasone\*

- 49.** In management of the patient with menorrhagia, which ONE of the following statements is FALSE
- A.** Anovulatory DUB is generally not responsive to hormonal therapy\*
  - B.** NSAID's are useful in the treatment of menorrhagia, by blocking prostaglandin PGE2
  - C.** NSAID's have been associated with a 30 – 50% reduction in bleeding in patients with Menorrhagia
  - D.** Patients over 35 require endometrial biopsy prior to definitive hormonal therapy for menorrhagia
  - E.** Coagulopathies such as platelet function disorders may first manifest as severe perimenarcheal bleeding
- 50.** With respect to sudden visual loss, which ONE of the following statements is FALSE
- A.** Bilateral occipital infarction may present with bilateral blindness but pupil responses would be expected to be intact
  - B.** Poisoning with quinine or methanol may present with bilateral blindness and fixed, constricted pupils\*
  - C.** Acute vitreous haemorrhage presents with variable degrees of visual loss and is painless
  - D.** Optic neuritis generally presents with a gradual visual decline and relative afferent pupillary defect should be present
  - E.** Treatment of central retinal artery occlusion is generally futile if the obstruction has been present for more than two hours
- 51.** In considering dentoalveolar trauma, which ONE of the following statements is TRUE
- A.** An Ellis class I fracture involves the enamel and dentin components of a tooth
  - B.** A frank drop of blood and exposed pulp implies an Ellis class III fracture and emergency dental review\*
  - C.** A percentage point for successful re-implantation is lost each hour that an avulsed tooth is absent from the oral cavity
  - D.** Avulsed primary anterior teeth should be replaced into their sockets to avoid subsequent facial deformity
  - E.** Milk should not be used as a storage and transport medium for avulsed teeth due to its high concentration of calcium and magnesium
- 52.** In an 8-year-old child with tonsillitis, which ONE of the following statements is FALSE
- A.** Tonsillar exudate is rarely seen in viral pharyngitis\*
  - B.** Antibiotic treatment has only a minor impact on the duration of symptoms in acute sore throat
  - C.** Phenoxyethylpenicillin 10mg /kg is antibiotic treatment of choice for severe tonsillitis

**D.** Objectives of treatment with penicillin include prevention of rheumatic fever and prevention of suppurative complications

**E.** Post-streptococcal glomerulonephritis is a non-suppurative complication of strep pharyngitis that is not preventable with antibiotic therapy

**53.** With respect to cervical spine x-rays in children, which ONE of the following is CORRECT

A. Air in the prevertebral space is always abnormal\*

B. A normal predental space may be twice as wide as that seen in an adult

C. The odontoid peg does not fuse to the vertebral body until after the age of four

D. Subluxation at C2/C3 is normal

E. The normal retropharyngeal space at C2 should be less than 7mm

**54.** With respect to asthma, which ONE of the following is TRUE

A. An elevated white cell count is more likely to be due to infection in children

B. Respiratory function testing is unreliable in most primary school aged children

C. A chest x-ray should be performed

D. The indication for steroids is the same in adults and children\*

E. Intubation should be performed if the pCO<sub>2</sub> is elevated

**55.** Which ONE of the following statements about malignant hypertension is FALSE

A. BP should be rapidly lowered by 30% over 30-60 mins

B. Diastolic BP greater than 120 mmHg is diagnostic

C. Nitroprusside causes an increase in myocardial oxygen demand\*

D. GTN is the drug of choice in patient with pulmonary oedema

E. If associated with renal impairment, red cell casts are seen in the urine

**56.** Which ONE of the following is LEAST likely to be a feature in a patient admitted with bronchiolitis

A. Normal white blood cell count

B. Normal chest X-ray\*

C. Apnoea

D. Patient aged in first year of life

E. Response to bronchodilators

57. Which ONE of the following features would make you suspect an atypical pneumonia
- A. Sudden onset of symptoms
  - B. Infection acquired in hospital
  - C. Lack of a predominant organism on sputum Gram stain\*
  - D. Elevated white blood cell count
  - E. Marked respiratory signs and symptoms with relatively minimal findings on chest X-ray
58. Which ONE of the following is TRUE of Bi-level Positive Airway Pressure (BiPAP)
- A. Some investigators have found Level 1 evidence supporting the use of BiPAP in severe exacerbations of COAD\*
  - B. BiPAP typically causes a transient initial worsening of V-Q mismatch
  - C. There are no absolute contraindications to the use of BiPAP in COAD
  - D. The administration of BiPAP precludes the use of nebulised bronchodilators
  - E. BiPAP does not affect intrinsic PEEP (auto-PEEP) in patients with COAD
59. Which ONE of the following is the LEAST likely to complicate carcinoma of the lung
- A. Hyponatraemia
  - B. Increased serum viscosity\*
  - C. Urinary incontinence
  - D. Facial oedema on waking
  - E. Hypercalcaemia
60. Which ONE of the following statements regarding spontaneous pneumothorax is TRUE
- A. The recurrence rate following a single episode is 10% over the ensuing five years
  - B. Pulmonary infection is the most commonly associated condition in secondary spontaneous pneumothorax
  - C. Hamman's sign is a pathognomonic finding
  - D. In the absence of any further air leak, a 20% pneumothorax would be expected to reabsorb over approximately 16 days\*
  - E. Re-expansion pulmonary oedema is usually bilateral