1. A GI cocktail can be used as a diagnostic tool to exclude cardiac causes of chest pain?
   a. True
   b. False

2. All of the following can be seen on a chest XR in patients with aortic dissection EXCEPT:
   a. Positive ‘spine sign’ on lateral CXR
   b. Rightward tracheal displacement
   c. Irregular aortic contour with loss of the aortic knob
   d. Indistinct aorto-pulmonary window
   e. Left pleural effusion.

3. What percentage of patients over the age of 85 will have a painless MI?
   a. 10%
   b. 15%
   c. 25%
   d. 30-40%
   e. 60-70%

4. Risk factors for aortic dissection include all of the following EXCEPT:
   a. HTN
   b. Cocaine use
   c. Connective tissue diseases (ex. Marfan’s, Ehler’s Danlos)
   d. Turner’s
   e. Polycystic ovarian disease

5. Patients using cocaine account for 25% of MI’s in patients less than 45 years of age. What is the mechanism of the acute MI?
   a. Atherosclerotic coronary disease
   b. Trauma
   c. Coronary vasoconstriction and increased platelet aggregation
   d. Hypercoagulable state
   e. Co-ingestion of other substances
6. A 25-year-old female with no PMH presented to UC with intermittent palpitation sensation for 3 weeks. No reported chest pain, SOB or any syncope. Exam was normal. ECG was done and showed bigeminy. What is the best management for this patient?
   a. Reassurance and discharge
   b. Electrolytes and thyroid panel
   c. Discuss holter monitor
   d. Admission for observation

7. Identify normal intervals on ECG in adult patient:
   a. QRS > 120, PR: < 200
   b. QRS < 120, PR: < 200
   c. QRS > 120, PR: > 200
   d. QRS < 120, PR: > 200

Questions 8-10. Match the type of AV block with the right definition

8. **Mobitz type I**
   a. Dissociation of p-wave & QRS complex
   b. Progressive prolongation of PR interval
   c. PR interval remains constant

9. **Mobitz type II**
   a. Dissociation of p-wave & QRS complex
   b. Progressive prolongation of PR interval
   c. PR interval remains constant

10. **Third degree block**
    a. Dissociation of p-wave & QRS complex
    b. Progressive prolongation of PR interval
    c. PR interval remains constant
11. **Identify the rhythm that does NOT have narrow QRS:**
   a. Aberrancy
   b. Atrial Ectopic
   c. Junctional
   d. Sinus
   e. SVT
Core Content In Urgent Care Medicine
Cardiovascular/Pulmonary Module

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CHF/HTN in the Urgent Care
Faculty: Ebrahim Barkoudah, MD

12. Identify the WRONG statement:
   a. Rapid reduction of BP by >25% is recommended for emergent HTN
   b. White coat syndrome is common phenomenon in Urgent care
   c. HTN Urgency is defined as elevation in BP with no end organ damage but at risk
   d. Chlorothiazide is not recommended as initial treatment alone for hypertension crisis

13. Initial work up for ADHF will include all the following EXCEPT:
   a. Electrolytes
   b. Kidney assessment
   c. CT chest for all cases
   d. ECG
   e. Cardiac enzymes

14. Identify the WRONG statement regarding CHF:
   a. An important and common cause for hospital admissions in >65-year-old adults
   b. Patients live longer with the current intensive medical and device treatment
   c. It is related directly to multi-organ involvement
   d. This rapid increase results in decrease of intravascular pressure over the interstitial pressure

15. Identify the WRONG statement about secondary HTN:
   a. Episodes of HTN crisis
   b. Younger patient
   c. Not at higher end organ damage risk
   d. Resistant to control
   e. Approximately 5 % of HTN patients

16. Identify the WRONG statement about CHF:
   a. Acute avid salt retention state
   b. Involves neurohermonal mechanism
   c. IV diuretics proven to prolong patient’s life
   d. Early intervention has been show to lead for better outcome (at least in Urgent care)
   e. BNP is not essential in diagnosis but help to rule out non-cardiac etiology
Dyspnea
Faculty: Marc Salzberg, MD, FACEP

17. The most immediate life-threatening causes of Dyspnea include all BUT:
   a. Tension pneumothorax
   b. Pulmonary embolism
   c. Acute MI/ACS
   d. De-conditioning
   e. Upper airway obstruction

18. The Initial Rapid Assessment of the patient complaining of Dyspnea includes all BUT:
   a. A thorough history and physical
   b. General appearance/skin color/pallor
   c. Level of alertness
   d. A/B/C-Airway/Breathing/Circulation evaluation

19. True or False. Dyspnea is a subjective feeling that the patient describes and can be quantified using readily available tests.
   a. True
   b. False

20. The acute/sudden onset of Dyspnea requires consideration of many causes. Risk factors for Pulmonary Embolism include:
   a. Travel history
   b. Clotting disorders
   c. Surgery/Bed rest
   d. Oral contraceptives
   e. Tobacco use
   f. All of the above

21. Of the following causes of Dyspnea which is MOST LIKELY to be treated successfully and to a resolution in the Urgent Care Center:
   a. CHF
   b. Pulmonary Embolism
   c. Psychogenic Dyspnea
   d. Acute volume loss
   e. Exacerbation of COPD
Dyspnea Continued
Faculty: Marc Salzberg, MD, FACEP

22. Of the pulmonary causes of Dyspnea, which of the following is MOST LIKELY to have an acute onset:
   a. Pneumonia/pneumonitis
   b. Atelectasis
   c. Sarcoidosis
   d. Pulmonary embolism
   e. Asthma/COPD

23. Of the neuromuscular causes of Dyspnea which of the following is the MOST LIKELY to have an acute onset:
   a. Guillain-Barre
   b. Tick Paralysis
   c. CVA
   d. Neuropathy
Asthma/COPD
Faculty: Marc Salzberg, MD, FACEP

24. True or False. A normal pulmonary exam and lack of wheezing excludes a diagnosis of wheezing.
   a. True
   b. False

25. Patients with Asthma are instructed to use quick relief medication if their symptoms occur OR they have a Peak Expiratory Flow Rate that is:
   a. 95 % of predicted or personal best
   b. 80 % of predicted or personal best
   c. 60 % of predicted or personal best

26. Quick Relief Medication for an acute exacerbation of Asthma includes all BUT:
   a. Short Acting bronchodilators such as Albuterol
   b. Systemic Corticosteroids
   c. Supplemental Oxygen
   d. Leukotriene inhibitors such as Singulair

27. North America has a prevalence of Clinical Asthma that is:
   a. < 2%
   b. 5%
   c. Stabilized
   d. > 10% and growing

28. An uncomplicated 14 year old patient that has been wheezing for 2 days presents with stable vital signs, a peak flow 70% of predicted, SaO2 on room air of 95% has scattered wheezing and is stabilized using a short-acting bronchodilator. This patient should receive, in addition to Short Acting Bronchodilators (and treatment for any underlying illness):
   a. An inhaled steroid such as Azmacort or Flovent
   b. A combination long-acting bronchodilator/inhaled steroid combination such as Advair
   c. A Medrol Dosepack
   d. A 10 day course of oral corticosteroids without taper
Asthma/COPD Continued

Faculty: Marc Salzberg, MD, FACEP

29. Common errors in treating Asthma/COPD patients include all BUT:
   a. Early and aggressive treatment with appropriate corticosteroids
   b. Use of long-acting medications in the acute phase
   c. Failure to arrange follow-up with-in 48 hours
   d. Not assuring that patients know when to call 911 or go to the hospital

30. The following are indicators for hospitalization of patients with COPD who are seen for an acute exacerbation:
   a. Inability to eat or sleep because of symptoms
   b. Marked increase in dyspnea
   c. Change in mental status
   d. Worsening Hypoxaemia
   e. The presence of high-risk co-morbid conditions
   f. All of the above
Respiratory Infections

Faculty: Joseph Toscano, MD

31. The best antibiotic choice for a healthy 25 year-old female patient with an uncomplicated viral URI and no drug allergies is which of the following?
   a. Azithromycin
   b. Trimethoprim/sulfamethoxazole
   c. Doxycycline
   d. None of the above

32. For a patient with a chief complaint of cough, the likelihood of pneumonia is increased if which of the following is present?
   a. Fever
   b. Tachycardia
   c. The patient is over 65 years old
   d. Rales are present on pulmonary exam
   e. Each of the above increases the likelihood of pneumonia

33. The best antibiotic choice for a healthy 35 year-old male patient with uncomplicated acute bronchitis and no drug allergies is which of the following?
   a. Azithromycin
   b. Trimethoprim/sulfamethoxazole
   c. Amoxicillin/clavulanate
   d. None of the above

34. You diagnose a healthy 50-year old patient with pneumonia clinically and confirm an infiltrate on chest X-ray. You determine that he can be treated as an outpatient. He was treated for prostatitis 2 months previously, successfully and without adverse reaction, with levofloxacin. He has no allergies. Of the following, which antibiotic would be best to use for his pneumonia?
   a. Azithromycin
   b. Levofloxacin
   c. Amoxicillin/clavulanate
   d. Cefuroxime
35. For which of the following alert patients with pneumonia and normal renal function should you recommend admission to the hospital?
   a. 70-year old with normal vital signs
   b. 60-year old with fever, and otherwise normal vital signs
   c. 30-year old with respiratory rate of 32 and BP 85/65
   d. 50-year old with a pulse ox saturation of 93%, and otherwise normal vital signs

36. In some situations, your differential diagnosis of community-acquired pneumonia should include which of the following?
   a. Opportunistic infections
   b. Pulmonary embolism and infarction
   c. Congestive heart failure
   d. Influenza
   e. All of the above

37. You diagnose a 50-year old patient with pneumonia clinically and confirm an infiltrate on chest X-ray. He has a history of diabetes and had a prior MI with coronary artery stenting. You determine that he can be treated as an outpatient. He has no allergies. Of the following, which antibiotic would be best to use for his pneumonia?
   a. Azithromycin
   b. Levofloxacin
   c. Amoxicillin/clavulanate
   d. Cefuroxime

38. Sputum gram stain and culture is recommended for patients with pneumonia in which of the following situations?
   a. Patients over 60 years old
   b. Patients who have failed outpatient therapy
   c. Patients with suspected influenza
   d. Patients with diabetes