**AHD MKSAP Questions 7/30/2024**

1. A 79-year-old man is evaluated in the hospital for an increase in serum creatinine  level from 1.1 mg/dL (97.2 µmol/L) to 1.9 mg/dL (168 µmol/L). He was diagnosed with community-acquired pneumonia 4 days ago.

On physical examination, vital signs are stable. There are crackles noted in the left lower lung field. The bladder is not palpable. Urine output was 300 mL in the past 24 hours. Urinalysis findings, including microscopic examination, are normal.

**Which of the following is the most appropriate initial diagnostic test?**

1. Bladder ultrasonography
2. CT of the abdomen and pelvis
3. Fractional excretion of sodium
4. Kidney and bladder ultrasonography
5. A 63-year-old man is evaluated in the hospital for acute kidney injury following a motor vehicle accident 48 hours ago. He sustained pelvic and rib fractures and a splenic laceration requiring splenectomy. He received isotonic fluids (17 liters) plus norepinephrine for blood pressure support. He is intubated and on mechanical ventilation. During the past 24 hours, urine output fluctuated from 10 to 15 mL/h, with a 24-hour urine output of 280 mL. Medications are vancomycin, ceftazidime, intravenous norepinephrine, and 150 mL/h of intravenous crystalloid fluids.

On physical examination, the patient is mechanically ventilated and sedated. Temperature is 100.9 F (38.3 C), blood pressure is 88/52 mm Hg, pulse rate is 96/min, and respiration rate is 16/min. Oxygen saturation is 95% with the patient breathing 0.40 FI02. Jugular venous pressure is elevated. Cardiac examination is normal, and lungs are clear to auscultation. The abdomen is distended and tense. A bladder catheter is draining small amounts of urine.

**Laboratory studies:**

Hemoglobin: 8.5 g/dL

Blood urea nitrogen: 73 mg/dL

Urinalysis:

 Specific gravity 1.012

 pH 5.5

 1+ blood

 No protein

 1-3 erythrocytes/hpf

 Scattered hyaline casts

 **Which of the following is the most appropriate diagnostic test to perform next?**

1. Bladder pressure measurement
2. CT urography
3. Kidney biopsy
4. Kidney ultrasonography
5. You are admitting a 35-year-old woman for multiple abscesses of the skin who is an IV heroin user. She has not been able to stop her opiate use and injects multiple times a day.

**Which of the following drugs are FDA approved to treat both opiate withdrawal and prevention of relapse in patients with moderate to severe opiate use disorder?**

1. Buprenorphine/naloxone
2. Methadone
3. A and B
4. Clonidine
5. Oral naltrexone
6. A 67-year-old woman is evaluated after admission to the hospital for severely painful and progressive ulcerations of her abdomen and lower extremities due to calciphylaxis. She rates the pain as an 8 on a 10-point scale. Her medical history includes type 2 diabetes mellitus, end-stage kidney disease managed with hemodialysis and hypertension. Medications are sevelamer, sodium bicarbonate, amlodipine, labetalol, and basal and prandial insulin.

On physical examination, the patient appears to be in acute pain. Vital signs are normal. Multiple areas of violaceous erythema, with three raised black eschars are seen on the abdomen and thighs.

**Which of the following is the most appropriate pain treatment?**

1. Intravenous hydromorphone
2. Intravenous morphine
3. Oral oxycodone
4. Oral tramadol
5. Transdermal fentanyl patch
6. You are doing a ride-along with paramedics in your ED training. You are called a house where a 39- year-old previously healthy woman has broken her left humerus after a fall in her garage. You see that the woman is in significant pain, crying, and the arm is obviously broken. She cries out when it is placed gently into a splint. The paramedics put her on a gurney and place an IV. They give her 1 mg of IV morphine and proceed to drive to the hospital. The paramedic continues to give her morphine IV 1 mg every 5-10 minutes in the ambulance for a total of 5 mg (over 30 minutes). She is tearful but able to move the arm for the x-ray without yelling in pain. She is not sedated.

Surgery is planned for tonight in about 6-7 hours. In the ED, she is given 50 mcg IV fentanyl q 30 minutes for 3 hours (six doses) before she goes to the ortho floor.

**Which of the following opiate doses is equivalent to the 300 mcg of IV fentanyl she received in the emergency room?**

1. 4.5 mg IV hydromorphone
2. 30 mg IV morphine
3. 90 mg oral morphine
4. B and C
5. A, B and C

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