USMLE

STEP 2 CK

High yield Rapid Review

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1. + Nikolsky's sign.: Pemphigus vulgaris
2. - Nikolsky's sign.: Bullous pemphigoid
3. 1° causes of third-trimester bleeding.: Placental abruption and placenta previa
4. A 10-year-old boy presents with fever, weight loss, and night sweats. Examination shows anterior mediastinal mass. Suspected diagnosis?: Non-Hodgkin's lymphoma
5. A 10-year-old child presents in status epilepticus, but her parents refuse treatment on religious grounds.: Treat because the disease represents an immediate threat to the child's life. Then seek a court order
6. A 13-year-old male has a history of theft, vandalism, and violence toward family pets.: Conduct disorder
7. A 14-year-old girl presents with prolonged bleeding after dental surgery and with menses, normal PT, normal or ↑ PTT, and ↑ bleeding time. Diagnosis? Treatment?: von Willebrand's disease; treat with desmopressin, FFP, or cryoprecipitate
8. A 15-year-old pregnant girl requires hospitalization for preeclampsia. Should her parents be informed?: No. Parental consent is not necessary for the medical treatment of pregnant minors
9. A 16-year-old presents with an annular patch of alopecia with broken-off, stubby hairs.: Alopecia areata (autoimmune process)
10. A 17-year-old female has left arm paralysis after her boyfriend dies in a car crash. No medical cause is found.: Conversion disorder
11. A 20-year-old man presents with a palpable flank mass and hematuria. Ultrasound shows bilateral enlarged kidneys with cysts. Associated brain anomaly?: Cerebral berry aneurysms (AD PCKD)
12. A 21-year-old male has three months of social withdrawal, worsening grades, flattened affect, and concrete thinking.: Schizophreniform disorder (diagnosis of schizophrenia requires ≥ 6 months of symptoms)
13. A 24-year-old male presents with soft white plaques on his tongue and the back of his throat. Diagnosis? Workup? Treatment?: Candidal thrush. Workup should include an HIV test. Treat with nystatin oral suspension
14. A 25-year-old African-American male with sickle cell anemia has sudden onset of bone pain. Management of pain crisis?: O2, analgesia, hydration, and, if severe, transfusion
15. A 25-year-old Jewish male presents with pain and watery diarrhea after meals. Exam shows fistulas between the bowel and skin and nodular lesions on his tibias.: Crohn's disease
16. A 30-year-old woman has unpredictable urine loss. Examination is normal. Medical options?: Anticholinergics (oxybutynin) or β-adrenergics (metaproterenol) for urge incontinence.
17. A 35-year-old male has recurrent episodes of palpitations, diaphoresis, and fear of going crazy.: Panic disorder
18. A 40-year-old obese female with elevated alkaline phosphatase, elevated bilirubin, pruritus, dark urine, and clay-colored stools.: Biliary tract obstruction

19. A 49-year-old male presents with acute-onset flank pain and hematuria.: Nephrolithiasis
20. A 50-year-old male presents with early satiety, splenomegaly, and bleeding. Cytogenetics show t(9,22). Diagnosis?: CML
21. A 50-year-old man with a history of alcohol abuse presents with boring epigastric pain that radiates to the back and is relieved by sitting forward. Management?: Confirm the diagnosis of acute pancreatitis with elevated amylase and lipase. Make patient NPO and give IV fluids, O2, analgesia, and "tincture of time"
22. A 50-year-old woman leaks urine when laughing or coughing. Nonsurgical options?: Kegel exercises, estrogen, pessaries for stress incontinence
23. A 55-year-old man has sudden, excruciating first MTP joint pain after a night of drinking red wine. Diagnosis, workup, and chronic treatment?: Gout. Needle-shaped, negatively birefringent crystals are seen on joint fluid aspirate. Chronic treatment with allopurinol or probenecid
24. A 55-year-old man is diagnosed with prostate cancer. Treatment options?: Wait, surgical resection, radiation and/or androgen suppression
25. A 55-year-old man presents with irritative and obstructive urinary symptoms. Treatment options?: Likely BPH. Options include no treatment, terazosin, finasteride, or surgical intervention (TURP)
26. A 55-year-old man who is a smoker and a heavy drinker presents with a new cough and flulike symptoms. Gram stain shows no organisms; silver stain of sputum shows gram-negative rods. What is the diagnosis?: Legionella pneumonia
27. A 55-year-old obese patient presents with dirty, velvety patches on the back of the neck.: Acanthosis nigricans. Check fasting blood sugar to rule out diabetes
28. A 55-year-old patient presents with acute "broken speech." What type of aphasia? What lobe and vascular distribution?: Broca's aphasia. Frontal lobe, left MCA distribution
29. A 60-year-old African-American male presents with bone pain. Workup for multiple myeloma might reveal?: Monoclonal gammopathy, Bence Jones proteinuria, "punched-out" lesions on x-ray of the skull and long bones
30. A "blueberry muffin" rash is characteristic of what congenital infection?: Rubella
31. A burn patient presents with cherry-red flushed skin and coma. SaO2 is normal, but carboxyhemoglobin is elevated. Treatment?: Treat CO poisoning with 100% O2 or with hyperbaric O2 if severe poisoning or pregnant
32. A child has loss of red light reflex. Diagnosis?: Suspect retinoblastoma
33. A condition associated with red "currant-jelly" stools.: Intussusception
34. A congenital heart disease that cause 2° hypertension.: Coarctation of the aorta
35. A crescent-shaped hyperdensity on CT that does not cross the midline.: Subdural hematoma—bridging veins torn
36. A doctor refers a patient for an MRI at a facility he/she owns.: Conflict of interest
37. A fall in systolic BP of > 10 mmHg with inspiration.: Pulsus paradoxus (seen in cardiac tamponade)
38. A febrile patient with a history of diabetes presents with a red, swollen, painful lower extremity.: Cellulitis

39. A first-born female who was born in breech position is found to have asymmetric skin folds on her newborn exam. Diagnosis? Treatment?: Developmental dysplasia of the hip. If severe, consider a Pavlik harness to maintain abduction

40. A five-month-old girl has ↓ head growth, truncal dyscoordination, and ↓ social interaction.: Rett's disorder

41. A four-year-old child presents with oliguria, petechiae, and jaundice following an illness with bloody diarrhea. Most likely diagnosis and cause?: Hemolytic-uremic syndrome (HUS) due to E. coli O157:H7

42. A history significant for initial altered mental status with an intervening lucid interval. Diagnosis? Most likely etiology? Treatment?: Epidural hematoma. Middle meningeal artery. Neurosurgical evacuation

43. A homeless child is small for his age and has peeling skin and a swollen belly.: Kwashiorkor (protein malnutrition)

44. A late, life-threatening complication of chronic myelogenous leukemia (CML).: Blast crisis (fever, bone pain, splenomegaly, pancytopenia)

45. A lesion characteristically occurring in a linear pattern in areas where skin comes into contact with clothing or jewelry.: Contact dermatitis

46. A man has repeated, intense urges to rub his body against unsuspecting passengers on a bus.: Frotteurism (a paraphilia)

47. A man unexpectedly flies across the country, takes a new name, and has no memory of his prior life.: Dissociative fugue

48. A middle-aged man presents with acute-onset monoarticular joint pain and bilateral Bell's palsy. What is the likely diagnosis, and how did he get it? Treatment?: Lyme disease, Ixodes tick, doxycycline

49. A neonate has meconium ileus.: CF or Hirschsprung's disease

50. A newborn female has continuous "machinery murmur.": Patent ductus arteriosus (PDA)

51. A nonsuppurative complication of streptococcal infection that is not altered by treatment of 1° infection.: Postinfectious glomerulonephritis

52. A nurse presents with severe hypoglycemia; blood analysis reveals no elevation in C peptide.: Factitious disorder (Munchausen syndrome)

53. A painful, recurrent vesicular eruption of mucocutaneous surfaces.: Herpes simplex

54. A patient complains of headache, weakness, and polyuria; exam reveals hypertension and tetany. Labs reveals hypernatremia, hypokalemia, and metabolic alkalosis.: 1° hyperaldosteronism (due to Conn's syndrome or bilateral adrenal hyperplasia)

55. A patient continues to use cocaine after being in jail, losing his job, and not paying child support.: Substance abuse

56. A patient develops endocarditis three weeks after receiving a prosthetic heart valve. What organism is suspected?: S. aureus or S. epidermidis.

57. A patient fails to lactate after an emergency C-section with marked blood loss.: Sheehan's syndrome (postpartum pituitary necrosis)

58. A patient from California or Arizona presents with fever, malaise, cough, and night sweats. Diagnosis? Treatment?: Coccidioidomycosis. Amphotericin B

59. A patient has ↑ vaginal discharge and petechial patches in the upper vagina and cervix.: Trichomonas vaginitis

60. A patient hasn't slept for days, lost $20,000 gambling, is agitated, and has pressured speech. Diagnosis? Treatment?: Acute mania. Start a mood stabilizer (e.g., lithium)

61. A patient presents with pain on passive movement, pallor, poikilothermia, paresthesias, paralysis, and pulselessness. Treatment?: All-compartment fasciotomy for suspected compartment syndrome
62. A patient presents with recent PID with RUQ pain.: Consider Fitz-Hugh–Curtis syndrome
63. A patient presents with signs of hypocalcemia, high phosphorus, and low PTH.: Hypoparathyroidism
64. A patient presents with tachycardia, wild swings in BP, headache, diaphoresis, altered mental status, and a sense of panic.: Pheochromocytoma
65. A patient presents with weakness, nausea, vomiting, weight loss, and new skin pigmentation. Labs show hyponatremia and hyperkalemia. Treatment?: 1° adrenal insufficiency (Addison's disease). Treat with replacement glucocorticoids, mineralocorticoids, and IV fluids
66. A patient with a history of lithium use presents with copious amounts of dilute urine.: Nephrogenic diabetes insipidus (DI)
67. A postoperative patient with significant pain presents with hyponatremia and normal volume status.: SIADH due to stress
68. A schizophrenic patient takes haloperidol for one year and develops uncontrollable tongue movements. Diagnosis? Treatment?: Tardive dyskinesia. ↓ or discontinue haloperidol and consider another antipsychotic (e.g., risperidone, clozapine)
69. A significant cause of morbidity in thalassemia patients. Treatment?: Iron overload; use deferoxamine
70. A six-year-old girl presents with a port-wine stain in the V2 distribution as well as with mental retardation, seizures, and leptomeningeal angioma.: Sturge-Weber syndrome. Treat symptomatically. Possible focal cerebral resection of affected lobe
71. A son asks that his mother not be told about her recently discovered cancer.: A patient's family cannot require that a doctor withhold information from the patient
72. A tall white male presents with acute shortness of breath. Diagnosis? Treatment?: Spontaneous pneumothorax. Spontaneous regression. Supplemental O2 may be helpful
73. A two-month-old presents with nonbilious projectile emesis. What are the appropriate steps in management?: Correct metabolic abnormalities. Then correct pyloric stenosis with pyloromyotomy
74. A violent patient has vertical and horizontal nystagmus.: Phencyclidine hydrochloride (PCP) intoxication
75. A woman who was abused as a child frequently feels outside of or detached from her body.: Depersonalization disorder
76. A young child presents with proximal muscle weakness, waddling gait, and pronounced calf muscles.: Duchenne muscular dystrophy
77. A young patient has angina at rest with ST-segment elevation. Cardiac enzymes are normal.: Prinzmetal's angina
78. A young patient with a family history of sudden death collapses and dies while exercising.: Hypertrophic cardiomyopathy
79. A young weight lifter receives IV haloperidol and complains that his eyes are deviated sideways. Diagnosis? Treatment?: Acute dystonia (oculogyric crisis). Treat with benztropine or diphenhydramine

80. Acceptable urine output in a stable patient.: 30 cc/hour
81. Acceptable urine output in a trauma patient.: 50 cc/hour
82. Acid-base disorder in pulmonary embolism.: Hypoxia and hypocarbia
83. Acid-base disturbance commonly seen in pregnant women.: Respiratory alkalosis
84. Acute-phase treatment for Kawasaki disease.: High-dose aspirin for inflammation and fever; IVIG to prevent coronary artery aneurysms
85. Administer to a symptomatic patient to diagnose myasthenia gravis.: Edrophonium
86. After a minor fender bender, a man wears a neck brace and requests permanent disability.: Malingering
87. Albuminocytologic dissociation.: Guillain-Barré (↑ protein in CSF with only a modest ↑ in cell count)
88. Amenorrhea, bradycardia, and abnormal body image in a young female.: Anorexia
89. AML subtype associated with DIC.: M3
90. An 11-year-old obese, African-American boy presents with sudden onset of limp. Diagnosis? Workup?: Slipped capital femoral epiphyses. AP and frog-leg lateral view
91. An 80-year-old man presents with fatigue, lymphadenopathy, splenomegaly, and isolated lymphocytosis. Suspected diagnosis?: Chronic lymphocytic leukemia (CLL)
92. An active 13-year-old boy has anterior knee pain. Diagnosis?: Osgood-Schlatter disease
93. An agent that reverses the effects of heparin.: Protamine
94. An antidiabetic agent associated with lactic acidosis.: Metformin
95. An autosomal-recessive disorder with a defect in the GPIIbIIIa platelet receptor and ↓ platelet aggregation.: Glanzmann's thrombasthenia
96. An eight-year-old boy presents with hemarthrosis and ↑ PTT with normal PT and bleeding time. Diagnosis? Treatment?: Hemophilia A or B; consider desmopressin (for hemophilia A) or factor VIII or IX supplements
97. An eight-year-old child is in a serious accident. She requires emergent transfusion, but her parents are not present.: Treat immediately. Consent is implied in emergency situations
98. An elderly female presents with pain and stiffness of the shoulders and hips; she cannot lift her arms above her head. Labs show anemia and ↑ ESR.: Polymyalgia rheumatica
99. An elderly male with hypochromic, microcytic anemia is asymptomatic. Diagnostic tests?: Fecal occult blood test and sigmoidoscopy; suspect colorectal cancer
100. An infant has a high fever and onset of rash as fever breaks. What is he at risk for?: Febrile seizures (roseola infantum)
101. Anemia associated with absent radii and thumbs, diffuse hyperpigmentation, café-au-lait spots, microcephaly, and pancytopenia.: Fanconi's anemia
102. Annual screening for women with a strong family history of ovarian cancer.: CA-125 and transvaginal ultrasound
103. Antibiotics with teratogenic effects.: Tetracycline, fluoroquinolones, aminoglycosides, sulfonamides
104. Antidepressants associated with hypertensive crisis.: MAOIs
105. Antihypertensive for a diabetic patient with proteinuria.: ACEI
106. Aplastic crisis in sickle cell disease.: Parvovirus B19

107. Appropriate diagnostic test? ■ A 50-year-old male with angina can exercise to 85% of maximum predicted heart rate.: Exercise stress treadmill with ECG

108. Appropriate diagnostic test? ■ A 65-year-old woman with left bundle branch block and severe osteoarthritis has unstable angina.: Pharmacologic stress test (e.g., dobutamine echo)

109. Arthritis, conjunctivitis, and urethritis in young men. Associated organisms?: Reactive (Reiter's) arthritis. Associated with Campylobacter, Shigella, Salmonella, Chlamydia, and Ureaplasma

110. Asplenic patients are particularly susceptible to these organisms.: Encapsulated organisms—pneumococcus, meningococcus, Haemophilus influenzae, Klebsiella

111. Associated with Propionibacterium acnes and changes in androgen levels.: Acne vulgaris

112. Attributable risk?: The incidence rate (IR) of a disease in exposed − the IR of a disease in unexposed

113. Auer rods on blood smear.: Acute myelogenous leukemia (AML)

114. Autoimmune complication occurring 2–4 weeks post-MI.: Dressler's syndrome: fever, pericarditis, ↑ ESR

115. "Cradle cap.": Seborrheic dermatitis. Treat with antifungals

116. "Dewdrop on a rose petal.": Lesions of 1° varicella

117. "Doughy skin.": Hypernatremia

118. "Stones, bones, groans, psychiatric overtones.": Signs and symptoms of hypercalcemia

119. "Stuck-on" appearance.: Seborrheic keratosis

120. ↑ CO, ↓ PCWP, ↓ PVR.: Septic or anaphylactic shock

121. ↑ risk of what infection with silicosis?: Mycobacterium tuberculosis

122. ↓ CO, ↑ PCWP, ↑ PVR.: Cardiogenic shock

123. ↓ CO, ↓ pulmonary capillary wedge pressure (PCWP), ↑ peripheral vascular resistance (PVR).: Hypovolemic shock

124. Back pain that is exacerbated by standing and walking and relieved with sitting and hyperflexion of the hips.: Spinal stenosis

125. Beck's triad for cardiac tamponade.: Hypotension, distant heart sounds, and JVD

126. Begin Pneumocystis carinii pneumonia (PCP) prophylaxis in an HIV-positive patient at what CD4 count? Mycobacterium avium-intracellulare (MAI) prophylaxis?: ≤ 200 for PCP (with TMP); ≤ 50–100 for MAI (with clarithromycin/azithromycin)

127. Bias introduced into a study when a clinician is aware of the patient's treatment type.: Observational bias

128. Bias introduced when screening detects a disease earlier and thus lengthens the time from diagnosis to death.: Lead-time bias

129. Bilious emesis within hours after the first feeding.: Duodenal atresia

130. Birth rate?: Number of live births per 1000 population

131. Blood in the urethral meatus or high-riding prostate.: Bladder rupture or urethral injury

132. Bone is fractured in fall on outstretched hand.: Distal radius (Colles' fracture)

133. Breast cancer type that ↑ the future risk of invasive carcinoma in both breasts.: Lobular carcinoma in situ

134. Breast malignancy presenting as itching, burning, and erosion of the nipple.: Paget's disease

135. Café-au-lait spots on skin.: Neurofibromatosis 1

136. Cannon "a" waves.: Third-degree heart block
137. Case-control study—incidence or prevalence?: Neither
138. Cause of amenorrhea with normal prolactin, no response to estrogen-progesterone challenge, and a history of D&C.: Asherman's syndrome
139. Cause of neonatal RDS.: Surfactant deficiency
140. Causes of drug-induced SLE.: INH, penicillamine, hydralazine, procainamide
141. Causes of exudative effusion.: Think of leaky capillaries. Malignancy, TB, bacterial or viral infection, pulmonary embolism with infarct, and pancreatitis
142. Causes of hypoxemia.: Right-to-left shunt, hypoventilation, low inspired O2 tension, diffusion defect, V/Q mismatch
143. Causes of transudative effusion.: Think of intact capillaries. CHF, liver or kidney disease, and protein-losing enteropathy
144. Characteristics favoring carcinoma in an isolated pulmonary nodule.: Age > 45–50 years; lesions new or larger in comparison to old films; absence of calcification or irregular calcification; size > 2 cm; irregular margins
145. Characteristics of 2° Lyme disease.: Arthralgias, migratory polyarthropathies, Bell's palsy, myocarditis
146. Charcot's triad.: RUQ pain, jaundice, and fever/chills in the setting of ascending cholangitis
147. Chromosomal pattern of a complete mole.: 46,XX
148. Chronic diseases such as SLE—higher prevalence or incidence?: Higher prevalence
149. Chvostek's and Trousseau's signs.: Hypocalcemia
150. Class of drugs that may cause syndrome of muscle rigidity, hyperthermia, autonomic instability, and extrapyramidal symptoms.: Antipsychotics (neuroleptic malignant syndrome)
151. Classic causes of drug-induced hepatitis.: TB medications (INH, rifampin, pyrazinamide), acetaminophen, and tetracycline
152. Classic CXR findings for pulmonary edema.: Cardiomegaly, prominent pulmonary vessels, Kerley B lines, "bat's-wing" appearance of hilar shadows, and perivascular and peribronchial cuffing
153. Classic ECG finding in atrial flutter.: "Sawtooth" P waves
154. Classic ECG findings in pericarditis.: Low-voltage, diffuse ST-segment elevation
155. Classic physical findings for endocarditis.: Fever, heart murmur, Osler's nodes, splinter hemorrhages, Janeway lesions, Roth's spots
156. Classic ultrasound and gross appearance of complete hydatidiform mole.: Snowstorm on ultrasound. "Cluster-of-grapes" appearance on gross examination
157. Cohort study—incidence or prevalence?: Incidence and prevalence
158. Cold agglutinins.: Mycoplasma
159. Cold water is flushed into a patient's ear, and the fast phase of the nystagmus is toward the opposite side. Normal or pathological?: Normal
160. Combined UMN and LMN disorder.: ALS
161. Common symptoms associated with silent MIs.: CHF, shock, and altered mental status
162. Complication of overly rapid correction of hyponatremia.: Central pontine myelinolysis
163. Complication of scaphoid fracture.: Avascular necrosis

164. Conditions in which confidentiality must be overridden.: Real threat of harm to third parties; suicidal intentions; certain contagious diseases; elder and child abuse

165. Confusion, confabulation, ophthalmoplegia, ataxia.: Wernicke's encephalopathy due to a deficiency of thiamine

166. Contraceptive methods that protect against PID.: OCP and barrier contraception

167. Criteria for exudative effusion.: Pleural/serum protein > 0.5; pleural/serum LDH > 0.6

168. Cross-sectional survey—incidence or prevalence?: Prevalence

169. CSF findings with SAH.: Elevated ICP, RBCs, xanthochromia

170. CSF findings: ■ ↑ gamma globulins: MS

171. CSF findings: ■ Low glucose, PMN predominance: Bacterial meningitis

172. CSF findings: ■ Normal glucose, lymphocytic predominance: Aseptic (viral) meningitis

173. CSF findings: ■ Numerous RBCs in serial CSF samples: Subarachnoid hemorrhage (SAH)

174. Defect in an X-linked syndrome with mental retardation,: Lesch-Nyhan syndrome (purine salvage problem with

175. Definition of hypertension.: BP > 140/90 on three separate occasions two weeks apart

176. Definition of unstable angina.: Angina is new, is worsening, or occurs at rest

177. Dermatomal distribution.: Varicella zoster

178. Describe a test that consistently gives identical results, but the results are wrong.: High reliability, low validity

179. Diagnostic modality used when ultrasound is equivocal for cholecystitis.: HIDA scan

180. Diagnostic step required in a postmenopausal woman who presents with vaginal bleeding.: Endometrial biopsy

181. Diagnostic test for hereditary spherocytosis.: Osmotic fragility test

182. Diagnostic test for hypertrophic cardiomyopathy.: Echocardiogram (showing thickened left ventricular wall and outflow obstruction)

183. Difference between a cohort and a case-control study.: Cohort studies can be used to calculate relative risk (RR), incidence, and/or odds ratio (OR). Case-control studies can be used to calculate an OR

184. Difference between Mallory-Weiss and Boerhaave tears.: Mallory-Weiss—superficial tear in the esophageal mucosa Boerhaave—full-thickness esophageal rupture

185. Differential of hypervolemic hyponatremia.: Cirrhosis, CHF, nephritic syndrome

186. Drowsiness, asterixis, nausea, and a pericardial friction rub.: Uremic syndrome seen in patients with renal failure

187. Drugs that slow AV node transmission.: β-blockers, digoxin, calcium channel blockers

188. Dyspnea, lateral hilar lymphodenopathy on CXR, noncaseating granulomas, increased ACE, and hypercalcemia.: Sarcoidosis

189. ECG findings suggesting MI.: ST-segment elevation (depression means ischemia), flattened T waves, and Q waves

190. Eight surgically correctable causes of hypertension.: Renal artery stenosis, coarctation of the aorta, pheochromocytoma, Conn's syndrome, Cushing's syndrome, unilateral renal parenchymal disease, hyperthyroidism, hyperparathyroidism

191. Electrolyte changes in tumor lysis syndrome.: ↓ Ca^{2-} , ↑ K^{-} , ↑ phosphate, ↑ uric acid

192. Elevated erythropoietin level, elevated hematocrit, and normal O2 saturation suggest?: RCC or other erythropoietin-producing tumor; evaluate with CT scan

193. Endocarditis prophylaxis regimens.: Oral surgery—amoxicillin; GI or GU procedures—ampicillin and gentamicin before and amoxicillin after

194. Eosinophils in urine sediment.: Allergic interstitial nephritis

195. Epidemics such as influenza—higher prevalence or incidence?: Higher incidence

196. Erythema migrans.: Lesion of 1° Lyme disease

197. Evaluation of a pulsatile abdominal mass and bruit.: Abdominal ultrasound and CT

198. Exophthalmos, pretibial myxedema, and ↓ TSH.: Graves' disease

199. Exophytic nodules on the skin with varying degrees of scaling or ulceration; the second most common type of skin cancer.: Squamous cell carcinoma

200. Extraintestinal manifestations of IBD.: Uveitis, ankylosing spondylitis, pyoderma gangrenosum, erythema nodosum, 1° sclerosing cholangitis

201. Fertility rate?: Number of live births per 1000 women 15–44 years of age

202. Fetal mortality?: Number of deaths from 20 weeks' gestation to birth per 1000 total births

203. Findings in 3° syphilis.: Tabes dorsalis, general paresis, gummas, Argyll Robertson pupil, aortitis, aortic root aneurysms

204. First step in the management of a patient with acute GI bleed.: Establish the ABCs

205. First-line medication for status epilepticus.: IV benzodiazepine

206. First-line pharmacotherapy for depression.: SSRIs

207. First-line treatment for moderate hypercalcemia.: IV hydration and loop diuretics (furosemide)

208. First-line treatment for otitis media.: Amoxicillin × 10 days

209. Flat-topped papules.: Lichen planus

210. Four causes of microcytic anemia.: TICS—Thalassemia, Iron deficiency, anemia of Chronic disease, and Sideroblastic anemia

211. Four characteristics of a nevus suggestive of melanoma.: Asymmetry, border irregularity, color variation, large diameter

212. Four signs and symptoms of streptococcal pharyngitis.: Fever, pharyngeal erythema, tonsillar exudate, lack of cough

213. Galactorrhea, impotence, menstrual dysfunction, and ↓ libido.: Patient on dopamine antagonist

214. Genetic disorder associated with multiple fractures and commonly mistaken for child abuse.: Osteogenesis imperfecta

215. Glomerulonephritis with deafness.: Alport's syndrome

216. Glomerulonephritis with hemoptysis.: Wegener's granulomatosis and Goodpasture's syndrome

217. Goal hemoglobin A1c for a patient with DM.: < 7.0

218. gout, self-mutilation, and choreoathetosis.: HGPRTase deficiency)

219. Heinz bodies?: Intracellular inclusions seen in thalassemia, G6PD deficiency, and postsplenectomy

220. Hematuria, flank pain, and palpable flank mass.: Renal cell carcinoma (RCC)

221. Hematuria, hypertension, and oliguria.: Nephritic syndrome

222. Hernia with highest risk of incarceration—indirect, direct, or femoral?: Femoral hernia

223. Hip and back pain along with stiffness that improves with activity over the course of the day and worsens at rest. Diagnostic test?: Suspect ankylosing spondylitis. Check HLA-B27

224. Honey-crusted lesions.: Impetigo

225. Honeycomb pattern on CXR. Diagnosis? Treatment?: Diffuse interstitial pulmonary fibrosis. Supportive care. Steroids may help

226. How to diagnose and follow a leiomyoma.: Ultrasound

227. How to distinguish polycythemia vera from 2° polycythemia.: Both have ↑ hematocrit and RBC mass, but polycythemia vera should have normal O2 saturation and low erythropoietin levels

228. HUS triad?: Anemia, thrombocytopenia, and acute renal failure

229. Hypercholesterolemia treatment that → flushing and pruritus.: Niacin

230. Hyperphagia, hypersexuality, hyperorality, and hyperdocility.: Klüver-Bucy syndrome (amygdala)

231. Hypoxemia and pulmonary edema with normal pulmonary capillary wedge pressure.: ARDS

232. Identify key organisms causing diarrhea: ■ AIDS: Isospora, Cryptosporidium, Mycobacterium avium complex (MAC)

233. Identify key organisms causing diarrhea: ■ Camping: Giardia

234. Identify key organisms causing diarrhea: ■ Church picnics/mayonnaise: S. aureus

235. Identify key organisms causing diarrhea: ■ Fried rice: Bacillus cereus

236. Identify key organisms causing diarrhea: ■ Most common organism: Campylobacter

237. Identify key organisms causing diarrhea: ■ Poultry/eggs: Salmonella

238. Identify key organisms causing diarrhea: ■ Pseudoappendicitis: Yersinia

239. Identify key organisms causing diarrhea: ■ Raw seafood: Vibrio, HAV

240. Identify key organisms causing diarrhea: ■ Recent antibiotic use: Clostridium difficile

241. Identify key organisms causing diarrhea: ■ Traveler's diarrhea: ETEC

242. Identify key organisms causing diarrhea: ■ Uncooked hamburgers: E. coli O157:H7

243. If you want to know if race affects infant mortality rate but most of the variation in infant mortality is predicted by socioeconomic status, then socioeconomic status is a _____.: Confounding variable

244. In which patients do you initiate colorectal cancer screening early?: Patients with IBD; those with familial adenomatous polyposis (FAP)/hereditary nonpolyposis colorectal cancer (HNPCC); and those who have first-degree relatives with adenomatous polyps (< 60 years of age) or colorectal cancer

245. Indications for medical treatment of ectopic pregnancy.: Stable, unruptured ectopic pregnancy of < 3.5 cm at < 6 weeks' gestation

246. Indications for surgical repair of abdominal aortic aneurysm.: > 5.5 cm, rapidly enlarging, symptomatic, or ruptured

247. Infant mortality?: Number of deaths from birth to one year of age per 1000 live births (neonatal + postnatal mortality)

248. Infection of small airways with epidemics in winter and spring.: RSV bronchiolitis

249. Inflammation and epithelial thinning of the anogenital area, predominantly in postmenopausal women.: Lichen sclerosus

250. Inflammatory disease of the colon with ↑ risk of colon cancer.: Ulcerative colitis

251. Initially presents with a pruritic papule with regional lymphadenopathy and evolves into a black eschar after 7–10 days. Treatment?: Cutaneous anthrax. Treat with penicillin G or ciprofloxacin

252. Inspiratory arrest during palpation of the RUQ.: Murphy's sign, seen in acute cholecystitis

253. Involuntary commitment or isolation for medical treatment may be undertaken for what reason?: When treatment noncompliance represents a serious danger to public health (e.g., active TB)

254. Involuntary psychiatric hospitalization can be undertaken for which three reasons?: The patient is a danger to self, a danger to others, or gravely disabled (unable to provide for basic needs)

255. Iris-like target lesions.: Erythema multiforme

256. IV drug use with JVD and holosystolic murmur at the left sternal border. Treatment?: Treat existing heart failure and replace the tricuspid valve

257. Joint pain and stiffness that worsen over the course of the day and are relieved by rest.: Osteoarthritis

258. Joints in the hand affected in rheumatoid arthritis.: MCP and PIP joints; DIP joints are spared

259. Key side effects of atypical antipsychotics.: Weight gain, type 2 DM, QT prolongation

260. Lab findings in Hashimoto's thyroiditis.: High TSH, low T4, antimicrosomal antibodies

261. Lab values suggestive of menopause.: ↑ serum FSH

262. Laparoscopic findings in endometriosis.: "Chocolate cysts," powder burns

263. Life-threatening muscle rigidity, fever, and rhabdomyolysis.: Neuroleptic malignant syndrome

264. Low urine specific gravity in the presence of high serum osmolality.: DI

265. Lung cancer associated with SIADH.: Small cell lung cancer (SCLC)

266. Lung cancer highly related to cigarette exposure.: SCLC

267. Macrocytic, megaloblastic anemia with neurologic symptoms.: B12 deficiency

268. Macrocytic, megaloblastic anemia without neurologic symptoms.: Folate deficiency

269. Maternal mortality?: Number of deaths during pregnancy to 90 days postpartum per 100,000 live births

270. May be seen in children who are accused of inattention in class and confused with ADHD.: Absence seizures

271. Medical options for endometriosis.: OCPs, danazol, GnRH agonists

272. Medical treatment for hepatic encephalopathy.: ↓ protein intake, lactulose, neomycin

273. Medical treatment for IBD.: 5-aminosalicylic acid +/− sulfasalazine and steroids during acute exacerbations

274. Medication given to accelerate fetal lung maturity.: Betamethasone or dexamethasone × 48 hours

275. Medication to avoid in patients with a history of alcohol withdrawal seizures.: Neuroleptics

276. Medication used to induce ovulation.: Clomiphene citrate

277. Medications and viruses that → aplastic anemia.: Chloramphenicol, sulfonamides, radiation, HIV, chemotherapeutic agents, hepatitis, parvovirus B19, EBV

278. Meningitis in infants. Causes? Treatment?: Pneumococcus, meningococcus, H. influenzae. Treat with cefotaxime and vancomycin

279. Meningitis in neonates. Causes? Treatment?: Group B strep, E. coli, Listeria. Treat with gentamicin and ampicillin

280. Method of calculating fluid repletion in burn patients.: Parkland formula

281. Microcytic anemia with ↓ serum iron, ↓ ferritin, and ↑ TIBC.: Iron deficiency anemia

282. Microcytic anemia with ↓ serum iron, ↓ total iron-binding capacity (TIBC), and normal or ↑ ferritin.: Anemia of chronic disease

283. Molar pregnancy containing fetal tissue.: Partial mole

284. Mortality rate?: Number of deaths per 1000 population

285. Name the defense mechanism: ■ A hospitalized 10-year-old begins to wet his bed.: Regression

286. Name the defense mechanism: ■ A mother who is angry at her husband yells at her child.: Displacement

287. Name the defense mechanism: ■ A pedophile enters a monastery.: Reaction formation

288. Name the defense mechanism: ■ A woman calmly describes a grisly murder.: Isolation

289. Name the organism: ■ Alcoholic with pneumonia.: Klebsiella

290. Name the organism: ■ "Currant jelly" sputum.: Klebsiella

291. Name the organism: ■ Branching rods in oral infection.: Actinomyces israelii

292. Name the organism: ■ Dog or cat bite.: Pasteurella multocida

293. Name the organism: ■ Gardener.: Sporothrix schenckii

294. Name the organism: ■ Infection in burn victims.: Pseudomonas

295. Name the organism: ■ Meningitis in adults.: Neisseria meningitidis

296. Name the organism: ■ Meningitis in elderly.: Streptococcus pneumoniae

297. Name the organism: ■ Osteomyelitis from foot wound puncture.: Pseudomonas

298. Name the organism: ■ Osteomyelitis in a sickle cell patient.: Salmonella

299. Name the organism: ■ Painful chancroid.: Haemophilus ducreyi

300. Name the organism: ■ Pregnant women with pets.: Toxoplasma gondii

301. Natural history of a leiomyoma.: Regresses after menopause

302. Neonatal mortality?: Number of deaths from birth to 28 days per 1000 live births

303. Neutropenic nadir postchemotherapy.: 7–10 days

304. Non–small cell lung cancer (NSCLC) associated with hypercalcemia.: Squamous cell carcinoma

305. Nonpainful chancre.: 1° syphilis

306. Nontender abdominal mass associated with elevated VMA and HVA.: Neuroblastoma

307. Normalizing PCO2 in a patient having an asthma exacerbation may indicate?: Fatigue and impending respiratory failure

308. Not contraindications to vaccination.: Mild illness and/or low-grade fever, current antibiotic therapy, and prematurity

309. Number needed to treat?: 1 ÷ (rate in untreated group − rate in treated group)

310. Odds ratio?: The likelihood of a disease among individuals exposed to a risk factor compared to those who have not been exposed

311. Patient presents with sudden onset of severe, diffuse abdominal pain. Exam reveals peritoneal signs and AXR reveals free air under the diaphragm. Management?: Emergent laparotomy to repair perforated viscus, likely stomach

312. Peaked T waves and widened QRS.: Hyperkalemia

313. Perinatal mortality?: Number of deaths from 20 weeks' gestation to one month of life per 1000 total births

314. PFT showing ↑ FEV1/FVC.: Restrictive pulmonary disease

315. PFT showing ↓ FEV1/FVC.: Obstructive pulmonary disease (e.g., asthma)

316. Pinkish, scaling, flat lesions on the chest and back. KOH prep has a "spaghetti-and-meatballs" appearance.: Pityriasis versicolor

317. Post-HBV exposure treatment.: HBV immunoglobulin

318. Postnatal mortality?: Number of deaths from 28 days to one year per 1000 live births

319. PPD reactivity is used as a screening test because most people with TB (except those who are anergic) will have a +PPD. Highly sensitive or specific?: Highly sensitive for TB

320. Precipitants of hemolytic crisis in patients with G6PD deficiency.: Sulfonamides, antimalarial drugs, fava beans

321. Premalignant lesion from sun exposure that can → squamous cell carcinoma.: Actinic keratosis

322. Presence of red cell casts in urine sediment.: Glomerulonephritis/nephritic syndrome

323. Presents with a herald patch, Christmas-tree pattern.: Pityriasis rosea

324. Prophylactic treatment for migraine.: β-blockers, Ca2+ channel blockers, TCAs

325. Proteinuria, hypoalbuminemia, hyperlipidemia, hyperlipiduria, edema.: Nephrotic syndrome

326. Pure RBC aplasia.: Diamond-Blackfan anemia

327. Radiographic evidence of aortic disruption or dissection.: Widened mediastinum (> 8 cm), loss of aortic knob, pleural cap, tracheal deviation to the right, depression of left main stem bronchus

328. Radiographic indications for surgery in patients with acute abdomen.: Free air under the diaphragm, extravasation of contrast, severe bowl distention, space-occupying lesion (CT), mesenteric occlusion (angiography)

329. Red plaques with silvery-white scales and sharp margins.: Psoriasis

330. Reed-Sternberg cells: Hodgkin's lymphoma

331. Relative risk?: The IR of a disease in a population exposed to a particular factor ÷ the IR of those not exposed

332. Renal tubular acidosis (RTA) associated with abnormal H+ secretion and nephrolithiasis.: Type I (distal) RTA

333. Reynolds' pentad.: Charcot's triad plus shock and mental status changes, with suppurative ascending cholangitis

334. Rhomboid-shaped, positively birefringent crystals on joint fluid aspirate.: Pseudogout

335. Rigidity and stiffness that progress to choreiform movements, accompanied by moodiness and altered behavior.: Huntington's disease

336. Rigidity and stiffness with resting tremor and masked facies.: Parkinson's disease

337. Ring-enhancing brain lesion on CT with seizures: Taenia solium (cysticercosis)

338. Risk factors for cholelithiasis.: Fat, female, fertile, forty, flatulent

339. Risk factors for DVT.: Stasis, endothelial injury and hypercoagulability (Virchow's triad)

340. Risk factors for pyelonephritis.: Pregnancy, vesicoureteral reflux, anatomic anomalies, indwelling catheters, kidney stones

341. RTA associated with abnormal HCO_3^- and rickets.: Type II (proximal) RTA

342. RTA associated with aldosterone defect.: Type IV (distal) RTA

343. Salicylate ingestion → in what type of acid-base disorder?: Anion gap acidosis and 1° respiratory alkalosis due to central respiratory stimulation

344. Sensitive tests have few false negatives and are used to rule _____ a disease.: Out

345. Sentinel loop on AXR.: Acute pancreatitis

346. Shortest AP diameter of the pelvis.: Obstetric conjugate: between the sacral promontory and the midpoint of the symphysis pubis

347. Should α- or β-antagonists be used first in treating pheochromocytoma?: α-antagonists (phentolamine and phenoxybenzamine)

348. Side effects of corticosteroids.: Acute mania, immunosuppression, thin skin, osteoporosis, easy bruising, myopathies

349. Signs of active ischemia during stress testing.: Angina, ST-segment changes on ECG, or ↓ BP

350. Signs of air embolism.: A patient with chest trauma who was previously stable suddenly dies

351. Signs of ↑ ICP (Cushing's triad).: Hypertension, bradycardia, and abnormal respirations

352. Signs of neurogenic shock.: Hypotension and bradycardia

353. Signs suggesting radial nerve damage with humeral fracture.: Wrist drop, loss of thumb abduction

354. Sudden onset of mental status changes, emesis, and liver dysfunction after taking aspirin.: Reye's syndrome

355. Supportive treatment for ARDS.: Continuous positive airway pressure

356. Symptoms of placenta previa.: Self-limited, painless vaginal bleeding

357. Symptoms of placental abruption.: Continuous, painful vaginal bleeding

358. T-wave flattening and U waves.: Hypokalemia

359. Tanner stage 3 in a six-year-old female.: Precocious puberty

360. Term for heavy bleeding during and between menstrual periods.: Menometrorrhagia

361. Test to rule out urethral injury.: Retrograde cystourethrogram

362. Testicular cancer associated with β-hCG, AFP.: Choriocarcinoma

363. Tests to rule out shaken baby syndrome.: Ophthalmologic exam, CT, and MRI

364. The 6 P's of ischemia due to peripheral vascular disease.: Pain, pallor, pulselessness, paralysis, paresthesia, poikilothermia

365. The coagulation parameter affected by warfarin.: PT

366. The diagnostic test for pulmonary embolism.: V/Q scan

367. The first test to perform when a woman presents with amenorrhea.: β-hCG; the most common cause of amenorrhea is pregnancy

368. The mainstay of Parkinson's therapy.: Levodopa/carbidopa

369. The most common 1° immunodeficiency.: Selective IgA deficiency

370. The most common 1° malignant tumor of bone.: Multiple myeloma

371. The most common 1° sources of metastases to the brain.: Lung, breast, skin (melanoma), kidney, GI tract

372. The most common cancer in men and the most common cause of death from cancer in men.: Prostate cancer is the most common cancer in men, but lung cancer causes more deaths

373. The most common cause of bloody nipple discharge.: Intraductal papilloma

374. The most common cause of Cushing's syndrome.: Iatrogenic steroid administration. The second most common cause is Cushing's disease

375. The most common cause of female infertility.: Endometriosis

376. The most common cause of hypertension in young men.: Excessive EtOH

377. The most common cause of hypertension in young women.: OCPs

378. The most common cause of hypothyroidism.: Hashimoto's thyroiditis

379. The most common cause of postpartum hemorrhage.: Uterine atony

380. The most common cause of SAH.: Trauma; the second most common is berry aneurysm

381. The most common cause of seizures in children (2–10 years).: Infection, febrile seizures, trauma, idiopathic

382. The most common cause of seizures in young adults (18–35 years).: Trauma, alcohol withdrawal, brain tumor

383. The most common causes of dementia.: Alzheimer's and multi-infarct

384. The most common causes of hypercalcemia.: Malignancy and hyperparathyroidism

385. The most common form of glomerulonephritis.: IgA nephropathy (Berger's disease)

386. The most common form of nephritic syndrome.: Membranous glomerulonephritis

387. The most common histology of bladder cancer.: Transitional cell carcinoma

388. The most common inherited cause of hypercoagulability.: Factor V Leiden mutation

389. The most common inherited hemolytic anemia.: Hereditary spherocytosis

390. The most common location for an ectopic pregnancy.: Ampulla of the oviduct

391. The most common organism in burn-related infections.: Pseudomonas

392. The most common pathogen causing croup.: Parainfluenza virus type 1

393. The most common pituitary tumor. Treatment?: Prolactinoma. Dopamine agonists (e.g., bromocriptine)

394. The most common type of nephrolithiasis.: Calcium oxalate

395. The most common type of skin cancer; the lesion is a pearly-colored papule with a translucent surface and telangiectasias.: Basal cell carcinoma

396. The most common type of testicular cancer.: Seminoma—a type of germ cell tumor

397. The most common type of tracheoesophageal fistula (TEF). Diagnosis?: Esophageal atresia with distal TEF (85%). Unable to pass NG tube

398. The most frequent presentation of intracranial neoplasm.: Headache

399. The most likely cause of acute lower GI bleed in patients > 40 years old.: Diverticulosis

400. The most serious side effect of clozapine.: Agranulocytosis

401. The number of bacterial culture on a clean-catch specimen to diagnose a UTI.: 105 bacteria/mL

402. The number of true positives divided by the number of patients with the disease is _____.: Sensitivity

403. The percentage of cases within one SD of the mean? Two SDs? Three SDs?: 68%, 95.5%, 99.7%

404. The three most common causes of fever of unknown origin (FUO).: Infection, cancer, and autoimmune disease

405. Therapy for polycystic ovarian syndrome.: Weight loss and OCPs

406. Three systemic diseases → nephrotic syndrome.: DM, SLE, and amyloidosis

407. Thrombotic thrombocytopenic purpura (TTP) pentad?: Pentad of TTP—"FAT RN": Fever, Anemia, Thrombocytopenia, Renal dysfunction, Neurologic abnormalities

408. Trauma series.: AP chest, AP/lateral C-spine, AP pelvis

409. Treatment for acetaminophen overdose.: N-acetylcysteine

410. Treatment for acute coronary syndrome.: Morphine, O2, sublingual nitroglycerin, ASA, IV β-blockers, heparin

411. Treatment for AML M3.: Retinoic acid

412. Treatment for atrial fibrillation.: Anticoagulation, rate control, cardioversion

413. Treatment for bacterial vaginosis.: Oral or topical metronidazole

414. Treatment for benzodiazepine overdose.: Flumazenil

415. Treatment for DTs.: Benzodiazepines

416. Treatment for Guillain-Barré syndrome.: IVIG or plasmapheresis

417. Treatment for idiopathic thrombocytopenic purpura (ITP) in children.: Usually resolves spontaneously; may require IVIG and/or corticosteroids

418. Treatment for malignant hypertension.: Nitroprusside

419. Treatment for mild and severe unconjugated hyperbilirubinemia.: Phototherapy (mild) or exchange transfusion (severe)

420. Treatment for mild, persistent asthma.: Inhaled β-agonists and inhaled corticosteroids

421. Treatment for neuroleptic malignant syndrome.: Dantrolene or bromocriptine

422. Treatment for opioid overdose.: Naloxone

423. Treatment for postpartum hemorrhage.: Uterine massage; if that fails, give oxytocin

424. Treatment for SVC syndrome.: Radiation

425. Treatment for TTP.: Emergent large-volume plasmapheresis, corticosteroids, antiplatelet drugs

426. Treatment for ventricular fibrillation.: Immediate cardioversion

427. Treatment of AF.: Rate control, rhythm conversion, and anticoagulation

428. Treatment of anaphylactic shock.: Diphenhydramine or epinephrine 1:1000

429. Treatment of cardiogenic shock.: Identify cause; pressors (e.g., dobutamine)

430. Treatment of central DI.: Administration of DDAVP ↓ serum osmolality and free water restriction

431. Treatment of DKA.: Fluids, insulin, and aggressive replacement of electrolytes (e.g., K+)

432. Treatment of hypovolemic shock.: Identify cause; fluid and blood repletion

433. Treatment of septic shock.: Fluids and antibiotics

434. Treatment of SIADH?: Fluid restriction, demeclocycline

435. Treatment of supraventricular tachycardia (SVT).: Rate control with carotid massasge or other vagal stimulation

436. Treatment of tension pneumothorax.: Immediate needle thoracostomy

437. True or false: Once patients sign a statement giving consent, they must continue treatment.: False. Patients may change their minds at any time. Exceptions to the requirement of informed consent include emergency situations and patients without decision-making capacity

438. True or false: Withdrawing life-sustaining care is ethically distinct from withholding sustaining care.: False. Withdrawing and withholding life are the same from an ethical standpoint

439. Two consecutive findings of atypical squamous cells of undetermined significance (ASCUS) on Pap smear. Follow-up evaluation?: Colposcopy and endocervical curettage

440. Type of ARF in a patient with FeNa < 1%.: Prerenal

441. Typical antibiotics for group B streptococcus (GBS) prophylaxis.: IV penicillin or ampicillin

442. Unilateral, severe periorbital headache with tearing and conjunctival erythema.: Cluster headache

443. Unopposed estrogen is contraindicated in which cancers?: Endometrial or estrogen receptor– breast cancer

444. Uterine bleeding at 18 weeks' gestation; no products expelled; cervical os closed.: Threatened abortion

445. Uterine bleeding at 18 weeks' gestation; no products expelled; membranes ruptured; cervical os open.: Inevitable abortion

446. Vaccinations at a six-month well-child visit.: HBV, DTaP, Hib, IPV, PCV

447. Virchow's triad.: Stasis, hypercoagulability, endothelial damage

448. Virus associated with aplastic anemia in patients with sickle cell anemia.: Parvovirus B19

449. Waxy casts in urine sediment and Maltese crosses (seen with lipiduria).: Nephrotic syndrome

450. What % lesion is an indication for carotid endarterectomy?: Seventy percent if the stenosis is symptomatic

451. What is the immunodeficiency? ■ A boy has chronic respiratory infections. Nitroblue tetrazolium test is +.: Chronic granulomatous disease

452. What is the immunodeficiency? ■ A child has eczema, thrombocytopenia, and high levels of IgA.: Wiskott-Aldrich syndrome

453. What is the immunodeficiency? ■ A four-month-old boy has life-threatening Pseudomonas infection.: Bruton's X-linked agammaglobulinemia

454. What is the metabolic syndrome?: Abdominal obesity, high triglycerides, low HDL, hypertension, insulin resistance, prothrombotic or proinflammatory states

455. What should always be done prior to LP?: Check for ↑ ICP; look for papilledema

456. When can a physician refuse to continue treating a patient on the grounds of futility?: When there is no rationale for treatment, maximal intervention is failing, a given intervention has already failed, and treatment will not achieve the goals of care

457. When should a vaginal exam be performed with suspected placenta previa?: Never

458. Which healthy population is susceptible to UTIs?: Pregnant women. Treat this group aggressively because of potential complications

459. Which of the following are ↑ in DIC: fibrin split products, D-dimer, fibrinogen, platelets, and hematocrit.: Fibrin split products and D-dimer are elevated; platelets, fibrinogen, and hematocrit are ↓.

460. Why are β-blockers contraindicated in diabetics?: They can mask symptoms of hypoglycemia