1. **Cough**
   Q: A 43-year-old female presents to your office with chief complaint of cough for 4 months. She has no history of atopy. The cough is dry in nature. She has a history of hypertension, treated with an enalapril, 5 mg, daily. The patient is a nonsmoker and has a negative chest x-ray. There has been no weight loss, fevers, or chills. She has empirically been tried on nasal budesonide and an 8-week course of omeprazole, 20 mg, daily, without significant improvement. A combination decongestant/antihistamine was also ineffective in controlling her symptoms. The patient underwent bronchoprovocation testing with methacholine. A maximal decline in FEV1 of 13% was documented. The most appropriate course at this juncture includes which of the following?
   a. CT scan of sinuses
   b. Sputum for eosinophils
   c. Increase omeprazole to 20 mg BID
   d. Empiric trial of albuterol 2 inhalations TID
   e. Discontinue enalapril

2. **Diarrhea and Constipation**
   Q: Which of the following is NOT a warning sign that diarrhea may be due to a more serious disorder?
   a. Weight loss
   b. Awakens from sleep
   c. Soiling of the clothes
   d. Abdominal pain

3. **Dizziness and Disequilibrium**
   Q: Which of the following conditions should be considered primarily a central vestibular disorder?
   a. Meniere disease
   b. Benign paroxysmal positional vertigo
   c. Vestibular migraine
   d. Vestibular neuritis

4. **Obesity**
   Q: You see a patient who has recently lost 20 lbs (10% of her former body weight). She wants to know some ways to keep the weight off. You advise her to do which one of the following?
   a. Rely on low-fat sources of protein in the diet
b. Plan meals several weeks ahead of time  
c. Perform varying exercise regimens three times a week  
d. Take a multivitamin tablet daily

5. **Dental and Oral Disorders: Abscess, Trauma, and Masses**  
Q: Periodontitis is a marker for which of the following diseases?  
   a. Sarcoidosis  
   b. Rheumatoid arthritis  
   c. Coronary artery disease  
   d. Amyloidosis  
   e. Cancer of the throat

6. **Toxicology and Poison Control**  
Q: Initial screening evaluation of a patient with suspected toxin ingestion should include – at a minimum – which diagnostic tests?  
   a. Ethanol level, urine drug screen  
   b. Acetaminophen level, electrocardiogram (EKG)  
   c. Computed tomography of the head, complete blood count  
   d. Comprehensive metabolic panel, toxic alcohol panel

**PHARMACOLOGIC UPDATES**

7. **Anticoagulants**  
Q: Which one of the following oral anticoagulants is indicated to prevent thromboembolism in patients with mechanical valve replacement?  
   a. Rivaroxaban  
   b. Apixaban  
   c. Dabigatran  
   d. None of the above

8. **Beta Blockers**  
Q: The American College of Cardiology and the American Heart Association recommend which one of the following beta blockers to reduce mortality associated with congestive heart failure?  
   a. Metoprolol tartrate  
   b. Labetalol hydrochloride  
   c. Bisoprolol fumarate  
   d. Propranolol hydrochloride  
   e. Acebutolol hydrochloride
9. **Oral Antidiabetic Medication**
   Q: Which agent, when added to metformin, is LEAST likely to cause weight gain?
   a. Canagliflozin
   b. Repaglinide
   c. Pioglitazone
   d. Glipizide

10. **Antibiotics**
    Q: Which one of the following medications was NOT approved under the FDA Generating Antibiotic Incentives Now (GAIN) legislation (extends by five years the exclusivity period during which certain antibiotics—those that treat serious or life-threatening infections—can be sold without generic competition)?
    a. Oritavancin
    b. Linezolid
    c. Dalbavancin
    d. Tedizolid

**CANCER SCREENING**

11. **Cancer Screening: Breast, Cervix, Ovary, Prostate, Bladder**
    Q: For women ages 21 – 30 years, how often does the U.S. Preventive Services Task Force (USPSTF) recommend screening for cervical cancer?
    a. Annually, with HPV testing only
    b. Annually, with cytology only
    c. Every 3 years, with HPV testing only
    d. Every 3 years, with cytology only
    e. Every 3 years, with cytology and HPV testing

12. **Cancer Screening: Pancreas, Colon, Lung, Lymphoma**
    Q: A 42-year-old woman asks you about colonoscopy for colorectal cancer screening. She is motivated by the death of her father: He was diagnosed with colon cancer at age 70 and died from the disease at age 74. She has no other first-degree relatives with cancer. You advice should be which of the following?
    a. Do not screen
    b. Screen now, given family history
    c. Screen at age 50, given average risk
    d. Screen at age 60, given family history

**NEUROLOGY**

13. **Headaches**
    Q: A 25-year-old man is evaluated for once monthly severe attacks of migraine with aura dating back 10 years. The aura involves 30 minutes of unilateral visual loss and ipsilateral
facial and arm numbness. Naproxen has been ineffective. Which of the following is the most appropriate next step in management?

a. Tramadol
b. Topiramate
c. Aspirin
d. Hydrocodone
e. Sumatriptan

14. Neuropathy and Nerve Entrapment
Q: What is the maximum number of years prior to the diagnosis of diabetes mellitus that a diabetic neuropathy can begin in a patient’s feet?

a. Under 1 year
b. 1 years
c. 3 years
d. 5 years
e. 7 years

15. Seizures
Q: Which one of the following drugs approved for grand mal epilepsy (generalized tonic-clonic seizure) is LEAST likely to cause a drug-to-drug interaction?

a. Phenytoin
b. Valproic acid
c. Lamotrigine
d. Levetiracetam
e. Topiramate

16. Dementia and Delirium
Q: Of the following which is the most common risk factor for Alzheimer disease?

a. Diabetes mellitus
b. Hypertension
c. Heart disease
d. APOE-4 allele
e. HLA-B27

17. Gait Disorders and Falls
Q: Which of the following clinical tests is the best single predictor of institutionalization, disability, and morbidity in older adults?

a. Muscle strength using chair stand test
b. Balance using a standardized balance scale
c. Gait speed
d. Hand-grip strength
18. Stroke
Q: Which of the following statements is FALSE?
   a. Atrial fibrillation is a common cause of ischemic stroke and is probably underdiagnosed.
   b. In a patient with a high CHADS2 score, anticoagulation is indicated for prevention of stroke.
   c. Aggressive medical management is less effective than angioplasty and stenting of symptomatic intracranial stenosis.
   d. Aggressive medical management includes antiplatelet therapy, lowering LDL, controlling blood pressure and serum glucose, weight loss, and smoking cessation.
   e. Stroke is a leading cause of death worldwide.

GASTROENTEROLOGY

19. Fatty Liver, Cirrhosis, and Hepatitis
Q: A moderately obese 50-year-old jaundiced man is admitted through the emergency department with nausea, vomiting, and RUQ abdominal pain. His symptoms have been progressively worsening for 3 weeks. He typically drinks a pint of whiskey daily but discontinued alcohol entirely 2 weeks ago. He has no history of hypertension or hyperlipidemia. His laboratory data are:
   Total bilirubin 6 mg/dl
   AST 130 U/L
   ALT 54 U/L
   INR 2.3
   ANA 1:80
   SMA < 1:40
   Immunoglobulin G Normal
   Lipase Normal
   Blood sugar Normal
   Cholesterol Normal
   Creatinine 2.1 mg/dl
A sonogram reveals an enlarged fatty liver and gallstones in a normal-sized gallbladder. There is no gallbladder wall thickening or pericholecystic fluid. There is no biliary dilation. A HIDA scan reveals non-visualization of the gallbladder and biliary tree. The most likely diagnosis and best plan of action would be which of the following?
   a. The presence of gallstones and a non-functioning gallbladder suggest cholecystitis. The best course of action would be an emergency cholecystectomy.
   b. The elevated ANA titer suggests autoimmune hepatitis. A liver biopsy should be performed and if autoimmune hepatitis is confirmed, steroids begun.
   c. The presence of obesity and a fatty liver suggest NASH. If his bilirubin continues to rise, he should be referred for an urgent liver transplant.
   d. The patient likely has alcohol hepatitis. A careful medication history should be taken and other causes of liver disease excluded (e.g., viral hepatitis, iron overload). If none are found, steroids should be initiated.
20. Osteoporosis

Q1: A 73-year-old man with a medical history including prostate cancer with bone metastasis and cerebral vascular accident. He receives all nutrition and medications through a nasogastric tube. He does not have any history of fractures. Current drugs include simvastatin 40 mg at bedtime, losartan 50 mg daily, and aspirin 81 mg/day. The results of his DXA are as follows:

<table>
<thead>
<tr>
<th>Region</th>
<th>T-score</th>
<th>z-score</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1-L4</td>
<td>−3.0</td>
<td>−1.9</td>
</tr>
<tr>
<td>Femoral neck</td>
<td>−2.7</td>
<td>−1.6</td>
</tr>
<tr>
<td>Total hip</td>
<td>−2.8</td>
<td>−1.7</td>
</tr>
</tbody>
</table>

Which one of the following is the best therapy recommendation for this patient?

a. Testosterone
b. Teriparatide
c. Alendronate
d. Zoledronic acid


Q: Multifactoral intervention strategy is the key to reducing micro- and macrovascular events. Which interventions have been shown to be effective?

a. Maintaining A1c to levels between 7-8%
b. Statin prescription for patients of any age regardless of cholesterol level
c. Aspirin in patients with multiple risk factors
d. Beta-blockers in patients with diabetes mellitus and hypertension

22. Thyroid and Parathyroid Disorders

Q1: Which of the following is NOT an acceptable treatment for acute onset thyroiditis?

a. Beta blockers
b. Anti-thyroid medications
c. Prednisone
d. NSAIDs

DERMATOLOGY

23. Acne

Q: The single best treatment for comedonal acne is which of the following?

a. Topical antibiotic
b. Systemic antibiotic
24. Eczema and Rashes
Q: The most appropriate topical steroid for the treatment of atopic dermatitis on the face of a child is which of the following?
   a. Hydrocortisone
   b. Clobetasol
   c. Triamcinolone
   d. Fluocinonide

25. Skin Cancer
Q: Which of the following is the most likely diagnosis of a rapidly growing, scaling nodule on the lower lip?
   a. Basal cell carcinoma
   b. Herpetic lesion
   c. Severe contact dermatitis
   d. Squamous cell carcinoma

26. Hair Loss, Nail Disorders, and Psoriasis
Q1: The most appropriate first-line treatment for a single patch of alopecia areata is which of the following?
   a. Topical hydrocortisone cream 2.5%
   b. Intraliesional triamcinolone 10 mg/ml
   c. Two-week taper of oral steroids
   d. Two-month course of oral griseofulvin
   e. Methotrexate 15 mg PO once a week for 4 weeks

UROLOGY AND NEPHROLOGY

27. Incontinence
Q: All of the following medications can exacerbate urinary incontinence EXCEPT:
   a. Beta blockers
   b. Estrogens
   c. Tricyclic antidepressant
   d. SSRIs
   e. Calcium channel blockers

28. Erectile and Sexual Dysfunction
Q: Which of the following statements is FALSE regarding erections?
   a. Sildenafil promotes erections by inhibiting phosphodiesterase type 5.
b. Inhibiting nitric oxide (NO) release promotes erection formation.
c. Nitric oxide increases cyclic GMP.
d. Sildenafil relaxes smooth muscles in blood vessels supplying the corpus cavernosum.
e. A problem attaining a normal erection is 3 times more likely in men with diabetes mellitus.

29. Kidney Stones
   Q1: Which of the following medications can reduce the risk of nephrolithiasis?
   a. Furosemide
   b. Acetazolamide
   c. Vitamin E
   d. Vitamin D
   e. Budesonide

30. Acute and Chronic Renal Failure
   Q: A 55-year-old male presents with a 3-week history of weakness, fatigue, nausea, dark urine, and lower extremity swelling. The initial evaluation showed: ++ blood, ++ protein, 10 – 20 RBCs, 5 – 10 WBCs, 2 -3 RBC cast on urine analysis, BP 150/100, BUN 70, creatinine 4.5, K 5.2, CO₂ 17. Which of the following is the most likely cause of renal failure?
   a. Prerenal azotemia
   b. Obstructive uropathy
   c. Acute glomerulonephritis
   d. Acute tubular necrosis

OBSTETRICS AND GYNECOLOGY

31. Medical Disorders of Pregnancy
   Q: Which of the following is no longer part of the diagnostic criteria for preeclampsia with severe features?
   a. Blood pressure 160/110
   b. Proteinuria > 5 gm
   c. Headaches
   d. Creatinine > 1.1

32. Abnormal Menstrual Periods and Abnormal Bleeding
   Q1: Which of the following statement is TRUE regarding ovulatory abnormal uterine bleeding (AUB) characteristics?
   a. Periods occur at irregular intervals.
   b. Periods are often scant and shorter than normal duration.
c. Without more than 1 risk factor for endometrial cancer, about 1% of women with AUB develop cancer or hyperplasia.
d. It results from an estrogen-excess state.

33. Sexually Transmitted Infections and Screening
Q: You are preparing to see a 21-year-old woman for a routine wellness visit. Evaluation for all of the following sexually transmitted diseases/infections are recommended by the United States Preventive Services Task Force (USPSTF) EXCEPT:
   a. Chlamydia
   b. Herpes simplex virus (HSV) 1, 2
   c. Gonorrhea
   d. Human immunodeficiency virus (HIV)
   e. HPV

34. Contraception and Birth Control
Q: All of the following options for birth control would be good choices for a nulliparous 19 year old who is bothered by heavy menstrual periods EXCEPT:
   a. Nexplanon
   b. Combined oral contraceptive pills (OCPs)
   c. Mirena IUD
   d. ParaGard IUD

PEDIATRICS

35. Pediatric Orthopedic Conditions
Q: Which feature of a child’s leg aches should prompt further assessment?
   a. Long duration
   b. Bilaterality
   c. Functional limitations
   d. Nocturnal

36. Pediatric Infectious Diseases
Q: A 3-year-old boy who goes to daycare comes to your office with 4 days of high fever and persistent purulent nasal drainage, having begun a routine URI 2 weeks ago and had been improving. You make a diagnosis of acute bacterial rhinosinusitis (ABR) and want to start antibacterial therapy. Your BEST choice of antibiotic and dose is which of the following?
   a. Amoxicillin, 90 mg/kg/day
   b. Amoxicillin clavulanate, 45 mg/kg/day
   c. Amoxicillin clavulanate, 90 mg/kg/day
   d. Cefdinir, 14 mg/kg/day
   e. Clindamycin, 30 mg/kg/day
37. **Immunizations**
   Q: Which of the following is the correct information about the CDC’s stance of live attenuated influenza vaccine (LAIV) and inactivated influenza vaccine (IIV)?
   a. LAIV is preferred for persons ages 2 through 49 over IIV.
   b. LAIV is recommended for persons 9 – 18 years of age.
   c. LAIV is preferred for persons ages 2 through 8 if the child does not have asthma.
   d. IIV is preferred for persons ages 9 – 49.
   e. The CDC states no preference other than that some type of influenza vaccine be given to everyone.

38. **Anticipatory Guidance**
   Q: The initial medical evaluation by the primary care provider for a child with global developmental delays includes all of the following EXCEPT:
   a. CBC
   b. Lead analysis
   c. Metabolic screening, such as thyroid testing, newborn screening results review
   d. Chromosomal microarray
   e. Brain MRI

39. **Behavioral Disorders**
   Q: Which of the following statements is the best description of atomoxetine?
   a. This medication is a nonstimulant and enhances the effect of serotonin.
   b. This medication can be taken as needed.
   c. This medication requires 1 week of therapy to reach full effect.
   d. This medication is a nonstimulant and enhances the effect of norepinephrine.

40. **Common Childhood Disorders: Enuresis, Abnormal Sleep, Encopresis**
   Q: All of the following statements about monosymptomatic enuresis in children are true EXCEPT:
   a. It is an uncommon childhood disorder, affecting < 2% of 6 year olds.
   b. It is a common childhood disorder, affecting 15% of 6 year olds.
   c. The incidence decreases with age.
   d. About 15% of affected children outgrow it per year.
   e. About 3% of adults remain affected.

41. **Infant Nutrition**
   Q: Breastfeeding benefits for the mother include all of the following EXCEPT:
   a. Decreased risk of osteoporosis later in life
   b. Decreased risk of breast cancer
   c. Decreased risk of post-partum depression
   d. Decreased risk of ovarian cancer
ALLERGY

42. Allergies
Q: What is the “gold standard” for diagnosing a patient with food allergy?
   a. Skin testing
   b. Serum testing for food-specific IgE
   c. Double-blind, placebo-controlled food challenge
   d. Serum testing for food-specific IgG
   e. Applied kinesiology testing

PSYCHIATRIC DISORDERS

43. Depression and Bipolar Disorder
Q: A 75-year-old woman has become increasingly detached from her friends and family. She endorses feeling hopeless and sad, and doesn’t expect anything to improve. She has had burning pain in her feet since treatment for colon cancer. She spends most of the day in bed and seems to have no energy to perform day-to-day functions. She falls asleep easily but wakes up frequently during the night. She isn’t suicidal, but doesn’t care whether she lives or dies. Which of the following is the best initial antidepressant choice for this patient?
   a. Fluoxetine
   b. Venlafaxine
   c. Mirtazapine
   d. Sertraline

44. Medications for Psychosis and Anxiety
Q: A 46-year-old woman presents to your office with feelings of anxiousness. Her past medical history includes depression, hypertension, and GERD. You diagnose generalized anxiety disorder and prescribe escitalopram 5 mg daily. She is extremely anxious and has no history of addictive behavior. You provide adjunctive clonazepam 0.5 mg BID PRN. Two days later, she calls the office, stating the clonazepam is too sedating but she is still anxious. You change agents to lorazepam 0.25 mg BID PRN, and she calls in again 2 days later with the same complaint. What is the best alternative adjunctive therapy for this patient?
   a. Alprazolam 1 mg BID PRN
   b. Buspirone 5 mg BID
   c. Chlordiazepoxide 10 mg TID
   d. Buspiron 0.5 mg BID PRN
   e. Alprazolam 1 mg TID

45. Eating Disorders
Q1: Individuals who are at risk for anorexia nervosa include which of the following?
   a. People with bulimia nervosa
   b. Males in body building
   c. Females in “thin body” sports
   d. All of the above

46. Motivational Interviewing: Substance Abuse, Smoking, and Overeating
   Q: Motivational interviewing skills and strategies include all of the following EXCEPT:
   a. Open-ended questions
   b. Persuasion
   c. Ask-Tell-Ask
   d. Assessment using readiness rulers

RHEUMATOLOGY

47. Case Studies in Arthritis
   Q: Which one of the following statements about gout is TRUE?
   a. Chronic long-term therapy with colchicine is the recommended therapy.
   b. Interleukin-1 (IL-1) treatment is a key driving cytokine and promising focus for control of gout.
   c. Once an acute episode is treated, uric acid-lowering monotherapy is recommended.
   d. If uric acid-lowering therapy is being administered, it should be stopped during an acute gouty flare.

48. Back and Neck Pain
   Q: In the management of low back pain, which of the following is NOT a “red flag” to initiate advanced imaging?
   a. Night pain
   b. Bladder incontinence
   c. No response to opioids
   d. History of cancer
   e. Persistent fever

49. Common Sports Injuries
   Q: Which of the following patients should be held from exercise?
   a. A 40 year old hypertensive with heart disease
   b. A 16 year old with well-controlled seizure disorder
   c. A 30 year old with type I diabetes mellitus
   d. A 75 year old with bilateral knee degenerative joint disease
   e. None of the above
INFECTION DISEASES

50. Adult Infections
   Q: Which of the following asymptomatic patients (specifically no GU symptoms) should receive antibiotic treatment for a positive urine culture?
   a. 84-year-old woman with chronic kidney disease
   b. 49-year-old man with diabetes and neurogenic bladder
   c. 30-year-old woman who is 26 weeks pregnant
   d. 64-year-old man with renal transplant

51. Adult Immunizations: Influenza, Shingles, Tdap, and Pneumococcus
   Q1: Which of the following vaccines must be given within 30 minutes of reconstitution?
   a. Shingles (herpes zoster) vaccine
   b. Conjugated pneumococcal vaccine
   c. Polysaccharide pneumococcal vaccine
   d. High-dose influenza vaccine
   e. Hepatitis B vaccine

52. Imported Illnesses
   Q: Exposure to which one of the following is NOT a means of transmission of Ebola hemorrhagic fever?
   a. Saliva
   b. Blood
   c. Mosquitoes
   d. Breast milk
   e. Semen

CARDIOLOGY

53. Hypertension
   Q: In which one of the following situations is the use of an ACE inhibitor (ACEi) or angiotensin receptor blocker (ARB) always indicated?
   a. Patient ≥ 60 years of age with a blood pressure of 130/90 mm Hg
   b. Patient ≤ 60 years of age with a blood pressure of 130/90 mm Hg
   c. Patient of any age with diabetes mellitus and no chronic kidney disease (CKD)
   d. Patient of any age with CKD
   e. African American patient with blood pressure of 160/100

54. Coronary Artery Disease
Q: Exercise stress testing can be safely performed to evaluate symptoms of “chest pain” in all of the following patients EXCEPT:
   a. 55 year old man with an incidental finding of Wolff-Parkinson-White syndrome on routine EKG
   b. A 65 year old man with known CAD 10 years following CABG prior to AAA resection
   c. A 55 year old woman with suspected acute aortic dissection
   d. A 65 year woman with hypertension with pre-test blood pressure of 160/90 mmHg
   e. 78-year-old man who is congenitally deaf and mute undergoing cholecystectomy

55. Arrhythmia Management
   Q: According to the AFFIRM and RACE trials, which one of the following is the correct statement regarding atrial fibrillation treatment?
   a. Rate control leads to better survival outcomes
   b. Rhythm control leads to better survival outcomes.
   c. Rate control is associated with better cardiovascular outcomes.
   d. Rhythm control is associated with better cardiovascular outcomes.
   e. Rate control is as effective as rhythm control.

56. Peripheral Vascular Disease: Carotid Artery Stenosis, Abdominal Aortic Aneurysm, and Pedal Disease
   Q: An ankle brachial index (ABI) of 0.2 would most likely indicate which of the following?
   a. Normal lower extremity arterial blood flow
   b. A calcified non-compressible arterial vessel
   c. Advanced limb ischemia
   d. An incomplete test due to patient artifact

57. Hyperlipidemia
   Q: Which one of the following is TRUE regarding the 2013 American College of Cardiology/American Heart Association Guidelines on treatment of high cholesterol to reduce atherosclerotic cardiovascular risk in adults?
   a. LDL is no longer recommended to be measured or considered a risk factor.
   b. The pooled cohort equation is now recommended for cardiovascular risk assessment instead of the Framingham score endorsed by ATP III.
   c. Low-intensity statin treatment is recommended for patients with clinical atherosclerotic cardiovascular disease, including peripheral artery disease and stroke.
   d. A high-intensity statin is now recommended for all patients with diabetes mellitus.
58. **Congestive Heart Failure**  
Q: Which of the following has NOT been shown to confer survival advantage in patients with heart failure and depressed left ventricular ejection fraction?  
   a. Angiotensin converting enzyme inhibition  
   b. Beta blockade  
   c. Digoxin  
   d. Aldosterone antagonism  
   e. Implantable cardioverter/defibrillator

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**PULMONOLOGY**

59. **Chronic Obstructive Pulmonary Disease**  
Q: Which therapy has shown a possible mortality benefit in the management of COPD?  
   a. LABA (long-acting beta agonist)  
   b. LAMA (long-acting muscarinic anticholinergic)  
   c. ICS (inhaled corticosteroids)  
   d. LABA plus ICS

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60. **Asthma**  
Q: A 35-year-old male presents to the clinic for asthma management. He has had persistent symptoms as of late waking nightly with cough and needing to use his albuterol multiple times daily due to his physical limitations from shortness of breath. Currently, he is managed on fluticasone 220 mcg MDI twice daily and albuterol as needed. How should you adjust his medications at this visit?  
   a. No medication changes are necessary; his asthma is well controlled.  
   b. Switch current regimen to fluticasone/salmeterol 250/50 mcg twice daily.  
   c. Add montelukast 10 mg daily to his current regimen.  
   d. Add tiotropium 18 mcg daily.

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61. **Snoring and Sleep Apnea**  
Q: Which one of the following is CORRECT regarding cardiovascular outcomes related to oral appliance therapy (OAT) for obstructive sleep apnea (OSA)?  
   a. Mean arterial blood pressure is decreased.  
   b. Myocardial infarction rate is decreased.  
   c. Mean nocturnal blood pressure is increased.  
   d. Risk of recurrent atrial fibrillation is decreased.

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**HEMATOLOGY**

62. **Thromboembolism and Thrombosis**  
Q: Your patient was evaluated in the emergency department for syncope. She is 24 years old and takes NuvaRing for contraception. She admits to dyspnea. Her blood pressure is 105/65 with a HR of 120 bpm. A CT scan for PE revealed a large central pulmonary
embolism with a dilated right ventricle (RV). Appropriate management would include which of the following?

a. Consult your radiology interventionalist for catheter-directed lysis.
b. Consult vascular surgery or interventional radiology for placement of a retrievable IVC filter. Hold anticoagulation to ensure safe insertion.
c. Initiate systemic thrombolysis with alteplase at 100 mg over 2 hours.
d. Obtain transthoracic echocardiogram to rule out RV dysfunction; obtain BNP/troponin; initiate enoxaparin at 1 mg/kg SC immediately after history obtained that does not reveal contraindications to systemic anticoagulation.

63. Anemia and Thrombocytopenia
Q: What is the first test that should be obtained in a patient with anemia that will help to narrow the differential diagnosis?

a. MCV (mean corpuscular volume)
b. Reticulocyte count
c. Fe** stores
d. Haptoglobin
e. Hemoglobin electrophoresis

64. Office Procedures
Q: Which one of the following statements is TRUE about the normal nail?

a. The nail apparatus is anchored to the underlying bone by the lateral ligaments.
b. The lunula is the most distal part of the nail matrix.
c. The nail bed supports and generates the nail plate.
d. The nail reduces fine touch sensitivity in the finger tip