



EMERGENCY FINAL PAST PAPERS



COLLECTED BY:
Lejan 021

SPECIAL THANKS ☺

020 Final:

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017 & Previous Finals:

018 Batch (Special thanks because they already collected those Qs by Topics)

Notes before we start.

1. This file contains all the available P.Ps regarding Emergency rotation all up to 020 Batch sectioned by topics.
2. **Please note that this is the second version of the file, corrections are in the next page, if this is the first time studying this file, No need to change anything. Good Luck!!!!**

الدعاء بالرحمة للزميل عمر عطية المرابي

اللَّهُمَّ، اغْفِرْ لَهُ وَارْحَمْهُ، وَاعْفُ عَنْهُ وَعَافِهِ، وَأَكْرِمْ نُزُلَهُ، وَوَسِّعْ مَدْخَلَهُ، وَاغْسِلْهُ بِمَاءٍ وَتَلْجِ وَبَرْدٍ، وَنَقِّهِ
مِنَ الْخَطَايَا كَمَا يُنْقَى الثَّوْبُ الْأَبْيَضُ مِنَ الدَّنَسِ

Outlines

| | |
|-------------------------------------------|---------|
| 1- Chest Pain & ACS (18Qs) | Page 04 |
| 2- BLS (18Qs) | Page 09 |
| 3- Arrhythmias (40Qs) | Page 13 |
| 4- Stroke (14Qs) | Page 22 |
| 5- Primary Survey for Trauma (20Qs) | Page 25 |

V2

(Based on the older version only, this version has been reorganized & corrected).

Chest Pain & ACS

Q5: E ✗ , D ✓

Q7: C ✗ , D ✓

Q28: Dropped QRS (not Dropped P) تعديل في نص السؤال

Q33: Answer is B only.

BLS & Arrhythmias

Q16: D ✗ , A ✓

Q23: You do NOT check pulse alone first, You check breathing + pulse together, and only for max 10 seconds, If no pulse OR unsure → start compressions immediately

Q30: Cardiac arrest is broad to be answered like that تعديل في نص السؤال

Trauma

Q1: All are considered Adjuncts according to slides

Q3: A ✗ , D ✓ (not sure)

Q4: C ✗ , D ✓

Q8: D ✗ , C ✓

دعاء قبل المذاكرة

اللَّهُمَّ إِنِّي أَسْأَلُكَ فَهَمَ النَّبِيِّينَ، وَحِفْظَ الْمُرْسَلِينَ وَالْمَلَائِكَةِ الْمُقَرَّبِينَ،
اللَّهُمَّ اجْعَلْ أَلْسِنَتَنَا عَامِرَةً بِذِكْرِكَ، وَقُلُوبَنَا بِخَشْيَتِكَ، وَأَسْرَارَنَا بِطَاعَتِكَ،
..إِنَّكَ عَلَى كُلِّ شَيْءٍ قَدِيرٌ، وَحَسْبُنَا اللَّهُ وَنِعْمَ الْوَكِيلُ

Chest Pain & ACS

1. A case of an elderly man admitted to ER for a medical complaint for which Nitrates (+Aspirin) has been prescribed, after that he developed Hypotension, Which of the following is most likely the reason for this deterioration?

- A. He recently took PDE-5 inhibitor
- B. Rt. ventricular infarction
- C. Internal Bleeding due to aspirin
- D. Anaphylaxis due to aspirin
- E. Papillary muscle rupture

Answer: A

2. An absolute contraindication to the use of fibrinolytics in ACS?

- A. Suspected Aortic Dissection
- B. Pregnancy
- C. Previous ischemic stroke
- D. Seizure disorder
- E. Concomitant Warfarin use

Answer: A

3. A very long case of a female patient who presented to the ER with chest pain for 1 hour. An ECG was done & she was diagnosed with STEMI. The question asked for the best treatment option?

- A. Aspirin & PCI
- B. Aspirin & thrombolysis
- C. Aspirin alone
- D. Pacemaker
- E. Something that didn't make sense

Answer: A

4. Case of chest pain with no ECG changes, raised Troponin:

- A. Stable angina
- B. Unstable angina
- C. STEMI
- D. NSTEMI

Answer: D

5. A 55-year-old, HTN, DM, Hypercholesterolemia with history of stable angina presented with chest pain radiating to the upper limbs what do you expect to find in ECG:

- A. Short QT
- B. Normal ECG
- C. Non-specific ST changes
- D. ST depression
- E. ST elevation

Answer: D

6. ECG changes in leads I, aVL (V4-V6):

- A. Anteroseptal
- B. Anterolateral
- C. Lateral
- D. Inferior
- E. Posterior

ECG changes in leads I, aVL (V5-V6): Lateral

Answer: B

7. The ideal time period after ER presentation within which percutaneous coronary angioplasty (PCI) should be performed in a patient with STEMI is:

- A. 15 minutes
- B. 30 minutes
- C. 60 minutes
- D. 90 minutes

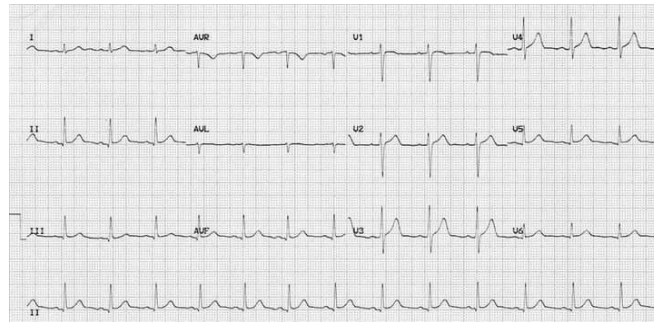
Answer: D

8. Best leads presenting the anterior heart:

- A. I, aVL
- B. V3-V4
- C. V5-V6
- D. V1-V2

Answer: B

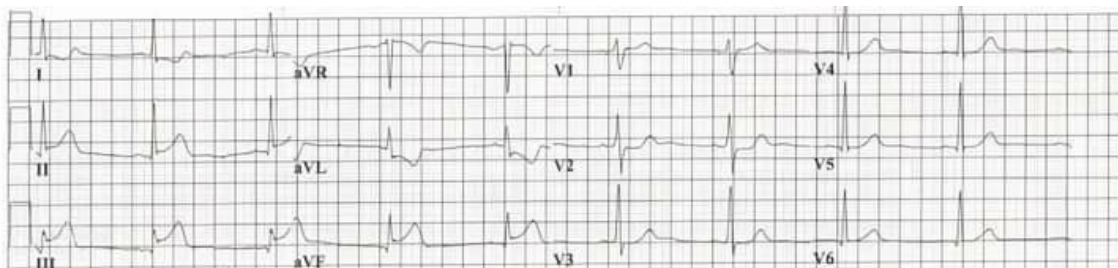
9. Patient works as a farmer started having chest pain while working, he took a break for 10 minutes then resumed to work. He started having the same pain again:



- A. Angina
- B. Abnormal chest discomfort
- C. Acute pericarditis
- D. Nonspecific ECG changes

Answer: A

10. Which of the following is true about this ECG strip?



- A. It shows pathological Q wave in the chest leads
- B. It shows ECG changes of a lateral MI
- C. It shows ECG changes of an anterior MI
- D. It shows ECG changes of an inferior MI

Answer: D

11. Patient has STEMI, came er 30 minutes ago, the closest center was 45 minutes away, it was decided that he will be transferred and get a PCI, time from door to PCI should be with:

- A. 45 mins
- B. 60 mins
- C. 90 mins
- D. 120 minutes

Answer: D

If the patient presents to a non-PCI center and requires transfer, the goal is within 120 minutes.

If the patient presents directly to a PCI-capable hospital, the goal is within 90 minutes.

12. The first step of development of ACS?

- A. Plaque rupture
- B. Plaque erosion
- C. Platelet activation
- D. None of the above

Answer: A

13. You're in an ambulance, patient with STEMI, best treatment?

- A. Fibrinolytics within 15 minutes
- B. Go to nearest hospital with CABG capacity
- C. PCI with fibrinolytics within 15 minutes
- D. PCI within 15 minutes

Answer: D

14. An ECG was shown. Findings included ST elevation in leads II, III and aVF). The most likely location for the patient's MI is:

- A. Anterolateral
- B. Septal
- C. Inferior
- D. Posterior

Answer: C

15. An old female patient was at the grocery store when she experienced chest pain that radiated to her left arm. She also reported diaphoresis. At the emergency department, an ECG was performed. (An ECG was shown. Findings included ST elevation in leads II, III and aVF). The most likely location for the patient's MI is:

- A. Anterolateral
- B. Septal
- C. Inferior
- D. Posterior

Answer: C

16. The exact same question stem as in question, but a different ECG was shown. (ECG findings included ST elevations in leads I, aVL, V3, V4, V5 and V6). The most likely location for the patient's MI is:

- A. Anterolateral**
- B. Septal**
- C. Inferior**
- D. Posterior**

Answer: A

17. A patient with diabetes, hypertension and hypercholesterolemia presented to the ER with chest pain that radiates to his left arm. His ECG showed T wave inversions in the lateral leads (There was no ECG picture in this question. The question stated the findings in the question stem). The best next step in management is:

- A. Call cardiology and arrange for immediate PCI**
- B. Connect him to a cardiac monitor and administer aspirin and nitroglycerin**

Answer: B

18. A question about management of a patient with STEMI. Choose the best next step among the following:

- A. Transfer to a hospital with fibrinolysis capabilities only (no PCI), 15 minutes away**
- B. Transfer to a hospital with PCI capabilities only, 15 minutes away**

Answer: B

BLS

1. After finding an unresponsive child, yelling for help, and confirming the child isn't breathing, what would be your next course of action?

- A. Leave the child and search for an AED
- B. Deliver rescue breaths
- C. Begin back blows and chest thrusts
- D. Deliver 30 chest compressions
- E. Start Heimlich maneuver

Answer: D

2. While performing CPR on an infant, another rescuer appears on the scene. What do you do next?

- A. Immediately transport the patient
- B. Wait until exhausted, then switch
- C. Have the second rescuer help with CPR to minimize fatigue
- D. Have the second rescuer begin ventilations, ratio 30:2
- E. Ask the second rescuer to call for help

Answer: C

3. After finding someone unresponsive with a pulse but not breathing, and you are unable to give effective breaths, what do you do next?

- A. Begin CPR
- B. Repeat head tilt–chin lift and attempt the breath again
- C. Abdominal thrusts
- D. Heimlich maneuver
- E. Leave the child and search for an AED

Answer: B

4. Change between rescuers should be:

- A. Every two cycles
- B. Every ten cycles
- C. Every five cycles
- D. Every three cycles

Answer: C

5. Which of the following is wrong about CPR?

- A. Push 2 inches deep
- B. Minimize interruptions
- C. 30:2 ratio
- D. Allow for partial recoil
- E. One last thing that was clearly correct

Answer: D

6. The following procedure could be used in first aid management of snake bite EXCEPT:

- A. Removal of constricting items
- B. Light immobilization of injured part
- C. Application of tight constricting band above swelling
- D. Making small parallel incision through fang marks
- E. Resting the victim and reducing activity

Answer: D

7. After finding an unresponsive child, yelling for help, and confirming the child isn't breathing and has a pulse, what would be your next course of action?

- A. Leave the child and search for an AED
- B. Open airway by head tilt–chin lift and try to restore breathing
- C. Begin back blows and chest thrusts
- D. Start CPR
- E. Start Heimlich maneuver

Answer: B

8. Arriving first to the scene, you find an unresponsive person with no pulse who has vomited and you are not comfortable giving breaths. What is the next best action?

- A. Wipe off the face or cover with a shirt
- B. Compression-only CPR
- C. Go and get help
- D. Do not initiate resuscitation
- E. One last choice that made no sense

Answer: B

9. In an unresponsive patient, you should check the carotid pulse for no more than ___ seconds:

- A. Five
- B. Two
- C. Ten
- D. One

Answer: C

10. The chest compression to rescue breath ratio in a pediatric patient during CPR is:

- A. 15:2
- B. 15:3
- C. 30:2
- D. 30:3

for two-rescuer pediatric CPR, the standard ratio is 15 compressions to 2 breaths. (Note: For a single rescuer, it remains 30:2).

Answer: C

11. When giving rescue breaths to an apneic patient with a pulse, when should you re-check the pulse?

- A. Every 10 seconds
- B. Every minute
- C. Every 2 minutes
- D. Every 5 minutes

Answer: C

12. Best artery to assess pulse in an infant is:

- A. Femoral
- B. Brachial
- C. Carotid
- D. Radial

Answer: B

13. Rate of chest compression in pediatrics with one rescuer is:

- A. 30:2
- B. 15:2

Answer: A

14. Which of the following does not need prolonged resuscitation?

- A. Subarachnoid hemorrhage
- B. Hypothermia
- C. Electrical shock with alternating current
- D. Drug addict comatose

Answer: A

15. Choose the correct steps of basic life support (BLS):

- A. Assess the victim, activate EMS and bring AED, perform chest compressions, rescue breaths
- B. Assess the victim, perform chest compressions, rescue breathing, defibrillation
- C. Assess airway only

Answer: A

16. Farmer presented with cyanosis, frothy mouth secretions, difficulty breathing, pinpoint pupils. The first thing you should do is:

- A. Clear airways
- B. Give atropine
- C. Give pralidoxime

Answer: A

17. You feel uncomfortable to give CPR for an unresponsive person with no pulse:

- A. Start chest compressions
- B. Head tilt, jaw thrust then attempt to give breath

Answer: A

18. Best order for CPR is:

Answer:

Assess responsiveness → Call EMS & get AED → Check breathing & pulse (simultaneously, ≤10 sec) → Start chest compressions

Arrhythmias

1. What's the diagnosis depending on this ECG strip?

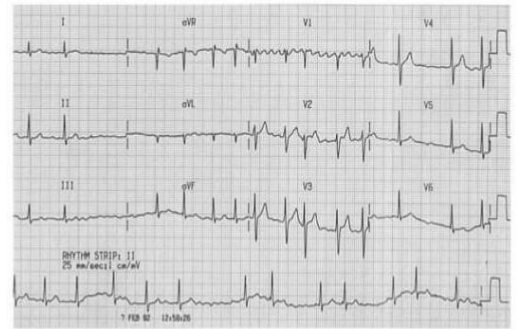


- A. Normal ECG
- B. First degree heart block
- C. Second degree heart block
- D. Atrial flutter
- E. Atrial fibrillation

(The P-R interval was slightly less than 0.2, so one might think it's a first degree block, but it was not)

Answer: A

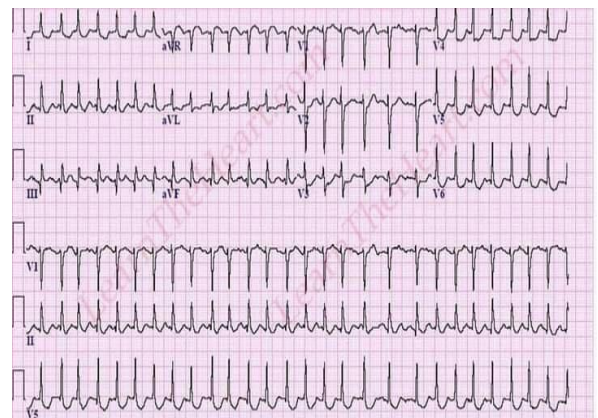
2. A 73-year-old ICU patient who became unresponsive. An ECG was done, this is his ECG strip. His blood pressure was 70/40. What's the best next step for management?



- A. Cardioversion with 50 Joules
- B. Adenosine 6mg
- C. Amiodarone 300mg
- D. Diltiazem 0.25mg
- E. Lidocaine 100mg

Answer: A

3. A 55-year-old asthmatic patient who presented with the feeling that her heart is racing. An ECG was done & this is her ECG strip. She's stable. What's the best next step for management?



- A. Diltiazem
- B. Amiodarone
- C. Cardioversion
- D. Adenosine
- E. Atropine

Answer: A

[This ECG shows Afib]

4. A 75-year-old patient who became unresponsive, was brought to the ER but regained consciousness & is now feeling better. He's hypertensive & takes amlodipine. He's not complaining of anything but his heart rate is 35 BPM with the following ECG. What's the best next step?



- A. Amiodarone
- B. Stop amlodipine & arrange for a temporary pacemaker
- C. Isoprenaline infusion
- D. Manage as inpatient with a permanent pacemaker
- E. Stop amlodipine & admit for 24-hour cardiac monitoring

Answer: D

[This is a third degree block, NOT a second degree block type 2, the P-R intervals are NOT equal]

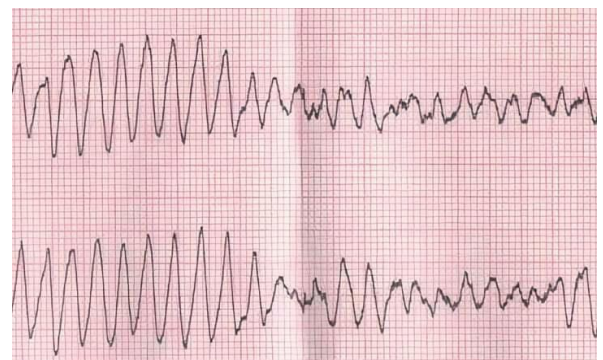
5. Which artery is affected depending on the following ECG panel?



- A. Left circumflex artery
- B. Left marginal artery
- C. Left main stem
- D. Left anterior descending artery
- E. Right coronary artery

Answer: D

6. An ICU patient who became unresponsive, he was found to have no pulse & he's not breathing. An ECG was done & showed the following. What's the best next step for management?

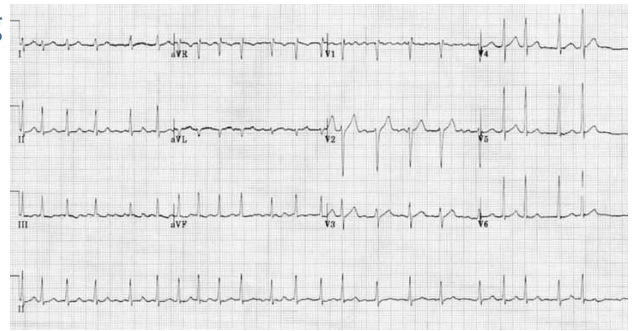


- A. Amiodarone
- B. Cardioversion
- C. Epinephrine
- D. Defibrillation
- E. Secure the patient's airways

Answer: D

7. Patient athletic presented with the feeling of heart racing, vitals stable, with this ECG what do you give?

- A. Atropine
- B. Diltiazem
- C. Adenosine
- D. Amiodarone



Answer: B

8. Similar to this ECG, What's the type of block?

- A. Complete
- B. First degree
- C. Second degree Mobitz 1
- D. Second degree Mobitz 2



Answer: A

9. (Not the same ECG but similar idea) , What is the diagnosis?

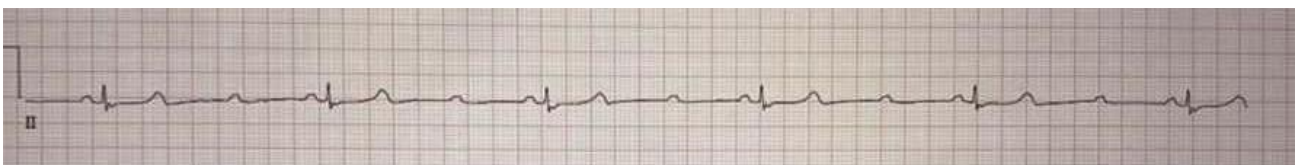
- A. Type 1 AV block
- B. Type 2 Mobitz I AV block
- C. Type 2 Mobitz II AV block
- D. Complete heart block



*Note: theoretically both c and d could be correct answers

Answer: C

10. An 85-year-old female patient who was previously healthy presented with recurrent syncopal episodes, the last of which was an hour ago. An ECG was shown. What type of block does she have?

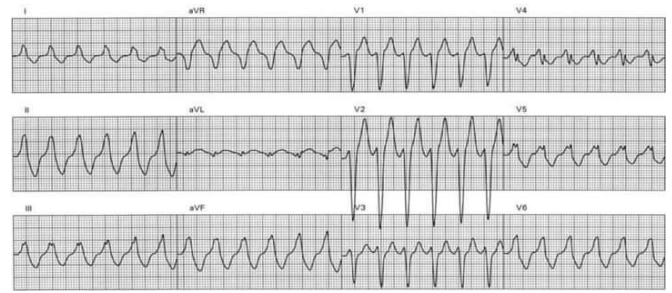


- A. First degree AV block
- B. Mobitz type 1
- C. Mobitz type 2
- D. Complete heart block

Answer: C

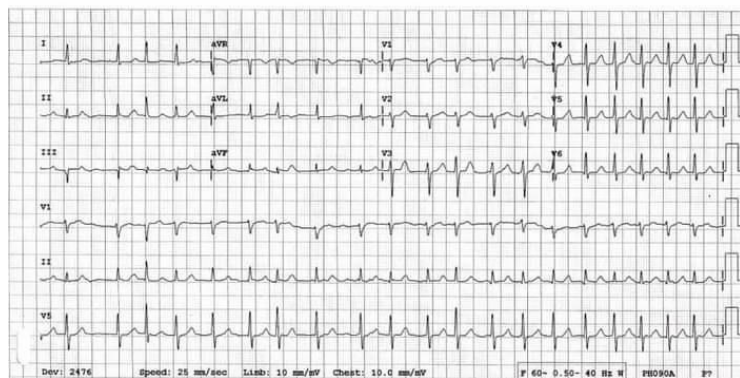
11. Patient with normal vitals, HR is 170, with the following ECG what do you give:

- A. Synchronized DC
- B. Adenosine
- C. Diltiazem
- D. Amiodarone



Answer: D

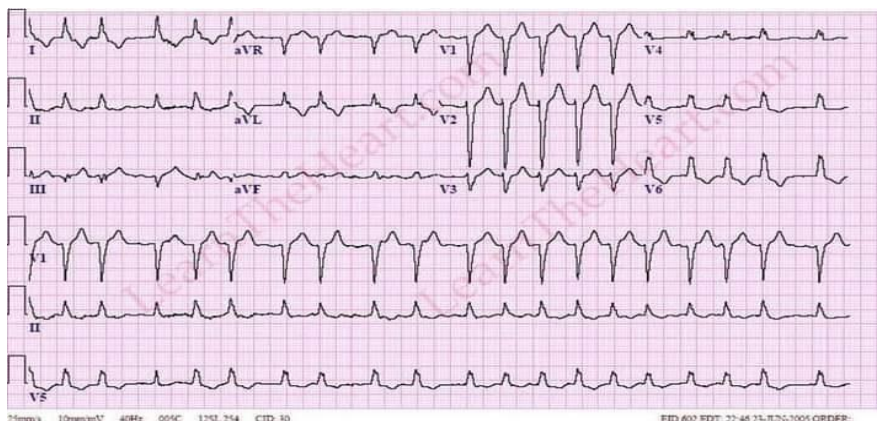
12. What does this ECG present?



- A. Atrial flutter
- B. Heart block
- C. Atrial fibrillation

Answer: C

13. ECG showing:



Answer:

LBBB + Atrial fibrillation

14. Nurse was connecting a patient to a monitor to keep track of his vitals when the patient suddenly became unresponsive. His ECG was shown (ECG showed ventricular fibrillation). The most appropriate next step in management is:

- A. Wait a few minutes to see if the patient wakes up on his own
- B. Synchronized DC shock (100 j)
- C. Defibrillation (200 j)
- D. Epinephrine
- E. Amiodarone

Answer: C

15. ECG showing first degree heart block in an asymptomatic 29 year old male, best next step?

- A. No acute treatment
- B. Synchronized cardioversion 50 J
- C. Synchronized cardioversion 200 J
- D. Defibrillation
- E. Admit for percutaneous pacing

Answer: A

16. ECG showing atrial fibrillation, patient has palpitations for 1 week, no syncope, no heart failure, no chest pain. Best next step?

- A. Synchronized cardioversion 50 J
- B. Synchronized cardioversion 200 J
- C. Defibrillation
- D. Amiodarone
- E. IV diltiazem

Answer: E

17. Progressive prolongation of PR intervals with dropped QRS is seen in:

- A. Complete heart block
- B. First degree
- C. Second degree Mobitz 1
- D. Second degree Mobitz 2

Answer: C

18. Patient became unresponsive and ECG shows ventricular fibrillation. What do you do next?

- A. Cardioversion
- B. Defibrillation
- C. Amiodarone
- D. Adenosine
- E. Beta blocker

Answer: B

19. Patient became unresponsive his ECG is the following (V. Fib) what do you do next?

- A. Cardioversion
- B. Defibrillation
- C. Amiodarone
- D. Adenosine
- E. B-Blocker

Answer: B

20. Bradycardia with poor perfusion, What are the steps of management?

- A. Chest compressions, cardiac drugs, defibrillation
- B. Chest compression, transcutaneous pacing, basic airway
- C. Chest compression, invasive airway, transcutaneous pacing
- D. Chest compression, defibrillation, cardiac drugs

Answer: B

21. A young patient (teenager) was brought to the ER after he collapsed while playing football. His ECG was shown. (It showed Torsade de Pointes). The rhythm shown is consistent with which arrhythmia:

- A. SVT
- B. Atrial fibrillation
- C. Wolff-Parkinson-White syndrome
- D. Torsade de Pointes

Answer: D

22. What's the first thing to check in bradycardia algorithm?

- A. Perfusion
- B. BP
- C. HR
- D. Rhythm

Answer: A

23. The most appropriate management for pulseless electrical activity:

- A. Amiodarone
- B. Epinephrine
- C. Beta blocker
- D. Atropine

Answer: B

24. An unresponsive patient with ventricular fibrillation received a shock and the ECG rhythm converted into third degree AV block. What is the next most appropriate step in management?

- A. High dose epinephrine
- B. Transcutaneous pacing
- C. Defibrillation
- D. Amiodarone

(Note: The question did not specify whether the pulse had returned after conversion to AV block)

Answer: A or B

25. Description of a patient who presented to the ER with palpitations. The patient was stable and there was no chest pain/signs of heart failure. His heart rate was 130. His ECG was shown (Findings: Atrial flutter). The best next step in management is:

- A. Adenosine
- B. Synchronized DC shock
- C. Beta blocker

Answer: C

26. Progressive prolongation of PR interval is seen in:

Answer:

Mobitz type 1 heart block.

27. First line medication to treat symptomatic bradycardia is:

- A. Atropine
- B. Diltiazem
- C. Propranolol

Answer: A

28. ECG of Mobitz type II heart block in a stable patient, management is:

- A. Atropine
- B. Admission and permanent pacing

Answer: B

29. Palpitations in asthmatic patient and shown ECG of Afib, First line treatment?

Answer:

Diltiazem

30. Management of Bradycardia with poor perfusion (yes, again, different choices):

Answer:

Prepare for trans venous pacing and give atropine and IV adrenaline while preparing.

31. Best treatment to survive V.fib is:

Answer:

Defibrillation

32. Patient with apnea and loss of consciousness, ECG shown of V-fib, sequence of management:

Answer:

Chest compression, defibrillation, invasive airway.

33. A question about the management of Asystole:

Answer:

Administer Epinephrine

34. Case with patient who has family history of his father's early death due to cardiac disease + an ECG:

Answer:

Torsade de pointes

35. Most important risk factor for pulmonary embolism is:

Answer:

Deep vein thrombosis

36. Patient with palpitations and has pulse, ECG shown of V-Tach, no loss of consciousness or chest pain, first step in management:

Answer:

Amiodarone.

37. Unresponsive patient who developed shockable rhythm, best treatment?

Answer:

Defibrillation

38. ECG showing Mobitz type II heart block, management is:

Answer:

Transcutaneous pacing

39. Unstable ventricular fibrillation treated with defibrillation, then patient developed third degree heart block. Next step is:

Answer:

Transcutaneous pacing

40. Patient with apnea and loss of consciousness, ECG shows ventricular fibrillation. Next immediate action is:

Answer:

Defibrillation

Stroke

1. Left hand weakness, pronator drift, no sensory loss. Location of lesion is:

- A. Right frontal lobe
- B. Left cerebellum
- C. Right cerebellum
- D. Right parietal lobe
- E. Left parietal lobe

Answer: A

2. A stroke patient presented with intention tremor, dysdiadochokinesia, nystagmus, ataxia, and contralateral motor deficit. Which artery is affected?

- A. Anterior cerebral artery
- B. Middle cerebral artery
- C. Posterior cerebral artery
- D. Vertebrobasilar artery
- E. External carotid artery

Answer: D

3. Which of the following arteries is NOT part of the circle of Willis?

- A. Vertebral artery
- B. Basilar artery
- C. Anterior communicating artery
- D. Posterior communicating artery
- E. Internal carotid artery

Answer: A

4. Patient presented with left arm weakness, pronator drift, power 2/5, intact sensation and speech. Where is the lesion?

- A. Right cerebellum
- B. Right parietal lobe
- C. Right frontal lobe
- D. Left cerebellum
- E. Left parietal lobe

Answer: C

5. A patient with history of diabetes and hypertension presented with vertigo, double vision, and difficulty speaking. Symptoms resolved within 1–2 hours. What is the most likely diagnosis and affected vessel?

- A. Embolic stroke – Middle cerebral artery
- B. Thrombotic stroke – Middle cerebral artery
- C. TIA – Vertebrobasilar artery
- D. TIA – Middle cerebral artery
- E. Thrombotic stroke – Anterior cerebral artery

Answer: C

6. Diseases that must be reported immediately to health authorities include all EXCEPT:

- A. Cholera
- B. Plague
- C. Poliomyelitis
- D. Yellow fever
- E. Meningitis

Answer: E

7. Lady presents with headache. Correct match is:

- A. Band-like – Cluster
- B. Tenderness with touch – Tension
- C. Neck stiffness – Subarachnoid hemorrhage
- D. Early morning – Migraine
- E. Need more neurologic symptoms

Answer: C

8. All of the following are contraindications to thrombolysis therapy EXCEPT:

- A. Weakness noticed 5 hours ago
- B. INR > 1.7
- C. Platelets <150
- D. Active bleeding

Answer: C

9. All of the following are contraindications to thrombolysis therapy EXCEPT:

- A. Brain tumor
- B. BP >180/110
- C. Previous stroke
- D. Two other contraindications

Answer: D

10. A contraindication for tissue plasminogen activator (tPA) therapy is:

- A. BP 200/110
- B. Symptoms of ischemia
- C. Limb weakness for 2 hours
- D. No findings on CT

Answer: A

11. One of the following is NOT a candidate for (tPA):

- A. Platelets 250
- B. BP 210/110
- C. Symptoms of ischemia for 30 minutes

Answer: B

12. Severe sudden headache with photophobia, vomiting, neck stiffness, BP 190/110. First-line treatment is:

Answer:

Nicardipine

13. Patient with Ehlers-Danlos syndrome presents with headache, neck stiffness, photophobia, and nausea. Most appropriate medication:

Answer:

Nicardipine

14. Ninety-year-old patient with dysarthria only and unknown medical history. Next best step:

Answer:

Glucoccheck

Primary Survey for Trauma

1. Which of the following is NOT of the adjuncts of the primary survey?

- A. ABG
- B. Urine output
- C. DPL
- D. FAST
- E. C-spine X-ray / Chest X-ray / Pelvic X-ray

Based on slides, all are considered adjuncts of the primary survey

Answer: E

2. All of the following are pitfalls when examining the musculoskeletal system EXCEPT:

- A. Blood loss
- B. Altered sensorium
- C. Injury in ligaments and soft tissues
- D. Compartment syndrome
- E. Fractures

Answer: B

3. As a doctor who first receives a patient in the ER, the most important task you should do is:

- A. Write specific details about the injury
- B. Inform the police
- C. Indicate whether your report is primary or final
- D. Take full history
- E. Add the estimated duration of incapacity

Resuscitate → Stabilize → Diagnose (history + exam) → Document / Report.

Answer: D

4. Not included in the primary survey of trauma patients:

- A. Pelvic X-ray
- B. Chest X-ray
- C. Nasogastric tube
- D. Brain CT
- E. Oxygen

Answer: D

5. A 23-year-old male involved in a massive RTA with GCS 7 requires a definitive airway. Which of the following is NOT considered a definitive airway device?

- A. Tracheostomy tube
- B. Surgical cricothyroidotomy tube
- C. Nasotracheal tube
- D. Orotracheal tube
- E. Laryngeal mask airway

Answer: E

6. In the initial assessment of trauma patients, which of the following DOES NOT affect ventilation?

- A. Cardiac tamponade
- B. Flail chest and pulmonary contusion
- C. Airway obstruction
- D. Hemothorax
- E. Tension pneumothorax

Answer: A

7. Patient brought to ER after falling from 5 stories, HR 110, BP 70/50, anxious. What degree of hypovolemic shock is this?

- A. I
- B. II
- C. III
- D. IV
- E. Irreversible

Specifically, HR should be more than 120 to consider it as 3rd degree

Answer: C

8. In the initial assessment of trauma patients, which of the following DOES NOT affect circulation?

- A. Femoral fracture
- B. Spinal cord injury
- C. Brain trauma
- D. Second-degree burn of 20% BSA
- E. Ruptured heart valve

Answer: C

9. A story about an unconscious patient arriving comatose to the ER after a quarrel. CT showed frontal bone fracture and bilateral subarachnoid hemorrhage. What can you say to the police?

- A. He was not in a quarrel
- B. He was hit with a large stone
- C. He was hit with a stick
- D. He fell on the ground
- E. He collided with a blunt object

Answer: E

10. You are assessing a patient's Glasgow Coma Scale. Eyes open to voice, inappropriate words, localizes pain. What is the GCS?

- A. E3 V4 M5
- B. E2 V4 M2
- C. E3 V3 M5
- D. E3 V3 M4
- E. E3 V3 M3

Answer: C

11. Which of the following about management in ER is false:

- A. You should know the specific injury before initiating management
- B. Priorities are the same for all patients

Answer: A

12. Which of the following is wrong regarding trauma patients with comorbidity?

- A. Trauma patient with comorbidity should not be transferred to higher facility
- B. Trauma patient with comorbidity should be transferred to higher facility

Answer: A

13. Best investigation for hemoperitoneum in trauma is:

Answer:

FAST

14. Stages of shock is 3 or 4 or 9?

Answer:

3 (Pre-shock, shock, end-organ dysfunction)

15. Not included in primary survey is:

Answer:

Taking full history

16. Which of the following is NOT included in "E" of ABCDE?

Answer:

Anything other than exposure & environmental control

17. Which of the following is NOT an indication for intubation?

Answer:

GCS of 10

(GCS of 8 or less is the indication for intubation)

18. Which of the following is NOT an objective sign of airway obstruction?

Answer:

Neck vein distention

(Considered a circulatory issue)

19. Which of the following statements about ER trauma management is correct?

Answer:

Priorities are the same for all trauma patients

20. Flail chest management includes:

Answer:

100% Oxygen

تم بحمد الله

إن أصبنا فمن الله وإن أخطأنا فمن أنفسنا

بالتوفيق جميعاً، لا تنسونا من صالح دعائكم