



Clinical challenge

Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 2 CPD points per issue. Answers to this clinical challenge will be published next month.

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SINGLE COMPLETION ITEMS

DIRECTIONS

Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Questions 1-4 are based on the article 'Adult cardiac arrest in general practice' by Stephen Rashford

Question 1

Which of the following statements is incorrect?

- A. sudden cardiac death is a leading cause of death in Australian adults
- B. men are more commonly affected by sudden cardiac death than women
- C. survival rates of out of hospital cardiac arrests are less than 1%
- D. most adult cardiac arrests are a result of ischaemic heart disease
- E. the most common presenting rhythm in a cardiac arrest is ventricular fibrillation.

Question 2

Which of the following has not been shown to improve survival to hospital discharge in cardiac arrests?

- A. ready access to emergency medical services
- B. cardiac compression
- C. defibrillation
- D. IV lignocaine
- E. airway maintenance and ventilation.

Question 3

In a cardiac arrest, ventricular defibrillation:

- A. is successful in reverting up to 35% of cases of VT or VF
- B. should initially be delivered at energy levels of about 100 J
- C. should only be considered after adrenaline has been administered
- D. is more successful with monophasic defibrillators than biphasic defibrillators
- E. should be considered if all other treatment options have failed.

Question 4

Which of the following is not considered a criteria for ceasing resuscitation:

- A. postmortem lividity
- B. asystole in at least two leads of the ECG persisting after 15 minutes of CPR
- C. no return of circulation within 30 minutes of continuous CPR
- D. severe hypothermia and absent respiratory effort or heart sounds for 10 minutes
- E. broad complex bradycardia with a rate of <10/min following 15 minutes of CPR.

Questions 5-8 are based on the article 'Emergency management of acute asthma' by Roger Harris

Question 5

Which of the following is not considered a key risk factor for developing acutely severe asthma:

- A. previous history of hospital admission for asthma
- B. a history of oral steroid use
- C. advanced age
- D. poor compliance
- E. rapid onset of symptoms.

Question 6

In patients presenting with acute asthma:

- A. tachycardia is a good indicator of severity
- B. bradycardia may be a sign of severe asthma and hypoxia
- C. the degree of pulsus paradoxus correlates with severity
- D. the volume of wheezing increases as the patient fatigues
- E. haemoglobin oxygen saturation greater than 92% usually indicates the asthma is mild.

Question 7

Treatment of acute severe asthma in adults does not include:

- A. continuous nebulised bronchodilator therapy
- B. hospital admission
- C. inhaled steroids
- D. nebulised ipratropium bromide
- E. oxygen.

Question 8

Which of the following statements is true?

- A. adrenaline should never be used in severe asthma outside the hospital setting
- B. adrenaline can cause life threatening hypotension
- C. inhaled beclomethasone is contraindicated in pregnancy
- D. short acting B2 agonists appear safe in pregnancy
- E. parenteral steroids are the mainstay of treatment of acute asthma in the pregnant patient.

Questions 9-11 are based on the article 'Anaphylaxis – the GP perspective' by Chris Hogan

Question 9

Which of the following statements is incorrect?

- A. in Australia approximately 1:1000 children have suffered an episode of anaphylaxis
- B. food allergy is the most likely trigger of acute anaphylaxis
- C. peanuts are the most common food allergen
- D. the incidence of peanut allergy appears to be increasing
- E. drug induced anaphylaxis in patients with a known allergy to that drug still constitutes a significant proportion of cases of anaphylaxis in Australia.

Question 10

Features of anaphylaxis do not include:

- A. progressive respiratory distress
- B. bronchospasm
- C. urticaria
- D. colicky abdominal pain
- E. hypertension.

Question 11

Acute management of anaphylaxis in an adult includes:

- A. oral antihistamines
- B. IMI administration of 0.3 mL of 1:10 000 adrenaline
- C. calling 000
- D. IV dextrose

E. oral steroids.

Questions 12-15 are based on the article 'Genital herpes – An approach for general practitioners in Australia' by Catriona Ooi

Question 12

In comparing HSV-1 and HSV-2 which of the following is true?

- A. HSV-1 causes oral herpes and HSV-2 causes genital herpes
- B. HSV-1 and HSV-2 are the only two herpes viruses that persist for the life of their host
- C. the site of latency for HSV is the dorsal root ganglion
- D. HSV-2 tends to be less severe in recurrent infections
- E. Both HSV-1 and HSV-2 may produce a severe primary infection.

Question 13

In Australia, HSV-1:

- A. has been acquired by approximately 60% of people
- B. is usually acquired in teenage years
- C. is transmitted via skin-to-skin contact
- D. is usually associated with sexual contact
- E. is associated with more severe recurrences than HSV-2.

Question 14

In Australia, HSV-2:

- A. is associated with a seroprevalence of between 10-30%
- B. remains undiagnosed in 50% of cases
- C. is associated with a transmission rate of 90% in the presence of active lesions
- D. is associated with asymptomatic viral shedding in an estimated 10% of days
- E. is more likely to be acquired by men rather than women.

Question 15

Which of the following is not true with regard recurrent symptomatic genital herpes?

- A. recurrences may be preceded by a prodrome of shooting pains in the legs and hips
- B. recurrences may be triggered by fatigue
- C. recurrences tend to become more frequent the greater the length of time since acquisition of the infection
- D. usually present with clusters of clear fluid filled vesicles
- E. may manifest as sacral neuralgia.