ScribeAmerica Hospitalist Practice Exam (Sample)

Study Guide

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Questions

1. Which condition is characterized by expiratory wheezing and requires bronchodilation therapy?

A. Asthma

B. Pneumonia

C. Congestive heart failure

D. Bronchitis

2. What signifies that a patient with a SBO is ready to begin oral intake again?

A. Absence of nausea

B. Improvement in bowel sounds

C. Stable vital signs

D. Negative imaging results

3. Which three-letter abbreviation represents a thrombolytic medication used to break apart clots?

A. TPA

B. ABC

C. XYZ

D. ASH

4. What is the abbreviation for the route of administration that means directly under the skin?

A. IM

B. IV

C. Subcut

D. SQ

5. What does the tympanic membrane refer to?

A. Ear drum

B. Cornea

C. Skin

D. Heart valve

6. What is the full medical term for hypertension?

A. High Blood Pressure

B. Coughing Up Blood

C. Arrhythmia

D. Cardiomegaly

7. Which vital signs/conditions are part of the Systemic Inflammatory Response Syndrome (SIRS) criteria?

A. Fever, tachycardia, hyperthermia

B. Hypotension, fever, tachycardia

C. Hyperglycemia, hypertension, tachypnea

D. Low WBC count, fever, tachycardia

8. What is the life-threatening systemic condition that can develop when an infection, like an abscess with surrounding cellulitis, moves into the bloodstream?

A. Sepsis

B. Analgesics

C. Anxiolytics

D. Anticonvulsants

9. Bilateral pitting pedal edema is most commonly associated with which condition?

A. Heart Failure

B. Liver Disease

C. Chronic Kidney Disease

D. Deep Vein Thrombosis

10. Which condition describes the presence of blood in vomit?

A. Hemoptysis

B. Hematochezia

C. Hematemesis

D. Hematuria

Answers

1. A
2. B
3. A
4. D
5. A
6. A
7. D
8. A
9. A
10. C

Explanations

1. Which condition is characterized by expiratory wheezing and requires bronchodilation therapy?

A. Asthma

B. Pneumonia

C. Congestive heart failure

D. Bronchitis

Expiratory wheezing is a hallmark sign of asthma, which arises due to the narrowing of the airways, leading to difficulty in expelling air from the lungs. In asthma, this narrowing is typically caused by bronchoconstriction, airway inflammation, and mucus production, all of which contribute to the characteristic wheezing sound during expiration. Bronchodilation therapy is the cornerstone of asthma management, as it works by relaxing the smooth muscles of the airways, thereby increasing airflow and alleviating the symptoms associated with wheezing. Medications such as short-acting beta-agonists (e.g., albuterol) provide rapid relief from bronchoconstriction, making them essential for treating acute asthma exacerbations or managing chronic symptoms. While other conditions like bronchitis can also cause wheezing due to airway inflammation and mucus buildup, asthma is distinct in its pattern of symptoms and the specific treatment response to bronchodilators. Pneumonia typically presents with other signs like fever and productive cough, while congestive heart failure is more associated with symptoms like dyspnea and fluid overload rather than isolated expiratory wheezing. Thus, asthma is rightly recognized for its characteristic expiratory wheezing and its specific need for bronchodilation therapy.

2. What signifies that a patient with a SBO is ready to begin oral intake again?

A. Absence of nausea

B. Improvement in bowel sounds

C. Stable vital signs

D. Negative imaging results

The readiness for a patient with a small bowel obstruction (SBO) to begin oral intake again is primarily indicated by the improvement in bowel sounds. When bowel sounds are present and have improved in quality, it suggests that the intestines have regained function after the obstruction. This improvement indicates that the bowel is capable of peristalsis, which is vital for the proper movement of food and fluids through the digestive tract. While absence of nausea, stable vital signs, and negative imaging results can contribute to an overall assessment of the patient's condition, they do not specifically confirm the resolution of the obstruction or the ability of the digestive system to handle oral intake. The presence of bowel sounds is the more direct indicator of intestinal readiness, as it reflects the restoration of normal gastrointestinal motility, which is crucial for safe oral refeeding.

3. Which three-letter abbreviation represents a thrombolytic medication used to break apart clots?

A. TPA

B. ABC

C. XYZ

D. ASH

The three-letter abbreviation that represents a thrombolytic medication used to break apart clots is TPA, which stands for tissue plasminogen activator. TPA is a critical medication in the management of acute ischemic stroke and certain types of myocardial infarction by promoting the breakdown of fibrin, a key component of blood clots. Administering TPA can significantly improve outcomes by restoring blood flow to affected areas, especially when given within a narrow time window from the onset of symptoms. Other abbreviations such as ABC, XYZ, and ASH do not correspond to recognized thrombolytic agents or treatments in clinical practice. Thus, TPA is the correct choice associated with thrombolysis and clot management.

4. What is the abbreviation for the route of administration that means directly under the skin?

A. IM

B. IV

C. Subcut

D. SQ

The abbreviation "SQ" stands for "subcutaneous," which refers to a route of administration that involves delivering medication directly under the skin. This method is commonly used for certain vaccines, insulin, and other medications that can be effectively absorbed through the subcutaneous tissue. The subcutaneous route allows for a slower, more sustained release of the medication into the bloodstream compared to other routes. Additionally, understanding the implications of this route is vital for clinical practice, as subcutaneous injections are often easier to administer and can be done by patients themselves at home. The correct understanding of abbreviations like SQ is crucial for accurate communication in a medical setting, ensuring that healthcare professionals can prevent errors and provide optimal patient care.

5. What does the tympanic membrane refer to?

A. Ear drum

B. Cornea

C. Skin

D. Heart valve

The tympanic membrane is commonly referred to as the ear drum. It is a thin, conical structure that separates the external ear from the middle ear and plays a crucial role in the process of hearing. When sound waves enter the ear canal, they cause the tympanic membrane to vibrate. These vibrations are then transmitted to the ossicles (the tiny bones in the middle ear) and subsequently to the inner ear, where they are converted into nerve signals that the brain interprets as sound. This highlights the tympanic membrane's essential function in the auditory system. The other options pertain to different anatomical structures: the cornea is a part of the eye, the skin is the body's largest organ, and heart valves are structures within the heart that regulate blood flow. None of these are related to the function or anatomy of the tympanic membrane.

6. What is the full medical term for hypertension?

A. High Blood Pressure

B. Coughing Up Blood

C. Arrhythmia

D. Cardiomegaly

Hypertension is the medical term used to refer to consistently elevated blood pressure levels in the arteries. The term translates to "high blood pressure," which describes the condition in which the force of the blood against the artery walls is too high. This can lead to various health problems, such as heart disease, stroke, and kidney damage over time. It's important to recognize that hypertension is diagnosed based on specific measurements rather than just experiencing an elevated reading occasionally; it reflects a chronic condition requiring management and monitoring. Understanding this terminology is essential for healthcare professionals as it forms the basis for discussions about cardiovascular health and risk assessment in patients.

7. Which vital signs/conditions are part of the Systemic Inflammatory Response Syndrome (SIRS) criteria?

A. Fever, tachycardia, hyperthermia

B. Hypotension, fever, tachycardia

C. Hyperglycemia, hypertension, tachypnea

D. Low WBC count, fever, tachycardia

The criteria for Systemic Inflammatory Response Syndrome (SIRS) are specifically designed to help identify a systemic response to inflammation, which can be caused by various underlying conditions such as infection or trauma. The SIRS criteria include: 1. Body temperature greater than 38°C (100.4°F) or less than 36°C (96.8°F) 2. Heart rate greater than 90 beats per minute (tachycardia) 3. Respiratory rate greater than 20 breaths per minute or arterial carbon dioxide tension (PaCO2) less than 32 mmHg (tachypnea) 4. Abnormal white blood cell (WBC) count, either greater than 12,000 cells/mm³ or less than 4,000 cells/mm³ or with more than 10% band forms (immature neutrophils). In this context, the presence of a low white blood cell count (leukopenia) along with fever and tachycardia fits the SIRS criteria effectively. The combination of these three vital signs indicates an inflammatory response and is critical for diagnosing potential systemic issues. While fever and tachycardia are consistently part of the SIRS criteria, the specific combination of low WBC count,

8. What is the life-threatening systemic condition that can develop when an infection, like an abscess with surrounding cellulitis, moves into the bloodstream?

A. Sepsis

B. Analgesics

C. Anxiolytics

D. Anticonvulsants

Sepsis is a life-threatening systemic condition that arises when the body has an overwhelming response to an infection. In this scenario, an infection such as an abscess with surrounding cellulitis can lead to bacteria or toxins entering the bloodstream, triggering a systemic inflammatory response. This response can cause widespread issues, including organ dysfunction and potentially lead to septic shock, which can be fatal if not promptly recognized and treated. The symptoms of sepsis may include fever, increased heart rate, rapid breathing, and confusion, indicating that the body is struggling to maintain homeostasis in light of the infection. Immediate management often involves the administration of broad-spectrum antibiotics and supportive care in a hospital setting. While analgesics, anxiolytics, and anticonvulsants are medications used to manage pain, anxiety, and seizures respectively, they do not represent systemic conditions or immediate responses to infection. Understanding sepsis is crucial for recognizing and treating severe infections effectively, thereby preventing severe morbidity and mortality.

9. Bilateral pitting pedal edema is most commonly associated with which condition?

A. Heart Failure

B. Liver Disease

C. Chronic Kidney Disease

D. Deep Vein Thrombosis

Bilateral pitting pedal edema is most commonly associated with heart failure due to the pathophysiological mechanisms involved in the condition. In heart failure, the heart's ability to pump blood effectively is compromised, leading to a decrease in cardiac output. This decreased output causes fluid to accumulate in the body, particularly in the lower extremities due to gravity, resulting in edema. The pitting nature of the edema indicates that there is excess interstitial fluid, which can cause an indentation when pressure is applied. Heart failure often results from various underlying issues such as hypertension, ischemic heart disease, or valvular heart disease, which further compounds fluid retention as the kidneys react by retaining sodium and water to compensate for perceived low perfusion. While other conditions, such as liver disease and chronic kidney disease, can also lead to edema, they typically present with distinct characteristics that help differentiate them from heart failure. For instance, liver disease often leads to a more generalized distribution of edema and features of portal hypertension, while chronic kidney disease may present with swelling that can sometimes be non-pitting due to other factors like proteinuria or nephrotic syndrome. Deep vein thrombosis, on the other hand, usually causes unilateral edema and is characterized by localized symptoms rather than

10. Which condition describes the presence of blood in vomit?

A. Hemoptysis

B. Hematochezia

C. Hematemesis

D. Hematuria

The presence of blood in vomit is referred to as hematemesis. This condition indicates that blood is being expelled from the upper gastrointestinal tract, which includes the esophagus, stomach, or duodenum. Hematemesis can be indicative of various underlying issues, such as peptic ulcers, variceal bleeding, or severe gastritis, and is a clinical sign that requires immediate evaluation and management. In contrast, other terms describe different types of bleeding. Hemoptysis refers to coughing up blood, which indicates issues related to the respiratory system. Hematochezia denotes the passage of fresh blood through the anus, typically indicative of lower gastrointestinal bleeding, often from conditions such as hemorrhoids or diverticulosis. Hematuria describes the presence of blood in urine, highlighting issues within the urinary tract, such as infection or kidney stones. Each of these terms specifies a different source and type of bleeding, clarifying the reason why hematemesis is the correct choice for identifying blood in vomit.