Self-Assessment Quiz

The questions in this self-assessment quiz are based on the articles in this issue of the journal. Each of the questions or statements is followed by five possible answers or completions. Select all of the correct answers to each of the questions and circle the corresponding letters. The answers appear on the inside front cover of this issue.

As an organization accredited for continuing medical education, the American Academy of Pediatrics certifies that this continuing medical education activity, when used and completed as directed, meets the criteria for two hours of credit in Category 1 of the Physician's Recognition Award of the American Medical Association and two hours of PREP credits.

To earn two hours of Category I credit and two hours of PREP credit, you must be registered for PREP or subscribing to PEDIATRICS IN REVIEW. You have received a three-ring binder which contains a set of IBM computer cards and return envelopes. There are no monthly deadlines for the return of the computer cards, except that all cards must be returned by June 30, 1983 to ensure proper credit. Be sure that the date on the computer card corresponds with the date on each issue. Please do not write over the date or the ID number on the card.

We invite you to write specific comments about the relevance of each of the articles and any other comments you wish to make about the Journal on the back of each card.

1. An 1,800-gm infant is the product of a pregnancy without prenatal care and a precipitous delivery in the emergency room. The infant is pale and listless, with poor peripheral perfusion and weak pulses and with a five-minute Apgar score of 6. The cord hemoglobin is 14 gm/dl, hematocrit 42. The most likely etiologies for the anemia include:
   A. Maternal iron deficiency.
   B. Rupture of a normal cord artery.
   C. Erythrobiasis fetalis (EBF).
   D. Fetal-maternal transfusion.
   E. Intracranial hemorrhage.

2. A 1-hour-old, 2,500-gm infant has been pale and listless with tachycardia since birth. The hemoglobin is 9 gm/100 ml, the reticulocyte count 3%, the Coombs' test is negative, and the bilirubin is 1.5 gm/dl. The central venous pressure is decreased. The vaginal blood is not denatured with NaOH. Management should now include:
   A. Transfusion with 10 to 15 ml/kg of packed RBCs.
   B. Exchange transfusion.
   C. Transfusion with 10 to 15 ml/kg of whole blood.
   D. Administration of oxygen.
   E. Administration of intramuscular iron.

3. In the immediate postpartum period, which of the following would suggest that an infant's anemia resulted from antepartum hemolysis, rather than an acute perinatal hemorrhage?
   A. Decreased central venous pressure.
   B. Reticulocyte count of 10%.
   C. Splenomegaly.
   D. Pallor.
   E. Bradycardia.

4. The lack of knowledge regarding normal development causes many concerns in young adolescents and these include:
   A. Height and weight changes.
   B. Fear of venereal disease.
   C. Acne.
   D. Muscular development.
   E. Effects of masturbation.

5. TRUE statements regarding adolescent sexuality include:
   A. Discussion of sexual issues is associated with increased sexual activity.
   B. Young adolescents prefer learning sexual information from their peer group.
   C. Contraceptive responsibility should be discussed with sexually active boys.
   D. Parental reticence in discussing sexual information with their adolescents is frequently related to lack of knowledge.
   E. In adolescents, the risks associated with oral contraceptives exceed the risks of pregnancy.

6. The routine visit of the mid-late adolescent should include:
   A. History of sexual behavior.
   B. Practice of confidentiality.
   C. Instruction on self-examination.
   D. Discussion of common myths.
   E. Assessment of physiologic knowledge.

7. Effective methods of health and safety education include:
   A. Psychological readiness.
   B. Developmental stage of child.
   C. Individual hazard assessment.
   D. Repetition of message.
   E. Goal setting.

8. The MOST effective means of promoting health and safety habits by families is:
   A. Poster displays.
   B. Promoting legislation.
   C. Individual family counseling.
   D. Talks to parent or child groups.
   E. Distributing safety-tip sheets.

9. The GREATEST impact on accidental mortality would theoretically be achieved if the pediatrician developed effective skills in counseling on:
   A. Fire prevention.
   B. Water safety.
   C. Poison control.
   D. Motor vehicle safety.
   E. Prevention of falls.

10. Characteristics associated with renal venous thrombosis (RVT) include:
    A. Flank masses.
    B. Thrombocytopenia.
    C. Azotemia.
    D. Age less than 1 year.
    E. Edema.

11. Clinical circumstances predisposing to RVT in the neonate include:
    A. Dehydration.
    B. Hypoxia.
    C. Congenital vascular malformation.
    D. Shock.
    E. Umbilical artery catheterization.

12. The initial renal evaluation of a patient with RVT should include:
    A. Intravenous pyelogram.
    B. Ultrasonography.
    C. Measurement of renal blood flow.
    D. Radionuclide studies.
    E. Retrograde ureteral catheterization for individual function studies.

13. The prognosis of RVT is improved with:
    A. Restoration of vascular volume.
    B. Early surgical removal of involved kidney.
    C. Conservative management to stabilize the patient.
    D. Correction of inciting factors.
    E. Prompt angiography to determine severity of RVT.