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 I of the Physician’s Recognition Award of the American Medical Association and two hours of PREP credit.

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, 1984 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. Reported complications resulting from the use of transcutaneous PO2 monitors include:
A. Transient erythema.
B. Second degree burns.
C. Localized infections.
D. Hyperpigmented skin craters.
E. Systemic infections.

2. Transcutaneous PO2 readouts will tend to be low, when compared to PaO2, with which of the following:
A. Shock.
B. Halothane anesthesia.
C. Severe anemia.
D. Hypothermia.
E. Severe acidosis.

3. Relative advantages of the use of transcutaneous PO2 monitoring in premature and sick neonates include:
A. Higher correlations with PaO2 than results obtained by capillary PO2 measurements.
B. Transient episodes of hypoxemia and hyperoxemia are less likely to be missed.
C. Eliminates need for intermittent arterial blood gas analysis.
D. Use in all premature infants would eliminate retinopathy of prematurity.
E. Reduces length of time arterial catheters must remain in place.

4. Transcutaneous PO2 monitoring in newborns is of value in:
A. Rapid recognition of acute pneumothorax in infants on respirators.
B. Differentiation of primary lung disease from cyanotic congenital heart disease.
C. Diagnosis of right-to-left blood flow through a patent ductus.
D. Early identification of impending hypotension.
E. Differentiation between apnea-induced hypoxia and primary hypoxia with secondary apnea.

5. True statements pertaining to the use of transcutaneous PO2 monitoring in older infants and children include:
A. Correlation between transcutaneous PO2 and PaO2 is poor.
B. Overall trends can be relied upon to identify changes in PO2.
C. It is helpful in regulation of the respirator in the mechanically ventilated child.
D. It should be used routinely for the hospitalized child with moderate respiratory disease.
E. It is useful in management of the child with acute severe asthma.

6. Environmental factors that increase the risk of acquiring a sunburn include:
A. Low altitudes.
B. Latitudes close to the equator.
C. Spring and summer months in the northern hemisphere.
D. Hours from 10 AM to 2 PM solar time.
E. Wide-open spaces with sand or snow.

7. An 8-year-old girl has an extensive sunburn of moderate degree that is painful but not associated with symptoms of systemic toxicity. Appropriate management includes:
A. Topical steroid.
B. Systemic steroid.
C. Topical anesthetic.
D. Aspirin.
E. Emollient cream.

8. Factors involved in the prevention of sunburn include:
A. Constitutive pigmentation.
B. Melanogenesis.
C. Thinned stratum corneum.
D. Sunscreens.
E. Protective clothing.

9. The cumulative effects of repeated exposure to ultraviolet radiation over many years include:
A. Wrinkling of the skin.
B. Leathery changes in the skin.
C. Solar keratoses.
D. Basal cell carcinomas.
E. Squamous cell carcinomas.

10. A secondary, as contrasted with a primary, type of acute g-lomerulonephritis would be suggested by:
A. Arthritis.
B. Erythrocyte casts in urinary sediment.
C. Moderate anemia.
D. Hypertension.
E. Severe abdominal pain.

11. A 3-year-old boy developed a gastroenteritis of short duration, followed by pallor and hematuria. Which of the following would be consistent with his having the hemolytic-uremic syndrome:
A. Depressed C3 level.
B. Negative Coombs’ test.
C. Abnormal erythrocyte morphology.
D. Elevated level of serum creatinine.
E. Thrombocytopenia.

12. A 9-year-old girl is receiving intravenous oxacillin for acute osteomyelitis. On the seventh day she develops signs of acute renal failure. Which of the following would suggest that she has a drug-induced acute interstitial nephritis, rather than a toxic nephropathy:
A. Maculopapular rash.
B. Proteinuria without hematuria.
C. Arthralgias.
D. Eosinophilia.
E. Nephrotic syndrome.

13. In severe hypertension associated with encephalopathy, or impending cardiac failure, the initial drug of choice is:
A. Furosemide.
B. Hydralazine.
C. Reserpine.
D. Diazoxide.
E. Aldomet.

14. Which of the following are appropriate information and/or recommendations for the parents of an uncircumcised boy:
A. Nonretractability of an infant's foreskin is a normal condition.
B. Forceful retraction is only recommended if the foreskin is not retractable by school age.
C. The easily exposed portion of the glans should be cleansed with mild soap and water.
D. After cleansing, the foreskin should be kept retracted.
E. Therapeutic circumcision should be performed if the glans cannot be completely exposed by early adolescence.

15. Neonatal circumcision is of proven value in decreasing the incidence of:
A. Carcinoma of the penis.
B. Prostatic cancer.
C. Cervical cancer among women whose husbands have been circumcised.
D. Urethral meatitis.
E. Balanitis.

16. A reasonable estimate of the rate of significant complications of circumcision is:
A. 0.02%
B. 0.2%
C. 2%
D. 10%
E. 20%