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, 1985 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 of 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. Appropriate precautions (to avoid tissue necrosis) when administering vesicant medications (eg, vinblastine) intravenously include:
   A. Use vein in antecubital fossa.
   B. Test vein patency by flushing with normal saline before administration of the drug.
   C. Ask patient to report any discomfort during the drug administration.
   D. Observe intravenous infusion site constantly while giving the medication.
   E. If extravasation of the drug is suspected withdraw the needle immediately.

2. A 7-year-old leukemic patient vomits when he receives chemotherapy. The three most appropriate and effective antiemetic drugs, with an acceptable incidence of side effects, that may be used include:
   A. Chlorpromazine (Thorazine).
   B. Metoclopramide (Reglan).
   C. Promethazine (Phenergan).
   D. Diphenhydramine (Benadryl).
   E. Trimethobenzamide (Tigan).

3. True statements pertaining to the effects of radiation or chemotherapy on the gonads include:
   A. In girls treated with radiation therapy to the abdominal area, ovarian failure is uncommon if the ovaries are outside of the field of radiation.
   B. Most girls surviving Wilms' tumor are infertile.
   C. Once gonadal failure develops secondary to chemotherapy, it is irreversible.
   D. Adolescent testes appear to be more sensitive to cytotoxic agents than prepubertal testes.
   E. Alkylating agents (eg, cyclophosphamide) are most commonly associated with gonadal dysfunction.

4. Relatively typical toxicity problems with vincristine therapy include:
   A. Myelosuppression.
   B. Local skin necrosis.
   C. Alopecia.
   D. Peripheral neuropathies.
   E. Nausea and vomiting.

5. Multifactorial inheritance of congenital malformations implies that:
   A. One or more mutant genes is involved.
   B. A specific environmental factor is identified.
   C. Risk for a malformation is about the same for both the parents and the siblings of an affected child.
   D. Parents with two affected children have a significantly greater chance of having another affected child than parents of one affected child.
   E. Concordance rate for a specific malformation is 100% for identical twins.

6. Malformations thought to be due to multifactorial inheritance include:
   A. Hirschsprung disease.
   B. Congenital hip dislocation.
   C. Down syndrome.
   D. Hypoplasias.
   E. Legg-Perthes disease.

7. True statements that are potentially useful when counseling families about multifactorial inheritance include:
   A. Most affected children have at least one affected relative.
   B. There is no laboratory test that proves that the malformation is due, in part, to a hereditary abnormality.
   C. Birth defects caused by chromosomal abnormalities are more common.
   D. It can simulate autosomal recessive inheritance.
   E. Interpretation of the patterns of inheritance should be derived from the study of many families with each disorder.

8. Appropriate counseling for the parents of a child with meningomyelocoele may include informing them that:
   A. Anencephaly-spina bifida group of malformations occurs once in every 500 to 1,000 births.
   B. There is a 2% to 3% chance that their next child will be affected.
   C. Prenatal diagnosis is available.
   D. Prevalence is the same for different racial groups.
   E. Multifactorial inheritance is involved.

9. Which one of the following does not tend to be increased by early intervention programs for handicapped children?
   A. Child's commitment to schooling.
   B. Child's social development.
   C. Years spent in special education classes.
   D. Increase in social impact on the family.
   E. General health of the child.

10. Role of the pediatrician in the care of the handicapped includes:
    A. Continuing psychologic support.
    B. Conveying information about community resources.
    C. Early identification.
    D. Early referral to appropriate resources.
    E. Being concerned with the full spectrum of the child's life needs.

11. Advantages of computed tomography, when compared with ultrasound, include:
    A. Less expensive.
    B. Better evaluation of skull.
    C. Better evaluation of peripheral brain areas.
    D. Requires no sedation.
    E. Doesn't require open fontanel.

12. In which one of the following circumstances would cranial ultrasound not be the screening modality of choice?
    A. Gestational age less than 32 weeks.
    B. History of traumatic delivery.
    C. Birth weight 1,500 g or less.
    D. Significant unexplained hypotonia.
    E. Neurologic signs suggesting intracranial pathology.

13. In a 6-month-old infant with hypotonia, ultrasound would be preferred to computed tomography in which one of the following situations?
    A. Head enlarging too rapidly.
    B. Anoxic brain damage.
    C. CNS infection.
    D. Congenital CNS anomaly.
    E. CNS tumor.
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<td>Crisis and Emergency Pediatrics</td>
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These courses feature subject matter which is coordinated with the PREP curriculum and are eligible for PREP credits.

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