Self-Evaluation Quiz

The questions in this self-evaluation 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 credit.

To earn two hours of Category 1 credit and two hours of PREP credit for this quiz, you must currently be enrolled in PREP or subscribing to PEDIATRICS IN REVIEW. You received two quiz reply cards this year along with a letter acknowledging your enrollment or subscription. Each card provides space to answer the questions from five issues of the journal. Please use CARD #1 for responses to the questions in the July through November issues and CARD #2 for the December through April issues. To receive proper credit, both cards MUST be returned by June 30, 1986.

We invite your specific comments about the relevance of each of the articles and any other comments you wish to make about the journal. You may enclose your comments with your quiz reply cards, or send them directly to: PEDIATRICS IN REVIEW, American Academy of Pediatrics, 141 Northwest Point Road, PO Box 927, Elk Grove Village, IL 60007.

1. True statements pertaining to day care include:
   A. About half of the children of working mothers are receiving care by nonrelatives during some part of the day (day care).
   B. In-service training in child development for caregivers correlates well with improved performance.
   C. Exclusion of children with respiratory illnesses is effective in preventing spread of these infections in the day-care setting.
   D. Attending children have higher levels of vaccine utilization than children not attending day-care programs.
   E. For most illnesses, a physician should certify that a child is well before he or she may return to day care.

2. Family day-care home settings, when contrasted with day-care centers, are more likely to:
   A. Be less expensive.
   B. Be inspected.
   C. Have untrained care givers.
   D. Be regulated.
   E. Be flexible.

3. Diaper changing technique in a child-care setting should include:
   A. Use of reusable diapers.
   B. Location of diaper changing areas adjacent to a sink.
   C. Location of diaper changing areas adjacent to food preparation areas.
   D. Disposal of diapers in covered containers.
   E. Use of a sanitizing agent on contaminated surfaces.

4. One case of which of the following in a day-care center justifies intervention (eg, γ-globulin or antibiotics)?
   A. Hepatitis A.
   B. Measles.
   C. Invasive Haemophilus influenzae type b disease.
   D. Diarrhea secondary to Giardia lamblia.
   E. Systemic meningococcal disease.

5. A newborn was discovered by routine screening to have an elevated blood phenylalanine level. A repeat test was normal. He is now ten days old and clinically well. Which of the following would be appropriate at this time?
   A. Plan to obtain weekly phenylalanine levels for 6 weeks.
   B. Refer him to a pediatric metabolic center.
   C. Screen his mother for phenylketonuria.
   D. Do a urine ferri chloride test.
   E. Order an amino acid analysis of his urine.

6. Which one of the following is not a true statement pertaining to classical phenylketonuria?
   A. It should be differentiated from a ptetin defect by measuring urinary pterins.
   B. The blood phenylalanine level is 20 mg/dl or greater.
   C. Treatment is based on the blood phenylalanine level, not the level of enzyme (phenylalanine hydroxylase) activity.
   D. Prenatal diagnosis is not yet possible.
   E. A specific enzyme diagnosis requires a liver biopsy.

7. True statements pertaining to the dietary treatment of classical phenylketonuria include:
   A. The diet is phenylalanine restricted.
   B. Breast milk is ideal for the involved infant.
   C. Tyrosine is added.
   D. Blood phenylalanine level must be checked regularly so as to adjust the diet.
   E. There are no biologically harmful effects of termination of the diet after 6 years of age.

8. It is important to identify and manage women of child-bearing age who have phenylketonuria because:
   A. Offspring from untreated pregnancies are usually microcephalic and mentally retarded.
   B. Most of these women are fertile.
   C. Effects on the fetus may be prevented by dietary treatment of the mother.
   D. Only their nonphenylketonuric offspring are safe from intrauterine damage.
   E. Treatment is probably most helpful if begun prior to conception.

9. A sweat test is generally indicated if a child has had:
   A. Two episodes of pneumonia.
   B. Cholestatic hepatitis with chronic hemolytic anemia.
   C. Recurrent bronchiolitis.
   D. Nasal polyps.
   E. Pansinusitis.

10. An 8-year-old boy has a sweat chloride of 60 mEq/l. Which one of the following would not be included in the differential diagnosis?
    A. Hyperthyroidism.
    B. Adrenal insufficiency.
    C. Cystic fibrosis.
    D. Nephrogenic diabetes insipidus.
    E. Ectodermal dysplasia.

11. True statements pertaining to cystic fibrosis include:
    A. About 50% of affected males are azoospermic.
    B. Pseudomonas cepacia is generally a more serious pathogen than P aeruginosa.
    C. Lobectomy is usually the treatment of choice for massive hemoptysis.
    D. Overhydration helps liquefaction of secretions.
    E. Meconium ileus can frequently be relieved by Gas- trografin enemas.

12. True statements pertaining to pneumothorax in patients with cystic fibrosis include:
    A. Small pneumothoraces often resolve spontaneously.
    B. It is usually desirable to perform a sclerosing procedure if a large leak is present.
    C. A prophylactic sclerosing procedure is justified to prevent pneumothorax if massive blebs are visible roentgenographically.
    D. Most patients survive less than 2 years after the initial episode.
    E. After a successful sclerosing procedure other thoracic surgery is considerably more difficult.
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These programs feature subject matter which is coordinated with the PREP curriculum and are eligible for PREP credits.

For further information, contact: CME, Department of Education, American Academy of Pediatrics, PO Box 927, Elk Grove Village, IL 60007. (800) 433-9016. In Illinois (800) 421-0589.