

## 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 will receive 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, 1988.

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 Blvd, PO Box 927, Elk Grove Village, IL 60009-0927.

**1. Of the following, the advice given to parents regarding sleep patterns that is *least* likely to be helpful is that:**

- A. Sleep cycling at all ages normally includes brief nighttime awakenings.
- B. When children awaken under conditions different from those present at bedtime, they may have difficulty returning to sleep until these conditions are reestablished.
- C. Children are best taught to sleep through the night by leaving them alone and allowing them to cry themselves to sleep.
- D. Repeated nighttime interventions by parents often prevent children from learning to go to sleep without such intervention.
- E. Feeding children during the night can condition them to becoming hungry at those hours.

**2. A 2-year-old boy comes into his parents' bedroom four or five**

**times a night. He makes various excuses but does not appear frightened. He refuses to stay in his room. Of the following suggestions for his parents, the *least* appropriate would be:**

- A. Allow only one last bedtime trip to the bathroom.
- B. Consider whether psychosocial factors may be contributing to the problem.
- C. Install a gate in his doorway.
- D. Consider whether the time chosen for bed is appropriate.
- E. Allow him to go to sleep in his parents' bed and then return to his own bed.

**3. A 7-year-old girl who resists going to bed until 11 PM has to be awakened on school days and is then irritable. Of the following advice to the parents, the *least* appropriate would be to:**

- A. Establish a regular pattern of meal times and bedtimes.
- B. Allow the child to sleep late on weekends.

- C. Keep a chart of the child's 24-hour schedule.
- D. Develop a consistent nonstimulating bedtime ritual.
- E. Prevent extra napping during the day.

**4. A 7-year-old girl has coryza, fever, dyspnea, and precordial chest pain. Which of the following findings would be inconsistent with the diagnosis of typical viral myocarditis?**

- A. Elevated ESR.
- B. Elevated cardiac enzyme activity in blood.
- C. ST depression in her ECG.
- D. Coronary artery aneurysms on echocardiogram.
- E. Cardiac enlargement on chest x-ray film.

**5. In 4-year-old boy mild dyspnea, tachycardia, and hepatomegaly has recently developed. Of the following findings, which would be inconsistent with the diagnosis of Kawasaki disease?**

- A. Prolonged severe febrile illness.
- B. Petechial rash due to thrombocytopenia.
- C. Adenopathy.
- D. Mucous membrane erythema.
- E. Erythematous rash on hands and feet.

**6. A 3-year-old girl has a temperature of 40°C, pulse rate of 170 beats per minute, mildly swollen feet, moderate hepatomegaly, distant heart sounds, and complaints of chest pain. Of the following findings, which would indicate that she probably has viral, rather than bacterial, pericarditis?**

- A. Enlarged heart on chest x-ray film.
- B. Diffuse low voltage with ST elevations on ECG.
- C. Recovery of serosanguinous fluid on pericardiocentesis.
- D. Pericardial effusion on echocardiograph.

- E. Blood culture positive for *Haemophilus influenzae* type b.

**7. A 15-year-old boy has a 3-month history of increasing fatigability, dyspnea, and chest pain with exertion. Of the following findings, which would be *least* likely related to the diagnosis of hypertrophic cardiomyopathy?**

- A. Apical midsystolic click and late systolic murmur.
- B. Syncopal spells.
- C. Left ventricular hypertrophy with abnormal Q waves on ECG.
- D. Mildly enlarged heart on chest x-ray.
- E. Asymmetric septal hypertrophy on echocardiograph.

**8. Legislation enacted by Congress in 1984 would allow a physician to withhold extraordinary treatment of a newborn infant in each of the following circumstances *except* when the:**

- A. Infant is chronically and irreversibly comatose.
- B. Future quality of child's life would be poor.
- C. Provision of such treatment would merely prolong dying.
- D. Treatment would be considered "inhuman."
- E. Treatment would be virtually futile in terms of survival of the infant.

**9. With respect to decisions to discontinue treatment of an infant, the responsibilities of Infant Care Review Committees (hospital ethics committees) include each of the following *except* to:**

- A. Clarify issues.
- B. Ensure that good communication has taken place.
- C. Assist parties in conflict to arrive at a consensus.
- D. Determine whether decisions arrived at are within socially acceptable guidelines.
- E. Seek court orders requiring treatment when that appears justified.

This One



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# AAP Continuing Education Calendar

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1987	September 3-5	Current Concepts in Pediatrics	<i>Boston, Massachusetts</i>
	October 31- November 5	Annual Meeting	<i>New Orleans, Louisiana</i>
1988	January 7-10	Infectious Disease	<i>Vail, Colorado</i>
	March 4-6	Advances in Pediatrics I	<i>Scottsdale, Arizona</i>
	March 24-26	General Pediatrics	<i>Marco Island, Florida</i>
	April 22-24	General Pediatrics	<i>Las Vegas, Nevada</i>
	April 28-30	Advances in Pediatrics II	<i>Hilton Head Island, South Carolina</i>
	May 7-12	Spring Session	<i>New York City</i>
	October 15-20	Annual Meeting	<i>San Francisco, California</i>
1989	October 21-26	Annual Meeting	<i>Chicago, Illinois</i>
1990	October 6-11	Annual Meeting	<i>Boston, Massachusetts</i>
1991	October 26-31	Annual Meeting	<i>New Orleans, Louisiana</i>
1992	October 10-15	Annual Meeting	<i>San Francisco, California</i>

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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 60009-0927. (800) 433-9016. In Illinois (800) 421-0589.

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