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. Which one of the following is least likely to be a true statement?
A. In contrast to other drugs of abuse, cocaine use has steadily increased during the last decade.
B. Management of an infant born to a substance-abusing woman is often complicated because most such women use multiple drugs.
C. Almost all infants with signs of neonatal drug abstinence will require pharmacologic treatment.
D. Of infants born to narcotic-abusing mothers, 60% to 90% will show clinical signs of withdrawal.
E. Infants of heroin- or cocaine-abusing women have a five- to tenfold increased rate of sudden infant death syndrome.

2. Intrauterine exposure to which one of the following is most likely to result in severe abstinence syndrome?
A. Narcotics.
B. Diazepam.
C. Marijuana.
D. Cocaine.
E. Alcohol.

3. A two-day-old infant is persistently irritable, cries, and feeds poorly. Narcotic metabolites are found in the urine. Pharmacologic treatment would be likely to be indicated for all of the following except:
A. Inability of the infant to sleep.
B. Fever unrelated to infection.
C. Excessive weight loss due to vomiting/diarrhea.
D. Tremulousness.
E. Seizures.

4. Advantages of paregoric treatment of abstinence in the newborn (when compared with diazepam and/or phenobarbital) include all of the following except:
A. Improved and more efficient sucking behavior.
B. Greater efficacy if the abstinence syndrome is due to nonnarcotic drug.
C. Better weight gain.
D. May be used in icteric infant.
E. Less sedation.

5. A 2,900-g newborn infant born at 37 weeks’ gestational age had Apgar scores of 6 and 7 at one and five minutes, respectively. He first has signs of respiratory distress at four hours of age. These findings would be least typical of:
A. Congenital heart disease.
B. Hyaline membrane disease.
C. Bacterial sepsis.
D. An inborn error of metabolism.
E. Intracranial hemorrhage.

6. A 3,400-g newborn infant born at 38 weeks’ gestational age has had persistent tachypnea, mild grunting, and central cyanosis (when the FIO2 is <0.35) since her birth six hours ago. An x-ray study of the chest will be done. Appropriate additional laboratory tests would include each of the following except:
A. Computed tomographic scan of head.
B. Hemoglobin/hematocrit.
C. Blood glucose.
D. Direct or indirect arterial blood gases.
E. Blood culture.

7. Each of the following statements regarding pulmonary disease in the newborn infant is true except:
A. Liberal use of oxygen in the delivery room for the full-term infant who is vigorous but cyanotic may decrease the incidence of pulmonary hypertension.
B. High percentage of fetal hemoglobin in the newborn infant may prevent the appearance of cyanosis until the Pao2 value decreases to <30 to 40 mm Hg.
C. Essentially all premature infants with hyaline membrane disease who weigh less than 2,000 g will require mechanical ventilatory support.
D. Aspiration of normal amniotic fluid (ie, not contaminated with meconium or blood) has not been shown to cause respiratory distress syndrome in the newborn infant.
E. Any newborn infant with respiratory distress lasting more than a few hours must be considered at increased risk of infection.

8. Which one of the following would be least characteristic of the newborn infant with persistent pulmonary hypertension:
A. Term delivery.
B. Postdual Pao2 greater than predual Pao2.
C. Development of respiratory distress at <12 hours of age.
D. Increased perivascular markings on chest x-ray film.
E. Labile responses to stimulation.

9. Advantages of pulse oximeters (transcutaneous oxygen saturation electrodes) over transcutaneous PO2 electrodes in monitoring and oxygenation of the infant include each of the following except:
A. More precise estimate of Pao2 at saturation >90%.
B. Less effect of poor skin perfusion on accuracy.
C. Less risk of skin burns.
D. More rapid response time.
E. Tolerance of continuous use for longer periods of time.

10. Each of the following statements regarding attentional deficit disorder is true except:
A. Of prepubertal children with attentional deficits, >50% will continue to have symptoms through middle adolescence.
B. Disappointing academic performance is a common stimulus for referral.
C. Those affected who have no other antisocial traits are at increased risk for alcohol and/or drug abuse.
D. Affected students are likely to have their greatest difficulty with classes that stress cumulative memory.
E. Those suffering chronic failure (success-deprivation) are intensely aware of the gap between their hopes and their actual achievement.

11. Of the following traits in adolescents with attentional deficits, which is least likely to compromise academic performance?
A. Self-monitoring.
B. Disorganization.
C. Impersistence.
D. Inattention to detail.
E. Associated processing problems.

12. Of the following features of adolescents with attentional deficit disorder, which is least likely to have some potentially redeeming aspect?
A. Inattention to detail.
B. Instability.
C. Distractibility.
D. Impulsivity.
E. Depression.

13. Of the following statements regarding pharmacologic management of adolescents with attentional deficit disorder, which is least likely to be consistently true?
A. Pharmacotherapy is the most reliably effective treatment.
B. Adolescents who experience a positive response rarely present problems of compliance.
C. The dose of medication should be adjusted upward until optimal improvement is obtained.
D. The use of medication and management of an appropriate educational setting are synergistic.
E. Stimulants are the most consistently effective form of medication.
# AAP Continuing Education Calendar

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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.