Core Content In Urgent Care Medicine
GI/GU Module

Release Date: September 1, 2016: Expiration Date: August 31, 2019

Urinary Tract Infections
Faculty: William Gluckman, DO, MBA, FACEP

1. The most common organism causing urinary tract infections is:
   a. Staph Saprophyticus
   b. Enterococcus
   c. Proteus mirabilis
   d. Escherichia coli

2. Which of the following is NOT considered a complicated UTI?
   a. Infection in the face of HIV
   b. Infection in the face of a kidney stone
   c. Infection in a patient >80 years old
   d. Infection in the face of a ureteral stent

3. Which of the following statements is TRUE?
   a. Asymptomatic bacteriuria is associated with IUGR and LBW (intrauterine growth retardation and low birth weight)
   b. All pregnant women should be screened for bacteriuria
   c. Ampicillin should no longer be used because of high resistance rates
   d. Pyelonephritis in pregnant females can lead to maternal sepsis, preterm labor and premature delivery
   e. All of the above are true

4. Uncomplicated cystitis with no previous infection should be treated with how many days of antibiotic therapy when using Trimethoprim/Sulfamethoxazole?
   a. 3
   b. 5
   c. 7
   d. 10
   e. 14

5. Acceptable antibiotics for the treatment of UTI’s include all of the following EXCEPT:
   a. Trimethoprim/Sulfamethoxazole
   b. Fosfomycin
   c. Ampicillin
   d. Nitrofurantoin
   e. All are good choices
Urinary Tract Infections Continued
Faculty: William Gluckman, DO, MBA, FACEP

6. All of the following regimens may be used to treat urethritis EXCEPT:
   a. Ceftriaxone plus Azithromycin
   b. Ceftriaxone plus Doxycycline
   c. Ciprofloxacin 500mg single dose
   d. Cefixime 400mg single dose
   e. Azithromycin 2g single dose
Vomiting, Diarrhea, and Constipation

Faculty: William Gluckman, DO, MBA, FACEP

7. One of the most important tests when evaluating a female with vomiting is:
   a. Amylase
   b. Lipase
   c. LFTs
   d. HCG

8. Vomiting may occur as a result of:
   a. Bowel obstruction
   b. Infection
   c. Head injury
   d. Myocardial Infarction
   e. All of the above

9. Which of the following organisms is most closely associated with hemolytic Uremic Syndrome (HUS)?
   a. EHEC 0157:H7
   b. Salmonella
   c. Yersinia
   d. Shigella
   e. Campylobacter

10. Diarrhea may be caused by:
    a. Chronic pancreatitis
    b. Cystic fibrosis
    c. Antibiotic use
    d. All of the above
    e. None of the above

11. Common medications associated with constipation include all of the following EXCEPT:
    a. Antidepressants
    b. Verapamil
    c. Ferrous Sulfate
    d. Opiates
    e. Sorbitol
Vomiting, Diarrhea, and Constipation Continued
Faculty: William Gluckman, DO, MBA, FACEP

12. A 75 female presents to the urgent care center with a complaint of constipation for one week. You should do all of the following EXCEPT:
   a. Perform a rectal exam
   b. Give a bottle of magnesium citrate and a fleets and show her the bathroom
   c. Obtain a good medication history
   d. Ask about her typical stool frequency

13. A serious cause of constipation is:
   a. Cauda Equina Syndrome
   b. Opiate use
   c. Hemorrhoids
   d. Appendicitis
Abdominal Pain
Faculty: William Gluckman, DO, MBA, FACEP

14. Which of the following is FALSE?
   a. Appendicitis pain is typically periumbilical and radiates to the RLQ
   b. Patients with appendicitis often have a normal WBC count on a CBC
   c. Patients with appendicitis always have a fever
   d. Appendicitis rarely occurs in children less than 12

15. A patient that is writhing around with abdominal and flank pain, can’t get comfortable and is vomiting most likely has:
   a. Appendicitis
   b. PID
   c. Pyelonephritis
   d. Renal Colic

16. The best imaging modality for evaluating potential ovarian pathology is:
   a. CT Scan of the pelvis
   b. Ultrasound
   c. MRI
   d. KUB

17. The imaging modality that offers the most information when evaluating a patient with suspected renal colic is:
   a. CT Scan of the Abdomen and pelvis without contrast
   b. CT scan of the Abdomen and Pelvis with contrast
   c. Renal Ultrasound
   d. Renal nuclear scan

18. A 13 year old male presents with sudden onset of left groin pain 2 hours ago and you suspect a testicular torsion. You should immediately:
   a. Call your urologist and get a stat office appointment
   b. Order a nuclear testicular scan to look for flow
   c. Send immediately to the emergency department
   d. Attempt manual detorsion by twisting the left testicle counter clockwise
   e. C&D
Abdominal Pain Continued
Faculty: William Gluckman, DO, MBA, FACEP

19. All of the following are indications to transfer to an emergency department EXCEPT:
   a. Free air noted on KUB
   b. Uncontrolled vomiting
   c. Abdominal pain with hypotension
   d. Reducible abdominal wall hernia
20. The following are true regarding thrombosed external hemorrhoids EXCEPT:
   a. Patients presenting within 72 hours of thrombosis are best managed by an elliptical excision of the hemorrhoid
   b. Patients presenting after 72 hours of onset of thrombosis are best managed conservatively
   c. Patients presenting within 72 hours of thrombosis are best managed by incision and drainage of the hemorrhoid
   d. Hot sitz baths, topical nitroglycerin and topical calcium channel blockers help relax of the internal anal sphincter

21. The following are true regarding internal hemorrhoids EXCEPT:
   a. Most thrombosed and strangulated internal hemorrhoids require emergent referral and management
   b. There are no RCT's to support the widespread use of topical steroids for perianal pruritus
   c. Use of 30 grams of fiber per day treats symptomatic and bleeding grades I–II hemorrhoid
   d. Patients with portal hypertension do not have increased risk of developing hemorrhoids

22. The following are true of anorectal abscesses and fistulas EXCEPT:
   e. The most common cause is Crohn’s disease
   b. Patients under 40 years old and non-diabetics are at greatest risk of fistula development after the first episode of anal abscess
   c. 35-50% develop anal fistula after the first episode of anorectal abscess
   d. Spontaneous drainage is accompanied by improvement in symptoms but patients still require a formal incision and drainage

23. The following are true regarding pilonidal abscess EXCEPT:
   a. Identification of the midline pit, 4-5 cm cephalad to the anus, helps differentiate pilonidal abscess from anorectal abscess
   b. Pilonidal disease begins as an embryological skin defect (pit) with a secondary opening off the midline; blockage of this pit with hairs, poor hygiene and repeated trauma may precipitate infection
   c. The secondary opening off the midline may occur caudad from the primary opening in 7% of cases and needs to be differentiated from an anal fistula
   d. Deep incision and drainage of pilonidal abscess is curative
24. The following are true regarding perianal/perineal hidradenitis suppurativa EXCEPT:
   a. More common in men
   b. Associated with anemia, fistula, squamous cell carcinoma and death
   c. Associated with obesity, smoking and poor hygiene
   d. Acute subcutaneous hidradenitis abscess may mimic an ischiorectal abscess
Kidney Stones
Faculty: Stephanie Whitko, MD

25. Which patient has the highest likelihood of developing a kidney stone?
   a. 20 year old Asian American female from California with history of frequent urinary tract infections
   b. 75 year old African American male from New York with history of gout
   c. 42 year old Caucasian male from Florida with family history of kidney stones
   d. 18 year old African American female from Oregon with history of sarcoidosis

26. What is the definitive treatment of choice for cystine stones?
   a. Shock Wave Lithotripsy
   b. Alkalinization of urine
   c. Dietary intervention
   d. Ureteroscopy

27. Which of the following statements is TRUE?
   a. 90% of stones measuring 4-6 mm will pass spontaneously
   b. After the first episode of kidney stones, the 5 year recurrence rate is 80%
   c. IVP is the diagnostic study of choice when evaluating a patient for kidney stones
   d. Kidney stones presenting in the distal ureter are more likely to pass spontaneously than stones positioned in the proximal ureter

28. Which of the following patients can be discharged from the urgent care with outpatient follow up?
   a. 38 year old, previously healthy male who has new onset of right flank pain radiating to the groin. Patient is afebrile and tolerating oral fluids. His pain is well controlled after a dose of IM Toradol® and oral narcotics. CT scan is unavailable to make a definitive diagnosis of presumed kidney stones.
   b. 75 year old female with history of chronic stable angina, diabetes and kidney stones who presents with vomiting and abdominal pain. Kidney stones were visualized on a plain abdominal X-Ray.
   c. 45 year old male with a history of obesity, hypertension and gout who presents with fever and severe flank pain. Helical CT reveals a 5mm obstructing kidney stone.
   d. 18 year old male with a history of newly diagnosed sarcoidosis who presents with acute onset of renal colic.
Kidney Stones Continued
Faculty: Stephanie Whitko, MD

29. Which of the following dietary recommendations are made to patients with new onset kidney stones?
   a. Increased fluid intake
   b. Decreased oxalate intake
   c. Increased citrate intake
   d. All of the above
Testicular Disorders
Faculty: Jason Chao, MD, MS

30. Which one of the following should not be part of the initial evaluation of a painful, swollen scrotum?
   a. Needle aspiration of scrotal contents
   b. Noting whether there is pain relief with testicular elevation
   c. Transillumination of scrotal contents
   d. Noting a discrepancy in the size of the testicles
   e. Palpating for tenderness of the epididymis

31. Which one of the following is atypical in the presentation of testicular torsion?
   a. Acute onset of scrotal pain with swelling
   b. Unilateral scrotal pain
   c. Cremasteric reflex (stroking of the medial thigh causing elevation of the ipsilateral scrotum) is absent on the affected side
   d. History of prior mild scrotal pain that spontaneously resolved
   e. Pre-pubertal boy (age 8-10)

32. A man with acute epididymitis is least likely to have which infecting organism?
   a. Chlamydia trachomatis
   b. Escherichia coli
   c. Herpes simplex
   d. Mycoplasma genitalium
   e. Neisseria gonorrhoeae

33. Acute scrotal pain is least likely to be caused by which of the following?
   a. Epididymo-orchitis
   b. Testicular torsion
   c. Testicular tumor with infarction
   d. Inflammatory bowel disease
   e. Incarcerated or strangulated inguinal hernia

34. Which one of the following is NOT a cause of chronic scrotal swelling?
   a. Hydrocele
   b. Mumps orchitis
   c. Spermatocoele
   d. Inguinal hernia
   e. Varicocele
Testicular Disorders Continued
Faculty: Jason Chao, MD, MS

35. Which one of the following is NOT true of acute prostatitis?
   a. Septic shock may occur as a complication
   b. Prostate gland is tender on rectal exam
   c. Initial antibiotic treatment should cover gram-negative organisms
   d. Prostatic abscess may occur as a complication
   e. Pain during or after ejaculation is a common complaint
Pelvic Disorders
Faculty: Tomas Gigena, MD

36. All of the following are indicated for control of abnormal uterine bleeding in the non-pregnant female EXCEPT:
   a. Oral contraceptive pill twice daily for 5-7 days
   b. Provera® 10mg per day for 10 days
   c. Naproxen 500mg twice a day
   d. Aspirin 650mg QID

37. Which of the following is the most common cause of vaginitis?
   a. Trichamonas
   b. Irritants
   c. Bacterial vaginosis
   d. Candidiasis

38. Which of the following is TRUE with regards to bacterial vaginosis (BV)?
   a. Yogurt is beneficial for treatment
   b. BV recurs in 20-40% of patients after one month
   c. Symptomatic pregnant women should not be treated
   d. Unrelated to sexual intercourse or menses

39. All of the following are criteria for inpatient treatment of PID EXCEPT:
   a. Cervical motion tenderness and low grade fever
   b. Inability to tolerate oral antibiotics
   c. Pregnancy
   d. Clinical failure of outpatient treatment after 3 days

40. Which of the following tests is most sensitive for detection of Chlamydia?
   a. Culture
   b. PCR
   c. Enzyme immunoassay
   d. Nucleic Acid Hybridization (NA probe)
Pelvic Disorders Continued
Faculty: Tomas Gigena, MD

41. When treating empirically for cervicitis or urethritis, all of the following are acceptable EXCEPT:
   a. Ceftriaxone IM plus Azithromycin PO
   b. Cefixime (Suprax®) plus Azithromycin PO
   c. Ciprofloxacin plus Doxycycline PO
   d. Ceftriaxone plus Doxycycline PO

42. All of the following are risk factors for ectopic pregnancy EXCEPT:
   a. Multiple pregnancies
   b. PID
   c. Previous ectopic
   d. Previous tubal surgery

43. Which of the following is TRUE about suspected ectopic pregnancies?
   a. They all need surgery
   b. If no IUP, patient hemodynamically stable, and serum HCG < 1500, re-check HCG in 48 hrs.
   c. Medical therapy with Methotrexate is indicated when ectopic mass is > 3.5 cm
   d. If patient is unstable with suspected ectopic, pelvic US and serum HCG should be performed prior to surgery