Core Content In Urgent Care Medicine
Pediatrics Module Posttest

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

Pediatric Clinical Pearls
Faculty: Emory Petrack, MD, FAAP, FACEP

1. A 15 month old girl presents with 2 days of fever to 39.6C (103.3F). She is well-appearing and playful, with otherwise normal vital signs. There is no source for fever on her exam. The most important lab test to consider is:
   a. CBC
   b. Rapid strep test
   c. Urinalysis and urine culture
   d. RSV swab

2. A 2 year old presents with a febrile seizure, lasting 5 minutes. He is now well-appearing and interactive, has normal vital signs except for a fever of 39C (102.2F), and a normal physical exam except for an obvious right otitis media. Appropriate workup of this seizure includes:
   a. Transfer to a local emergency department for workup and possible admission
   b. CBC, blood culture, urinalysis, urine culture
   c. No further workup at this time, but refer to primary provider for further discussion of febrile seizures
   d. CBC, blood culture, urinalysis, urine culture, lumbar puncture

3. An 8 month old male presents with a chief complaint of “fussy and cranky” over past 24 hours. There is no history of fever, vomiting or diarrhea. On exam, the baby is moderately fussy, difficult to console, but not toxic appearing. Vital signs are normal. You decide to do some labs, including CBC, electrolytes and urinalysis, all of which are normal. The baby remains fussy. The best course of action is:
   a. Consider lumbar puncture, and transfer baby for admission
   b. Be sure nothing was missed on physical exam, such as hair tourniquet or testicular torsion.
   c. Discharge infant to home with follow up within 48 hours.
   d. A and B

4. The MOST important elements of the pediatric physical exam to ensure a serious diagnosis is not missed include:
   a. Respiratory exam
   b. Abdominal exam
   c. Vital signs and general appearance
   d. HEENT exam
Pediatric Clinical Pearls Continued  
Faculty: Emory Petrack, MD, FAAP, FACEP

5. A 7 year old presents complaining of abdominal pain for one day. She is well appearing, but anxious. The most important element to help with a good abdominal examination is:
   a. Use distraction techniques while examining her abdomen
   b. Have her hop up and down on both feet
   c. Discuss with her why she is anxious
   d. Be sure to include a GU exam
Fever without a Source  
Faculty: Faiz Ahmad, MD  

6. Fever that does not respond to an antipyretic is an ominous sign that must be worked up:
   a. True  
   b. False  

7. Currently, what is most likely the rate of Occult bacteremia in the immunized child?
   a. 10%  
   b. 3%  
   c. 0.25-.05%  
   d. 3-10%  

8. In fever without a source, all of the following are indications for Urinalysis and Culture in boys EXCEPT:
   a. Uncircumcised  
   b. High fever >48 hours  
   c. Under 1 year  
   d. Presence of purulent middle ear effusion  
   e. Hx of prior UTI  

9. Who has the highest risk for UTI?
   a. 2 year old circumcised boy with fever for <1 day  
   b. 9 month old white girl, T 40°C for 2 days, no obvious source  
   c. 2 year old girl, fever for 1 day with sore throat  
   d. 2 year old uncircumcised boy, fever for 1 day, vesicles on palate
10. A 3 year old previously healthy male presents to the urgent care center at 9:00 PM with acute onset of stridor. The mother reports he was well during the day but then began coughing at bedtime. The mother describes the cough as "barky" in quality. The boy has had rhinorrhea and low-grade fever for the past 2 days. On examination, you note that he has inspiratory stridor at rest, along with moderate retractions. Which of the following management plans is BEST?
   a. Immediately begin cool mist alone and arrange to admit the patient to the hospital
   b. Give nebulized racemic epinephrine and dexamethasone; if patient improves and stridor has resolved, discharge home after observing 1 hour
   c. Give nebulized racemic epinephrine and dexamethasone; if patient improves and stridor has resolved, discharge home after observing 3 hours
   d. Give nebulized albuterol and dexamethasone and arrange to admit the patient to the hospital
   e. Consult ENT immediately and arrange to admit the patient to the hospital

11. A 4 month old full-term female infant presents with runny nose, cough, and low-grade fever for the past two days. Her family notes that today her breathing has become more labored and she is not taking fluids as well as she normally does. On exam, you note that the infant is non-toxic appearing but tachypneic with a respiratory rate of 70 and pulse oximetry of 94% on room air. On auscultation of her lungs, you note that she has fair aeration with diffusely scattered crackles and expiratory wheezing bilaterally. She has moderate subcostal retractions. Based on the infant's clinical picture, you make a diagnosis of bronchiolitis. Which of the following statements about this patient and her condition is NOT correct?
   a. Dehydration is a common associated complication
   b. Routine use of antiviral medications (ribavirin) is not recommended based on available evidence
   c. Symptoms can persist after 4 weeks in approximately 10 percent of children
   d. A confirmatory chest radiograph should be obtained in all infants less than 12 months of age
   e. History of prematurity is a risk factor for severe disease
12. A 7 year old boy presents with an 8 hour history of high fever and respiratory difficulty. On your initial rapid assessment, the boy is seated upright on the bed and appears toxic. He has a temperature of 104°F (40°C), pulse of 140 beats per minute, and a respiratory rate of 38 breaths per minute. You also note that he is drooling. Each time you approach him, he starts crying and his trouble breathing worsens. The MOST likely diagnosis for this patient is:
   a. Croup
   b. Foreign body aspiration
   c. Status asthmaticus
   d. Epiglottitis
   e. Pneumonia

13. An 18 month old girl is brought to your urgent care facility with a 3 day history of difficulty breathing. Her mother states she has been in excellent health since she was born at full-term. Your physical exam reveals an active, well-nourished girl with wheezing localized to her right lower lobe. The patient’s mother tells you the girl has never had wheezing episodes before. You obtain a chest radiograph, which appears normal except for right lower lobe atelectasis. Of the following, the MOST likely diagnosis is:
   a. Asthma
   b. Cystic fibrosis
   c. Gastroesophageal reflux
   d. Viral myocarditis
   e. Foreign body aspiration
14. A 15 year old boy presents after being involved in an automobile versus bicyclist accident. The boy was riding his bicycle through an intersection when he was struck by a car, knocking him down onto the pavement. He now complains of chest pain because he “landed hard on my chest” when he hit the pavement. At the time of your initial assessment, the patient displayed no signs of distress and his vital signs were within normal limits. However, a nurse summons you to reassess the patient because his condition seems to have suddenly deteriorated. On your repeat assessment, the boy appears clammy, and he is tachypneic with a respiratory rate of 40 breaths per minute and a heart rate of 130 beats per minute. On lung exam, you note the patient has decreased breath sounds on the right and is in severe respiratory distress. You highly suspect that the patient has developed a tension pneumothorax. At this point, what step should take NEXT in managing this patient?

a. Obtain a stat chest radiograph to confirm the patient’s diagnosis
b. Perform needle compression in the right second intercostal space at the midclavicular line
c. Start a nebulized albuterol treatment immediately to address the patient’s respiratory distress
d. Immediately begin bag-mask ventilation and continue this until more help arrives
e. Stat surgical consultation and observe the patient closely until the consultant arrives
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Pediatric GI Urgencies and Emergencies
Faculty: Amyna Sabir, DO

15. A 1 month old presents with vomiting. Which of the following is true?
   a. When the emesis is bilious it is usually not indicative of an obstruction
   b. Can simply be due to overfeeding
   c. Reflux in all neonates should be treated with medication
   d. Vomiting in neonates always correlates to GI pathology

16. Classic signs and symptoms of appendicitis:
   a. Are seen in most children less than 12
   b. Evolves over a 3-5 day period
   c. Includes periumbilical pain that radiates to the LUQ in younger children.
   d. Can be confirmed by CT of the abdomen/pelvis

17. Which of the following is TRUE concerning diarrhea in pediatric patients?
   a. In the US 400 children die from gastroenteritis each year
   b. Does not need to be treated differently in immunocompromised patients
   c. Is not seen in patients with a surgical abdomen
   d. Antidiarrheals are effective when given at the right dose

18. Signs of dehydration include all of the following EXCEPT:
   a. Dry mouth
   b. Decreased activity
   c. Increased urination
   d. Increased heart rate

19. Infants have a higher morbidity and mortality from dehydration because:
   a. They have a larger fluid reserve.
   b. They independent of others for their fluid needs.
   c. They have a renal immaturity
   d. They have a smaller surface to volume ratio
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Pediatric Trauma Care
Faculty: Emory Petrack, MD, FAAP, FACEP

20. Why should practitioners focus on pediatric pain in the urgent care setting?
   a. It will increase quality of care for patients
   b. It will enhance patient and staff satisfaction
   c. It will reduce medical legal risk
   d. All of the above

21. You need to draw blood on a 3 week old infant. The best option to help
   with pain management for this young infant is:
   a. EMLA cream
   b. Oral sucrose solution
   c. Distraction techniques
   d. Nothing

22. A 5 year old boy presents after tripping while running and hitting his head.
   An indication for doing a Head CT is:
   a. All children with head injuries should have a CT
   b. A 2 cm hematoma on the upper forehead
   c. Loss of consciousness for 5 minutes
   d. History of brain tumor or seizures in the family

23. An important way to prepare children for minor procedures is:
   a. Separate the child from the parents to speak about exactly what will happen
   b. Make it clear they have no choice and it needs to get done
   c. Show them the specific equipment that will be used
   d. Let them know it will hurt more if they don't cooperate

24. The best pharmacologic agent for a 2 cm minor laceration repair to
   the forehead is:
   a. EMLA cream
   b. Synera patch
   c. Pain Ease
   d. LET gel
Pediatric Rashes
Faculty: Emory Petrack, MD, FAAP, FACEP

25. What is the most important goal when a child presents with a rash?
   a. Determine the correct diagnosis
   b. Distinguish benign rashes from those that are serious and require immediate referral
   c. Decide on a clear treatment plan
   d. Ensure that the lesions are not varicella

26. What is a common characteristic present with a viral exantham?
   a. A petechial rash is mainly present on the hands and feet
   b. Bullous lesions are common
   c. The child typically has a high fever and is ill appearing
   d. Constitutional symptoms such as mild fever and runny nose are common

27. A non-toxic 5 year old presents with purpura on the buttocks and lower extremities, complaining of some aching in his joints. The most likely diagnosis is
   a. Henoch-Schonlein Purpura
   b. Purpura fulminans
   c. Rocky Mountain Spotted Fever
   d. Viral exantham

28. Tinea capitis is best treated with
   a. Topical Mycostatin
   b. Oral Griseofulvin
   c. Oral Cephalexin
   d. Oral Benadryl

29. A 12 year girl presents with a rash on her back that includes discrete papules in a Christmas tree distribution. You diagnose pityriasis rosea. The most appropriate treatment is:
   a. Oral antibiotic
   b. Immediate transfer for inpatient hospitalization
   c. Referral to a dermatologist for skin biopsy
   d. Supportive care
Pediatric ENT Urgencies, including Foreign Bodies
Faculty: Ann Bacevice, MD

30. The first line treatment for acute otitis media (AOM) in children is:
   a. Azithromycin 10mg/kg for day 1, 5mg/kg for days 2-5
   b. Amoxicillin 50mg/kg/day divided TID
   c. Cefdinir 14mg/kg/day 
   d. Amoxicillin 80-90mg/kg/day divided BID 
   e. Amoxicillin-Clavulanate 45mg/kg/day divided BID

31. Complications of acute sinusitis in children include all of the following EXCEPT:
   a. Cavernous sinus thrombosis
   b. Orbital cellulitis
   c. Acute mastoiditis
   d. Brain abscess
   e. Epidural empyema

32. Examination of a child with a peritonsillar abscess reveals:
   a. Uvula deviation towards the affected side
   b. Stridor
   c. Contralateral cervical lymphadenopathy
   d. Uvula deviation away from the affected side
   e. Presence of a blood clot on the affected side

33. Which two of the following foreign bodies need to be removed promptly if present in the ear or nose?
   a. Bead and Popcorn kernel
   b. Bead and button battery
   c. Button battery and magnet from toy game
   d. Paper clip and popcorn kernel
   e. Paper clip and magnet from toy game

34. Which of the following children will likely require emergent ENT referral?
   a. 10 month old with ulcers on the tongue and gingival
   b. 2 year old with cotton in left ear canal
   c. 3 year old with fever and purulent nasal discharge
   d. 5 year old with fever, sore throat, drooling and trismus
   e. 8 year old with 5 minutes of epistaxis that has resolved