

- 69) A 12-year-old boy who fell while skateboarding was unconscious for 5-7 minutes. He does not recall what happened and does not complain of a headache. He has vomited twice since the fall.

On physical exam, he is alert and oriented times three, with a Glasgow Coma Scale score of 14. There is no hematotympanum or nasal discharge. His neurological examination is within normal, as is the remainder of the physical exam.

The MOST appropriate next step in managing this patient would be:

- (A) X-ray of the skull
 - (B) Urinalysis
 - (C) Abdominal ultrasound
 - (D) CT scan of the head
 - (E) Overnight observation; additional studies pending clinical status
- 70) You are seeing a 3-year-old boy who grabbed some items from his father's desk. On the tray were some coins and "flat batteries" for dad's digital camera. The MOST appropriate management would be:
- (A) Download the information off of dad's camera
 - (B) Chest and abdominal film and follow path of swallowed objects serially
 - (C) Syrup of ipecac
 - (D) Evaluate pharynx for caustic burns
 - (E) Set up for endoscopy
 - (F) It depends on the ISO of the film
- 71) A 3-year-old with a history of bloody diarrhea and a high fever is in your waiting room. A frantic pharmaceutical rep (who dropped his box of donuts covered with promotional stickers because the child is having a generalized seizure) calls you out.

You step over and onto some of the donuts and realize you must:

- (A) Ask for new donuts
- (B) Administer 3% Normal Saline
- (C) Administer a Normal Saline bolus
- (D) Treat for *Salmonella* once the seizure is brought under control
- (E) Treat for *Shigella* once the seizure is brought under control

- 72) A 16-year-old is brought to the ER by ambulance. He was found at home more disoriented and confused than usual.¹ He is ataxic with increased deep tendon reflexes. Muscle rigidity, increased salivation, and nystagmus are noted on physical exam. He is also exhibiting catatonic behavior. His BP is increased.

Which of the following is the MOST likely diagnosis?

- (A) Phencyclidine
 - (B) LSD
 - (C) Opiate intoxication
 - (D) Hyperventilation syndrome
 - (E) Hysteria
 - (F) Speaker of the house
- 73) You would be correct in making a presumptive diagnosis of child abuse in each of the following situations EXCEPT:
- (A) A 4-year-old with evenly distributed purpuric lesions on the lower extremities
 - (B) Fracture of the posterior ribs following a fall from a chair
 - (C) A 6-year-old with several fractures in different stages who has otherwise been doing well
 - (D) A 2-year-old hyperactive child with a fracture noted on the sternum of the chest
 - (E) A 6-year-old with a fracture of the scapula
 - (F) A 6-year-old with a spiral fracture on the mid shaft of the humerus
- 74) A 12-year-old is brought to the ED directly from school after being “jumped” by several classmates. In addition to a sore arm and a hematoma noted on his forehead, he complains that his nose hurts and that he is having difficulty breathing. He is tender of the bridge of his nose, and there is marked swelling of the nasal septal noted, resulting in virtual occlusion of both nares. The *most appropriate* next step would be:
- (A) Head CT
 - (B) X-ray of the nasal bones and zygomatic arch
 - (C) Apply ice packs
 - (D) Have him seen by ENT within one week once swelling has subsided
 - (E) Play the theme from Rocky
 - (F) Evaluation by ENT as soon as possible

¹ Even more than the disorientation and confusion that is baseline for the average teenager.

- 73) (A) With the exception of the child with purpuric lesions noted on the lower extremities, the other scenarios are consistent with non-accidental injury. Purpuric lesions on the lower extremity would be consistent with Schönlein-Henoch purpura, which is often mistaken for child abuse.

Any history of multiple fractures in the absence of an underlying condition such as osteogenic imperfecta would suggest abuse. The other injuries could not be explained as an accidental occurrence.

- 74) (F) This is a *septal hematoma* and essentially a surgical emergency. If the hematoma is not evacuated and proper surgical intervention implemented, it will result in compromised blood supply to the cartilage and a “*saddle nose*” deformity. This is the typical deformity seen in old boxers and extras on the set of the “Rocky” movies.

- 75) (C) In any acute trauma scenario, follow the ABC rule, with “A” being Airway assessment and management. This is another case where reading the question is critical to see what they are asking. The key word here is “Initial”. Had they asked, what is the “initial radiological” study to perform, it would have been computed tomography or C-spine series.

- 76) (C) Once again, rarely is something mentioned without a reason. The child has an unremarkable history and comes to the ER lethargic. **Noting that the mother is being treated for depression is important and suggestive of a toxic ingestion.**

Regardless of what the substance was, the important point to note is that **the child is lethargic and therefore syrup of ipecac is contraindicated.** The question could be reduced to “Which of the following would be appropriate measures in a lethargic child brought to the ER?”

The most likely medication is tricyclic antidepressants, a toxic ingestion frequently tested on the exam. Tricyclic ingestion can result in cardiac arrhythmias, making the EKG an appropriate step. Although not listed, alkalization of the urine would also be appropriate.

Certainly, establishment of airway in a lethargic child could never be an incorrect choice. Once intubated, administration of charcoal via an NG tube would be indicated.

Ref: Cyclic antidepressant overdoses: a review. *Emerg Med Clin North America*.