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SELF-ASSESSMENT QUESTIONNAIRE

Poisons

Ten self-assessment questions (SAQs) based on the published articles will appear at the end of each CME specialty featured in *Clinical Medicine*. The questions have been validated for the purpose of CME by independent experts. Two (2) CME credits will be awarded to those achieving 80% correct answers. This opportunity is open only to RCP Fellows and Collegiate Members in the UK who are registered for CME*.

A loose leaf answer sheet is enclosed, which will be marked electronically at the Royal College of Physicians. **Answer sheets must be returned by 21 May 2003** to:

CME Department (SAQs),
Royal College of Physicians,
11 St Andrews Place,
London NW1 4LE.

Overseas members only can fax their answers to 020 7487 4156

Correct answers will be published in the next issue of *Clinical Medicine*.

*Further details on CME are available from the CME department at the Royal College of Physicians (address above or telephone 020 7935 1174 extension 306 or 309).

Guidelines on completing the answer sheet

Your completed answer sheet will be scanned to enable a quick and accurate analysis of results. To aid this process, please keep the following in mind:

1 Please print your GMC Number firmly and neatly
2 Only write in allocated areas on the form
3 Only use pens with black or dark blue ink
4 For optimum accuracy, ensure printed numbers avoid contact with box edges
5 Please shade circles like this: ● Not like this: ✓
6 Please mark any mistakes made like this: ✗
7 Please do not mark any of the black squares on the corners of each page
8 Please fill in your full name and address on the back of the answer sheet in the space provided; this will be used to mail the form back to you after marking.

Q1 A male teenager presents following taking an overdose of dothiepin. The following statements are correct:

(a) Prolongation of the QRS interval predicts the occurrence of seizures
(b) Toxicity is less likely than if he had taken lofepramine
(c) Gut decontamination improves clinical outcome
(d) Haemodialysis is indicated for life-threatening toxicity
(e) Phenytoin is the treatment of choice for convulsions unresponsive to an intravenous benzodiazepine.

Q2 An elderly woman taking lithium for a bipolar depressive illness presents with vomiting, diarrhoea, lethargy and confusion. A convulsion occurs on arrival at hospital. Hyperreflexia and myoclonic movements are present. A plasma lithium concentration is 3.2 mmol/l. She had recently been prescribed ibuprofen for non-specific joint pains.

(a) It is likely that hyponatraemia is present
(b) The history of ibuprofen use is likely to be significant
(c) Phenytoin is contraindicated as an anticonvulsant
(d) The plasma lithium concentration does not justify haemodialysis
(e) A high plasma lithium concentration is clinically more serious following chronic rather than acute lithium overdose.

Q3 A recognised indication for the use of digoxin-specific antibodies in digoxin overdose is:

(a) First-degree heart block
(b) A serum digoxin level of 6 nmol/l 6 hours after injection
(c) Ventricular tachycardia
(d) Atrial fibrillation less than 50 beat/minute
(e) Serum potassium of 5.5 mmol/l.

Q4 The compound most frequently associated with suicide in the UK is:

(a) Aspirin
(b) Co-proxamol
(c) Heroin
(d) Iron
(e) Paracetamol.

Q5 Patients who self-harm with poisoning are likely to take more than one drug in approximately what percentage of cases:

(a) 5%
(b) 15%
(c) 30%
(d) 60%
(e) 90%.

Q6 An adult female presents to hospital after taking 40 tablets of paracetamol 25 hours previously. She is asymptomatic. Her past medical history includes epilepsy for which she is being treated with carbamazepine. Investigations reveal undetectable levels of paracetamol (less than 10 mg/l), an INR of 2.2, a creatinine of 120 μmol/l and a plasma venous bicarbonate concentration of 26 mmol/l:

(a) No treatment is required since she is still asymptomatic
(b) Her past medical history will not increase her risk of toxicity
(c) The need for treatment is determined by the blood paracetamol level
(d) Oral methionine would be a potential treatment for this patient
(e) The patient should be referred to a liver unit.

Q7 A 20-year-old man presents to the emergency department smelling of alcohol and with impaired consciousness. On examination he has a pulse rate of 80/min, a blood pressure of 110/75 mmHg mercury and a respiratory rate of 6 breaths/min. He has small unreactive pupils but no other focal neurological deficit.

Which of the following actions is most appropriate:

(a) He should be discharged to the care of his friends as he is drunk
(b) He should receive flumazenil to reverse the effects of a presumed benzodiazepine overdose
(c) He should receive intramuscular naloxone and then be discharged
(d) He should be intubated immediately before any drugs are administered
(e) He should receive intravenous naloxone and subsequently be carefully monitored for a recurrence of his symptoms.

Q8 A 30-year-old accountant is admitted with chest pain. He is a non-smoker. There is no family history of cardiovascular diseases. Cocaine abuse is suspected. On examination he is agitated. His pulse is 120/min and blood pressure 205/120 mmHg. An ECG shows ischaemic changes. Which of the following is the most appropriate treatment:

(a) He should receive a phenothiazine to control his agitation
(b) He should receive intravenous propranolol to reduce his blood pressure
(c) He should receive intravenous nitrate infusion
(d) He should receive intravenous diazepam
(e) He should receive urgent thrombolysis.

Q9 A 60-year-old woman with a history of asthma, depression, osteoarthritis and atrial fibrillation was admitted to hospital after ingesting an overdose of tablets and alcohol. She was agitated but alert and had vomited and complained of epigastric pain. Examination showed a pulse of 120/min confirmed as sinus tachycardia on ECG. Investigations revealed serum sodium 134 mmol/l, serum potassium 2.8 mmol/l, serum urea 6.9 mmol/l, serum creatine 125 μmol/l. Arterial blood gases were normal. Which of the following is the most likely diagnosis:

(a) Digoxin poisoning
(b) Ethanol intoxication
(c) Ibuprofen poisoning
(d) Salicylate poisoning
(e) Theophylline poisoning.

Q10 A 23-year-old woman was found collapsed outside a nightclub. She had a Glasgow Coma Score of 3/15 and her blood pressure was 90/60 mmHg. Which one of the following is the most appropriate first investigation?

(a) Arterial blood gases
(b) CT brain scan
(c) ECG
(d) Plasma paracetamol concentration
(e) Plasma salicylate concentration.

CME Endocrinology SAQs

Answers to the CME SAQs published in *Clinical Medicine* January/February 2003

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
a) F	a) F	a) T	a) F	a) F	a) F	a) F	a) F	a) F	a) F
b) F	b) F	b) T	b) F	b) F	b) T	b) F	b) F	b) F	b) T
c) T	c) T	c) F	c) F	c) T	c) T	c) F	c) F	c) T	c) F
d) F	d) F	d) F	d) T	d) F	d) T	d) T	d) T	d) F	d) T
e) F	e) F	e) F	e) T	e) F	e) F	e) F	e) T	e) T	e) T