

## Poisons (36222)

### SELF-ASSESSMENT QUESTIONNAIRE

#### SAQs and answers are ONLINE for RCP Fellows and Collegiate Members

The SAQs printed in the CME section can only be answered online to achieve external CPD credits. The closing date is 21 March 2008 (midnight GMT).

#### Change in format

As announced in the previous issues, SAQs will now follow a best of five format in line with the MRCP(UK) Part 1 exam. Candidates are asked to choose the best answer from five possible answers. The online system, passwords and pass mark will remain the same. There may be teething problems and we would be grateful if all comments/problems could be sent in via email only: [clinicalmedicine@rcplondon.ac.uk](mailto:clinicalmedicine@rcplondon.ac.uk)

We recommend that answers are submitted early so that any problems can be resolved before the deadline.

#### The answering process

- 1 To access the questions, log on to the Fellows and Members area [www.rcplondon.ac.uk/Members/SAQ](http://www.rcplondon.ac.uk/Members/SAQ) Please contact the Information Centre if you have lost or forgotten your username or password: [infocentre@rcplondon.ac.uk](mailto:infocentre@rcplondon.ac.uk)
- 2 Select: **Self assessment**
- 3 At the top of the SAQ page select the current CME question paper
- 4 Answer all 10 questions in any order, by selecting the best answer
- 5 Check your answers and change them if you wish to
- 6 Click on **Submit for final marking**.

**NOTE – after submitting your answers NO changes are possible.**

#### The marking process

- You must submit the answers before the closing date shown at the top of the screen
- Answers will be marked automatically on the date displayed for that paper
- You can find your marks on the CME page under **My past CME papers**.

#### Registering your external CPD credits

A pass mark of 80% allows you to claim two external CPD credits. Only the first seven distance-learning credits will be counted as external; the remainder can be claimed as personal credits. Credits can be recorded using the online diary system. All *Clinical Medicine* SAQs are listed under **External Approved CPD**.

- 1 An 18-year-old woman collapsed at a nightclub after taking four ecstasy (MDMA) tablets. On arrival at the emergency department (ED) she was agitated, her Glasgow Coma Score (GCS) was 12/15, temperature 40°C, pulse 120 bpm, blood pressure (BP) 150/70 mmHg and she had widely dilated pupils. Which of the following findings is most likely to have been present on admission?
  - (a) Serum alanine aminotransferase 34 iu/l (normal value <50)
  - (b) Serum creatine kinase activity 132 iu/l (<195)
  - (c) Serum creatinine 121 µmol/l (normal range 60–110)
  - (d) Serum potassium (K) 2.9 mmol/l (3.5–4.9)
  - (e) Serum sodium (Na) 115 mmol/l (137–144)
- 2 An 18-year-old woman presented to the ED with a seizure six hours after taking 32 of her grandmother's tablets following an argument with her mother. She had vomited on two occasions, was alert, had a sinus tachycardia of 136 bpm and BP 110/70 mmHg. Investigations showed serum Na 134 mmol/l, serum K 2.7 mmol/l, serum urea 6.9 mmol/l (2.5–7.5) and serum creatinine 114 µmol/l. Which of her grandmother's medicines has the patient taken?
  - (a) Amitriptyline
  - (b) Bendroflumethiazide
  - (c) Furosemide
  - (d) Lisinopril
  - (e) Theophylline
- 3 A 56-year-old woman with a history of atrial fibrillation had been found at home by her husband next to an empty bottle of digoxin tablets. She was brought to the ED department within one hour of ingesting the tablets. On examination her pulse rate was 50 bpm and her BP 110/80 mmHg. Her GCS was 14/15 and her swallowing and gag reflex was normal. Which of the following is the most appropriate immediate management?
  - (a) A single dose of activated charcoal
  - (b) Multiple doses of activated charcoal
  - (c) Multiple doses of activated charcoal and cathartics

- (d) Induction of emesis with syrup of ipecacuhana
- (e) Gastric lavage with a large bore tube
- 4 A 60-year-old man presented to the ED having been found unconscious at home. He had a history of depression and was being treated with amitriptyline. On examination he had a GCS of 5, dilated pupils, respiratory rate 12, pulse rate 80 bpm and BP 120/80 mmHg. An ECG showed a sinus tachycardia with a prolonged QT interval. Shortly after arrival he had a grand mal convulsion and was treated with diazepam. He subsequently had a series of prolonged grand mal convulsions resistant to diazepam. Which of the following complications of poisoning is he most likely to develop?
- (a) Hepatic failure  
(b) Hyperthermia  
(c) Hypothermia  
(d) Pressure sores  
(e) Renal failure
- 5 A 25-year-old man presented to the ED having ingested 50 x 500 mg paracetamol tablets 10 hours previously. He was on no regular medication but had consumed one litre of vodka in the past 12 hours. He weighed 80 kg. Which of the following is the most appropriate immediate course of action?
- (a) Activated charcoal  
(b) Acetylcysteine therapy  
(c) Acid-base measurement on arterial blood gas to determine need for antidote  
(d) Gastric lavage  
(e) Take blood for paracetamol level to determine need for antidote
- 6 A 30-year-old woman was admitted to the medical admissions unit having taken an unknown quantity of aspirin tablets three hours previously. She was conscious and alert with a pulse of 120 bpm, BP 128/70 mmHg, respiratory rate 30/min and oxygen saturations of 98% on air. Blood salicylate concentration checked on admission was 500 mg/l. Which of the following is the most appropriate immediate course of action?
- (a) Activated charcoal  
(b) Intravenous saline (1 litre)  
(c) No active treatment  
(d) Perform blood gases  
(e) Repeat blood sample for salicylate
- 7 A 54-year-old man presented to the ED two hours after a deliberate overdose of lisinopril, atenolol and bendroflumethiazide. Which of the following toxic features is most likely to be due to lisinopril?
- (a) Acute renal failure  
(b) Bradycardia  
(c) Cough  
(d) Peripheral oedema  
(e) Systemic hypotension
- 8 A 35-year-old man presented to the ED after ingesting 30 tablets of amitriptyline. His pupils were dilated, pulse 120 bpm and BP 102/68 mmHg. A 12-lead ECG was performed. Which ECG feature is the best predictor of complications in this situation?
- (a) Brugada pattern  
(b) PR interval prolongation  
(c) QRS duration prolongation  
(d) QTc interval prolongation  
(e) Right axis deviation
- 9 A 24-year-old man presented with palpitations and anxiety after nasal inhalation ('snorting') of cocaine powder. On examination his temperature was 37.6°C, heart rate 138 bpm, BP 210/112 mmHg. An ECG showed sinus tachycardia and no other specific abnormalities. Which of the following is the most appropriate initial pharmacological therapy?
- (a) Dantrolene  
(b) Diazepam  
(c) Haloperidol  
(d) Metoprolol  
(e) Verapamil
- 10 A 38-year-old man was brought to hospital having been found unconscious in the street. He had been administered naloxone by ambulance paramedics, with improvement in his level of consciousness. On initial examination his GCS was 12/15, temperature 34.8°C, heart rate 98 bpm and BP 112/66 mmHg. There were old injection marks over the arms, feet and groin. An ECG showed sinus rhythm with a QTc interval of 540 ms and no other abnormalities. Over the course of the day his conscious level deteriorated and he was still requiring repeated doses of naloxone to maintain an adequate airway and ventilation 18 hours after initial presentation. Which of the following drugs is most likely to be responsible?
- (a) Dihydrocodeine  
(b) Gamma hydroxybutyrate  
(c) Heroin  
(d) Methadone  
(e) Oxycodone

### CME Haematology SAQs

Answers to the CME SAQs published in *Clinical Medicine* December 2007

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
(c)	(d)	(d)	(a)	(d)	(b)	(d)	(b)	(c)	(c)