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**Adam J. Rosh**

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# 急诊医学

(第2版)

## Emergency Medicine

PreTest™ Self-Assessment and Review

Second Edition



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New York Chicago San Francisco Lisbon London Madrid Mexico City  
Milan New Delhi San Juan Seoul Singapore Sydney Toronto



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## 图书在版编目 (CIP) 数据

急诊医学=Emergency Medicine: 英文/(美) 罗士  
(Rosh A. J.) 编. —影印本—北京: 北京大学  
医学出版社, 2010. 1

(美国医师执照考试丛书)

ISBN 978-7-81116-858-7

I. ①急… II. ①罗… III. ①急诊—医师—资格考核  
—美国—自学参考资料—英文 IV. ①R459. 7

中国版本图书馆 CIP 数据核字 (2009) 第 215626 号

北京市版权局著作权合同登记号: 01-2009-6066

Adam J. Rosh

Emergency Medicine: PreTest™ Self-Assessment and Review, Second Edition

ISBN 0-07-159861-8

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## 急诊医学 (第 2 版)

编 写: Adam J. Rosh

出版发行: 北京大学医学出版社 (电话: 010-82802230)

地 址: (100191) 北京市海淀区学院路 38 号 北京大学医学部院内

网 址: <http://www.pumpress.com.cn>

E - mail: [booksale@bjmu.edu.cn](mailto:booksale@bjmu.edu.cn)

印 刷: 北京东方圣雅印刷有限公司

经 销: 新华书店

责任编辑: 冯智勇 责任校对: 齐 欣 责任印制: 张京生

开 本: 889mm×1194mm 1/32 印张: 17.75 字数: 457 千字

版 次: 2010 年 1 月第 1 版 2010 年 1 月第 1 次印刷

书 号: ISBN 978-7-81116-858-7

定 价: 56.00 元

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(凡属质量问题请与本社发行部联系退换)

# 出版说明

美国医师执照考试 (United States Medical Licensing Examination, USMLE) 是针对全世界各国医学院的学生或毕业生, 欲到美国从医的执照考试, 考试全部为选择题, 采用计算机考试。考试分为:

**Step 1 (第一阶段):** 考察医学基础学科知识, 包括解剖学 Anatomy, 生理学 Physiology, 生物化学 Biochemistry, 微生物学 Microbiology, 病理学 Pathology, 药理学 Pharmacology, 遗传学 Genetics, 营养学 Nutrition, 神经科学 Neuroscience 等。

**Step 2 (第二阶段):**

(1) 临床医学知识 (Clinical Knowledge, CK): 包括内科学 Medicine, 外科学 Surgery, 妇产科学 Obstetrics and Gynecology, 儿科学 Pediatrics, 神经病学 Neurology, 家庭医学 Family Medicine, 急诊医学 Emergency Medicine, 预防医学 Preventive Medicine 等。

(2) 临床技能 (Clinical Skill, CS): 要通过 Step 1、Step 2 及 TOEFL 之后才能报考, 主要是考察考生的临床实践操作知识。

**Step 3 (第三阶段):** 测试考生的实际工作能力。内容包括采集病史、体格检查、诊断、治疗措施, 以及医疗法规等。

USMLE 在北京、上海和广州设有考点, 在中国大陆可参加 USMLE Step 1 和 USMLE Step 2 CK 的考试。考试介绍及报名情况可参见 [http: //www. ecfmg. com](http://www.ecfmg.com)

为了帮助有志于参加 USMLE 的考生更好地复习, 北京大学医学出版社全面引进了 McGraw Hill 公司的两个著名 USMLE 复习品牌丛书: PreTest 系列、FIRST AID 系列。这两套丛书经过多次再版, 受到世界各地考生的欢迎。本次引进的均为其最新版本。

当前, 我国很多医学院校在进行英文授课、考试的改革, 本书对国内从事英语授课、考试的教师和学生也有重要的参考价值。为广大的医学生和医务工作者比较中美医学教育和自己掌握的知识提供参考。同时, 该书也是学习专业英语的好教材。

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# Introduction

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*Emergency Medicine: PreTest Self-Assessment and Review, Second Edition*, is intended to provide medical students, as well as house officers and physicians, with a convenient tool for assessing and improving their knowledge of emergency medicine. The 500 questions in this book are similar in format and complexity to those included in Step 2 of the United States Medical Licensing Examination (USMLE). They may also be a useful study tool for Step 3 and clerkship examinations.

Each question in this book has a corresponding answer, a reference to a text that provides background for the answer, and a short discussion of various issues raised by the question and its answer. A listing of references for the entire book follows the last chapter. For multiple-choice questions, the **one best** response to each question should be selected. For matching sets, a group of questions will be preceded by a list of lettered options. For each question in the matching set, select **one** lettered option that is **most** closely associated with the question.

To simulate the time constraints imposed by the qualifying examinations for which this book is intended as a practice guide, the student or physician should allot about one minute for each question. After answering all questions in a chapter, as much time as necessary should be spent reviewing the explanations for each question at the end of the chapter. Attention should be given to all explanations, even if the examinee answered the question correctly. Those seeking more information on a subject should refer to the reference materials listed or to other standard texts in emergency medicine.



# Acknowledgment

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A hearty thanks goes out to my family for their love and support, especially Ruby; the dedicated medical professionals of the Emergency Departments at New York University/Bellevue Hospital and Wayne State University/Detroit Receiving Hospital; Catherine Johnson for giving me this opportunity, and my patients, who put their trust in me, and teach me something new each day.

—AJR

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# Chest Pain and Cardiac Dysrhythmias

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## Questions

**1.** A 59-year-old man presents to the emergency department (ED) complaining of new onset chest pain that radiates to his left arm. He has a history of hypertension, hypercholesterolemia, and a 20-pack-year smoking history. His electrocardiogram (ECG) is remarkable for T-wave inversions in the lateral leads. Which of the following is the most appropriate next step in management?

- a. Give the patient two nitroglycerin tablets sublingually and observe if his chest pain resolves.
- b. Place the patient on a cardiac monitor, administer oxygen, and give aspirin.
- c. Call the cardiac catheterization laboratory for immediate percutaneous intervention (PCI).
- d. Order a chest x-ray; administer aspirin, clopidogrel, and heparin.
- e. Start a  $\beta$ -blocker immediately.

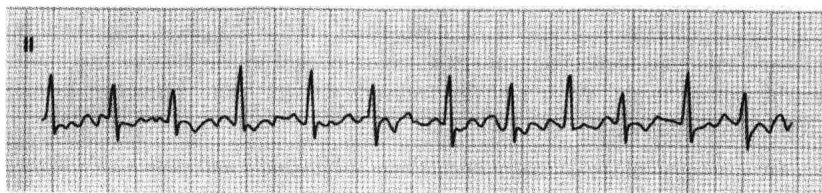
**2.** A 36-year-old woman presents to the ED with sudden onset of left-sided chest pain and mild shortness of breath that began the night before. She was able to fall asleep without difficulty but woke up in the morning with persistent pain that is worsened upon taking a deep breath. She walked up the stairs at home and became very short of breath, which made her come to the ED. Two weeks ago, she took a 7-hour flight from Europe and since then has left-sided calf pain and swelling. What is the most common ECG finding for this patient's presentation?

- a.  $S_1Q_3T_3$  pattern
- b. Atrial fibrillation
- c. Right-axis deviation
- d. Right-atrial enlargement
- e. Tachycardia or nonspecific ST-T-wave changes

## 2 Emergency Medicine ( 急诊医学 )

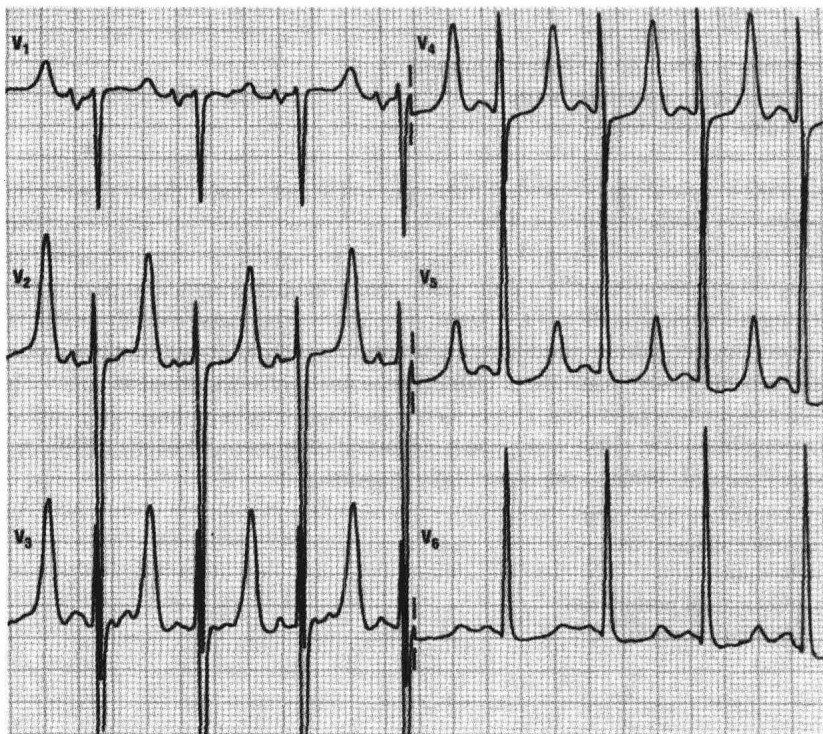
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3. A 51-year-old man with a long history of hypertension presents to the ED complaining of intermittent chest palpitations lasting for a week. He denies chest pain, shortness of breath, nausea, and vomiting. He recalls feeling similar episodes of palpitations a few months ago but they resolved. His blood pressure (BP) is 130/75 mm Hg, heart rate (HR) is 130 beats per minute, respiratory rate (RR) is 16 breaths per minute, and oxygen saturation is 99% on room air. An ECG is seen below. Which of the following is the most appropriate next step in management?



- a. Sedate patient for immediate synchronized cardioversion with 100 Joules
- b. Prepare patient for the cardiac catheterization laboratory
- c. Administer Coumadin
- d. Administer amiodarone
- e. Administer diltiazem

4. A 54-year-old woman presents to the ED because of a change in behavior at home. For the past 3 years she has end-stage renal disease requiring dialysis. Her daughter states that the patient has been increasingly tired and occasionally confused for the past 3 days and has not been eating her usual diet. On examination, the patient is alert and oriented to person only. The remainder of her examination is normal. An initial 12-lead ECG is performed as seen below. Which of the following electrolyte abnormalities best explains these findings?



- a. Hypokalemia
- b. Hyperkalemia
- c. Hypocalcemia
- d. Hypercalcemia
- e. Hyponatremia

#### 4 Emergency Medicine ( 急诊医学 )

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**5.** A 29-year-old tall, thin man presents to the ED after feeling short of breath for 2 days. In the ED, he is in no acute distress. His BP is 115/70 mm Hg, HR is 81 beats per minute, RR is 16 breaths per minute, and oxygen saturation is 98% on room air. Cardiac, lung, and abdominal examinations are normal. An ECG reveals sinus rhythm at a rate of 79. A chest radiograph shows a small right-sided (less than 10% of the hemithorax) spontaneous pneumothorax. A repeat chest x-ray 6 hours later reveals a decreased pneumothorax. Which of the following is the most appropriate next step in management?

- a. Discharge the patient with follow-up in 24 hours
- b. Perform needle decompression in the second intercostal space, midclavicular line
- c. Insert a 20F chest tube into right hemithorax
- d. Observe for another 6 hours
- e. Admit for pleurodesis

**6.** A 42-year-old man found vomiting in the street is brought to the ED by emergency medical services (EMS). He has a known history of alcohol abuse with multiple presentations for intoxication. Today, the patient complains of acute onset, persistent chest pain associated with dysphagia, and pain upon flexing his neck. His BP is 115/70 mm Hg, HR is 101 beats per minute, RR is 18 breaths per minute, and oxygen saturation is 97% on room air. As you listen to his heart, you hear a crunching sound. His abdomen is soft with mild epigastric tenderness. The ECG is sinus tachycardia without ST-T-wave abnormalities. On chest x-ray, you note lateral displacement of the left mediastinal pleural. What is the most likely diagnosis?

- a. Aspiration pneumonia
- b. Acute pancreatitis
- c. Pericarditis
- d. Esophageal perforation
- e. Aortic dissection



**7.** A 65-year-old man with a history of chronic hypertension presents to the ED with sudden-onset tearing chest pain that radiates to his jaw. His BP is 205/110 mm Hg, HR is 90 beats per minute, RR is 20 breaths per minute, and oxygen saturation is 97% on room air. He appears apprehensive. On cardiac examination you hear a diastolic murmur at the right sternal border. A chest x-ray reveals a widened mediastinum. Which of the following is the preferred study of choice to diagnose this patient's condition?

- a. Electrocardiogram (ECG)
- b. Transthoracic echocardiography (TTE)
- c. Transesophageal echocardiography (TEE)
- d. Computed tomography (CT) scan
- e. Magnetic resonance imaging (MRI)

**8.** A 47-year-old man with a history of hypertension presents to the ED complaining of continuous left-sided chest pain that began while snorting cocaine 1 hour ago. The patient states he never experienced chest pain in the past when using cocaine. His BP is 170/90 mm Hg, HR is 101 beats per minute, RR is 18 breaths per minute, and oxygen saturation is 98% on room air. The patient states that the only medication he takes is alprazolam to "calm his nerves." Which of the following medications is contraindicated in this patient?

- a. Metoprolol
- b. Diltiazem
- c. Aspirin
- d. Lorazepam
- e. Nitroglycerin