COMPREHENSIVE MOCK EXAM 5

Supplemental to: Family Medicine Board Review 2026-2027

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American Board of Family Medicine (ABFM) Family Medicine Certification Examination (FMCE) — 300 questions, single-best-answer, four-option (A-D), domain-weighted per the official 2026 ABFM blueprint (Acute Care and Diagnosis 35%, Chronic Care Management 25%, Emergent and Urgent Care 20%, Preventive Care 15%, Foundations of Care 5%)

Board-Review Questions

1. A 34-year-old man presents to the office with 3 days of right lower quadrant abdominal pain that started periumbilically and migrated. He has anorexia and a low-grade fever of 100.8°F. Exam shows tenderness at McBurney's point with voluntary guarding and a positive psoas sign. WBC is 13,500/µL with a left shift. Which of the following is the most appropriate next step in management?

A. Order a contrast-enhanced CT of the abdomen and pelvis and obtain surgical consultation

B. Begin a trial of oral ciprofloxacin and metronidazole and reassess in 48 hours

C. Discharge home with instructions to return if pain worsens

D. Order an abdominal ultrasound only

2. A 58-year-old woman with a history of hypertension presents with sudden-onset, severe headache described as 'the worst of my life,' reaching maximal intensity within seconds. She has associated neck stiffness and photophobia but no focal neurologic deficits. Noncontrast head CT performed within 6 hours of symptom onset is read as normal. What is the most appropriate next step?

A. Reassure the patient that a normal CT excludes subarachnoid hemorrhage and discharge with analgesics

B. Obtain an outpatient MRI of the brain within the next week to evaluate further

C. Perform a lumbar puncture to evaluate for xanthochromia and red blood cells

D. Start a triptan for presumed migraine and follow up in clinic in 1 week

3. A 45-year-old man presents with acute onset of severe epigastric pain radiating to the back, associated with nausea and vomiting, several hours after a large meal with alcohol. Lipase is elevated at 4 times the upper limit of normal. Which finding, if present, would be most concerning for a severe course requiring ICU-level monitoring?

A. Mild epigastric tenderness without rebound or guarding

B. Lipase level that is exactly 4 times the upper limit of normal

C. Hematocrit rise with BUN elevation and hypotension suggesting third-spacing

D. Normal white blood cell count on initial presentation

4. A 26-year-old woman presents with 2 days of dysuria, urinary frequency, and suprapubic discomfort without fever, flank pain, nausea, or vomiting. Urinalysis shows positive leukocyte esterase and nitrites. She is not pregnant and has no drug allergies. Which of the following is the most appropriate initial treatment?

A. No antibiotics; reassurance since symptoms are mild and afebrile

B. Intravenous ceftriaxone as a single dose followed by observation

C. Oral ciprofloxacin for 14 days to ensure complete eradication

D. Nitrofurantoin 100 mg twice daily for 5 days

5. A 62-year-old man with type 2 diabetes presents with a 2-day history of a red, warm, tender area on his lower leg with well-demarcated, raised borders, associated with fever and chills. There is no fluctuance or purulent drainage. Which of the following is the most likely diagnosis?

A. Necrotizing fasciitis requiring emergent surgical debridement

B. Deep venous thrombosis presenting with secondary erythema

C. Contact dermatitis from a topical irritant

D. Erysipelas (streptococcal superficial cellulitis)

6. A 70-year-old woman presents with acute confusion, fever, and dysuria over the past 24 hours. Her family reports she was at her baseline mental status 2 days ago. Urinalysis shows pyuria and bacteriuria. Which of the following statements about her presentation is most accurate?

A. Delirium in the elderly is rarely triggered by urinary tract infection and another cause should be sought first

B. A urine culture is unnecessary

C. Acute delirium superimposed on baseline cognition

D. Antipsychotic medication should be started immediately as first-line management of the confusion

7. A 19-year-old college student presents with 5 days of sore throat, fatigue, and low-grade fever, now with bilateral posterior cervical lymphadenopathy and mild splenomegaly on exam. Monospot testing is positive. Which of the following recommendations is most appropriate?

A. Prescribe amoxicillin empirically to cover possible concurrent streptococcal pharyngitis

B. Advise avoidance of contact sports and heavy lifting for at least 3-4 weeks due to splenic rupture risk

C. Reassure the patient that splenomegaly from mononucleosis carries no activity restrictions

D. Order abdominal CT immediately to size the spleen before any activity guidance can be given

8. A 55-year-old man presents to the office with acute-onset severe pain, redness, and swelling of the first metatarsophalangeal joint that began overnight, waking him from sleep. He has a history of hypertension treated with hydrochlorothiazide and reports similar episodes in the past that resolved on their own. Which of the following is the most likely diagnosis?

A. Acute gouty arthritis

B. Septic arthritis

C. Osteoarthritis flare of the first MTP joint

D. Reactive arthritis

9. A 40-year-old woman presents with acute right upper quadrant pain after eating a fatty meal, associated with nausea. On exam, she has tenderness in the right upper quadrant with inspiratory arrest on palpation during deep breathing. Vital signs are normal and she is afebrile. Which of the following is the most appropriate initial imaging study?

A. Right upper quadrant ultrasound

B. CT abdomen without contrast

C. Hepatobiliary iminodiacetic acid (HIDA) scan as the first-line test

D. MRI of the abdomen with and without contrast

10. A 3-year-old child is brought in with 2 days of fever, drooling, and refusal to swallow. On exam, the child is sitting forward in a tripod position with stridor. Which of the following is the most appropriate immediate action?

A. Perform a thorough oropharyngeal exam

B. Obtain a lateral neck radiograph

C. Avoid agitating the child

D. Begin oral amoxicillin and have the family follow up

11. A 50-year-old man presents with acute chest pain that is sharp, worsens with inspiration and lying flat, and improves when leaning forward. He had a viral upper respiratory illness 1 week ago. ECG shows diffuse ST-segment elevation with PR depression. Which of the following is the most likely diagnosis?

A. Acute pericarditis

B. ST-elevation myocardial infarction

C. Aortic dissection

D. Spontaneous pneumothorax

12. A 29-year-old woman presents with acute onset of severe, colicky flank pain radiating to the groin, associated with nausea and hematuria. She is unable to find a comfortable position. Vital signs are stable and she is afebrile. Which of the following is the most appropriate initial imaging study?

A. Noncontrast CT of the abdomen and pelvis

B. Intravenous pyelogram

C. Plain abdominal radiograph (KUB) alone

D. MRI of the abdomen and pelvis without contrast

13. A 68-year-old man with a 40 pack-year smoking history presents with 3 weeks of worsening dyspnea, a new productive cough, and unintentional 10-lb weight loss over 2 months. Chest X-ray shows a 3-cm spiculated mass in the right upper lobe. Which of the following is the most appropriate next step?

A. Start empiric antibiotics for community-acquired pneumonia and repeat chest X-ray in 6 weeks

B. Reassure the patient that spiculated masses are usually benign granulomas in smokers

C. Order a contrast-enhanced CT of the chest and refer for tissue diagnosis (biopsy)

D. Order pulmonary function testing as the next diagnostic step before any imaging follow-up

14. A 24-year-old man presents after a motor vehicle collision with left-sided chest pain and dyspnea. On exam, breath sounds are absent on the left, the trachea is deviated to the right, and he is hypotensive with distended neck veins. Which of the following is the most appropriate immediate management?

A. Administer intravenous fluids only and observe for improvement

B. Obtain a chest CT to confirm the diagnosis before any intervention

C. Immediate needle decompression of the left chest followed by chest tube placement

D. Perform bedside echocardiography before any decompression is attempted

15. A 45-year-old woman presents with acute-onset unilateral facial droop, difficulty closing her right eye, and drooping of the right side of her mouth that developed over several hours, without limb weakness or sensory loss. Forehead wrinkling is also impaired on the affected side. Which of the following is the most likely diagnosis?

A. Bell's palsy (peripheral facial nerve palsy)

B. Acute ischemic stroke involving the middle cerebral artery territory

C. Trigeminal neuralgia

D. Myasthenia gravis exacerbation

16. A 55-year-old woman with a history of atrial fibrillation not on anticoagulation presents with sudden-onset severe abdominal pain out of proportion to exam findings, along with nausea and one episode of bloody diarrhea. Lactate is elevated. Which of the following is the most likely diagnosis?

A. Acute diverticulitis of the sigmoid colon

B. Peptic ulcer disease with perforation

C. Acute mesenteric ischemia from embolic occlusion

D. Irritable bowel syndrome flare

17. A 32-year-old woman at 34 weeks gestation presents with a blood pressure of 162/108 mmHg, headache, and new-onset visual scotomata. Urinalysis shows 3+ protein. Which of the following findings, if also present, would be most concerning for progression to eclampsia?

A. Hyperreflexia with sustained clonus on exam

B. Mild lower extremity edema present since 28 weeks gestation

C. Fetal heart rate that is reactive and within normal limits

D. Blood pressure that has been stable at this level for several days

18. A 6-year-old boy is brought in with 4 days of high fever, bilateral non-exudative conjunctival injection, a diffuse polymorphous rash, cracked erythematous lips, and swelling of the hands and feet. Which of the following is the most important next step given the suspected diagnosis?

A. Reassure the family this is a self-limited viral exanthem requiring only supportive care

B. Start a course of oral amoxicillin for presumed scarlet fever

C. Obtain an echocardiogram and initiate IVIG and aspirin therapy for suspected Kawasaki disease

D. Order a monospot test as the priority diagnostic study

19. A 60-year-old man with known peripheral arterial disease presents with acute onset of a cold, pale, pulseless right leg with severe pain that began 2 hours ago. He also reports new palpitations. Which of the following is the most likely underlying cause?

A. Chronic claudication

B. Acute arterial embolism

C. Deep venous thrombosis of the right lower extremity

D. Diabetic peripheral neuropathy

20. A 27-year-old man presents with sudden severe testicular pain and swelling that began 3 hours ago, associated with nausea and vomiting. On exam, the right testicle is high-riding and horizontal, and the cremasteric reflex is absent on that side. Which of the following is the most appropriate next step?

A. Reassure the patient and prescribe NSAIDs

B. Obtain immediate urologic consultation

C. Order a urinalysis

D. Schedule an outpatient scrotal ultrasound within the next 24 to 48 hours

21. A 50-year-old woman presents with acute onset of the 'worst headache of her life' along with new-onset diplopia and a dilated, poorly reactive left pupil. Which of the following is the most concerning underlying etiology to exclude urgently?

A. Tension-type headache exacerbated by stress

B. Migraine with brainstem aura

C. Cluster headache with autonomic features

D. Posterior communicating artery aneurysm

22. A 38-year-old man presents with 2 days of fever, severe sore throat, drooling, and a muffled 'hot potato' voice. On exam, there is trismus and uvular deviation to the left with a bulging area of the right peritonsillar region. Which of the following is the most likely diagnosis?

A. Peritonsillar abscess

B. Acute viral pharyngitis

C. Ludwig's angina

D. Infectious mononucleosis

23. A 42-year-old man presents with sudden-onset severe, tearing chest pain radiating to the back, with a blood pressure difference of 40 mmHg between his right and left arms. He has a history of poorly controlled hypertension. Which of the following is the most appropriate immediate diagnostic study?

A. Exercise stress testing to evaluate for ischemia

B. V/Q scan to evaluate for pulmonary embolism

C. Upper endoscopy to evaluate for esophageal rupture

D. CT angiography of the chest to evaluate for aortic dissection

24. A 70-year-old woman presents with 1 week of progressive jaundice, dark urine, pale stools, and painless weight loss. On exam, a palpable, nontender, distended gallbladder is noted (Courvoisier's sign). Which of the following is the most likely diagnosis?

A. Acute cholecystitis from gallstone obstruction of the cystic duct

B. Choledocholithiasis with superimposed cholangitis

C. Pancreatic head adenocarcinoma causing malignant biliary obstruction

D. Viral hepatitis A infection

25. A 16-year-old boy presents with 2 days of fever, sore throat, and now sudden worsening with drooling, muffled voice, and a preference for sitting upright leaning forward, refusing to lie down. He appears toxic. Which of the following is the most appropriate immediate step?

A. Perform a rapid strep test and treat accordingly based on the result

B. Attempt direct visualization of the airway

C. Send the patient home

D. Avoid agitating the patient

26. A 55-year-old man with a history of alcohol use disorder presents with hematemesis and epigastric pain that began after several episodes of forceful vomiting. He denies prior GI bleeding. Which of the following is the most likely diagnosis?

A. Bleeding esophageal varices from portal hypertension

B. Perforated duodenal ulcer

C. Mallory-Weiss tear from forceful retching

D. Boerhaave syndrome with esophageal rupture

27. A 45-year-old woman presents with 3 days of right flank pain, fever to 101.9°F, and dysuria. Exam reveals right costovertebral angle tenderness. Urinalysis shows pyuria, bacteriuria, and white cell casts. Which of the following is the most likely diagnosis?

A. Acute pyelonephritis

B. Uncomplicated cystitis

C. Nephrolithiasis without infection

D. Interstitial cystitis

28. A 62-year-old man presents with acute-onset crushing substernal chest pain radiating to the left arm, diaphoresis, and nausea for the past 45 minutes. ECG shows ST-segment elevation in leads II, III, and aVF. Which coronary artery is most likely occluded?

A. Left anterior descending artery

B. Left main coronary artery

C. Left circumflex artery

D. Right coronary artery

29. A 30-year-old woman presents with acute left lower quadrant pain and vaginal spotting 7 weeks after her last menstrual period. She has a positive urine pregnancy test. Transvaginal ultrasound shows no intrauterine pregnancy and a left adnexal mass with free fluid in the pelvis. Which of the following is the most appropriate next step?

A. Reassure the patient that this likely represents a normal early intrauterine pregnancy not yet visible

B. Obtain urgent OB/GYN consultation for suspected ectopic pregnancy

C. Discharge home with outpatient follow-up given stable vital signs

D. Start oral iron supplementation and recheck beta-hCG in 1 week

30. A 70-year-old man with COPD presents with 2 days of worsening dyspnea, increased sputum production, and sputum that has turned purulent. He is afebrile and hemodynamically stable, using accessory muscles mildly. Which of the following is the most appropriate initial management?

A. Immediate intubation given the diagnosis of a COPD exacerbation

B. Short-acting bronchodilators

C. Reassurance only

D. Antifungal therapy targeting presumed fungal pneumonia

31. A 25-year-old man presents after a fall onto an outstretched hand with wrist pain localized to the anatomic snuffbox. X-rays of the wrist are initially normal. Which of the following is the most appropriate next step?

A. Reassure the patient that a normal X-ray excludes fracture and no further workup is needed

B. Refer for physical therapy only

C. Immobilize in a thumb spica splint pending repeat imaging for scaphoid fracture

D. Order a bone scan as the only appropriate next test

32. A 55-year-old woman presents with progressive dysphagia to solids initially, now progressing to liquids, over 3 months, along with unintentional weight loss. Which of the following is the most appropriate next step?

A. Empiric trial of a proton pump inhibitor with reassessment in 8 weeks before further workup

B. Barium swallow only

C. Reassurance that progressive dysphagia in this age group is usually benign

D. Upper endoscopy (EGD) with biopsy to evaluate for esophageal malignancy

33. A 40-year-old man presents with sudden severe periorbital pain, blurred vision, halos around lights, nausea, and vomiting. On exam, the affected pupil is mid-dilated and fixed, and the eye is firm to palpation with conjunctival injection. Which of the following is the most likely diagnosis?

A. Acute angle-closure glaucoma

B. Open-angle glaucoma

C. Anterior uveitis

D. Viral conjunctivitis

34. A 58-year-old man presents with acute onset of severe back pain, pulsatile abdominal mass, and hypotension. Which of the following is the most likely diagnosis requiring emergent surgical evaluation?

A. Lumbar disc herniation with radiculopathy

B. Acute pyelonephritis with sepsis

C. Musculoskeletal back strain

D. Ruptured abdominal aortic aneurysm

35. A 3-year-old presents with a barky, seal-like cough, inspiratory stridor at rest, and mild suprasternal retractions, with a low-grade fever. Which of the following is the most appropriate initial treatment?

A. Nebulized racemic epinephrine only

B. A single dose of oral or intramuscular dexamethasone

C. Oral antibiotics targeting Streptococcus pyogenes

D. Reassurance only

36. A 60-year-old woman presents with acute-onset severe abdominal pain, distension, and obstipation. Abdominal X-ray shows a dilated loop of colon with a 'coffee bean' sign in the left lower quadrant. Which of the following is the most likely diagnosis?

A. Sigmoid volvulus

B. Acute pancreatitis

C. Small bowel obstruction from adhesions

D. Toxic megacolon

37. A 50-year-old man presents with sudden-onset unilateral vision loss described as a curtain coming down over his visual field, painless, lasting several minutes and then resolving. Which of the following is the most likely diagnosis?

A. Amaurosis fugax from transient retinal ischemia

B. Retinal detachment with persistent visual field loss

C. Acute angle-closure glaucoma

D. Optic neuritis

38. A 45-year-old woman presents 5 days postpartum with fever, uterine tenderness, and foul-smelling lochia. Which of the following is the most likely diagnosis?

A. Mastitis

B. Postpartum endometritis

C. Urinary tract infection

D. Normal postpartum involution

39. A 35-year-old man presents with sudden onset of severe unilateral periorbital and temporal headache, ipsilateral tearing, nasal congestion, and ptosis, lasting about 45 minutes and recurring several times daily over the past week, often at night. Which of the following is the most likely diagnosis?

A. Migraine with aura

B. Cluster headache

C. Trigeminal neuralgia

D. Tension-type headache

40. A 65-year-old man with atrial fibrillation on warfarin presents with sudden-onset right-sided weakness and slurred speech that began 1 hour ago. INR is 2.4. Noncontrast head CT shows no hemorrhage. Which of the following is the most appropriate next step?

A. Evaluate eligibility for thrombolytic therapy or mechanical thrombectomy given the time window and absence of hemorrhage

B. Discharge home with close outpatient neurology follow-up given the therapeutic INR

C. Immediate reversal of anticoagulation with vitamin K prior to any further intervention

D. Start empiric antibiotics for suspected central nervous system infection

41. A 48-year-old man presents with acute-onset severe periumbilical pain that is disproportionate to a benign abdominal exam, followed 2 hours later by an urgent bloody bowel movement. He has a history of atherosclerotic disease and recent hypotension from a GI bleed managed 2 days ago. Which of the following is the most likely diagnosis?

A. Infectious colitis from a foodborne pathogen

B. Acute mesenteric ischemia

C. Acute diverticulitis of the sigmoid colon

D. Irritable bowel syndrome

42. A 33-year-old woman presents with 2 days of fever, right upper quadrant pain, and pleuritic right-sided chest pain, 1 week after treatment for chlamydial cervicitis. Liver enzymes are mildly elevated. Which of the following is the most likely diagnosis?

A. Acute cholecystitis from gallstone disease

B. Fitz-Hugh-Curtis syndrome (perihepatitis associated

C. Pulmonary embolism causing pleuritic chest pain

D. Viral hepatitis A infection

43. A 70-year-old man presents with sudden painless loss of vision in one eye, described as a curtain falling, that has not resolved after 6 hours. Fundoscopic exam shows a pale, edematous retina with a cherry-red spot at the macula. Which of the following is the most likely diagnosis?

A. Central retinal artery occlusion

B. Central retinal vein occlusion

C. Retinal detachment

D. Vitreous hemorrhage

44. A 60-year-old woman with a history of atrial fibrillation presents with acute-onset expressive aphasia and right-sided weakness that began 90 minutes ago. She takes no anticoagulation. Noncontrast head CT shows no hemorrhage and no early ischemic changes. Which of the following is most appropriate?

A. Wait 24 hours to repeat imaging before considering any acute intervention

B. Start heparin infusion immediately as first-line acute stroke therapy

C. Discharge home with outpatient neurology referral since symptoms may resolve spontaneously

D. Evaluate for IV thrombolytic therapy given her eligibility and no contraindications

45. A 55-year-old man presents with 2 weeks of progressive fatigue, exertional dyspnea, and bilateral lower extremity edema. Exam reveals an S3 gallop, jugular venous distension, and bibasilar crackles. Which of the following is the most likely diagnosis?

A. Acute decompensated heart failure

B. Bilateral pneumonia

C. Nephrotic syndrome from primary renal disease

D. Chronic venous insufficiency

46. A 28-year-old man presents with 1 day of severe right eye pain, photophobia, and blurred vision after being struck in the eye with a racquetball. Exam shows layering of blood in the anterior chamber. Which of the following is the most appropriate next step?

A. Urgent ophthalmology referral for management of traumatic hyphema

B. Reassurance and discharge with over-the-counter analgesics only

C. Immediate patching of the eye with no further follow-up needed

D. Topical antibiotic drops alone

47. A 45-year-old woman presents with acute-onset right-sided weakness and confusion. Her family reports she takes oral contraceptives and smokes heavily. Head CT shows no hemorrhage. Which modifiable risk factor combination in this patient is most strongly associated with increased ischemic stroke risk?

A. Occasional moderate alcohol use

B. Oral contraceptives plus cigarette smoking

C. A sedentary desk job

D. A diet high in leafy green vegetables

48. A 62-year-old man presents with acute urinary retention, unable to void for 12 hours, with a palpably distended bladder and significant suprapubic discomfort. Which of the following is the most appropriate immediate management?

A. Oral alpha-blocker therapy alone

B. Placement of a urinary catheter for immediate bladder decompression

C. Reassurance and observation

D. Immediate surgical consultation for prostatectomy prior to any bladder decompression

49. A 50-year-old woman presents with acute-onset severe pain in the right eye, redness, and a visual acuity of 20/200 (down from her baseline 20/20). She reports seeing halos around lights and the pain began after being in a dark movie theater. Which of the following mechanisms best explains her presentation?

A. Direct viral inoculation of the conjunctiva from a contaminated surface

B. Gradual accumulation of optic nerve damage from chronic open-angle glaucoma

C. An allergic reaction to airborne allergens in the theater

D. Pupillary dilation in a dim environment precipitating angle closure in a patient

50. A 65-year-old man with a history of prostate cancer presents with 2 weeks of progressive lower back pain, now with new bilateral leg weakness, saddle anesthesia, and urinary incontinence. Which of the following is the most appropriate immediate step?

A. Outpatient physical therapy referral for presumed mechanical back pain

B. Oral NSAIDs with reassessment in 2 weeks

C. Emergent MRI of the spine to evaluate for cauda equina syndrome

D. Lumbar puncture as the first diagnostic study

51. A 40-year-old man presents with sudden severe chest pain and dyspnea after a long transatlantic flight. He is tachycardic and hypoxic. CT pulmonary angiography confirms a large saddle pulmonary embolus with right ventricular strain, and he is hypotensive. Which of the following is the most appropriate treatment?

A. Outpatient oral anticoagulation alone with close follow-up

B. Observation without anticoagulation given the risk of bleeding

C. Systemic thrombolytic therapy given hemodynamic instability

D. Aspirin monotherapy as definitive treatment

52. A 55-year-old woman presents with 3 days of fever, right upper quadrant pain, and jaundice. She appears ill with a temperature of 102.5°F, blood pressure of 88/54 mmHg, and altered mental status. Which of the following diagnoses best fits this presentation (Reynolds pentad)?

A. Acute suppurative cholangitis

B. Uncomplicated cholelithiasis

C. Chronic cholecystitis

D. Viral hepatitis

53. A 29-year-old woman at 32 weeks gestation presents with painless, bright red vaginal bleeding. Fetal heart tones are reassuring and she is hemodynamically stable. A digital cervical exam has not yet been performed. Which of the following is the most appropriate next step?

A. Perform a digital cervical exam immediately to assess for labor

B. Obtain transabdominal ultrasound to evaluate placental location

C. Proceed directly to emergent cesarean delivery regardless of stability

D. Administer tocolytics without further evaluation

54. A 60-year-old man presents with 1 day of severe left-sided scrotal pain, fever, and dysuria, with gradual onset over 24 hours (unlike a sudden onset). Exam shows a tender, swollen epididymis with relief of pain on scrotal elevation (positive Prehn's sign). Which of the following is the most likely diagnosis?

A. Acute epididymitis

B. Testicular torsion

C. Testicular tumor presenting acutely

D. Inguinal hernia with incarceration

55. A 35-year-old man presents with acute-onset severe headache, neck stiffness, fever, and photophobia. Kernig's and Brudzinski's signs are positive. Which of the following is the most appropriate immediate step?

A. Await lumbar puncture results before starting any antibiotics regardless of delay

B. Discharge with oral analgesics and outpatient follow-up in 1 week

C. Obtain blood cultures and begin empiric antibiotics promptly

D. Begin antiviral therapy alone without any antibacterial coverage

56. A 50-year-old man with a history of alcohol use disorder presents with confusion, ataxia, and ophthalmoplegia. Which of the following is the most appropriate immediate treatment prior to any glucose administration?

A. Intravenous dextrose alone

B. Oral folate supplementation as the priority intervention

C. Benzodiazepines

D. Intravenous thiamine

57. A 45-year-old woman presents with 2 days of fever, chills, and right flank pain following an outpatient procedure involving ureteral stent placement. She appears toxic with a heart rate of 130 and blood pressure of 82/50 mmHg. Which of the following is the most likely diagnosis?

A. Uncomplicated cystitis requiring oral antibiotics only

B. Renal colic from an uncomplicated stone without infection

C. Viral gastroenteritis with secondary dehydration

D. Urosepsis from obstructive pyelonephritis

58. A 62-year-old woman presents with acute-onset vertigo, nausea, vomiting, and difficulty walking. Exam shows nystagmus, dysmetria on finger-to-nose testing, and gait ataxia, without hearing loss. Which of the following is most concerning and should prompt urgent neuroimaging?

A. A history of similar self-limited episodes over the past several years

B. The combination of new cerebellar signs (dysmetria

C. Nystagmus that is purely horizontal and fatigable on repeated testing

D. Symptoms that improve significantly with the Epley maneuver

59. A 30-year-old man presents 6 hours after a witnessed generalized tonic-clonic seizure with ongoing confusion, tongue laceration, and urinary incontinence noted by bystanders. He has no prior seizure history. Which of the following is the most appropriate next step?

A. Discharge home immediately once he is alert

B. Start a long-term antiepileptic medication empirically before any workup

C. Obtain neuroimaging and labs to identify a provoking cause

D. Reassure the patient that a single seizure never requires evaluation

60. A 55-year-old man presents with acute chest pain, and ECG shows ST-segment elevation in leads V1-V4. Which of the following is the most likely culprit coronary artery?

A. Right coronary artery

B. Left circumflex artery

C. Posterior descending artery

D. Left anterior descending artery

61. A 68-year-old man presents with 1 week of fatigue, dark urine, and jaundice. Labs show hemoglobin 8.2 g/dL, elevated indirect bilirubin, elevated LDH, low haptoglobin, and a positive direct antiglobulin (Coombs) test. Which of the following is the most likely diagnosis?

A. Iron deficiency anemia from chronic blood loss

B. Aplastic anemia from bone marrow failure

C. Autoimmune hemolytic anemia

D. Vitamin B12 deficiency anemia

62. A 3-day-old term newborn develops jaundice, poor feeding, and lethargy. Total bilirubin is markedly elevated and predominantly unconjugated. Which of the following is the most concerning complication if bilirubin continues to rise untreated?

A. Development of biliary atresia as a direct consequence of the elevated bilirubin

B. Progression to conjugated hyperbilirubinemia from cholestasis

C. Kernicterus (bilirubin-induced neurologic dysfunction)

D. Iron deficiency anemia secondary to hemolysis

63. A 45-year-old man presents with sudden severe pain and swelling of the calf after prolonged immobilization on a long flight, with associated warmth and a positive Homans sign. Which of the following is the most appropriate diagnostic test?

A. D-dimer alone without further imaging in this high pretest probability patient

B. Venography as the first-line test

C. Plain radiograph of the leg

D. Compression ultrasonography of the lower extremity

64. A 25-year-old woman presents with acute-onset severe abdominal pain, and is found to have a ruptured ovarian cyst with hemoperitoneum on ultrasound. She is hemodynamically stable. Which of the following is the most appropriate initial management?

A. Conservative management with observation

B. Emergent laparotomy regardless of hemodynamic status

C. Discharge home immediately with no monitoring required

D. Immediate blood transfusion regardless of hemoglobin level

65. A 50-year-old man with cirrhosis presents with worsening abdominal distension, fever, and abdominal pain. Paracentesis reveals an ascitic fluid absolute neutrophil count of 350 cells/mm3. Which of the following is the most appropriate next step?

A. Reassure the patient that this neutrophil count is within normal limits and no treatment is needed

B. Perform an exploratory laparotomy given concern for secondary peritonitis

C. Begin empiric antibiotic therapy for spontaneous bacterial peritonitis

D. Begin antifungal therapy for presumed fungal peritonitis

66. A 55-year-old woman presents with acute-onset right-sided facial droop, arm weakness, and difficulty speaking that resolved completely within 20 minutes. She now feels back to normal. Which of the following statements is most accurate regarding her presentation?

A. Because symptoms resolved completely

B. This was a transient ischemic attack warranting urgent evaluation

C. This presentation is most consistent with a complex migraine and requires no vascular workup

D. Symptoms resolving within an hour exclude any vascular etiology

67. A 40-year-old man presents with sudden-onset severe abdominal pain, vomiting, and absence of bowel sounds. Abdominal X-ray shows dilated loops of small bowel with air-fluid levels and no air in the rectum. He has a history of prior abdominal surgery. Which of the following is the most likely diagnosis?

A. Acute gastroenteritis with ileus

B. Large bowel obstruction from colon cancer

C. Paralytic ileus from opioid use

D. Small bowel obstruction from postsurgical adhesions

68. A 60-year-old man presents with acute onset of severe, unremitting mid-back pain, and is found to have a spinal epidural abscess on MRI, with fever and elevated inflammatory markers. He has a history of intravenous drug use. Which of the following is the most appropriate next step?

A. Outpatient oral antibiotics

B. Urgent neurosurgical consultation

C. Physical therapy referral for presumed musculoskeletal back pain

D. Observation alone since abscesses typically resolve without intervention

69. A 35-year-old woman presents with acute right-sided chest pain and dyspnea. She recently started combined oral contraceptives and had a long car trip last week. CT pulmonary angiography confirms pulmonary embolism, and she is hemodynamically stable with normal right ventricular function. Which of the following is the most appropriate treatment?

A. Systemic thrombolytic therapy as first-line treatment regardless of stability

B. Anticoagulation therapy without thrombolysis

C. Inferior vena cava filter placement as the sole treatment

D. Observation alone without any anticoagulation given her young age

70. A 5-year-old child presents with 3 days of fever and a maculopapular rash that started on the face and spread downward, along with cough, coryza, and conjunctivitis. Koplik spots are noted on the buccal mucosa. Which of the following is the most likely diagnosis?

A. Measles (rubeola)

B. Rubella (German measles)

C. Roseola infantum

D. Scarlet fever

71. A 45-year-old man presents with acute severe chest pain radiating to the jaw, associated with diaphoresis. ECG shows ST-segment depression in leads V1-V3 with tall R waves, without ST elevation elsewhere. Which of the following is the most likely diagnosis given this pattern?

A. Anterior wall ischemia without infarction

B. Pericarditis with diffuse changes

C. Posterior myocardial infarction (a posterior STEMI equivalent

D. A normal variant ECG pattern requiring no further workup

72. A 32-year-old woman presents with acute-onset severe headache, vomiting, and blurred vision. Fundoscopic exam reveals bilateral papilledema. She is obese and takes no regular medications other than an oral contraceptive. Opening pressure on lumbar puncture is elevated, with normal CSF composition and normal neuroimaging. Which of the following is the most likely diagnosis?

A. Bacterial meningitis

B. Idiopathic intracranial hypertension

C. Subarachnoid hemorrhage

D. Brain tumor with obstructive hydrocephalus

73. A 50-year-old man presents with 1 week of progressive dyspnea, orthopnea, and lower extremity edema, along with a recent history of a large anterior myocardial infarction 3 weeks ago. Exam reveals a new holosystolic murmur at the apex radiating to the axilla. Which of the following is the most likely diagnosis?

A. Papillary muscle rupture

B. Ventricular septal defect

C. Free wall rupture with cardiac tamponade

D. Dressler syndrome (post-MI pericarditis)

74. A 65-year-old woman presents with acute confusion, fever, and hypotension 2 days after a total knee replacement. Labs show a WBC of 22,000/µL and lactate of 4.2 mmol/L. Which of the following is the most appropriate immediate management?

A. Observation alone with repeat labs in 24 hours

B. Initiate early sepsis bundle care

C. Oral antibiotics with outpatient follow-up

D. Physical therapy consultation as the priority intervention

75. A 28-year-old man presents with acute-onset unilateral flank pain and gross hematuria after a minor fall while playing basketball. He is otherwise healthy. Imaging reveals a horseshoe kidney with a grade 2 renal laceration. Which of the following statements about his presentation is most accurate?

A. Horseshoe kidney has no bearing on injury risk and this presentation would be expected with a normal kidney as well

B. Congenital renal anomalies such as horseshoe kidney predispose the kidney to injury from relatively minor trauma due to its abnormal position and reduced mobility

C. A grade 2 renal laceration always requires immediate surgical exploration regardless of hemodynamic status

D. Gross hematuria after trauma should be managed exclusively with observation and never warrants imaging

76. A 42-year-old woman presents with acute-onset severe right upper quadrant pain, fever, and jaundice 2 days after eating a large fatty meal. Ultrasound shows a dilated common bile duct with a stone visualized at the distal duct. Liver enzymes show a cholestatic pattern. Which of the following is the most appropriate next step?

A. Elective outpatient cholecystectomy in 6 weeks with no other intervention

B. Oral ursodeoxycholic acid to dissolve the stone over several months

C. Urgent ERCP for stone extraction and biliary decompression

D. Reassurance and discharge with follow-up in 2 weeks

77. A 55-year-old man with hypertension presents with acute-onset severe headache and blood pressure of 220/130 mmHg, along with blurred vision and confusion. Fundoscopic exam shows papilledema and flame hemorrhages. Which of the following is the most appropriate immediate management?

A. Rapid normalization of blood pressure to under 120/80 mmHg within the first hour

B. Oral antihypertensive medication with outpatient follow-up in 1 week

C. Controlled, gradual blood pressure reduction with IV agents in a monitored setting

D. No treatment needed since chronic hypertension often presents this way

78. A 30-year-old woman at 8 weeks gestation presents with vaginal bleeding and crampy lower abdominal pain. On exam, the cervical os is closed, and ultrasound shows an intrauterine pregnancy with a fetal heartbeat. Which of the following is the most likely diagnosis?

A. Inevitable abortion

B. Incomplete abortion

C. Missed abortion

D. Threatened abortion

79. A 65-year-old man presents with sudden-onset severe abdominal and back pain, along with syncope. On exam, he has a pulsatile abdominal mass and is hypotensive with a heart rate of 130. Bedside ultrasound in the office confirms a 7-cm abdominal aortic aneurysm. Which of the following is the most appropriate immediate action?

A. Schedule elective surgical repair within the next 2 weeks

B. Begin outpatient beta-blocker therapy and monitor with serial ultrasounds

C. Immediate transfer for emergent surgical repair

D. Discharge home with instructions to follow up with vascular surgery in 1 month

80. A 50-year-old man presents with 2 days of worsening dyspnea, fever, and productive cough with rust-colored sputum. Chest X-ray shows a lobar consolidation. He is hemodynamically stable with normal mental status and no significant comorbidities. Which of the following best describes the appropriate site-of-care decision using a validated severity assessment?

A. ICU admission is mandatory for any patient with lobar consolidation on chest X-ray

B. Hospitalization is required for all patients with productive cough and fever regardless of severity score

C. Outpatient management is reasonable given his low-risk clinical and severity score profile

D. No antibiotics are indicated until sputum culture results return

81. A 60-year-old woman presents with acute-onset right-sided weakness and a NIH Stroke Scale score reflecting a large vessel occlusion, 5 hours after last known well. CT angiography confirms an M1 segment middle cerebral artery occlusion, and CT perfusion shows a favorable core-to-penumbra mismatch. Which of the following is the most appropriate treatment consideration?

A. Mechanical thrombectomy given the large vessel occlusion and extended eligibility window

B. No acute intervention is possible since she is outside the standard thrombolysis window

C. Immediate anticoagulation with heparin as the primary acute treatment

D. Discharge with outpatient follow-up given the time elapsed since symptom onset

82. A 24-year-old man presents with 2 days of fever, malaise, and a painful, swollen, erythematous area on his forearm with a central area of fluctuance. Which of the following is the most appropriate initial management?

A. Incision and drainage of the abscess

B. Oral antibiotics alone without any drainage procedure

C. Observation only

D. Immediate surgical exploration under general anesthesia

83. A 55-year-old man presents with acute-onset severe chest pain and is found on ECG to have ST elevation in leads V1-V6, I, and aVL, with reciprocal ST depression in II, III, and aVF. Which of the following best characterizes the extent of this infarction?

A. Isolated inferior STEMI from right coronary artery occlusion

B. Isolated posterior STEMI from circumflex occlusion

C. Extensive anterior/anterolateral STEMI

D. A benign early repolarization pattern requiring no urgent intervention

84. A 40-year-old woman presents with 3 weeks of progressive fatigue, easy bruising, and gum bleeding. CBC shows pancytopenia. Bone marrow biopsy reveals hypocellular marrow with fatty replacement. Which of the following is the most likely diagnosis?

A. Acute myeloid leukemia

B. Iron deficiency anemia

C. Aplastic anemia

D. Immune thrombocytopenic purpura

85. A 65-year-old man with known coronary artery disease presents with exertional chest pressure that has increased in frequency over the past week, now occurring with minimal exertion and once at rest, lasting about 10 minutes each time and relieved with rest. Troponin is negative and ECG shows no acute changes. Which of the following is the most likely diagnosis?

A. Stable angina

B. Non-ST elevation myocardial infarction

C. Costochondritis

D. Unstable angina

86. A 70-year-old woman presents with acute-onset confusion and is found to have a serum sodium of 118 mEq/L. She has been taking a thiazide diuretic and drinking large amounts of water. Which of the following is the most appropriate initial management principle?

A. Correct the sodium as rapidly as possible to normal levels within the first few hours

B. Withhold all treatment since severe hyponatremia with confusion does not require urgent management

C. Correct the sodium gradually to avoid osmotic demyelination syndrome

D. Administer large volumes of free water to further dilute and 'reset' serum sodium

87. A 45-year-old man presents with acute-onset severe left flank pain radiating to the groin and gross hematuria. CT shows a 6-mm stone at the ureterovesical junction without hydronephrosis. He has adequate pain control and is tolerating oral intake. Which of the following is the most appropriate management?

A. Immediate hospitalization for IV antibiotics regardless of infection signs

B. Outpatient management with analgesia

C. Emergent surgical stone removal for any stone over 5 mm

D. Reassurance only

88. A 55-year-old woman presents with sudden-onset severe abdominal pain and is found to have free air under the diaphragm on upright chest X-ray. She has a history of NSAID use for chronic osteoarthritis pain. Which of the following is the most likely diagnosis?

A. Acute pancreatitis

B. Small bowel obstruction

C. Acute appendicitis

D. Perforated peptic ulcer

89. A 60-year-old man with a history of atrial fibrillation on apixaban presents after a fall with a head laceration. He is alert and oriented with a normal neurologic exam, but reports mild headache. Which of the following is the most appropriate next step?

A. Obtain a noncontrast head CT given the combination of anticoagulant use and head trauma

B. No imaging is needed since his neurologic exam is entirely normal

C. Discontinue apixaban permanently without any further evaluation

D. Discharge home immediately with instructions to return only if symptoms worsen significantly

90. A 28-year-old woman presents with 3 days of fever, productive cough, and pleuritic chest pain. Chest X-ray shows a right lower lobe infiltrate. She is 20 weeks pregnant. Which of the following statements about her management is most accurate?

A. Pregnancy is an absolute contraindication to any antibiotic treatment for pneumonia

B. Chest X-ray should never be performed during pregnancy under any circumstances

C. Community-acquired pneumonia in pregnancy is generally treated similarly to nonpregnant adults

D. Pneumonia in pregnancy should be managed with observation alone

91. A 50-year-old man presents with acute-onset severe chest pain and dyspnea. Physical exam reveals decreased breath sounds on the left with hyperresonance to percussion. He is a thin, tall male with no history of trauma. Chest X-ray confirms a moderate left-sided pneumothorax without mediastinal shift. Which of the following is the most likely underlying process?

A. Tension pneumothorax requiring immediate needle decompression

B. Traumatic pneumothorax from an occult rib fracture

C. Pneumothorax secondary to underlying COPD (secondary spontaneous pneumothorax)

D. Primary spontaneous pneumothorax from rupture of a subpleural bleb in a tall

92. A 35-year-old man presents with 2 days of fever, headache, and a rash that began on the wrists and ankles and spread centrally, now involving the palms and soles. He recently returned from a camping trip in the southeastern United States and reports a tick bite. Which of the following is the most appropriate immediate management?

A. Begin empiric doxycycline for suspected Rocky Mountain spotted fever without delay

B. Wait for serologic confirmation before starting any antibiotic therapy

C. Begin antifungal therapy for a presumed fungal etiology

D. Reassure the patient that this rash pattern is benign and self-limited

93. A 65-year-old man presents with 3 days of worsening confusion, and family reports he has not urinated much in the last 24 hours. He takes lisinopril and had a recent episode of vomiting and diarrhea.

Creatinine has risen from a baseline of 1.0 to 3.2 mg/dL. Which of the following is the most likely mechanism?

A. Prerenal acute kidney injury from volume depletion

B. Intrinsic acute tubular necrosis from a nephrotoxic antibiotic he is not taking

C. Postrenal obstruction from bilateral ureteral stones

D. Chronic kidney disease progression unrelated to his recent illness

94. A 58-year-old woman presents with acute-onset severe interscapular back pain and is found to have a blood pressure of 190/110 mmHg in the right arm and 140/85 mmHg in the left arm. CT angiography confirms a type A aortic dissection. Which of the following is the most appropriate immediate management?

A. Medical management alone

B. Outpatient follow-up with repeat imaging in 1 week

C. Emergent surgical repair

D. Observation with oral antihypertensives

95. A 42-year-old man presents with 1 week of progressive jaundice and is found to have markedly elevated transaminases (AST and ALT both over 2000 U/L) with a mildly elevated bilirubin. He denies alcohol use and reports taking excessive acetaminophen for a headache over the past several days. Which of the following is the most appropriate immediate treatment?

A. Ursodeoxycholic acid as first-line therapy

B. Corticosteroids

C. N-acetylcysteine

D. Observation alone

96. A 30-year-old woman presents with acute-onset severe unilateral leg swelling, warmth, and pain, 2 weeks postpartum. Doppler ultrasound confirms a proximal deep venous thrombosis. Which of the following is the most appropriate treatment approach?

A. Observation only

B. Therapeutic anticoagulation

C. Immediate surgical thrombectomy as first-line therapy for all proximal DVTs

D. Compression stockings alone

97. A 55-year-old man presents with acute-onset confusion, fever, and a stiff neck. CSF analysis shows lymphocytic predominance, normal glucose, and mildly elevated protein. He also reports bizarre behavioral changes and hallucinations over the past 2 days. Which of the following is the most likely diagnosis?

A. Bacterial meningitis

B. Fungal meningitis

C. Normal pressure hydrocephalus

D. Herpes simplex encephalitis

98. A 60-year-old man presents with 2 days of severe left flank pain, fever, and dysuria. CT shows perinephric stranding and a gas-forming collection within the renal parenchyma. He has poorly controlled diabetes. Which of the following is the most likely diagnosis?

A. Uncomplicated pyelonephritis

B. Renal abscess without gas formation

C. Emphysematous pyelonephritis

D. Nephrolithiasis with secondary infection

99. A 45-year-old woman presents with acute-onset severe periumbilical pain radiating to the back, nausea, and vomiting, several hours after a fatty meal. Lipase is elevated. Ultrasound shows gallstones without evidence of a dilated common bile duct. Which of the following is the most likely etiology of her pancreatitis?

A. Gallstone (biliary) pancreatitis

B. Alcohol-induced pancreatitis

C. Hypertriglyceridemia-induced pancreatitis

D. Medication-induced pancreatitis

100. A 70-year-old man presents with acute-onset right-sided weakness, and CT angiography shows an occlusion of the M1 segment of the left middle cerebral artery. He arrives 3 hours after symptom onset with no contraindications to thrombolysis. Which of the following is the most appropriate treatment approach?

A. Combined IV thrombolysis and mechanical thrombectomy

B. Mechanical thrombectomy alone

C. Antiplatelet therapy alone without any reperfusion therapy

D. Observation only

101. A 25-year-old man presents with acute-onset severe unilateral scrotal pain that began 1 hour ago while playing soccer, without antecedent trauma. Ultrasound with Doppler shows absent blood flow to the right testicle. Which of the following best explains the time-sensitivity of management in this condition?

A. Antibiotics are equally effective as surgery if given within the first 6 hours

B. The testicle can tolerate ischemia indefinitely without any adverse outcome

C. Testicular salvage rates decline rapidly with increasing duration of ischemia

D. Delayed management beyond 24 hours has no effect on testicular viability

102. A 55-year-old man with a history of hepatitis C cirrhosis presents with acute-onset hematemesis and melena. He is tachycardic and hypotensive. Which of the following is the most appropriate initial step in management, in addition to fluid resuscitation?

A. Administer intravenous octreotide and antibiotic prophylaxis while arranging urgent upper endoscopy

B. Begin a proton pump inhibitor alone

C. Delay endoscopy until the patient is fully resuscitated to a normal blood pressure over the next 24 hours

D. Perform immediate surgical portosystemic shunt placement as first-line therapy

103. A 68-year-old woman presents with 2 days of severe left-sided facial pain and a vesicular rash in a dermatomal distribution across her forehead and around her eye, with the tip of her nose involved. Which of the following statements about this presentation is most accurate?

A. Nasal tip involvement has no bearing on the risk of ocular complications in this condition

B. Vesicles on the nasal tip (Hutchinson's sign) signal nasociliary involvement and ocular risk

C. This presentation should be managed with topical antifungal therapy as first-line treatment

D. Antiviral therapy provides no benefit if started more than 24 hours after rash onset

104. A 45-year-old man presents with acute-onset severe chest pain, and troponin returns markedly elevated. ECG shows no ST elevation but diffuse T-wave inversions. Coronary angiography reveals a 90% stenosis of the left circumflex artery. Which of the following diagnoses best fits this presentation?

A. ST-elevation myocardial infarction (STEMI)

B. Non-ST elevation myocardial infarction (NSTEMI)

C. Unstable angina (no biomarker elevation)

D. Stable angina (fixed, exertional pattern)

105. A 50-year-old woman presents with acute-onset severe abdominal pain and is found on CT to have a large right-sided ovarian mass with associated adnexal torsion. She is hemodynamically stable but in significant pain. Which of the following is the most appropriate management?

A. Observation with analgesia alone

B. Outpatient follow-up with repeat imaging in 1 week

C. Immediate bilateral oophorectomy regardless of ovarian appearance at surgery

D. Urgent gynecologic surgical consultation for detorsion

106. A 58-year-old man with type 2 diabetes has a hemoglobin A1c of 8.9% despite metformin 1000 mg twice daily and lifestyle modification. He has established atherosclerotic cardiovascular disease. Which of the following second-line agents would provide the most additional cardiovascular benefit?

A. A sulfonylurea

B. A thiazolidinedione

C. A GLP-1 receptor agonist or SGLT2 inhibitor

D. Basal insulin as the preferred second-line agent regardless of cardiovascular status

107. A 65-year-old woman with hypertension controlled on lisinopril and amlodipine returns for routine follow-up. Her blood pressure today is 128/78 mmHg, and she reports no side effects. Basic metabolic panel shows normal potassium and stable creatinine. Which of the following is the most appropriate next step?

A. Increase the dose of lisinopril despite blood pressure being at goal

B. Discontinue amlodipine since two agents are unnecessary when blood pressure is controlled

C. Continue the current regimen unchanged and keep up routine monitoring

D. Add a third antihypertensive agent to further lower blood pressure below current target

108. A 70-year-old man with heart failure with reduced ejection fraction (EF 30%) is on a beta-blocker and an ACE inhibitor. He continues to have NYHA class II symptoms. Which of the following medication classes should be considered next to further reduce mortality?

A. A calcium channel blocker such as amlodipine for additional blood pressure control

B. A mineralocorticoid receptor antagonist (such as spironolactone or eplerenone)

C. A short-acting nitrate for symptom control only

D. A nonsteroidal anti-inflammatory drug for any associated joint pain

109. A 55-year-old woman with chronic kidney disease stage 3b (eGFR 35 mL/min/1.73m2) and hypertension is being managed in primary care. Which of the following statements about her ongoing management is most accurate?

A. ACE inhibitors and ARBs are contraindicated in all patients with CKD stage 3b or worse

B. An ACE inhibitor or ARB is generally preferred for blood pressure control given renoprotective effects

C. No blood pressure medication adjustments are needed once CKD is diagnosed

D. NSAIDs are the preferred agents for pain control in CKD given their renal safety profile

110. A 62-year-old man with COPD (FEV1 55% predicted) has persistent dyspnea despite a long-acting bronchodilator. He reports 2 moderate exacerbations in the past year not requiring hospitalization. Which of the following is the most appropriate next step in his maintenance regimen?

A. Start chronic oral corticosteroids as maintenance therapy

B. Start daily short-acting bronchodilator monotherapy as the sole maintenance treatment

C. Discontinue all bronchodilator therapy and use supplemental oxygen alone

D. Add a second long-acting bronchodilator (dual bronchodilator therapy

111. A 48-year-old woman with hypothyroidism on levothyroxine 100 mcg daily has a TSH of 8.2 mIU/L (elevated) at her annual visit, with no reported medication changes or new symptoms. Which of the following is the most appropriate next step?

A. Review medication adherence and timing (relative to food

B. Decrease the levothyroxine dose since an elevated TSH suggests overtreatment

C. Discontinue levothyroxine entirely and recheck TSH in 3 months

D. Switch to liothyronine (T3) monotherapy as the next step without further evaluation

112. A 68-year-old man with osteoarthritis of the knee has inadequate pain control with acetaminophen. He has a history of a bleeding peptic ulcer 2 years ago. Which of the following is the most appropriate next step in pain management?

A. Start a high-dose oral NSAID since his prior bleed was 2 years ago and is no longer relevant

B. Start chronic opioid therapy as the preferred next step for osteoarthritis pain

C. Add a second dose of acetaminophen beyond the maximum recommended daily dose

D. Consider topical NSAIDs or non-pharmacologic measures (physical therapy

113. A 60-year-old woman with a new diagnosis of osteoporosis (T-score -2.7) is being started on pharmacologic therapy. Which of the following is a first-line treatment option?

A. Calcium supplementation alone without any antiresorptive or anabolic agent

B. A daily multivitamin as the sole intervention

C. An oral bisphosphonate such as alendronate

D. Testosterone therapy

114. A 45-year-old man with major depressive disorder has been on sertraline 50 mg daily for 8 weeks with only partial improvement in symptoms and good tolerability. Which of the following is the most appropriate next step?

A. Switch immediately to a different antidepressant class without first optimizing the current dose

B. Increase the sertraline dose given partial response with good tolerability

C. Discontinue the medication since 8 weeks without full remission indicates treatment failure

D. Add a benzodiazepine as long-term monotherapy for his depression

115. A 55-year-old man with hyperlipidemia (LDL 165 mg/dL) and no other cardiovascular risk factors is being considered for statin therapy. His calculated 10-year ASCVD risk is 12%. Which of the following statements is most accurate regarding statin therapy in this context?

A. Statin therapy is contraindicated in patients without diabetes or established cardiovascular disease

B. High-intensity statin therapy is mandatory regardless of calculated risk in all patients with LDL over 160

C. Moderate-intensity statin therapy is a reasonable option given his intermediate 10-year ASCVD risk

D. No statin therapy should ever be considered until LDL exceeds 250 mg/dL

116. A 70-year-old woman with atrial fibrillation and a CHA2DS2-VASc score of 4 is being evaluated for stroke prevention therapy. She has normal renal function and no bleeding history. Which of the following is most appropriate?

A. Aspirin monotherapy

B. No antithrombotic therapy is needed since her CHA2DS2-VASc score is below 5

C. Warfarin is mandatory and DOACs should never be used as an alternative

D. A direct oral anticoagulant (DOAC)

117. A 50-year-old man with obesity (BMI 34) and prediabetes is interested in weight loss options after lifestyle modification alone has resulted in minimal progress over 6 months. Which of the following is an appropriate next step?

A. Bariatric surgery is the only appropriate next step for a BMI of 34

B. No further intervention is warranted since lifestyle modification is the only recommended approach at any BMI

C. Consider pharmacotherapy for weight management (such as a GLP-1 receptor agonist) in conjunction with continued lifestyle intervention

D. Very low-calorie diets without medical supervision are the preferred next step

118. A 65-year-old man with stable coronary artery disease and type 2 diabetes is found to have a hemoglobin A1c of 7.8% on metformin and a sulfonylurea. Which of the following considerations is most important when intensifying his diabetes regimen?

A. Prioritizing the cheapest available agent regardless of hypoglycemia risk or cardiovascular data

B. Adding a second sulfonylurea from a different class to further stimulate insulin secretion

C. Choosing agents that avoid hypoglycemia risk and ideally offer cardiovascular benefit

D. Targeting an A1c as low as possible (under 6%) regardless of hypoglycemia risk given his cardiovascular disease

119. A 58-year-old woman with rheumatoid arthritis on methotrexate presents for routine follow-up. Which of the following monitoring parameters is most important to check periodically while she remains on this medication?

A. Complete blood count and liver function tests

B. Thyroid function tests, not routinely needed here

C. Serum calcium levels, not routinely needed here

D. Urine drug screen, not clinically indicated here

120. A 72-year-old man with benign prostatic hyperplasia on tamsulosin reports persistent moderate urinary symptoms (nocturia, weak stream) despite therapy, with a significantly enlarged prostate on exam. Which of the following would be a reasonable addition to his regimen?

A. A second alpha-blocker from a different class in addition to tamsulosin

B. An anticholinergic medication as first-line add-on therapy regardless of residual urine volume

C. A 5-alpha reductase inhibitor (such as finasteride)

D. Testosterone supplementation to improve urinary symptoms

121. A 55-year-old woman with fibromyalgia reports ongoing widespread pain and fatigue despite exercise counseling. Which of the following medications has the best evidence for symptom improvement in fibromyalgia?

A. High-dose opioids as first-line pharmacotherapy

B. Long-term high-dose NSAIDs as first-line pharmacotherapy

C. Duloxetine or pregabalin, FDA-approved for fibromyalgia

D. Oral corticosteroids as maintenance therapy

122. A 62-year-old man with chronic hepatitis C and compensated cirrhosis is due for routine surveillance. Which of the following is the most appropriate surveillance strategy for hepatocellular carcinoma?

A. Liver ultrasound (with or without alpha-fetoprotein) every 6 months

B. Annual CT of the abdomen with contrast as the preferred surveillance modality

C. No surveillance is needed once hepatitis C has been successfully treated

D. Colonoscopy every 6 months as the appropriate surveillance test

123. A 68-year-old man with Parkinson's disease on carbidopa-levodopa reports increasing 'off' periods and dyskinesias as his disease progresses. Which of the following statements best reflects appropriate long-term management considerations?

A. Levodopa should be discontinued entirely once dyskinesias develop

B. Increasing physical activity alone

C. Dyskinesias indicate the diagnosis was incorrect and levodopa should never have been started

D. Adjunctive therapies (such as dopamine agonists

124. A 50-year-old woman with systemic lupus erythematosus on hydroxychloroquine is due for her annual eye exam. Which of the following is the primary concern being monitored for with long-term hydroxychloroquine use?

A. Cataracts unrelated to medication use

B. Glaucoma unrelated to medication use

C. Age-related macular degeneration unrelated to medication use

D. Hydroxychloroquine-induced retinopathy

125. A 60-year-old man with gout has had 3 flares in the past year despite dietary modification. His serum uric acid is 9.2 mg/dL between flares. Which of the following is the most appropriate long-term management approach?

A. Initiate urate-lowering therapy (such as allopurinol)

B. Continue dietary modification alone

C. Start chronic high-dose NSAID therapy indefinitely as the primary long-term strategy

D. Begin colchicine as monotherapy for long-term urate lowering

126. A 45-year-old woman with well-controlled asthma on a low-dose inhaled corticosteroid/formoterol combination reports good symptom control with no exacerbations in the past year. Which of the following is the most appropriate next step?

A. Continue current therapy, since her asthma is well-controlled

B. Step up to a higher-dose inhaled corticosteroid despite good control

C. Discontinue all controller therapy since she has been asymptomatic

D. Switch to short-acting bronchodilator monotherapy as maintenance therapy

127. A 55-year-old man with cirrhosis and a history of hepatic encephalopathy is being managed as an outpatient. Which of the following medications is a mainstay of chronic prophylaxis against recurrent hepatic encephalopathy?

A. Loperamide

B. Lactulose, titrated to produce 2-3 soft bowel movements daily

C. Chronic opioid therapy for associated abdominal discomfort

D. A high-protein diet to promote muscle mass and reduce catabolism

128. A 65-year-old woman with chronic low back pain from degenerative disc disease has had inadequate relief with acetaminophen and physical therapy over 3 months. She has no red flag symptoms. Which of the following is the most appropriate next step per current chronic pain management principles?

A. Begin chronic opioid therapy as the next appropriate step given inadequate response to initial measures

B. Order an emergent MRI of the lumbar spine given her ongoing symptoms

C. Consider a trial of a non-opioid adjunct (such as a topical NSAID

D. Refer directly for spinal fusion surgery without further conservative management

129. A 50-year-old man with type 2 diabetes and diabetic peripheral neuropathy reports burning pain in his feet that interferes with sleep. Which of the following is a first-line pharmacologic option for painful diabetic neuropathy?

A. Short-acting opioids as first-line therapy

B. High-dose acetaminophen as first-line therapy

C. Topical corticosteroids as first-line therapy

D. Duloxetine or pregabalin, first-line for diabetic neuropathy

130. A 60-year-old man with stage 3a chronic kidney disease and anemia (hemoglobin 9.8 g/dL) is found to have normal iron studies and normal B12/folate. Which of the following is the most likely cause of his anemia?

A. Iron deficiency anemia from occult gastrointestinal bleeding

B. Anemia of chronic inflammation from an undiagnosed malignancy

C. Vitamin B12 deficiency anemia

D. Anemia of chronic kidney disease due to relative erythropoietin deficiency

131. A 45-year-old woman with generalized anxiety disorder has been on escitalopram 20 mg daily for 12 weeks with good symptom control and no side effects. Which of the following is the most appropriate long-term management approach?

A. Discontinue the medication immediately now that symptoms have improved

B. Switch to a benzodiazepine for long-term maintenance therapy

C. Continue the effective dose for a sustained period (about 12 months) before any taper

D. Increase the dose further despite good control

132. A 70-year-old woman with dementia and her family are discussing goals of care. Which of the following approaches best reflects patient-centered chronic disease management in this context?

A. Making all treatment decisions unilaterally without involving the family in discussion

B. Avoiding any discussion of prognosis or goals of care until a medical crisis occurs

C. Engaging in advance care planning discussions and periodically reassessing goals of care as the disease progresses

D. Pursuing maximally aggressive treatment for all conditions regardless of stated preferences or disease stage

133. A 55-year-old man with chronic stable angina on a beta-blocker continues to have anginal symptoms with moderate exertion. Which of the following would be an appropriate addition to his regimen?

A. A short-acting beta-agonist inhaler for symptom relief

B. Discontinuation of the beta-blocker given ongoing symptoms

C. Chronic high-dose aspirin beyond standard antiplatelet dosing

D. A long-acting nitrate or calcium channel blocker as add-on anti-anginal therapy

134. A 65-year-old man with COPD on maintenance inhaler therapy reports persistent exertional dyspnea despite optimized medications. His oxygen saturation is 94% at rest but drops to 87% with ambulation. Which of the following is most appropriate?

A. No further intervention is needed since resting oxygen saturation is normal

B. Start chronic oral corticosteroids as the next step for symptom control

C. Evaluate for supplemental oxygen therapy with ambulatory desaturation testing and consider pulmonary rehabilitation

D. Recommend against any physical activity given his desaturation with exertion

135. A 50-year-old woman with hypertension is found to have a potassium of 5.6 mEq/L after starting lisinopril and spironolactone together for resistant hypertension. Which of the following is the most appropriate next step?

A. Continue the current regimen unchanged since some potassium elevation is expected and does not require action

B. Add a potassium supplement to further raise the level

C. Recheck the potassium level and reassess renal function and medications

D. Increase the dose of spironolactone to improve blood pressure control despite the hyperkalemia

136. A 58-year-old man with chronic hepatitis B on tenofovir has been virally suppressed for 3 years. Which of the following ongoing monitoring is most important given his underlying condition?

A. No further monitoring is needed once viral suppression is achieved

B. Annual colonoscopy as the primary surveillance modality for his condition

C. Discontinuation of antiviral therapy once viral suppression is confirmed

D. Periodic hepatocellular carcinoma surveillance with liver ultrasound

137. A 45-year-old woman with Crohn's disease in remission on a biologic agent presents for routine follow-up. Which of the following is an important consideration in her long-term management?

A. Biologic therapy has no effect on infection risk and requires no special monitoring

B. Live vaccines are preferred and encouraged while on biologic therapy

C. Biologic therapy should be discontinued automatically once remission is achieved

D. Regular monitoring for infection risk and appropriate vaccination status

138. A 62-year-old man with chronic stable heart failure (EF 25%) on optimal guideline-directed medical therapy continues to have NYHA class III symptoms. His QRS duration is 160 ms with a left bundle branch branch pattern. Which of the following device therapies may improve his symptoms and outcomes?

A. A permanent pacemaker for bradycardia

B. Cardiac resynchronization therapy (CRT)

C. An implantable loop recorder as the next step in his management

D. A left ventricular assist device as first-line therapy prior to considering other options

139. A 55-year-old woman with well-controlled HIV on antiretroviral therapy (undetectable viral load, CD4 count 650) presents for a routine visit. Which of the following statements about her ongoing primary care is most accurate?

A. No routine preventive care is needed since her HIV is well controlled

B. All preventive screening should be deferred until CD4 count exceeds 1000

C. Routine age-appropriate preventive care and chronic disease screening should proceed similarly

D. Her HIV status means she should not receive any vaccinations

140. A 60-year-old man with chronic gastroesophageal reflux disease has been on a proton pump inhibitor for 5 years with good symptom control. Which of the following is an appropriate consideration for his long-term management?

A. PPI therapy should be continued indefinitely at the same dose with no reassessment ever needed

B. Periodically reassess the need for continued PPI therapy and consider the lowest effective dose

C. PPI therapy should be stopped abruptly regardless of symptom control

D. No monitoring or reassessment is needed for long-term PPI use

141. A 50-year-old man with well-controlled bipolar disorder on lithium presents for routine monitoring. Which of the following laboratory tests is most important to check periodically given his medication?

A. Liver function tests only

B. Lipid panel only

C. Lithium level

D. Hemoglobin A1c only

142. A 68-year-old woman with osteoporosis has been on alendronate for 5 years without any fractures. Which of the following is an appropriate consideration at this point in her treatment course?

A. Consider a bisphosphonate 'drug holiday' after reassessing fracture risk

B. Bisphosphonate therapy should never be reassessed or discontinued once started

C. Switch immediately to a different bisphosphonate for continued long-term use without reassessment

D. Increase the dose of alendronate after 5 years regardless of fracture risk reassessment

143. A 45-year-old man with chronic hepatitis C has completed a course of direct-acting antiviral therapy and achieved sustained virologic response. He does not have cirrhosis. Which of the following statements about his ongoing management is most accurate?

A. He remains chronically infected despite sustained virologic response and requires lifelong antiviral therapy

B. He requires the same HCC surveillance protocol as a cirrhotic patient regardless of fibrosis stage

C. Sustained virologic response has no bearing on his long-term liver-related risk

D. He is considered cured of hepatitis C and does not require ongoing HCC surveillance

144. A 55-year-old woman with chronic migraine (more than 15 headache days per month) has had inadequate response to multiple oral preventive medications. Which of the following is an appropriate next step in preventive therapy?

A. Daily use of a triptan as preventive therapy

B. Chronic daily opioid therapy as first-line preventive treatment

C. Discontinuation of all preventive therapy since oral agents failed

D. Consider onabotulinumtoxinA injections or a CGRP monoclonal antibody

145. A 60-year-old man with type 2 diabetes and diabetic nephropathy (urine albumin-to-creatinine ratio 450 mg/g) is on maximal ACE inhibitor therapy. Which of the following additional agents has demonstrated benefit in slowing progression of diabetic kidney disease?

A. A thiazolidinedione

B. A sulfonylurea

C. An SGLT2 inhibitor

D. High-dose NSAID therapy

146. A 65-year-old woman with chronic atrial fibrillation on a DOAC is scheduled for an elective colonoscopy with planned polypectomy. Which of the following represents appropriate periprocedural management?

A. Continue the DOAC at full dose through the procedure regardless of bleeding risk

B. Permanently discontinue anticoagulation given the need for a one-time procedure

C. Switch to aspirin monotherapy indefinitely instead of resuming the DOAC after the procedure

D. Temporarily hold the DOAC for an appropriate interval before the procedure based on bleeding risk and renal function

147. A 50-year-old man with chronic low back pain and opioid use for the past 2 years on a stable dose presents for routine follow-up. Which of the following is an important component of ongoing safe opioid management?

A. No ongoing monitoring is needed

B. Opioid doses should be increased automatically at each visit regardless of pain control

C. Prescription drug monitoring program checks are unnecessary

D. Periodic reassessment of pain and function

148. A 58-year-old woman with chronic kidney disease stage 4 (eGFR 22 mL/min/1.73m2) is being co-managed with nephrology. Which of the following topics is most appropriate for primary care to help address at this stage?

A. Early education and discussion about renal replacement therapy options (dialysis modalities

B. No discussion of renal replacement therapy is needed until eGFR falls below 5

C. Reassurance that CKD stage 4 rarely progresses further and no planning is needed

D. Discontinuation of all specialist involvement

149. A 62-year-old man with chronic obstructive pulmonary disease and a 45 pack-year smoking history continues to smoke. Which of the following interventions has the greatest impact on slowing disease progression?

A. Smoking cessation above all other interventions

B. Initiation of triple inhaler therapy alone

C. Pulmonary rehabilitation alone

D. Long-term oxygen therapy alone

150. A 55-year-old woman with well-controlled rheumatoid arthritis on a TNF inhibitor is planning to travel to a region where yellow fever vaccination is recommended. Which of the following is most accurate regarding vaccination in this context?

A. Live vaccines are safe and recommended without any special consideration for patients on biologic therapy

B. TNF inhibitors should be permanently discontinued to allow any future vaccination

C. No vaccination-related counseling is needed for patients on biologic therapy prior to travel

D. Live vaccines, generally contraindicated on TNF inhibitor therapy

151. A 60-year-old man with type 2 diabetes reports new numbness and tingling in a stocking-glove distribution in his feet. Monofilament testing shows decreased sensation. Which of the following is the most appropriate ongoing management priority?

A. No specific intervention is needed since peripheral neuropathy is an expected and inconsequential finding in diabetes

B. Immediate referral for amputation given the presence of neuropathy

C. Optimize glycemic control, perform regular foot exams, and provide foot-care education

D. Discontinue all diabetes medications since neuropathy indicates treatment failure

152. A 65-year-old woman with heart failure with reduced ejection fraction on optimal guideline-directed therapy asks about dietary sodium intake. Which of the following recommendations is most appropriate?

A. Moderate sodium restriction as part of overall heart failure self-management

B. No dietary modification is necessary for patients with heart failure on medication

C. Sodium intake should be unrestricted as long as diuretics are being used

D. Complete elimination of all sodium from the diet is required and achievable

153. A 50-year-old man with chronic hepatitis B (inactive carrier state) has normal liver enzymes and low viral load, not currently on antiviral therapy. Which of the following is the most appropriate ongoing management?

A. Antiviral therapy should be started immediately regardless of viral load or liver enzyme status

B. No further monitoring is needed

C. Periodic monitoring of liver enzymes

D. The patient should be reassured

154. A 55-year-old woman with major depressive disorder on venlafaxine has been stable for 2 years and wishes to discontinue the medication. Which of the following is the most appropriate approach?

A. Abrupt discontinuation is preferred and causes no adverse effects

B. The medication should never be discontinued once started

C. Gradual tapering of the dose over an extended period to minimize discontinuation symptoms

D. Switching immediately to a stimulant medication is the preferred discontinuation strategy

155. A 62-year-old man with chronic stable angina and a history of a drug-eluting stent placed 1 year ago is on dual antiplatelet therapy. Which of the following statements best reflects appropriate long-term management of his antiplatelet regimen?

A. Dual antiplatelet therapy must be continued lifelong in all patients regardless of bleeding risk

B. Aspirin should be discontinued entirely once a P2Y12 inhibitor is started

C. Dual antiplatelet therapy should always be stopped exactly at 6 months regardless of individual risk factors

D. The duration of dual antiplatelet therapy should be individualized based on bleeding risk

156. A 58-year-old woman with chronic kidney disease and secondary hyperparathyroidism is found to have an elevated intact PTH and low-normal calcium. Which of the following is an important component of her ongoing management?

A. No intervention is needed for secondary hyperparathyroidism in CKD until dialysis is initiated

B. Calcium supplementation alone

C. Management of phosphorus, vitamin D status, and PTH with nephrology

D. Parathyroidectomy is the first-line intervention for all patients with CKD-related secondary hyperparathyroidism

157. A 65-year-old man with COPD and chronic hypoxemia (resting SpO2 87% on room air) has been started on long-term supplemental oxygen. Which of the following outcomes has been most clearly demonstrated with long-term oxygen therapy in this population?

A. Complete reversal of underlying airflow obstruction

B. Elimination of the need for any other COPD medications

C. Prevention of all future COPD exacerbations

D. Improved survival in patients with COPD and significant chronic hypoxemia

158. A 50-year-old woman with well-controlled epilepsy on levetiracetam has been seizure-free for 3 years and asks about eventually stopping her medication. Which of the following factors is most relevant to this shared decision-making discussion?

A. Antiepileptic medications should never be discontinued once started

B. Discontinuation carries no risk of seizure recurrence after any seizure-free interval

C. Individualized risk of seizure recurrence based on factors such as seizure type

D. The decision should be made unilaterally without patient input given the complexity of epilepsy management

159. A 55-year-old man with chronic hepatitis C, now cured after treatment, has residual bridging fibrosis (F3) on prior biopsy. Which of the following is the most appropriate ongoing management?

A. Discontinue all surveillance since viral cure eliminates HCC risk regardless of fibrosis stage

B. Repeat antiviral therapy annually to maintain cure status

C. Continue HCC surveillance given his significant fibrosis stage

D. No further liver-related follow-up is needed after sustained virologic response

160. A 60-year-old woman with hypothyroidism on levothyroxine develops new atrial fibrillation. Her recent TSH was found to be suppressed at 0.05 mIU/L. Which of the following is the most appropriate next step?

A. Reduce the levothyroxine dose

B. Increase the levothyroxine dose further to improve energy levels

C. Continue the current dose unchanged

D. Discontinue levothyroxine permanently

161. A 58-year-old man with chronic low back pain is being managed with a multidisciplinary approach including physical therapy and cognitive behavioral therapy. Which of the following best describes the rationale for this approach over pharmacotherapy alone?

A. Physical therapy and psychological approaches have no evidence base for chronic pain management

B. Pharmacotherapy alone provides superior long-term outcomes compared to multidisciplinary approaches

C. Multidisciplinary approaches are used only when medications are contraindicated

D. Multidisciplinary, biopsychosocial approaches with better long-term outcomes

162. A 65-year-old woman with type 2 diabetes and a history of a myocardial infarction 2 years ago is being managed with metformin and an SGLT2 inhibitor. Her A1c is 7.1%. Which of the following best describes an important consideration with her SGLT2 inhibitor therapy?

A. SGLT2 inhibitors require no specific monitoring or patient counseling

B. Monitor for genitourinary infections and volume depletion

C. SGLT2 inhibitors are contraindicated in any patient with prior cardiovascular disease

D. SGLT2 inhibitors should be stopped immediately once A1c reaches goal

163. A 55-year-old man with cirrhosis and known esophageal varices (small, without high-risk features) on primary prophylaxis with a nonselective beta-blocker returns for follow-up. Which of the following describes the goal of his beta-blocker therapy?

A. Control his heart rate for an unrelated arrhythmia as the primary goal

B. Reduce portal pressure to decrease the risk of first variceal hemorrhage

C. Lower blood pressure to a specific systolic target below 100 mmHg

D. Treat underlying coronary artery disease as the primary indication

164. A 60-year-old woman with osteoarthritis of both knees has significant functional limitation despite optimized conservative management (weight loss counseling, physical therapy, topical NSAIDs, and intra-articular injections). Which of the following is an appropriate next step?

A. Chronic opioid therapy as the next appropriate step before considering surgical options

B. Reassurance that no further options exist beyond current conservative management

C. Repeat the same conservative measures indefinitely without considering surgical referral

D. Referral for consideration of total knee arthroplasty

165. A 50-year-old man with well-controlled schizophrenia on a second-generation antipsychotic presents for routine monitoring. Which of the following metabolic parameters is most important to monitor given his medication class?

A. Serum creatine kinase alone, not the priority

B. Uric acid alone, not the priority

C. Weight, fasting glucose, and lipid panel

D. No metabolic monitoring needed

166. A 62-year-old man with peripheral arterial disease and intermittent claudication has been on optimal medical therapy including a statin, antiplatelet agent, and supervised exercise program for 6 months, with improved but still limiting walking distance. Which of the following is an appropriate next consideration?

A. Amputation is the next appropriate step given persistent claudication symptoms

B. Discontinue the exercise program since it has not fully resolved symptoms

C. Consider cilostazol for symptomatic improvement

D. No further intervention is available beyond the current regimen

167. A 58-year-old woman with chronic migraine and medication overuse headache from frequent triptan use asks about management. Which of the following is the most appropriate initial step?

A. Increase the frequency of triptan use to better control breakthrough headaches

B. Gradual discontinuation or limitation of the overused acute medication

C. No change in management is needed since triptans are safe for daily use

D. Immediately start a different acute medication at an equally high frequency

168. A 55-year-old man with well-controlled HIV and a CD4 count of 550 asks about routine immunizations. Which of the following statements is most accurate?

A. All vaccines

B. No vaccines are recommended for patients with HIV given concerns about efficacy

C. He should generally receive routine age-appropriate vaccinations

D. Only vaccines specific to HIV-related opportunistic infections should be given

169. A 65-year-old woman with chronic kidney disease stage 3a and type 2 diabetes has an eGFR of 52 mL/min/1.73m2. Which of the following medications requires dose adjustment or caution given her renal function?

A. Metformin requires no dose adjustment at any level of renal function

B. Metformin requires dose consideration as eGFR declines, with reduction thresholds

C. Metformin should be increased to a higher dose as renal function declines

D. Metformin is preferentially used specifically because of reduced renal function

170. A 60-year-old man with stable chronic kidney disease and hyperkalemia (potassium 5.4 mEq/L) on an ACE inhibitor is counseled on dietary modification. Which of the following dietary recommendations is most appropriate?

A. Increase intake of high-potassium foods to compensate for renal losses

B. No dietary modification is needed regardless of potassium level

C. Eliminate all protein from the diet as the primary intervention for hyperkalemia

D. Reduce intake of high-potassium foods (such as bananas

171. A 55-year-old woman with generalized anxiety disorder and comorbid alcohol use disorder in early recovery is being considered for pharmacotherapy. Which of the following medication classes should generally be avoided given her history?

A. SSRIs, which are generally considered first-line and appropriate in this context

B. Benzodiazepines, given cross-tolerance and abuse potential with alcohol use disorder

C. Buspirone, which is a reasonable non-habit-forming option in this context

D. Non-pharmacologic therapies such as cognitive behavioral therapy

172. A 62-year-old man with chronic stable heart failure on optimal medical therapy reports that his weight has increased by 4 pounds over the past 2 days, with mild increased dyspnea. Which of the following is the most appropriate immediate action per his self-management plan?

A. Take an extra diuretic dose per his sick-day action plan and contact his care team

B. No action is needed since a 4-pound weight gain is not clinically significant

C. Immediately stop all heart failure medications until symptoms resolve

D. Increase salt and fluid intake to compensate for the weight change

173. A 50-year-old man with well-controlled type 1 diabetes on an insulin pump reports recurrent overnight hypoglycemia despite stable daytime control. Which of the following is the most appropriate next step?

A. Increase his overnight basal insulin rate further despite recurrent hypoglycemia

B. Discontinue insulin pump therapy entirely and switch to no insulin therapy

C. Review and adjust his overnight basal insulin settings

D. Ignore the pattern since nocturnal hypoglycemia in type 1 diabetes requires no specific intervention

174. A 65-year-old woman with osteoporosis and a history of a hip fracture 6 months ago is being considered for anabolic (bone-forming) therapy. Which of the following medications would be an appropriate option given her high fracture risk?

A. Teriparatide or romosozumab, anabolic agents for very high fracture risk

B. Calcium supplementation alone

C. A daily multivitamin as monotherapy for her fracture risk

D. Discontinuation of all osteoporosis-related therapy given her fracture already occurred

175. A 58-year-old man with COPD and chronic bronchitis phenotype, with frequent exacerbations despite triple inhaler therapy, is being considered for additional therapy. Which of the following oral medications has evidence for reducing exacerbations in this specific phenotype?

A. Oral theophylline as the preferred additional agent given its favorable side effect profile

B. Roflumilast, a PDE-4 inhibitor for chronic bronchitis with frequent exacerbations

C. Chronic oral corticosteroids as the preferred long-term additive therapy

D. A short-acting beta-agonist used on a scheduled basis as maintenance therapy

176. A 60-year-old woman with rheumatoid arthritis well-controlled on a biologic DMARD is planning an elective hip replacement. Which of the following represents appropriate perioperative management of her medication?

A. Temporarily hold the biologic agent before and after surgery per perioperative guidelines

B. Continue the biologic agent without interruption through the perioperative period

C. Permanently discontinue the biologic agent given the need for surgery

D. Increase the dose of the biologic agent prior to surgery to prevent flares

177. A 55-year-old man with well-controlled hypertension on amlodipine develops new bilateral lower extremity edema without other symptoms. Which of the following is the most likely explanation?

A. New-onset heart failure

B. A dose-dependent side effect of calcium channel blockers

C. An allergic reaction requiring immediate discontinuation and emergency evaluation

D. Nephrotic syndrome

178. A 62-year-old woman with type 2 diabetes and diabetic retinopathy is due for her annual dilated eye exam. Which of the following statements about diabetic retinopathy screening is most accurate?

A. Eye exams are only necessary once visual symptoms develop

B. Diabetic retinopathy screening is unnecessary in patients with well-controlled blood glucose

C. Regular dilated eye exams are important because diabetic retinopathy can progress significantly before

D. Annual eye exams can be safely discontinued once a patient reaches age 65

179. A 58-year-old man with chronic pain from fibromyalgia and comorbid depression is being managed with duloxetine. Which of the following best describes the rationale for choosing this particular medication?

A. Duloxetine has no evidence for use in fibromyalgia and is chosen solely for his depression

B. Duloxetine, effective for both his depression and his fibromyalgia pain

C. Duloxetine is chosen because it has no effect on mood and is used exclusively for pain

D. Duloxetine should be avoided in patients with comorbid depression and chronic pain

180. A 65-year-old woman with chronic stable angina and diabetes is being managed with a statin, aspirin, a beta-blocker, and an ACE inhibitor. Which of the following best reflects the overall goal of this combination regimen?

A. Each medication targets an unrelated condition with no overall coordinated cardiovascular prevention strategy

B. Comprehensive secondary prevention to reduce future cardiovascular events through lipid management

C. The regimen is designed solely for symptom control with no impact on long-term cardiovascular risk

D. This combination is used only for blood pressure control

181. A 30-year-old man presents to urgent care with a deep laceration to his forearm from a kitchen knife, with active bleeding. Which of the following is the most appropriate immediate step?

A. Apply direct pressure to control bleeding before further wound assessment and repair

B. Immediately explore the wound with forceps before attempting to control bleeding

C. Apply a tourniquet proximal to the wound as the first-line measure for any actively bleeding laceration

D. Irrigate the wound thoroughly before addressing the active bleeding

182. A 25-year-old man presents to urgent care after a fall from a skateboard with a deformed, painful right forearm. Distal pulses are intact, and sensation is normal. X-ray confirms a displaced both-bone forearm fracture. Which of the following is the most appropriate immediate management?

A. Discharge home with a sling only and outpatient follow-up in 2 weeks

B. Attempt full closed reduction and casting in the urgent care setting without orthopedic involvement

C. Reassure the patient that no immobilization is needed since pulses and sensation are intact

D. Splint the extremity in the position found (or gentle realignment if significantly deformed

183. A 4-year-old is brought to urgent care after swallowing a button battery approximately 1 hour ago, confirmed on X-ray to be lodged in the esophagus. Which of the following is the most appropriate immediate action?

A. Arrange emergent transfer for urgent endoscopic removal

B. Observe at home and repeat X-ray in 1 week to confirm passage

C. Administer an emetic to induce vomiting and passage of the battery

D. Give a dose of activated charcoal and discharge with routine follow-up

184. A 35-year-old man presents to urgent care with a puncture wound to the foot from stepping on a rusty nail 2 hours ago. His last tetanus vaccination was 8 years ago, and the wound is dirty. Which of the following is the most appropriate tetanus prophylaxis?

A. No tetanus prophylaxis is needed since he has a documented vaccination history

B. Administer tetanus immune globulin alone

C. Administer a tetanus-containing vaccine booster

D. Delay any tetanus prophylaxis until wound culture results are available

185. A 28-year-old woman presents to urgent care with a red, painful eye and purulent discharge for 2 days, without significant vision change or photophobia. Visual acuity is normal. Which of the following is the most likely diagnosis?

A. Acute angle-closure glaucoma

B. Herpes keratitis

C. Anterior uveitis

D. Bacterial conjunctivitis

186. A 45-year-old man presents to urgent care with a fishhook embedded in his finger, with the barb past the skin surface. Which of the following removal techniques is most appropriate?

A. The 'advance and cut' or 'string-yank' technique

B. Pull the fishhook straight back out the entry point

C. Leave the fishhook in place permanently since removal is never indicated in urgent care

D. Attempt removal only under general anesthesia in an operating room for any embedded fishhook

187. A 30-year-old woman presents to urgent care with a suspected ankle sprain after twisting her ankle playing basketball. She is unable to bear weight for more than a few steps, and there is tenderness over the lateral malleolus. Which of the following clinical decision rules would help determine the need for ankle X-ray?

A. The Wells score

B. The Ottawa Ankle Rules

C. The CURB-65 score

D. The Centor criteria

188. A 22-year-old man presents to urgent care with a corneal abrasion after being poked in the eye with a tree branch. Fluorescein staining confirms a linear abrasion without evidence of a retained foreign body or penetrating injury. Which of the following is the most appropriate management?

A. Prescribe topical anesthetic drops for the patient to use at home as needed for pain control

B. Patch the eye tightly for 5 days regardless of abrasion size or contact lens use

C. Topical antibiotic ointment or drops and follow-up

D. No treatment is needed and follow-up is unnecessary for corneal abrasions

189. A 50-year-old man presents to urgent care with a fever of 103°F, sore throat, and difficulty swallowing, with drooling and a change in his voice. Which of the following findings would be most concerning for a need to bypass urgent care and go directly to the emergency department?

A. Stridor or significant respiratory distress

B. Mild sore throat without other symptoms

C. A normal-appearing oropharynx on exam

D. Fever alone without other associated symptoms

190. A 35-year-old woman presents to urgent care with a suspected urinary tract infection but reports she is 10 weeks pregnant. Urinalysis confirms pyuria and bacteriuria. Which of the following is most important to consider in her management?

A. Pregnancy has no bearing on antibiotic selection for urinary tract infection

B. Antibiotic selection must consider pregnancy safety

C. All antibiotics are equally safe in pregnancy and any agent can be used

D. Urinary tract infections should never be treated with antibiotics during pregnancy

191. A 40-year-old man presents to urgent care after a dog bite to his hand, with a puncture wound that is not actively bleeding. The dog is a known household pet with current vaccinations. Which of the following is the most appropriate management?

A. Primary closure of all bite wounds regardless of location or timing

B. No wound care or antibiotic consideration is needed since the dog is a known

C. Rabies post-exposure prophylaxis is mandatory

D. Thorough wound irrigation and cleaning

192. A 60-year-old man presents to urgent care with a red, swollen, painful great toe joint. He reports similar episodes in the past. His temperature is normal and he appears otherwise well. Which of the following would be most important to help distinguish gout from septic arthritis in this presentation?

A. Serum uric acid level alone is sufficient to definitively distinguish gout from septic arthritis

B. Joint aspiration with synovial fluid analysis (crystal analysis

C. X-ray of the joint alone is sufficient to distinguish the two conditions

D. No further workup is needed since a prior history of similar episodes rules out infection

193. A 25-year-old man presents to urgent care with a suspected concussion after being struck in the head during a recreational soccer game. He has a brief loss of consciousness, headache, and mild confusion, but is now alert and oriented with a normal neurologic exam. Which of the following findings would warrant urgent referral for neuroimaging rather than outpatient concussion management?

A. A single episode of brief loss of consciousness with immediate return to normal mental status and no other red flags

B. Mild headache that improves with rest and over-the-counter analgesics

C. Feeling generally fatigued but otherwise at baseline several hours after the injury

D. Worsening headache, repeated vomiting, or any focal neurologic deficit

194. A 30-year-old woman presents to urgent care with a suspected allergic reaction after eating shellfish, with hives and mild lip swelling but no difficulty breathing, throat tightness, or hypotension. Which of the following is the most appropriate treatment?

A. Immediate intramuscular epinephrine is required even

B. No treatment is needed since hives alone never require intervention

C. Oral corticosteroids alone

D. Oral or intramuscular antihistamine

195. A 45-year-old man presents to urgent care with a partial-thickness burn to his forearm from spilled hot coffee, covering approximately 3% of his body surface area, with blistering and significant pain. Which of the following is the most appropriate initial management?

A. Apply ice directly to the burn for prolonged cooling

B. Cool (not ice-cold) water irrigation

C. Immediately debride and rupture all blisters regardless of size or intactness

D. Apply butter or a home remedy ointment to the burn

196. A 55-year-old woman presents to urgent care with acute low back pain after lifting a heavy box, without radicular symptoms, saddle anesthesia, bowel or bladder dysfunction, fever, or history of malignancy. Which of the following is the most appropriate initial management?

A. Immediate MRI of the lumbar spine is required for any acute back pain presentation

B. Strict bed rest for at least 1 week is the most appropriate recommendation

C. Reassurance, activity modification, and analgesia without routine imaging

D. Emergent surgical referral is indicated for uncomplicated acute low back pain

197. A 28-year-old man presents to urgent care with a suspected first-time anterior shoulder dislocation after a fall, with the arm held in slight abduction and external rotation, unable to move it. X-ray confirms anterior dislocation without fracture. Which of the following is the most appropriate next step?

A. Attempt closed reduction using an appropriate technique with adequate analgesia/sedation

B. Refer for elective outpatient orthopedic reduction in 1 week without any attempt at urgent reduction

C. Immobilize the shoulder in its dislocated position and refer for elective surgery

D. Perform reduction without any analgesia or sedation to avoid delaying treatment

198. A 35-year-old man presents to urgent care with a suspected superficial thrombophlebitis of the great saphenous vein, with a palpable, tender, cord-like structure along the medial thigh, erythema, and no significant leg swelling. Which of the following is the most appropriate next step?

A. No further evaluation is needed since superficial thrombophlebitis never has any association with deep venous thrombosis

B. Immediate surgical excision of the affected vein segment is the standard first-line treatment

C. Strict bed rest with leg elevation for 2 weeks is the recommended management

D. Consider duplex ultrasound to evaluate for extension toward the saphenofemoral junction or concurrent deep venous thrombosis

199. A 20-year-old woman presents to urgent care with acute onset of hives, facial swelling, and a sensation of throat tightness after a bee sting, with audible wheezing on exam. Which of the following is the most appropriate immediate treatment?

A. Oral antihistamine alone as the first and only treatment

B. Inhaled bronchodilator alone without epinephrine

C. Immediate intramuscular epinephrine

D. Observation only

200. A 45-year-old man presents to urgent care with a suspected Achilles tendon rupture after feeling a sudden 'pop' in his calf while playing recreational tennis, followed by pain and difficulty walking. Thompson test is positive (no plantarflexion with calf squeeze). Which of the following is the most appropriate next step?

A. Reassure the patient that this is a minor strain requiring no immobilization or referral

B. Immobilize in slight plantarflexion and refer promptly to orthopedics

C. Encourage immediate weight-bearing and normal activity to promote healing

D. Recommend only ice and rest with no further follow-up needed

201. A 32-year-old man presents to urgent care with a 2-day history of a painful, fluctuant abscess on his buttock, 4 cm in diameter, with surrounding erythema but no systemic symptoms. Which of the following is the most appropriate management?

A. Incision and drainage of the abscess with wound packing as needed

B. Oral antibiotics alone without any drainage procedure

C. Immediate hospitalization for IV antibiotics regardless of abscess size or systemic symptoms

D. Warm compresses alone with no drainage procedure

202. A 25-year-old woman presents to urgent care with a suspected first-time simple febrile seizure in her 18-month-old child, now back to baseline with a normal neurologic exam. Which of the following is the most appropriate next step?

A. Emergent lumbar puncture is required for every febrile seizure regardless of clinical appearance

B. Immediate initiation of long-term antiepileptic medication is standard after a first simple febrile seizure

C. Neuroimaging is mandatory in all cases of a first simple febrile seizure

D. Reassurance and treatment of the underlying febrile illness, without imaging or LP

203. A 40-year-old man presents to urgent care with a 1-day history of a painful, swollen, erythematous area around a fingernail, with a small pocket of pus visible at the lateral nail fold. Which of the following is the most likely diagnosis and appropriate management?

A. Felon, requiring emergent surgical decompression of the finger pad

B. Herpetic whitlow

C. Cellulitis alone

D. Paronychia, drained with warm soaks

204. A 55-year-old man presents to urgent care with acute low back pain and new numbness in the perianal region along with reports of urinary retention over the past several hours. Which of the following is the most appropriate immediate action?

A. Immediate ED referral for emergent MRI given concern for cauda equina syndrome

B. Prescribe muscle relaxants and NSAIDs with outpatient follow-up in 1 week

C. Reassure the patient that urinary retention is a common

D. Refer for outpatient physical therapy as the next step

205. A 30-year-old woman presents to urgent care with a suspected ruptured Baker's cyst, with acute calf pain and swelling that developed after a period of knee flexion, along with mild ecchymosis at the ankle (crescent sign). Which of the following is most important to consider in her evaluation?

A. Ruptured Baker's cyst and DVT can always be reliably distinguished by history and exam alone without any imaging

B. No further evaluation is needed since a crescent sign definitively excludes DVT

C. Immediate anticoagulation should be started empirically without any further workup

D. A ruptured Baker's cyst can closely mimic deep venous thrombosis

206. A 60-year-old man presents to urgent care with sudden-onset severe pain and swelling in his knee after minimal trauma, with a history of pseudogout in the past. Given the acute presentation, which of the following is most important to rule out before attributing this to a pseudogout flare?

A. No further workup is needed since he has a known history of pseudogout

B. Septic arthritis, excluded before assuming a flare

C. Rheumatoid arthritis flare

D. Osteoarthritis progression

207. A 35-year-old woman presents to urgent care with a suspected superficial partial-thickness sunburn covering her back and shoulders, with pain and mild blistering, but no fever or systemic symptoms. Which of the following is the most appropriate management?

A. Immediate hospitalization is required for any sunburn with blistering

B. Oral antibiotics are indicated as standard therapy for all sunburns with blistering

C. Supportive care: cool compresses, NSAIDs, hydration, and gentle skin care

D. Application of a topical anesthetic containing benzocaine over large body surface areas is first-line therapy

208. A 42-year-old man presents to urgent care with acute-onset severe pain in his lower back that radiates down the posterior thigh to below the knee, with numbness in the lateral foot and weakness in ankle plantarflexion. Straight leg raise test is positive. Which of the following nerve root is most likely affected?

A. L4 nerve root

B. L5 nerve root

C. S1 nerve root

D. L2 nerve root

209. A 50-year-old woman presents to urgent care with a suspected trigger finger, with painful catching and locking of her ring finger in flexion. Which of the following is an appropriate initial management option?

A. Immediate surgical release is the only effective treatment option

B. Complete immobilization of the entire hand in a cast for 6 weeks is standard initial management

C. No treatment options exist besides observation until spontaneous resolution

D. Corticosteroid injection into the flexor tendon sheath

210. A 28-year-old man presents to urgent care after a witnessed syncopal episode while standing in a hot, crowded room, with a brief prodrome of lightheadedness and nausea before losing consciousness for a few seconds, followed by rapid return to normal mental status. He has no cardiac history and a normal exam including orthostatic vitals. Which of the following is the most likely diagnosis?

A. Cardiac arrhythmia requiring emergent cardiac monitoring

B. Seizure disorder requiring immediate antiepileptic therapy

C. Vasovagal (neurocardiogenic) syncope

D. Orthostatic hypotension from volume depletion

211. A 55-year-old man presents to urgent care with a suspected rotator cuff tear after acute pain and weakness with overhead arm movement following a fall onto an outstretched arm. He has a positive drop arm test. Which of the following is the most appropriate next step?

A. Reassure the patient that a positive drop arm test is a normal finding requiring no further workup

B. Immediately proceed to surgery without any imaging

C. Order an X-ray to exclude fracture and dislocation

D. Recommend only rest and ice with no further evaluation or referral

212. A 60-year-old woman presents to urgent care with acute-onset chest pain that is reproducible with palpation of the costochondral junctions, without radiation, associated with a recent viral upper respiratory illness and cough. Her vital signs are normal and she has no cardiac risk factors. Which of the following is the most appropriate approach?

A. Reproducible chest wall tenderness always definitively excludes any cardiac cause and no further evaluation is ever needed

B. While reproducible chest wall tenderness supports a musculoskeletal cause (costochondritis)

C. All chest pain automatically warrants emergent transfer regardless of clinical features

D. No history or risk factor assessment is needed once tenderness is reproduced on exam

213. A 20-year-old college student presents to urgent care with a 2-day history of fever, headache, and a petechial rash on his trunk and extremities, along with neck stiffness. Which of the following is the most appropriate immediate action?

A. Immediate transfer to the emergency department for evaluation of suspected meningococcemia

B. Outpatient management with oral antibiotics and follow-up in 48 hours

C. Reassurance that a petechial rash with fever is a benign

D. Discharge home with symptomatic treatment only

214. A 45-year-old man presents to urgent care with acute low back pain and is noted to have a temperature of 101.8°F, along with a history of intravenous drug use and point tenderness over the lumbar spine. Which of the following is most important to consider given this presentation?

A. Simple mechanical back strain

B. Reassurance that fever with back pain in this context is incidental and unrelated

C. Routine outpatient physical therapy referral without any further evaluation of the fever

D. Vertebral osteomyelitis or spinal epidural abscess

215. A 30-year-old woman presents to urgent care with a suspected minor allergic reaction to a new antibiotic, with a mild, diffuse maculopapular rash without mucosal involvement, blistering, or systemic symptoms. Which of the following is the most appropriate management?

A. Continue the medication at the same dose since the rash is mild

B. Discontinue the offending medication

C. Immediately administer epinephrine

D. No action is needed and the medication can be continued without any monitoring

216. A 50-year-old man presents to urgent care with a suspected retinal detachment, reporting new floaters, flashes of light, and a curtain-like shadow in his peripheral vision over the past few hours. Which of the following is the most appropriate next step?

A. Urgent (same-day) ophthalmology referral

B. Routine ophthalmology referral within the next 2-3 weeks

C. Reassurance that floaters and flashes are always benign and require no further evaluation

D. Treatment with topical corticosteroid drops alone

217. A 65-year-old man presents to urgent care with acute-onset severe pain and swelling of his knee, and he is unable to bear weight. He has a temperature of 101.5°F, and the knee is warm, erythematous, and exquisitely tender with a large effusion. Which of the following is the most appropriate next step?

A. Urgent transfer for joint aspiration and evaluation for septic arthritis

B. Reassure the patient this is likely a benign flare of osteoarthritis requiring only NSAIDs

C. Discharge home with oral antibiotics and outpatient follow-up in 1 week

D. Apply ice and a compressive wrap with no further urgent workup

218. A 35-year-old woman presents to urgent care with acute onset of severe unilateral pelvic pain and vaginal bleeding, with a positive pregnancy test and no prior ultrasound to confirm pregnancy location. Which of the following is the most appropriate immediate step?

A. Reassure the patient that pelvic pain in early pregnancy is always benign and requires no further evaluation

B. Urgent referral for ultrasound evaluation given the possibility of ectopic pregnancy

C. Prescribe oral iron supplementation and follow up in 2 weeks

D. Discharge home with only outpatient prenatal vitamin recommendations

219. A 55-year-old man presents to urgent care with acute chest pain and is found to have a blood pressure of 200/120 mmHg with mild blurred vision but no chest pain radiating to the back, no neurologic deficits, and no papilledema on exam. Which of the following best describes his presentation?

A. Hypertensive emergency requiring immediate IV antihypertensive therapy in an ICU setting

B. Normal blood pressure variation requiring no intervention or follow-up

C. Hypertensive urgency, without evidence of acute end-organ damage

D. A definitive diagnosis of aortic dissection based on blood pressure alone

220. A 28-year-old man presents to urgent care with acute-onset severe unilateral flank pain radiating to the groin, nausea, and gross hematuria, with no fever. He reports similar episodes in the past attributed to kidney stones. Which of the following would be most concerning and warrant escalation beyond routine urgent care management?

A. Ongoing colicky pain that responds to analgesia

B. Passage of a small stone with gradual symptom improvement

C. Mild nausea associated with the pain

D. Development of fever or signs of infection

221. A 40-year-old man presents to urgent care with acute-onset severe headache, and he reports his blood pressure was recently checked and found to be elevated on multiple occasions in the past month, though he has never sought treatment. Today's blood pressure is 178/108 mmHg without evidence of end-organ damage. Which of the following is the most appropriate management?

A. Initiate outpatient antihypertensive therapy and arrange close follow-up

B. Immediate hospitalization is required for any blood pressure reading above 170/100 mmHg

C. No treatment is needed since he has not previously been diagnosed with hypertension

D. IV antihypertensive therapy should be started immediately regardless of the absence of end-organ damage

222. A 30-year-old woman presents to urgent care with a 1-day history of a painful, red, swollen breast with fever, 3 weeks postpartum while breastfeeding. There is no fluctuant mass on exam. Which of the following is the most appropriate management?

A. Immediately stop breastfeeding to allow the infection to resolve

B. Continue breastfeeding or pumping to maintain milk flow

C. No antibiotics are needed since mastitis always resolves without treatment

D. Refer for immediate surgical incision and drainage regardless of the absence of a fluctuant abscess

223. A 45-year-old man presents to urgent care after a workplace injury with a partial amputation of his fingertip. The amputated portion was recovered and brought in. Which of the following is the most appropriate handling of the amputated tissue while arranging transfer for possible replantation?

A. Place the amputated part directly on ice without any protective wrapping

B. Submerge the amputated part directly in water without any wrapping or protection

C. Discard the amputated part since replantation is never attempted for fingertip injuries

D. Wrap the amputated part in saline-moistened gauze

224. A 25-year-old man presents to urgent care with a suspected scaphoid fracture based on anatomic snuffbox tenderness after a fall, with initial X-rays negative. Which of the following statements about management is most accurate?

A. Despite a normal initial X-ray

B. A normal initial X-ray definitively

C. Immediate surgery is required

D. The patient can resume unrestricted activity immediately since imaging was negative

225. A 60-year-old woman presents to urgent care with a 2-day history of worsening pain, redness, and swelling around a recent surgical incision, with the wound edges separating and purulent drainage. She is afebrile with stable vital signs. Which of the following is the most appropriate management?

A. Reassurance only

B. Immediate closure of the separated wound edges without any culture or antibiotic consideration

C. No wound care or follow-up is needed once purulent drainage is noted

D. Wound culture and appropriate antibiotics, with possible surgical consultation

226. A 35-year-old man presents to urgent care with acute-onset severe pain and swelling in his elbow after a fall onto an outstretched hand, with significant deformity and inability to move the joint. Distal pulses are diminished compared to the other side. Which of the following is the most appropriate immediate action?

A. Splint the arm and arrange routine outpatient orthopedic follow-up within the next week

B. Immediate transfer to the emergency department given concern for a possible elbow dislocation or fracture with vascular compromise

C. Attempt reduction in the urgent care setting without any vascular assessment or emergent transfer

D. Reassure the patient that diminished pulses after elbow trauma are a normal

227. A 50-year-old man presents to urgent care with acute-onset shortness of breath and wheezing after starting a new NSAID for arthritis pain, with associated nasal congestion but no hives or hemodynamic instability. He has a history of chronic sinusitis and nasal polyps. Which of the following is the most likely diagnosis?

A. IgE-mediated anaphylaxis to the NSAID

B. A coincidental, unrelated asthma flare

C. Bacterial sinusitis flare unrelated to the medication

D. NSAID-exacerbated respiratory disease (Samter's triad)

228. A 22-year-old woman presents to urgent care with a suspected ankle fracture after inversion injury, with significant swelling, bruising, and inability to bear weight, and tenderness over the posterior edge of the lateral malleolus. Which of the following is the most appropriate immediate management?

A. Immediately apply a walking cast and encourage weight-bearing as tolerated without imaging

B. Discharge home with no immobilization or imaging given her young age

C. Recommend only rest and ice with no further evaluation

D. Immobilize with a splint and obtain X-ray per Ottawa Ankle Rules

229. A 45-year-old man presents to urgent care with acute-onset severe pain in his great toe after minor trauma, with significant swelling and inability to bear weight, and X-ray confirms a nondisplaced distal phalanx fracture. Which of the following is the most appropriate management?

A. Full leg casting for 6 weeks

B. Buddy taping to the adjacent toe

C. Emergency surgical fixation for any toe fracture

D. Complete non-weight-bearing for 8 weeks

230. A 60-year-old man presents to urgent care with a suspected transient ischemic attack, having had 15 minutes of unilateral arm weakness that fully resolved 2 hours ago. He has known atrial fibrillation and hypertension. Which of the following is most appropriate?

A. Routine outpatient follow-up in 1 month

B. Urgent same-day evaluation given his elevated short-term stroke risk after TIA

C. Reassurance only, no further workup

D. No further evaluation is needed since TIA carries no risk of subsequent stroke

231. A 35-year-old woman presents to urgent care with acute-onset severe unilateral facial pain triggered by light touch to a specific area of her face, described as electric shock-like and lasting seconds at a time, occurring multiple times per day. Which of the following is the most likely diagnosis?

A. Trigeminal neuralgia

B. Bell's palsy

C. Temporomandibular joint dysfunction

D. Cluster headache

232. A 55-year-old man presents to urgent care with acute-onset chest pain that started while he was shoveling snow, described as pressure-like, radiating to his left arm, with associated shortness of breath. Which of the following is the most appropriate immediate action?

A. Perform a full cardiac workup including stress testing in the urgent care setting before deciding on transfer

B. Reassure the patient this is likely musculoskeletal pain from shoveling and discharge home

C. Immediate transfer to the emergency department (via emergency medical services) given concern for acute coronary syndrome

D. Schedule an outpatient cardiology appointment within the next week

233. A 28-year-old man presents to urgent care with a suspected peritonsillar abscess, with trismus, uvular deviation, and a muffled voice. Which of the following is the most appropriate immediate step?

A. Urgent referral to the emergency department or ENT for possible needle aspiration or incision and drainage

B. Prescribe oral antibiotics alone with routine follow-up in 1 week

C. Reassure the patient that this is a typical viral pharyngitis requiring only supportive care

D. Discharge home with no further workup or referral needed

234. A 40-year-old woman presents to urgent care with a suspected acute angle-closure glaucoma attack, with severe eye pain, blurred vision, halos around lights, and a fixed, mid-dilated pupil. Which of the following is the most appropriate immediate action?

A. Urgent ophthalmology referral for immediate pressure-lowering treatment

B. Prescribe topical antibiotic drops and routine follow-up in 1 week

C. Reassure the patient that this presentation is benign and requires no urgent evaluation

D. Patch the eye and discharge home with no further action

235. A 50-year-old man presents to urgent care with acute-onset severe pain and swelling in his hand after a punch injury, with a small laceration over the fourth metacarpophalangeal joint from contact with another person's teeth. Which of the following is most important to consider given the mechanism of injury?

A. This wound should be closed primarily without any further evaluation

B. No antibiotics are needed for this type of wound regardless of contamination risk

C. This mechanism of injury carries no increased infection risk compared to other lacerations

D. This is a high-risk wound for infection (a 'fight bite') due to oral flora contamination and potential joint capsule violation

236. A 30-year-old man presents to urgent care with acute-onset severe testicular pain that started 8 hours ago and has now improved somewhat but with persistent mild pain, swelling, and a nontender testicle to palpation of the affected side compared to a very tender epididymis. Which of the following is the most appropriate next step?

A. Reassurance and discharge home since symptom improvement excludes torsion

B. Prescribe oral antibiotics for presumed epididymitis without any imaging

C. Urgent ultrasound with Doppler to evaluate testicular blood flow

D. No further evaluation is needed given the report of improving symptoms

237. A 45-year-old woman presents to urgent care with acute-onset hives and swelling of her lips after starting a new medication, without any respiratory symptoms or hypotension. She reports a similar but

milder reaction to a related medication in the past. Which of the following is most important in her ongoing management?

A. Continue the medication since her symptoms have not yet progressed to anaphylaxis

B. No documentation or counseling is needed since the reaction was not severe

C. Discontinue the suspected medication

D. Rechallenge

238. A 55-year-old man presents to urgent care with a suspected Colles' fracture after a fall on an outstretched hand, with a 'dinner fork' deformity of the wrist. X-ray confirms a distal radius fracture with dorsal angulation. Which of the following is the most appropriate management?

A. No reduction or splinting is needed since the diagnosis is already confirmed on X-ray

B. Immediate surgery is mandatory for all distal radius fractures regardless of displacement

C. Discharge home with no immobilization and routine follow-up in 4 weeks

D. Closed reduction (if significantly displaced) and splinting

239. A 35-year-old woman presents to urgent care 3 days after a tick bite with an expanding erythematous rash with central clearing on her thigh, without fever or other systemic symptoms. Which of the following is the most appropriate management?

A. Await serologic testing before starting any antibiotic therapy

B. Reassure the patient that this rash is a normal

C. Empiric treatment with oral doxycycline for early localized Lyme disease

D. Recommend surgical excision of the rash as the primary treatment

240. A 60-year-old man presents to urgent care with acute-onset severe pain in his right eye after a chemical splash from a cleaning product while gardening. Which of the following is the most appropriate immediate action, prior to any further assessment?

A. Obtain a detailed history and visual acuity testing before any irrigation is performed

B. Apply a topical antibiotic ointment immediately without any irrigation

C. Patch the eye and refer for delayed ophthalmology follow-up

D. Immediate and copious irrigation of the eye

241. A 45-year-old woman with average risk for breast cancer and no family history presents for a routine well visit. According to major guidelines, at what age is routine mammographic screening generally recommended to begin for average-risk women?

A. Age 25, regardless of individual risk factors

B. Age 60, regardless of individual risk factors

C. Screening is never recommended

D. Age 40, per current guidance

242. A 50-year-old man with no significant risk factors presents for a routine health maintenance visit. Which of the following is an appropriate colorectal cancer screening option, per current guidelines for average-risk adults?

A. Colonoscopy every 10 years, or annual FIT, beginning at 45

B. Colonoscopy is not recommended until age 60 for any average-risk adult

C. Screening should only be performed if the patient develops symptoms

D. A single colonoscopy at age 75 is the only recommended screening approach

243. A 65-year-old man with a 30 pack-year smoking history who quit smoking 8 years ago asks about lung cancer screening. Which of the following best reflects current USPSTF screening recommendations?

A. No screening is recommended since he has already quit smoking

B. Screening with chest X-ray annually is the preferred modality per current guidelines

C. Annual low-dose CT screening is recommended given his smoking history and age

D. Screening is only recommended for current smokers

244. A 35-year-old woman with no significant past medical history presents for a routine visit and asks about cervical cancer screening. She had a normal Pap smear with negative HPV co-testing 3 years ago. Which of the following is the most appropriate screening interval per current guidelines?

A. Annual Pap smear is required regardless of prior co-testing results

B. No further screening is needed for the rest of her life after one normal result

C. Repeat cervical cancer screening (Pap with HPV co-testing) at 5-year intervals

D. Screening should only be performed if she becomes symptomatic

245. A 55-year-old man with hypertension and a 10-year ASCVD risk of 15% has an LDL of 145 mg/dL. Which of the following best reflects the appropriate statin intensity recommendation per current guidelines?

A. Statin therapy should be avoided entirely given his blood pressure is already being treated

B. Only low-intensity statin therapy is ever appropriate regardless of calculated risk

C. Statin therapy is not indicated until his LDL exceeds 250 mg/dL

D. Moderate- to high-intensity statin therapy is recommended given his elevated 10-year ASCVD risk

246. A 25-year-old sexually active woman presents for a routine well-woman visit. Which of the following is an appropriate annual screening recommendation for her, per current guidelines?

A. Annual chlamydia and gonorrhea screening given her age and activity

B. No STI screening is recommended for asymptomatic women under any circumstances

C. HIV screening is the only recommended STI-related test for sexually active women

D. STI screening should only be performed if she reports symptoms

247. A 60-year-old man presents for a routine visit and has never received a pneumococcal vaccine. Which of the following best reflects current recommendations for pneumococcal vaccination in adults his age?

A. Pneumococcal vaccination is only recommended starting at age 75

B. Pneumococcal vaccination is contraindicated in adults without underlying lung disease

C. No pneumococcal vaccine is recommended for immunocompetent adults at any age

D. Adults 50 years and older are recommended to receive pneumococcal vaccination per current schedules

248. A 45-year-old man with no significant medical history presents for a routine visit and asks about diabetes screening. He has a BMI of 29. Which of the following is the most appropriate recommendation?

A. Screen for prediabetes and type 2 diabetes given his overweight status combined with his age

B. No diabetes screening is recommended until age 65 regardless of BMI

C. Diabetes screening is only appropriate if the patient reports symptoms of hyperglycemia

D. Diabetes screening should be deferred until the patient develops hypertension

249. A 30-year-old woman who is planning pregnancy presents for preconception counseling. Which of the following is an important preconception intervention to reduce the risk of neural tube defects?

A. Vitamin C supplementation

B. Iron supplementation alone

C. No supplementation is needed until pregnancy is confirmed

D. Folic acid supplementation

250. A 70-year-old woman presents for a routine visit. Which of the following vaccines is specifically recommended for adults 60 years and older to reduce the risk of a painful reactivation of varicella-zoster virus?

A. Live attenuated varicella vaccine

B. Inactivated influenza vaccine

C. Recombinant zoster vaccine

D. Hepatitis B vaccine

251. A 40-year-old man with no significant past medical history presents for a routine visit. Which of the following screening tests is appropriate for abdominal aortic aneurysm, per current guidelines?

A. Routine ultrasound screening for all adults starting at age 30

B. One-time abdominal ultrasound screening for men aged 65-75 who have ever smoked

C. Annual CT scan of the abdomen for all men starting at age 40

D. No screening for abdominal aortic aneurysm is ever recommended regardless of risk factors

252. A 55-year-old woman with obesity and a sedentary lifestyle asks about strategies to reduce her risk of type 2 diabetes. Which of the following interventions has been shown to be most effective for diabetes prevention in high-risk individuals?

A. Metformin alone

B. No intervention has been shown to meaningfully reduce diabetes risk in high-risk individuals

C. Structured lifestyle intervention involving modest weight loss and increased physical activity

D. Bariatric surgery is the only effective intervention for diabetes prevention regardless of BMI

253. A 25-year-old man presents for a routine visit and reports he has never been screened for HIV. Which of the following best reflects current screening recommendations?

A. HIV screening is only recommended for individuals who report high-risk behaviors

B. HIV screening is not recommended until age 40 regardless of risk factors

C. At least one-time HIV screening is recommended for all adults and adolescents aged 13-64

D. HIV screening should only be performed if symptoms of infection are present

254. A 60-year-old woman with osteoporosis risk factors presents for a routine visit. Which of the following is the most appropriate screening test for osteoporosis?

A. Plain X-ray of the spine as the primary screening modality

B. Dual-energy X-ray absorptiometry (DEXA) scan

C. Serum calcium level alone as the primary screening test

D. CT scan of the hip as the first-line screening modality

255. A 50-year-old man presents for a routine visit and reports a strong family history of colorectal cancer, with his father diagnosed at age 45. Which of the following best reflects appropriate screening recommendations for him given this family history?

A. His screening recommendations are identical to an average-risk individual and should begin at the standard age of 45

B. Screening should begin earlier than the standard average-risk recommendation

C. No screening is needed until age 70 regardless of family history

D. Family history has no bearing on colorectal cancer screening recommendations

256. A 45-year-old woman presents for a routine visit and asks about screening for hepatitis C. She has no known risk factors and was born in 1978. Which of the following best reflects current screening recommendations?

A. Hepatitis C screening is only recommended for individuals who report intravenous drug use

B. Hepatitis C screening is not recommended until age 65

C. At least one-time hepatitis C screening is recommended for all adults aged 18 and older

D. Screening should only be performed if liver enzymes are abnormal

257. A 65-year-old man presents for his annual wellness visit. Which of the following represents an appropriate approach to screening for depression in routine primary care?

A. Depression screening is not necessary in routine primary care unless the patient specifically requests it

B. Use a validated screening tool (such as the PHQ-2 or PHQ-9) as part of routine preventive care

C. Depression screening tools have no clinical utility and should not be used

D. Depression screening should only be performed in patients under age 40

258. A 55-year-old man with well-controlled hypertension asks about aspirin for primary prevention of cardiovascular disease. He has no history of cardiovascular disease and his 10-year ASCVD risk is 8%. Which of the following best reflects current guidance on this topic?

A. Aspirin should be started in all patients with any calculated cardiovascular risk regardless of bleeding risk

B. Aspirin is mandatory for all patients over age 50 for primary prevention

C. Aspirin for primary prevention is generally not routinely recommended in this context

D. Aspirin has no bleeding risk and should be used liberally for primary prevention

259. A 30-year-old woman presents for a routine visit and reports she smokes half a pack of cigarettes daily and has tried to quit twice without success. Which of the following represents the most effective approach to help her quit smoking?

A. Behavioral counseling alone is always more effective than any combination approach

B. A combination of behavioral counseling and pharmacotherapy (such as nicotine replacement therapy

C. Pharmacotherapy alone without any counseling is the most effective approach

D. No intervention is likely to be effective given her prior failed attempts

260. A 40-year-old man with a family history of hypercholesterolemia presents for a routine visit and has never had a lipid panel checked. Which of the following best reflects current screening recommendations for lipid disorders in adults?

A. Lipid screening is not recommended until age 65 regardless of family history

B. Lipid screening should only be performed if the patient is symptomatic

C. Family history has no bearing on when lipid screening should begin

D. Lipid screening is generally recommended for adults starting around age 20

261. A 35-year-old woman presents for a routine visit and asks about the appropriate interval for clinical breast exams and breast self-awareness. Which of the following best reflects current guidance?

A. Monthly clinical breast exams by a physician are mandatory for all women starting at age 20

B. Routine clinical breast exams are not strongly supported by evidence for average-risk women

C. No attention to breast changes is warranted until mammographic screening begins

D. Clinical breast exams have been shown to significantly reduce breast cancer mortality and are strongly recommended for all women

262. A 50-year-old man presents for a routine visit and asks about prostate cancer screening with PSA testing. Which of the following best reflects the current recommended approach?

A. PSA screening is mandatory for all men starting at age 40

B. Shared decision-making regarding PSA screening

C. PSA screening is never appropriate under any circumstances and should not be discussed

D. PSA screening should be performed only after symptoms of prostate cancer develop

263. A 45-year-old woman with no significant risk factors presents for a routine visit and asks about screening for thyroid dysfunction. Which of the following best reflects current screening recommendations for asymptomatic, average-risk adults?

A. Routine screening for thyroid dysfunction in asymptomatic

B. Annual TSH screening is mandatory for all adults starting at age 18 regardless of symptoms

C. Thyroid screening should be performed only in men

D. Thyroid screening is recommended only after age 80

264. A 60-year-old woman presents for a routine visit and asks about fall prevention strategies given her age. Which of the following is an appropriate component of a fall prevention assessment in primary care?

A. Fall risk assessment is not relevant until age 80

B. Fall prevention counseling is only appropriate for patients who have already sustained a fracture

C. Assess gait and balance, review medications, and check home safety

D. No modifiable risk factors exist for falls in older adults

265. A 30-year-old man with a family history of type 1 diabetes in a sibling asks about screening for autoantibodies to predict his own risk. Which of the following best reflects current practice regarding this request?

A. Autoantibody screening is generally used in research settings rather than routine primary care

B. Autoantibody testing is a routine screening test everywhere

C. No relationship exists between family history and type 1 diabetes risk

D. This type of testing has no role in any clinical or research context

266. A 55-year-old man with hypertension presents for a routine visit. Which of the following best reflects current blood pressure treatment goals for most adults with hypertension, per major guidelines?

A. A target of 160/100 mmHg is appropriate for all adults with hypertension regardless of risk

B. No specific blood pressure target exists in current guidelines

C. A target blood pressure generally below 130/80 mmHg for most adults

D. A target below 90/60 mmHg is recommended for all adults with hypertension

267. A 40-year-old woman presents for a routine visit and asks about screening for intimate partner violence. Which of the following best reflects current guidance on this topic?

A. Routine screening for intimate partner violence is recommended for women of reproductive age

B. Screening for intimate partner violence is not recommended under any circumstances

C. Screening should only be performed if visible signs of injury are present

D. Intimate partner violence screening is only relevant for adolescent patients

268. A 65-year-old man with well-controlled type 2 diabetes presents for his annual visit. Which of the following is an important preventive care component specific to his diabetes management?

A. No additional preventive screening beyond routine adult care is needed once diabetes is well-controlled

B. Annual dilated eye exam, urine albumin-to-creatinine ratio, and foot exams

C. Screening for microvascular complications is only necessary if the patient reports symptoms

D. Annual chest X-ray is the primary preventive test specific to diabetes management

269. A 50-year-old woman presents for a routine visit and asks about screening for skin cancer. She has no personal or family history of skin cancer and no significant sun exposure history. Which of the following best reflects current USPSTF guidance on routine skin cancer screening in this population?

A. Routine total body skin exams by a physician are strongly recommended annually for all adults regardless of risk factors

B. The USPSTF found evidence insufficient to assess routine clinician skin exams in average-risk adults

C. Skin cancer screening should never be performed under any circumstances

D. Skin self-exams have no value and should not be encouraged

270. A 45-year-old man presents for a routine visit and reports occasional binge drinking on weekends. Which of the following represents an appropriate primary care approach to this finding?

A. No intervention is appropriate unless the patient meets full criteria for alcohol use disorder

B. Immediate referral to inpatient detoxification is required for any reported binge drinking

C. SBIRT: validated screening followed by brief counseling tailored to his risk level

D. Alcohol use should only be addressed if the patient specifically requests help

271. A 60-year-old woman presents for a routine visit and asks about screening for peripheral arterial disease. She is asymptomatic with no significant risk factors. Which of the following best reflects current USPSTF guidance?

A. Routine ankle-brachial index screening is strongly recommended for all adults over age 40 regardless of risk factors

B. USPSTF: evidence insufficient for routine ABI screening in asymptomatic adults

C. Peripheral arterial disease screening should be performed only in patients under age 30

D. No relationship exists between peripheral arterial disease and cardiovascular risk

272. A 25-year-old woman presents for a routine visit and has not yet completed the HPV vaccination series. Which of the following best reflects current recommendations regarding HPV vaccination in this context?

A. HPV vaccination is only effective if given before age 15 and should not be offered to this patient

B. HPV vaccination is contraindicated in anyone who has already been sexually active

C. HPV vaccination is recommended and can still be offered up to age 26 (with shared decision-making for some individuals up to age 45)

D. No catch-up vaccination is available for individuals who missed the recommended vaccination age

273. A 55-year-old man with a BMI of 31 and no other significant medical history presents for a routine visit. Which of the following best reflects an appropriate initial approach to obesity management in primary care?

A. Bariatric surgery is the only effective intervention and should be offered immediately

B. No intervention is warranted for a BMI of 31

C. Obesity should only be addressed if the patient specifically raises the topic

D. Comprehensive lifestyle counseling addressing diet

274. A 40-year-old woman with a BRCA1 mutation and a strong family history of breast and ovarian cancer presents for counseling. Which of the following best reflects appropriate preventive management considerations for her?

A. Her screening and management should be identical to an average-risk woman with no BRCA mutation

B. No preventive options exist for BRCA mutation carriers beyond standard screening

C. Enhanced screening and individualized discussion of risk-reducing options, per genetic counseling

D. Prophylactic surgery is mandatory for all BRCA mutation carriers regardless of preference

275. A 30-year-old man presents for a routine visit and asks about screening for testicular cancer. He has no symptoms or risk factors. Which of the following best reflects current USPSTF guidance?

A. Monthly testicular self-exams are strongly recommended and proven to reduce mortality for all men

B. Routine ultrasound screening for testicular cancer is recommended annually for all men starting at age 18

C. The USPSTF recommends against routine screening for testicular cancer in asymptomatic adolescent and adult males

D. Testicular cancer screening has the same evidence base and recommendation strength as prostate cancer screening

276. A 45-year-old woman presents for a routine visit and asks about screening for anxiety disorders. Which of the following best reflects current preventive care recommendations regarding anxiety screening in primary care?

A. Anxiety screening is not recommended under any circumstances in primary care

B. Screening for anxiety disorders is recommended for adults

C. Anxiety screening is only appropriate for patients under age 18

D. Screening for anxiety has no established validated tools available for use in primary care

277. A 60-year-old man presents for a routine visit and asks about screening for atrial fibrillation given his age. Which of the following best reflects current USPSTF guidance on this topic?

A. Routine ECG screening for atrial fibrillation is strongly recommended annually for all adults over age 50

B. Atrial fibrillation screening is recommended only in patients under age 40

C. USPSTF: evidence insufficient for routine ECG screening for AF in older adults

D. No relationship exists between atrial fibrillation and stroke risk

278. A 35-year-old woman presents for a routine visit and asks about screening for gestational diabetes, since she is currently 24 weeks pregnant. Which of the following best reflects the standard approach to gestational diabetes screening?

A. Gestational diabetes screening is only performed in women with a prior history of diabetes

B. Screening for gestational diabetes is not recommended under any circumstances during pregnancy

C. A single random glucose level is sufficient to diagnose or exclude gestational diabetes

D. A 1-hour glucose challenge test at 24-28 weeks, confirmed by 3-hour GTT if abnormal

279. A 50-year-old man presents for a routine visit and asks about screening for chronic obstructive pulmonary disease given his smoking history but no respiratory symptoms. Which of the following best reflects current USPSTF guidance?

A. Routine spirometry screening is strongly recommended for all adults regardless of symptoms starting at age 40

B. COPD screening is recommended annually for all smokers regardless of respiratory symptoms

C. No evidence exists linking smoking history to COPD risk

D. The USPSTF recommends against routine spirometry screening for COPD in asymptomatic adults

280. A 40-year-old woman presents for a routine visit and asks about screening for celiac disease. She is asymptomatic with no family history. Which of the following best reflects current guidance on this topic?

A. Routine celiac disease screening is recommended annually for all adults regardless of symptoms or family history

B. Celiac disease has no established diagnostic testing available

C. Routine screening for celiac disease in asymptomatic

D. Screening is recommended only in adults over age 70

281. A 65-year-old woman presents for a routine visit and is due for her influenza vaccination. Which of the following best reflects current recommendations for influenza vaccination in adults 65 and older?

A. Influenza vaccination is not recommended for adults over age 65 due to reduced effectiveness

B. A higher-dose or adjuvanted influenza vaccine formulation is preferentially recommended for adults 65 and older

C. Only the standard-dose vaccine formulation is available and appropriate for any age group

D. Influenza vaccination should be given only once every 5 years regardless of age

282. A 30-year-old man presents for a routine visit and asks about screening for hypertension. He has never had his blood pressure checked as an adult. Which of the following best reflects current screening recommendations for blood pressure in adults?

A. Blood pressure screening is not recommended until age 50

B. Blood pressure should be measured at every routine visit for all adults

C. Blood pressure screening should only be performed if the patient reports symptoms such as headache

D. A single blood pressure reading is always definitive for diagnosing or excluding hypertension

283. A 55-year-old man presents for a routine visit and asks about screening for erectile dysfunction as a marker of cardiovascular risk. Which of the following best reflects the clinical significance of this symptom when present?

A. Erectile dysfunction can be an early marker of underlying vascular disease and should prompt evaluation of cardiovascular risk factors

B. Erectile dysfunction has no relationship to cardiovascular health and requires no further evaluation

C. Erectile dysfunction is always purely psychological and never has an organic vascular basis

D. Erectile dysfunction only warrants urologic referral with no need for cardiovascular risk assessment

284. A 45-year-old woman presents for a routine visit and asks about screening for vitamin D deficiency. She is asymptomatic with no specific risk factors. Which of the following best reflects current USPSTF guidance on this topic?

A. Routine vitamin D screening is strongly recommended for all adults regardless of symptoms or risk factors

B. USPSTF: evidence insufficient for routine vitamin D screening in asymptomatic adults

C. Vitamin D deficiency has no clinical significance and should never be tested

D. Screening for vitamin D deficiency is recommended only in adults under age 30

285. A 60-year-old man presents for a routine visit and asks about the appropriate frequency of routine wellness visits given his overall good health. Which of the following best reflects a reasonable approach to preventive care visit scheduling?

A. Wellness visits should only occur once every 10 years regardless of age

B. Annual wellness visits are generally reasonable for adults

C. No routine wellness visits are beneficial once acute symptoms are absent

D. Wellness visit frequency has no established basis in current preventive care guidance

286. A researcher conducts a study comparing a new antihypertensive medication to placebo and finds a statistically significant reduction in systolic blood pressure with a p-value of 0.03. Which of the following best describes the correct interpretation of this p-value?

A. There is a 97% probability that the new medication is truly effective

B. There is a 3% probability that the null hypothesis is true

C. The medication reduces blood pressure by 3% compared to placebo

D. 3% probability of a difference this large or larger if the null hypothesis were true

287. A new screening test for a disease has a sensitivity of 90% and a specificity of 85%. In a population with a low disease prevalence, which of the following best describes the expected impact on the test's positive predictive value?

A. The positive predictive value will always be high regardless of disease prevalence

B. Positive predictive value is unrelated to disease prevalence and depends only on sensitivity

C. The positive predictive value will be relatively low

D. The positive predictive value will be exactly equal

288. A physician is evaluating a new clinical practice guideline and wants to understand the strength of evidence behind a particular recommendation. Which of the following study designs generally provides the strongest level of evidence for a treatment's efficacy?

A. A well-designed randomized controlled trial or meta-analysis of RCTs

B. A case report describing a single patient's response to treatment

C. An expert opinion piece without supporting data

D. A cross-sectional survey of patient preferences

289. A physician notices a pattern of near-miss medication errors in their clinic related to look-alike, sound-alike drug names. Which of the following represents the most effective quality improvement approach to address this systemic issue?

A. Simply remind individual staff members to be more careful when writing prescriptions

B. Take no action since near-misses did not result in actual patient harm

C. Implement a systems-based intervention rather than relying on individual vigilance

D. Discipline the individual staff members involved in each near-miss event

290. A patient with decision-making capacity refuses a recommended treatment after being fully informed of the risks, benefits, and alternatives, including the risks of declining treatment. Which of the following ethical principles most directly supports honoring the patient's refusal?

A. Beneficence, acting in the patient's perceived best interest

B. Nonmaleficence, avoiding harm to the patient

C. Autonomy, respecting a capacitated patient's right to informed decisions

D. Justice, which pertains to fair distribution of resources rather than individual decision-making rights

291. A primary care practice is analyzing its patient panel to identify a subgroup with poorly controlled diabetes for a targeted quality improvement initiative. Which of the following best describes this population health management approach?

A. Waiting passively for individual patients to present with complications before addressing their diabetes control

B. Applying identical management strategies to every patient in the panel regardless of individual risk or control status

C. Population health management has no relevance to primary care practice

D. Risk stratification of the patient panel to identify and proactively target higher-risk subgroups for tailored interventions

292. A physician is considering ordering a screening test and wants to determine whether the test itself, if positive, would meaningfully change management. Which of the following best describes this consideration in evidence-based decision-making?

A. Considering whether a result will actually change management is key to judicious testing

B. All available tests should always be ordered regardless of whether results would change management

C. Test ordering decisions should never consider downstream clinical impact

D. This consideration is only relevant for expensive or invasive tests

293. A physician is communicating a new cancer diagnosis to a patient. Which of the following communication approaches best reflects patient-centered delivery of serious news?

A. Using a structured approach that assesses the patient's understanding and preferences before delivering information

B. Delivering all clinical details as quickly as possible without checking the patient's understanding or emotional response

C. Avoiding direct discussion of the diagnosis to protect the patient from distress

D. Delegating the entire conversation to a family member without patient involvement

294. A health system implements a policy requiring standardized handoff communication between shifts to reduce errors related to information loss during care transitions. Which of the following best describes the rationale for this type of intervention?

A. Handoff communication has no impact on patient safety outcomes

B. Standardized handoffs are only relevant in surgical settings and have no application in primary care or hospital medicine broadly

C. Individual clinician memory is a more reliable method for information transfer than any structured tool

D. Structured handoff tools reduce reliance on ad hoc communication and lower error risk

295. A physician wants to evaluate whether their practice's diabetes control rates have improved after implementing a new care management program. Which of the following study designs would provide the most reliable comparison?

A. A single post-intervention measurement alone

B. Anecdotal reports from a few patients who had positive outcomes

C. Comparing results to a different practice's published data without accounting for population differences

D. A pre-post comparison ideally with a concurrent control group

296. A physician is discussing a treatment decision with a patient and presents information about absolute risk reduction rather than relative risk reduction alone. Which of the following best describes the rationale for emphasizing absolute risk reduction in patient communication?

A. Relative risk reduction always provides a more accurate picture of treatment benefit than absolute risk reduction

B. Absolute and relative risk reduction always convey identical clinical information

C. Absolute risk reduction gives a more clinically meaningful picture of benefit than relative risk

D. Risk reduction framing has no impact on patient understanding or decision-making

297. A physician is asked to serve as an expert witness regarding the standard of care in a malpractice case. Which of the following best describes the general legal standard used to evaluate whether a physician's care met the expected standard?

A. Whether the physician achieved a perfect outcome for the patient regardless of the care process

B. Whether the physician followed the exact preferences of the specific patient in every instance

C. Whether the physician's care matched the single best possible approach in hindsight

D. Whether the physician acted as a reasonably prudent physician with similar training would have acted under similar circumstances

298. A physician is reviewing informed consent documentation before a procedure. Which of the following elements is essential for a legally and ethically valid informed consent process?

A. Simply having the patient sign a consent form without any discussion of risks

B. Disclosure of the nature of the procedure

C. Informed consent is only required for surgical procedures

D. The patient's family must provide consent

299. A physician notices that a particular racial group within their patient panel has consistently worse control of hypertension compared to other groups, despite similar access to the same clinic resources. Which of the following represents an appropriate initial step in addressing this disparity?

A. Assume the disparity reflects an inherent biological difference between groups requiring no further investigation

B. Ignore the disparity since it does not reflect a difference in clinic resource access

C. Investigate potential underlying contributors to the disparity

D. Apply a uniform intervention to the entire patient panel without considering group-specific barriers

300. A physician is evaluating a clinical trial and notes that patients were not randomly assigned to treatment groups, but rather chose their own treatment based on personal preference. Which of the following best describes the primary limitation this introduces?

A. Confounding by indication (selection bias) from self-selected treatment

B. This study design has no meaningful limitations compared to a randomized controlled trial

C. The lack of randomization only affects the study's statistical power

D. Non-randomized studies always overestimate treatment harms rather than benefits

Answers

1. A. This presentation is classic for acute appendicitis: periumbilical pain migrating to the right lower quadrant, anorexia, low-grade fever, McBurney's point tenderness, a positive psoas sign, and leukocytosis with a left shift. In an adult with a presentation this suggestive, contrast-enhanced CT of the abdomen and pelvis is the preferred imaging modality because of its high sensitivity and specificity for appendicitis and its ability to identify complications such as perforation or abscess, and surgical consultation should be obtained promptly given the clinical likelihood of a surgical abdomen.

2. C. IV ceftriaxone as a single dose without further evaluation would undertreat a straightforward, uncomplicated cystitis and is not the standard first-line approach for outpatient cystitis in a non-pregnant, non-septic patient; parenteral therapy is reserved for patients who cannot tolerate oral intake, have signs of systemic illness, or fail oral therapy, none of which apply here.

3. C. Hemoconcentration (rising hematocrit) with an elevated or rising BUN and hypotension reflects significant third-spacing of fluid and intravascular volume depletion, both early markers associated with a more severe course of acute pancreatitis that warrant closer monitoring, aggressive fluid resuscitation, and consideration of a higher level of care. The absolute lipase value does not correlate with severity, and a normal WBC or mild tenderness alone are reassuring rather than concerning findings.

4. D. For uncomplicated cystitis in a healthy, non-pregnant woman, nitrofurantoin 100 mg twice daily for 5 days is a preferred first-line agent given its efficacy, favorable resistance profile, and narrow spectrum, avoiding unnecessary broad-spectrum exposure.

5. D. Erysipelas is a superficial form of cellulitis, classically caused by group A Streptococcus, presenting with a sharply demarcated, raised, erythematous, warm, and tender plaque, often accompanied by systemic symptoms such as fever; it is distinguished from deeper cellulitis by its well-defined border and superficial dermal/lymphatic involvement.

6. C. In older adults, urinary tract infection is a common and well-recognized precipitant of acute delirium, particularly when there is a clear change from baseline mental status accompanied by fever and pyuria; appropriate management includes treating the identified infection while also evaluating for other contributing factors (medications, metabolic derangements, other infections) rather than assuming a single cause.

7. B. Because infectious mononucleosis frequently causes splenomegaly, and an enlarged, congested spleen is more susceptible to rupture with abdominal trauma or strain, patients are counseled to avoid contact sports and heavy lifting for at least 3 to 4 weeks, with some guidance extending longer depending on resolution of splenomegaly on exam or imaging.

8. A. The abrupt, nocturnal onset of exquisite pain and swelling at the first MTP joint (podagra), especially in a patient on a thiazide diuretic (which reduces renal urate excretion and predisposes to hyperuricemia), with a history of prior self-limited episodes, is classic for acute gouty arthritis.

9. A. Right upper quadrant ultrasound is the preferred initial imaging study for suspected biliary colic or cholecystitis because it is widely available, does not involve radiation, and has high sensitivity for detecting gallstones, gallbladder wall thickening, and pericholecystic fluid.

10. C. The tripod positioning, drooling, and stridor in a febrile child raise concern for epiglottitis or a similar airway-threatening process; the priority is to avoid any maneuver (including tongue depressor exams or forcing the child to lie down) that could precipitate complete airway obstruction, keeping the child calm and in a position of comfort while arranging urgent transfer to a setting equipped for definitive airway management.

11. A. Pleuritic chest pain that improves with leaning forward, following a recent viral illness, together with diffuse ST-segment elevation and PR depression on ECG, is characteristic of acute pericarditis rather than a focal territorial injury pattern seen with STEMI.

12. A. Noncontrast CT of the abdomen and pelvis is the current first-line imaging study for suspected nephrolithiasis because of its high sensitivity and specificity for detecting stones of virtually any composition and size, as well as identifying alternative diagnoses, without the need for intravenous contrast.

13. C. A spiculated pulmonary mass in a patient with significant smoking history and constitutional symptoms (weight loss, worsening cough and dyspnea) is highly concerning for malignancy; the next appropriate steps are cross-sectional imaging (contrast-enhanced chest CT) to characterize the lesion and stage disease, followed by tissue diagnosis via biopsy, rather than empiric treatment for a benign process.

14. C. Absent breath sounds, tracheal deviation away from the affected side, hypotension, and jugular venous distension after chest trauma are classic for tension pneumothorax, a clinical diagnosis requiring immediate needle decompression followed by tube thoracostomy; imaging should not delay this life-saving intervention.

15. A. Bell's palsy causes a peripheral (lower motor neuron) facial nerve palsy affecting the entire ipsilateral face, including forehead wrinkling, because the lesion is distal to the point where upper facial muscles receive bilateral cortical input; a central (stroke-related) facial palsy typically spares forehead movement due to this bilateral innervation, and the absence of limb weakness or sensory findings further supports a peripheral CN VII process rather than stroke.

16. C. Severe abdominal pain out of proportion to physical exam findings, in a patient with atrial fibrillation who is not anticoagulated (a source of cardioembolism), along with bloody diarrhea and elevated lactate reflecting bowel ischemia, is classic for acute mesenteric ischemia from embolic arterial occlusion, a surgical emergency.

17. A. Hyperreflexia with sustained clonus is a marker of significant CNS irritability in severe preeclampsia and signals heightened risk of imminent seizure (eclampsia); mild chronic edema and a reassuring fetal heart tracing are not specific markers of impending eclamptic seizure.

18. C. The combination of prolonged fever, bilateral non-exudative conjunctivitis, polymorphous rash, mucocutaneous changes (cracked lips), and extremity swelling meets criteria for Kawasaki disease; because of the risk of coronary artery aneurysm, an echocardiogram should be obtained and treatment with IVIG plus aspirin initiated promptly to reduce that risk.

19. B. The acute, sudden onset of a cold, pale, pulseless limb (in contrast to the gradual progression typical of chronic PAD) in a patient with new palpitations raises strong concern for an embolic source, such as a new atrial fibrillation with cardioembolism to a peripheral artery, representing an acute limb ischemia emergency.

20. B. A high-riding, horizontal testicle with an absent cremasteric reflex and acute severe pain are classic findings for testicular torsion, a time-sensitive surgical emergency; immediate urologic consultation for possible detorsion/orchiopexy should not be delayed for imaging when the clinical suspicion is this high, since testicular viability decreases rapidly with time.

21. D. A new, painful, dilated and poorly reactive pupil with diplopia in the setting of a severe, sudden headache raises concern for a compressive lesion of the third cranial nerve, classically from a posterior communicating artery aneurysm, which requires urgent neuroimaging and neurosurgical evaluation given the risk of aneurysmal rupture.

22. A. Trismus, a muffled 'hot potato' voice, and uvular deviation away from a bulging peritonsillar area are the classic triad and findings of peritonsillar abscess, which typically requires drainage in addition to antibiotics.

23. D. Tearing chest/back pain with a significant interarm blood pressure differential in a patient with poorly controlled hypertension is classic for aortic dissection; CT angiography of the chest is the most appropriate rapid, widely available study to confirm the diagnosis and characterize the extent of dissection.

24. C. Painless jaundice with a palpably distended, nontender gallbladder (Courvoisier's sign) in an older adult is classically associated with malignant obstruction of the distal common bile duct, most often from pancreatic head adenocarcinoma, as opposed to gallstone disease, which more often causes a painful, contracted, fibrotic gallbladder.

25. D. Drooling, muffled voice, and a tripod/forward-leaning posture with refusal to lie flat in a toxic-appearing patient are hallmark signs of epiglottitis; because any agitation or airway manipulation (including tongue depressor exams) can precipitate complete obstruction, the priority is a calm, controlled approach to securing the airway in a monitored setting with immediate ENT/anesthesia support.

26. C. A Mallory-Weiss tear, a mucosal laceration at the gastroesophageal junction from forceful retching or vomiting, classically presents with hematemesis following an antecedent episode of severe vomiting, and is more common than variceal bleeding or Boerhaave syndrome (full-thickness rupture) in this scenario, which typically presents with severe chest pain and signs of mediastinitis rather than isolated hematemesis.

27. A. Fever, flank pain, costovertebral angle tenderness, and urinalysis findings of pyuria, bacteriuria, and white cell casts (reflecting renal parenchymal involvement) are classic for acute pyelonephritis, distinguishing it from uncomplicated lower urinary tract infection, which typically lacks systemic symptoms and casts.

28. D. ST-segment elevation in the inferior leads (II, III, aVF) most commonly reflects occlusion of the right coronary artery, which in most individuals supplies the inferior wall of the left ventricle, as opposed to LAD occlusion (anterior leads) or circumflex occlusion (lateral leads).

29. B. A positive pregnancy test with no intrauterine pregnancy on ultrasound, an adnexal mass, and free pelvic fluid strongly suggest ectopic pregnancy, a potentially life-threatening condition requiring urgent OB/GYN evaluation for management, which may include methotrexate or surgical intervention depending on clinical stability and findings.

30. B. The classic Anthonisen criteria for a COPD exacerbation are increased dyspnea, increased sputum volume, and increased sputum purulence; the presence of these features supports initiating short-acting bronchodilators, a short course of systemic corticosteroids, and antibiotics (since purulent sputum suggests a bacterial component), reserving escalation to more aggressive respiratory support for patients with more severe distress or failure to improve.

31. C. Tenderness in the anatomic snuffbox after a fall on an outstretched hand is highly suggestive of a scaphoid fracture even when initial X-rays are normal, since scaphoid fractures are frequently occult on initial imaging; standard management is immobilization in a thumb spica splint with repeat imaging or advanced imaging (CT or MRI) in 10-14 days to avoid missing a fracture, which carries a risk of avascular necrosis and nonunion if untreated.

32. D. Progressive dysphagia (solids progressing to liquids) with weight loss in a middle-aged or older adult is a red flag for esophageal malignancy and warrants prompt upper endoscopy with biopsy rather than an empiric trial of acid suppression, which could delay diagnosis of a treatable early-stage cancer.

33. A. Acute angle-closure glaucoma presents with sudden severe eye pain, blurred vision, halos around lights, nausea/vomiting, a mid-dilated fixed pupil, and a firm globe on palpation due to acutely elevated intraocular pressure, representing an ophthalmologic emergency requiring immediate pressure-lowering treatment.

34. D. The triad of severe back or abdominal pain, a pulsatile abdominal mass, and hypotension is classic for a ruptured abdominal aortic aneurysm, a surgical emergency with high mortality requiring immediate recognition and emergent surgical intervention.

35. B. For croup, a single dose of oral or intramuscular dexamethasone is recommended for most cases to reduce airway inflammation and the need for further intervention, while nebulized racemic epinephrine is reserved for patients with stridor at rest or more significant respiratory distress, given its rapid but transient effect.

36. A. The 'coffee bean' sign on abdominal X-ray, representing a dilated, twisted loop of sigmoid colon, along with acute obstructive symptoms, is classic for sigmoid volvulus, which is more common in older adults and often associated with chronic constipation or redundant colon.

37. A. Amaurosis fugax describes transient, painless, monocular vision loss often described as a curtain descending over the visual field, classically caused by transient retinal ischemia from an embolic source such as carotid artery disease, and warrants evaluation for cerebrovascular risk given its association with impending stroke.

38. B. Fever, uterine tenderness, and foul-smelling lochia in the postpartum period are classic for postpartum endometritis, an infection of the uterine lining that typically requires broad-spectrum antibiotic therapy.

39. B. Recurrent, severe, strictly unilateral periorbital/temporal headaches with ipsilateral autonomic features (tearing, nasal congestion, ptosis), occurring in bouts often at night, are characteristic of cluster headache, distinguishing it from migraine and tension-type headache, which lack this constellation of autonomic findings and cyclical pattern.

40. A. In a patient presenting with acute stroke symptoms within the treatment window and no hemorrhage on CT, the priority is rapid evaluation for reperfusion therapy (thrombolytics or mechanical thrombectomy, depending on eligibility criteria and vessel involvement); a therapeutic-range INR of 2.4 does need to be factored into eligibility decisions for thrombolysis, but the immediate next step is time-sensitive stroke evaluation rather than reversal of anticoagulation or empiric antibiotics.

41. B. Severe pain out of proportion to exam findings, in a patient with a recent hypotensive episode and known atherosclerotic disease, is classic for nonocclusive mesenteric ischemia caused by transient hypoperfusion of the bowel, distinguishing it from infectious or inflammatory causes that typically produce exam findings proportionate to reported pain.

42. B. Fitz-Hugh-Curtis syndrome is a perihepatic inflammation that can occur as a complication of pelvic inflammatory disease (often chlamydial or gonococcal), presenting with right upper quadrant pain, pleuritic chest pain, and mild transaminase elevation, in the setting of a recent or concurrent genital infection.

43. A. A pale, edematous retina with a cherry-red spot at the fovea (where thin retina allows the underlying choroidal circulation to show through) is the classic fundoscopic finding of central retinal artery occlusion, an ophthalmologic emergency analogous to a stroke of the eye.

44. D. In a patient presenting within the eligible window for thrombolysis with an acute ischemic stroke syndrome and no hemorrhage on initial imaging, rapid evaluation of eligibility for IV thrombolytic therapy (and mechanical thrombectomy if a large vessel occlusion is present) is the priority, since time to treatment strongly affects outcomes.

45. A. The combination of an S3 gallop, jugular venous distension, bibasilar crackles, and peripheral edema, with progressive exertional dyspnea and fatigue, is characteristic of acute decompensated heart failure, reflecting volume overload from impaired cardiac function.

46. A. Layering of blood in the anterior chamber (hyphema) after blunt ocular trauma requires urgent ophthalmologic evaluation because of risks including elevated intraocular pressure, rebleeding, and corneal blood staining, and management typically includes activity restriction and close monitoring.

47. B. The combination of estrogen-containing oral contraceptive use and cigarette smoking substantially increases the risk of ischemic stroke through synergistic prothrombotic and vascular effects, a well-established modifiable risk factor pairing relevant to this presentation.

48. B. Acute urinary retention with a distended, painful bladder requires prompt decompression via urinary catheterization to relieve symptoms and prevent complications such as bladder wall damage or postobstructive diuresis-related issues; further workup for the underlying cause follows decompression.

49. D. Acute angle-closure glaucoma is often precipitated by pupillary dilation (as occurs in dim lighting) in individuals with anatomically narrow anterior chamber angles, since a dilated pupil can obstruct outflow of aqueous humor, rapidly raising intraocular pressure and producing the classic presentation of pain, halos, and vision loss.

50. C. New bilateral leg weakness, saddle anesthesia, and urinary incontinence in a patient with known metastatic potential (prostate cancer) are red-flag findings for cauda equina syndrome, a surgical emergency requiring emergent MRI of the spine to identify and address compressive pathology before permanent neurologic damage occurs.

51. C. A pulmonary embolism causing hemodynamic instability (massive PE) with right ventricular strain warrants consideration of systemic thrombolytic therapy to rapidly reduce clot burden and right heart strain, given the significant mortality risk of untreated massive PE, as opposed to standard anticoagulation alone which is used for stable, submassive or low-risk presentations.

52. A. Charcot's triad (fever, right upper quadrant pain, jaundice) combined with hypotension and altered mental status constitutes Reynolds pentad, indicating severe (suppurative) cholangitis, a life-threatening biliary infection requiring urgent biliary decompression and antibiotics.

53. B. Painless third-trimester bleeding raises concern for placenta previa; a digital vaginal exam should be avoided until placental location is confirmed by ultrasound, since examining a previa digitally can provoke severe hemorrhage.

54. A. Gradual onset of scrotal pain with dysuria, fever, and relief with elevation of the testicle (positive Prehn's sign) supports epididymitis rather than torsion, which typically has abrupt onset, an absent cremasteric reflex, and no relief with elevation.

55. C. In suspected bacterial meningitis, prompt empiric antibiotic therapy (after blood cultures are drawn) is critical, and should not be delayed for lumbar puncture or neuroimaging if either would meaningfully postpone treatment, since delayed antibiotics are associated with worse outcomes in bacterial meningitis.

56. D. In patients with suspected thiamine deficiency (as in alcohol use disorder), thiamine should be administered before or concurrently with glucose, since glucose administration in a thiamine-deficient patient can precipitate or worsen Wernicke encephalopathy by accelerating thiamine consumption.

57. D. Fever, flank pain, and septic physiology (tachycardia, hypotension) following a urologic procedure in the setting of possible obstruction represent urosepsis from obstructive pyelonephritis, a urologic emergency requiring urgent source control (decompression) in addition to broad-spectrum antibiotics and resuscitation.

58. B. While vertigo is common with peripheral causes such as vestibular neuritis or BPPV, the presence of additional cerebellar signs such as dysmetria and gait ataxia raises concern for a central (posterior circulation stroke) cause, which warrants urgent neuroimaging (often MRI, since CT has limited sensitivity for posterior fossa strokes) rather than being attributed to a peripheral vestibular process.

59. C. A first unprovoked seizure in an adult warrants evaluation for an underlying structural, metabolic, toxic, or infectious cause, typically including neuroimaging and laboratory studies, before decisions are made about long-term antiepileptic therapy.

60. D. ST-elevation in the anterior precordial leads (V1-V4) corresponds to the territory supplied by the left anterior descending artery, which perfuses the anterior wall and anteroseptal region of the left ventricle.

61. C. Elevated indirect bilirubin and LDH with low haptoglobin indicate hemolysis, and a positive direct Coombs test confirms an immune-mediated mechanism, together establishing a diagnosis of autoimmune hemolytic anemia, distinct from other anemias which do not produce this hemolytic laboratory pattern with a positive Coombs test.

62. C. Severe unconjugated hyperbilirubinemia in the neonate carries a risk of bilirubin crossing the blood-brain barrier and depositing in the basal ganglia and brainstem nuclei, causing kernicterus, a potentially irreversible neurologic injury, which is why timely phototherapy or exchange transfusion is critical.

63. D. For a patient with a clinical presentation suggestive of deep venous thrombosis and risk factors (prolonged immobilization), compression ultrasonography is the standard first-line diagnostic test given its high sensitivity and specificity and lack of invasiveness, while D-dimer alone is more useful for excluding DVT in low pretest probability patients rather than confirming it in a higher-risk presentation like this one.

64. A. A hemodynamically stable patient with a ruptured ovarian cyst and hemoperitoneum can typically be managed conservatively with close monitoring, since bleeding often self-resolves; surgical intervention is reserved for those who become hemodynamically unstable or show evidence of ongoing significant hemorrhage.

65. C. An ascitic fluid absolute neutrophil count of 250 cells/mm3 or greater is diagnostic of spontaneous bacterial peritonitis in a patient with cirrhosis, and empiric antibiotic therapy should be started promptly given the significant morbidity and mortality associated with this infection if untreated.

66. B. A transient ischemic attack, even with complete symptom resolution, carries a significant short-term risk of subsequent stroke (highest in the first 48 hours) and warrants urgent evaluation, including vascular imaging and risk factor assessment, rather than reassurance alone.

67. D. Dilated small bowel loops with air-fluid levels, absent bowel sounds, and no rectal air, in a patient with prior abdominal surgery, are classic for mechanical small bowel obstruction due to postsurgical adhesions, the most common cause of SBO in adults with a surgical history.

68. B. Spinal epidural abscess is a neurosurgical emergency given the risk of progressive neurologic deficit from cord compression; management requires urgent neurosurgical evaluation for possible decompression along with prompt broad-spectrum antibiotic therapy targeting likely organisms (including Staphylococcus aureus, especially relevant given IV drug use as a risk factor).

69. B. For a hemodynamically stable patient with pulmonary embolism and no evidence of right ventricular strain, standard anticoagulation therapy is the appropriate treatment, reserving thrombolysis for patients with hemodynamic instability or significant right ventricular dysfunction given the bleeding risks of thrombolytic therapy.

70. A. The combination of the three C's (cough, coryza, conjunctivitis), a cephalocaudal-spreading maculopapular rash, and pathognomonic Koplik spots on the buccal mucosa is classic for measles (rubeola), distinguishing it from other childhood exanthems.

71. C. ST depression with tall R waves in the right precordial leads (V1-V3) is a well-recognized reciprocal pattern of posterior wall myocardial infarction; obtaining posterior leads (V7-V9) can reveal true ST elevation confirming this STEMI-equivalent, which should be managed with the same urgency as an anterior or inferior STEMI.

72. B. Elevated opening pressure with normal CSF composition and normal neuroimaging, in an obese woman of reproductive age with papilledema and headache, is classic for idiopathic intracranial hypertension, a diagnosis of exclusion after structural and infectious causes have been ruled out.

73. A. A new holosystolic murmur at the apex radiating to the axilla in the weeks following a myocardial infarction is characteristic of papillary muscle rupture or dysfunction causing acute mitral regurgitation, a serious mechanical complication of MI that can precipitate heart failure.

74. B. Fever, hypotension, elevated lactate, and marked leukocytosis in a postoperative patient are consistent with sepsis, warranting immediate initiation of sepsis bundle care (fluid resuscitation, cultures, and prompt broad-spectrum antibiotics) to reduce mortality risk, since delays in treatment are associated with worse outcomes.

75. B. Horseshoe kidney and other congenital renal anomalies are positioned lower and are less mobile than normal kidneys, making them more susceptible to injury from relatively minor abdominal trauma; most low-grade renal injuries, including this grade 2 laceration, can be managed nonoperatively in a hemodynamically stable patient with close monitoring.

76. C. Choledocholithiasis with cholangitis features (fever, jaundice, right upper quadrant pain) requires urgent biliary decompression, typically via ERCP, to relieve obstruction and treat the associated infection, given the risk of progression to severe cholangitis or sepsis if untreated.

77. C. Hypertensive emergency with evidence of end-organ damage (encephalopathy, papilledema, hemorrhages) requires prompt but controlled and gradual blood pressure reduction with IV agents in a monitored setting, since overly rapid normalization can precipitate cerebral, cardiac, or renal hypoperfusion.

78. D. Vaginal bleeding with a closed cervical os and a viable intrauterine pregnancy on ultrasound is classified as a threatened abortion, which carries a possibility of continuing to a normal pregnancy, in contrast to inevitable, incomplete, or missed abortion, which involve an open os, retained products, or fetal demise respectively.

79. C. Sudden severe pain, hypotension, and syncope in a patient with a known abdominal aortic aneurysm are highly concerning for rupture, a surgical emergency with high mortality, requiring immediate transfer for emergent repair rather than any delay for elective evaluation.

80. C. In a hemodynamically stable patient with community-acquired pneumonia, normal mental status, and no significant comorbidities or other high-risk features, validated severity scoring tools (such as CURB-65 or the Pneumonia Severity Index) typically support outpatient management with prompt initiation of appropriate antibiotics, reserving hospitalization for higher-risk presentations.

81. A. For large vessel occlusion strokes presenting beyond the traditional thrombolysis window but within extended eligibility criteria, mechanical thrombectomy guided by perfusion imaging showing a

favorable core-to-penumbra mismatch can still offer significant benefit, extending the treatment window for appropriately selected patients.

82. A. For a simple cutaneous abscess with fluctuance, incision and drainage is the primary and most effective treatment; adjunctive antibiotics are added when there is significant surrounding cellulitis, systemic signs of infection, or other risk factors, but drainage itself is the cornerstone of management.

83. C. ST elevation spanning the anterior, anteroseptal, and lateral leads (V1-V6, I, aVL) with reciprocal inferior changes indicates an extensive anterior/anterolateral myocardial infarction, typically from occlusion of the proximal left anterior descending artery, which carries a higher risk of complications given the large myocardial territory at risk.

84. C. Pancytopenia with a hypocellular, fatty-replaced bone marrow (rather than a marrow infiltrated with blasts, as would be seen in leukemia) is diagnostic of aplastic anemia, a failure of hematopoietic stem cells to produce adequate blood cell lines.

85. D. A new crescendo pattern of angina (increasing frequency, occurring with less exertion or at rest) without biomarker elevation or ECG changes is classified as unstable angina, distinguished from NSTEMI by the absence of myocardial necrosis (negative troponin) and from stable angina by its changing, more severe pattern.

86. C. In severe or symptomatic hyponatremia, correction should proceed at a controlled, gradual rate (with an initial bolus of hypertonic saline used cautiously for severe symptoms, but overall correction rate limited) because overly rapid correction of chronic hyponatremia risks osmotic demyelination syndrome, a serious and often irreversible neurologic injury.

87. B. A 6-mm ureteral stone at the ureterovesical junction, without evidence of infection or significant obstruction, and in a patient with adequate pain control and oral tolerance, can typically be managed conservatively as an outpatient with analgesia, hydration, and medical expulsive therapy (such as an alpha-blocker) to facilitate passage.

88. D. Free air under the diaphragm (pneumoperitoneum) in a patient with chronic NSAID use, a known risk factor for peptic ulcer disease, along with sudden severe abdominal pain, is classic for a perforated peptic ulcer, a surgical emergency.

89. A. Patients on anticoagulation who sustain head trauma are at increased risk for intracranial hemorrhage even with a normal initial neurologic exam, so current guidance supports obtaining head CT imaging in this population after even seemingly minor head injury, given the potential for delayed or occult bleeding.

90. C. Community-acquired pneumonia during pregnancy is managed with a similar diagnostic and treatment approach as in nonpregnant adults, using antibiotics with established safety profiles in pregnancy (such as certain beta-lactams or azithromycin) and appropriately shielded imaging when

clinically indicated, since untreated pneumonia poses greater risk to both mother and fetus than judicious antibiotic use.

91. D. A pneumothorax occurring without trauma or significant underlying lung disease, in a tall, thin individual (a classic body habitus risk factor), without mediastinal shift, is characteristic of primary spontaneous pneumothorax, usually from rupture of a subpleural bleb, distinguished from tension pneumothorax by the absence of mediastinal shift or hemodynamic compromise.

92. A. A centripetally spreading rash involving the palms and soles, fever, and headache following a tick exposure in an endemic region is classic for Rocky Mountain spotted fever, a potentially fatal illness where empiric doxycycline should be started immediately based on clinical suspicion, since delayed treatment while awaiting serologic confirmation is associated with significantly worse outcomes.

93. A. Volume depletion from vomiting and diarrhea, combined with an ACE inhibitor that reduces efferent arteriolar tone and glomerular filtration pressure, is a classic setup for prerenal acute kidney injury, which is often reversible with volume repletion and temporary discontinuation of the offending medication.

94. C. Type A aortic dissections, involving the ascending aorta, are surgical emergencies due to the high risk of complications such as aortic rupture, cardiac tamponade, and coronary or cerebral malperfusion; emergent surgical repair is indicated, in contrast to type B (descending aorta only) dissections, which are often managed medically unless complicated.

95. C. Markedly elevated transaminases with a history of excessive acetaminophen use strongly suggests acetaminophen-induced hepatotoxicity; N-acetylcysteine is the specific antidote and should be initiated promptly, as it is most effective when given early but still provides benefit even in established liver injury.

96. B. A confirmed proximal DVT requires therapeutic anticoagulation to prevent propagation and pulmonary embolism; in the postpartum period, agent choice should account for breastfeeding compatibility (heparin and low molecular weight heparin are considered compatible, while certain direct oral anticoagulants have more limited data), rather than withholding treatment or resorting to more invasive measures as first-line therapy.

97. D. Fever, altered behavior, hallucinations, and a lymphocytic CSF pleocytosis with normal glucose are characteristic of viral encephalitis, and herpes simplex virus is the most common and most important treatable cause, often with a predilection for temporal lobe involvement, warranting empiric acyclovir while confirmatory testing (PCR) is pending given the severe morbidity of delayed treatment.

98. C. Gas within the renal parenchyma on imaging, in the setting of pyelonephritis and poorly controlled diabetes, is diagnostic of emphysematous pyelonephritis, a severe, life-threatening necrotizing infection that often requires aggressive management including consideration of nephrectomy in severe cases, in addition to broad-spectrum antibiotics.

99. A. Gallstones are the most common cause of acute pancreatitis, and the presence of gallstones on ultrasound in a patient with a classic pancreatitis presentation, without a significant alcohol history or other risk factors, supports gallstone (biliary) pancreatitis as the etiology.

100. A. For an eligible patient within the thrombolysis window with a confirmed large vessel occlusion, current evidence supports combining IV thrombolytic therapy with mechanical thrombectomy (rather than choosing one exclusively), as this combined approach has been shown to improve outcomes compared to either treatment alone in appropriately selected patients.

101. C. Testicular torsion causes progressive ischemic injury to the testicle, and salvage rates decrease sharply as the duration of torsion increases (with rates highest when detorsion occurs within about 6 hours and declining substantially thereafter), making rapid surgical intervention the single most important factor in preserving testicular viability.

102. A. In a cirrhotic patient with suspected variceal upper GI bleeding, initial management alongside resuscitation includes vasoactive medication (octreotide) to reduce portal pressure and prophylactic antibiotics (given the high risk of bacterial infection in cirrhotic GI bleeds), with urgent endoscopy for definitive diagnosis and hemostatic intervention, rather than delaying these treatments until later.

103. B. Herpes zoster ophthalmicus with vesicles on the tip of the nose (Hutchinson's sign) reflects involvement of the nasociliary branch of the trigeminal nerve, which also innervates the eye, and is a strong predictor of ocular involvement, warranting urgent ophthalmologic evaluation in addition to prompt antiviral therapy.

104. B. An elevated troponin (indicating myocardial necrosis) without ST-segment elevation on ECG, in the setting of significant coronary stenosis, defines a non-ST elevation myocardial infarction; this is distinguished from unstable angina by the presence of a positive troponin, indicating actual myocardial injury rather than ischemia alone.

105. D. Ovarian torsion is a surgical emergency requiring prompt intervention to preserve ovarian viability; current practice favors detorsion with ovarian conservation when the ovary appears viable at the time of surgery, rather than automatic oophorectomy, given evidence that even ovaries with concerning appearance can often recover function after detorsion.

106. C. In patients with type 2 diabetes and established atherosclerotic cardiovascular disease, current guidelines recommend adding an agent from a class shown to reduce major adverse cardiovascular events, such as a GLP-1 receptor agonist or SGLT2 inhibitor, over agents like sulfonylureas or thiazolidinediones that lack this demonstrated benefit.

107. C. When blood pressure is at goal on a well-tolerated regimen with stable labs, the most appropriate management is to continue the current regimen with routine monitoring rather than making changes that are not clinically indicated.

108. B. For patients with heart failure with reduced ejection fraction who remain symptomatic despite a beta-blocker and ACE inhibitor (or ARNI), guideline-directed medical therapy includes the addition of a mineralocorticoid receptor antagonist, which has demonstrated mortality benefit in this population, unlike calcium channel blockers or NSAIDs, the latter of which can worsen heart failure.

109. B. In patients with CKD and hypertension (particularly with proteinuria), ACE inhibitors or ARBs are generally preferred for their renoprotective effects, though renal function and potassium should be monitored after initiation or dose titration given the risk of hyperkalemia or an acceptable early creatinine rise; NSAIDs should generally be avoided given nephrotoxicity risk in CKD.

110. D. For patients with COPD who remain symptomatic on a single long-acting bronchodilator, particularly with a history of exacerbations, escalation to dual long-acting bronchodilator therapy (LAMA/LABA) is an appropriate next step to improve symptom control and reduce exacerbation risk, reserving inhaled corticosteroids or oral corticosteroids for specific indications given their side effect profiles.

111. A. An elevated TSH on a previously stable levothyroxine dose warrants review of adherence and factors affecting absorption (such as timing relative to food, calcium, or iron supplements) before assuming a true increase in dose requirement, since nonadherence or absorption issues are common and correctable causes of apparent undertreatment.

112. D. In a patient with a history of GI bleeding, oral NSAIDs carry significant risk of recurrent bleeding and should generally be avoided or used with substantial caution and gastroprotection; topical NSAIDs, non-pharmacologic interventions, and other pain management strategies are preferred, while chronic opioids are generally avoided as first-line therapy for osteoarthritis given their risk-benefit profile.

113. C. Oral bisphosphonates such as alendronate are first-line pharmacologic therapy for postmenopausal osteoporosis, given their demonstrated efficacy in reducing fracture risk, favorable safety profile, and cost, with calcium and vitamin D used as adjunctive rather than primary therapy.

114. B. For a patient showing partial response and good tolerability at an adequate trial duration, increasing the dose of the current agent (rather than switching or abandoning it) is a reasonable next step before considering augmentation or a change in medication class, since further dose optimization may achieve full remission.

115. C. For patients with an intermediate 10-year ASCVD risk (generally 7.5-19.9%), guidelines support a shared decision-making discussion about initiating moderate-intensity statin therapy, weighing individual risk factors, patient preferences, and additional risk-enhancing factors, rather than an absolute mandate or contraindication based on LDL alone.

116. D. For patients with atrial fibrillation and a CHA2DS2-VASc score indicating significant stroke risk (generally 2 or higher in men, 3 or higher in women), anticoagulation is recommended for stroke

prevention, and DOACs are generally preferred over warfarin in eligible patients (without mechanical valves or significant mitral stenosis) due to comparable or superior efficacy with a lower risk of intracranial hemorrhage.

117. C. For patients with obesity who have not achieved sufficient weight loss with lifestyle modification alone, and who meet BMI criteria (generally BMI $\geq$ 30, or $\geq$ 27 with weight-related comorbidities such as prediabetes), pharmacotherapy is a reasonable next step to add to ongoing lifestyle intervention, with bariatric surgery generally reserved for higher BMI thresholds or when other criteria are met.

118. C. In patients with established cardiovascular disease, diabetes management should favor agents with demonstrated cardiovascular benefit and lower hypoglycemia risk, since hypoglycemia itself can precipitate cardiovascular events, and overly aggressive glycemic targets in this population have not shown consistent cardiovascular benefit and may increase hypoglycemia risk.

119. A. Methotrexate carries risks of bone marrow suppression and hepatotoxicity, so periodic monitoring of complete blood count and liver function tests is standard practice for patients on long-term methotrexate therapy for rheumatoid arthritis.

120. C. For men with BPH and significantly enlarged prostate glands who have inadequate symptom control on an alpha-blocker alone, adding a 5-alpha reductase inhibitor can provide additional benefit by reducing prostate volume over time, and combination therapy with an alpha-blocker is a recognized approach in this scenario.

121. C. Duloxetine (an SNRI) and pregabalin are FDA-approved and evidence-supported options for fibromyalgia management, in contrast to opioids, which are generally discouraged given limited efficacy and risk of dependence, and NSAIDs or corticosteroids, which target inflammatory pain rather than the centralized pain processing thought to underlie fibromyalgia.

122. A. For patients with cirrhosis, guidelines recommend hepatocellular carcinoma surveillance with liver ultrasound (often with alpha-fetoprotein) every 6 months, given the elevated risk of HCC in cirrhotic patients regardless of the underlying cause, including after successful hepatitis C treatment, since cirrhosis-related HCC risk persists.

123. D. As Parkinson's disease progresses, motor fluctuations (wearing-off, dyskinesias) commonly develop with long-term levodopa use; management strategies include adjusting dosing frequency, adding adjunctive medications (dopamine agonists, MAO-B inhibitors, COMT inhibitors), or considering advanced therapies, rather than abandoning levodopa, which remains the most effective symptomatic treatment for Parkinson's disease.

124. D. Long-term hydroxychloroquine use carries a risk of retinopathy, which can be irreversible if not detected early; current guidelines recommend baseline and then annual ophthalmologic screening (after 5 years of use, or sooner with risk factors) specifically to monitor for this medication-related toxicity.

125. A. For patients with recurrent gout flares, urate-lowering therapy (such as a xanthine oxidase inhibitor like allopurinol) is indicated to reduce serum uric acid below the saturation threshold (generally under 6 mg/dL) and prevent future flares, with anti-inflammatory prophylaxis (colchicine or low-dose NSAID) typically used during the initiation period to reduce the risk of a mobilization flare.

126. A. When asthma control is well-maintained on a given regimen, the appropriate approach is to continue the current effective therapy with periodic reassessment, rather than stepping up unnecessarily (which increases medication burden and side effect risk) or stepping down/discontinuing prematurely, which risks losing control.

127. B. Lactulose is a mainstay of both treatment and secondary prophylaxis of hepatic encephalopathy, working by reducing intestinal ammonia absorption; it is typically titrated to achieve 2-3 soft bowel movements per day, and antibiotics such as rifaximin may be added for recurrent episodes despite lactulose.

128. C. Current guidelines for chronic low back pain without red flags emphasize exhausting non-opioid pharmacologic and non-pharmacologic options before considering opioid therapy, given the risks of long-term opioid use and generally modest benefit for chronic non-cancer pain; imaging and surgical referral are not indicated in the absence of red flag symptoms or persistent significant neurologic deficits.

129. D. Duloxetine (an SNRI) and pregabalin (a gabapentinoid) are first-line pharmacologic options with strong evidence for painful diabetic peripheral neuropathy, in contrast to opioids, which are generally not recommended as first-line therapy given limited long-term efficacy data and risk of dependence.

130. D. In a patient with CKD, normal iron studies, and normal B12/folate, anemia is most likely due to relative erythropoietin deficiency as kidney function declines, since the kidneys are the primary source of erythropoietin production; this is a common and expected complication of progressive CKD.

131. C. For anxiety disorders responding well to an SSRI, continuing the effective dose for a sustained duration (often at least 12 months) before considering a gradual taper is standard practice, since early discontinuation is associated with a higher risk of relapse; benzodiazepines are not appropriate for long-term maintenance monotherapy given dependence risk.

132. C. Patient-centered chronic disease management for progressive conditions such as dementia involves proactive advance care planning, ongoing communication with the patient (to the extent of their capacity) and family, and periodic reassessment of goals of care as the disease progresses, rather than waiting for a crisis or defaulting to maximal intervention regardless of preferences.

133. D. For patients with chronic stable angina inadequately controlled on a beta-blocker, adding a long-acting nitrate or calcium channel blocker is an appropriate next step in anti-anginal therapy, rather than discontinuing an effective agent or using medications not indicated for anginal symptom control.

134. C. Significant desaturation with exertion, even with normal resting saturation, warrants evaluation for ambulatory supplemental oxygen therapy, and pulmonary rehabilitation is beneficial for improving exercise tolerance and quality of life in COPD, rather than restricting activity or resorting to chronic corticosteroids, which carry substantial long-term side effects.

135. C. The combination of an ACE inhibitor and a potassium-sparing diuretic (spironolactone) increases the risk of hyperkalemia, and a level of 5.6 mEq/L warrants prompt reassessment, review of renal function, and likely dose adjustment or discontinuation of one agent, given the risk of cardiac arrhythmia with significant hyperkalemia.

136. D. Unlike hepatitis C, chronic hepatitis B carries a risk of hepatocellular carcinoma even in the absence of cirrhosis, so HCC surveillance (typically with ultrasound, sometimes with alpha-fetoprotein) is recommended for at-risk patients based on age, family history, and other factors, regardless of viral suppression status, and antiviral therapy is generally continued long-term rather than discontinued.

137. D. Biologic agents used in inflammatory bowel disease carry an increased risk of infection due to their immunosuppressive effects, so monitoring for infection and ensuring appropriate vaccination status (with live vaccines generally avoided while on active immunosuppressive therapy) are important components of long-term management; therapy is generally continued rather than stopped once remission is achieved, given relapse risk with discontinuation.

138. B. Cardiac resynchronization therapy is indicated for patients with heart failure with reduced ejection fraction, a wide QRS complex (particularly with left bundle branch block morphology), and persistent symptoms despite optimal guideline-directed medical therapy, as it can improve symptoms, functional status, and survival in appropriately selected patients.

139. C. Patients with well-controlled HIV should receive routine, age-appropriate preventive care and chronic disease management similarly to the general population, with some additional considerations such as increased cardiovascular risk monitoring, certain cancer screenings, and vaccination given some immune considerations, rather than deferring standard care.

140. B. While PPIs are effective for GERD, long-term use has been associated with certain risks (such as effects on bone health, B12 absorption, and infection risk), so periodic reassessment of ongoing need and consideration of the lowest effective dose or possible step-down is appropriate, rather than indefinite continuation without review or abrupt discontinuation without a taper plan (which can cause rebound symptoms).

141. C. Lithium is renally cleared and has a narrow therapeutic index, so periodic monitoring of lithium levels and renal function is essential; lithium can also affect thyroid function (causing hypothyroidism), so periodic thyroid function testing is also recommended for patients on long-term lithium therapy.

142. A. After approximately 5 years of oral bisphosphonate therapy, current guidance supports reassessing fracture risk to determine whether a drug holiday is appropriate, given rare but serious risks

associated with prolonged bisphosphonate use (such as atypical femur fractures and osteonecrosis of the jaw), balanced against the ongoing benefit of continued therapy in higher-risk patients.

143. D. Sustained virologic response after direct-acting antiviral therapy is considered a cure for hepatitis C; in patients without cirrhosis, ongoing HCC surveillance is generally not required after cure, whereas patients with cirrhosis at the time of treatment continue to require surveillance given persistent elevated HCC risk even after viral cure.

144. D. For chronic migraine refractory to standard oral preventive agents, onabotulinumtoxinA and CGRP-targeted monoclonal antibodies are evidence-based, FDA-approved options for migraine prevention, in contrast to daily triptan use (which risks medication overuse headache) or chronic opioids (not recommended for migraine prevention).

145. C. SGLT2 inhibitors have demonstrated significant renoprotective benefits in patients with diabetic kidney disease, including slowing progression of albuminuria and reducing risk of kidney disease progression, and are now recommended as part of standard management alongside ACE inhibitors/ARBs in this population.

146. D. For elective procedures with bleeding risk, DOACs are typically held for a defined interval before the procedure (based on the specific agent, renal function, and procedural bleeding risk) and resumed afterward once hemostasis is adequate, rather than continuing through a bleeding-risk procedure or permanently discontinuing anticoagulation for a temporary procedural need.

147. D. Safe long-term opioid prescribing involves ongoing monitoring, including periodic reassessment of pain and functional status, urine drug testing, review of prescription drug monitoring program data, and continued evaluation of whether the risk-benefit balance still favors continued therapy, rather than a 'set and forget' approach once a stable dose is reached.

148. A. As CKD progresses toward advanced stages, early education and planning regarding renal replacement therapy options (including dialysis modality choice and transplant evaluation) is important to allow adequate preparation time, and this is a key component of primary care collaboration with nephrology in advanced CKD management.

149. A. While pharmacologic therapy, pulmonary rehabilitation, and oxygen therapy (when indicated) all provide meaningful benefit in COPD, smoking cessation remains the single most effective intervention for slowing the rate of decline in lung function and should be prioritized and reinforced at every visit for patients who continue to smoke.

150. D. Live attenuated vaccines, including yellow fever vaccine, are generally contraindicated in patients on biologic immunosuppressive therapy such as TNF inhibitors due to the risk of vaccine-strain infection in an immunosuppressed host; management typically involves discussing alternative travel destinations, timing vaccination around a treatment holiday if feasible, or obtaining a medical waiver

letter, rather than proceeding with vaccination as usual or permanently stopping effective disease-modifying therapy.

151. C. Diabetic peripheral neuropathy increases the risk of foot ulceration and subsequent complications; ongoing management includes optimizing glycemic control, performing regular comprehensive foot exams, and patient education on proper foot care to reduce the risk of ulcers and their sequelae, rather than considering it an inconsequential finding requiring no action.

152. A. Moderate dietary sodium restriction, combined with daily weight monitoring to detect early signs of fluid retention, is a standard component of heart failure self-management education, helping patients and clinicians identify and address decompensation early, though complete elimination of sodium is neither necessary nor practically achievable.

153. C. Inactive hepatitis B carriers with normal liver enzymes and low viral load are generally monitored periodically (liver enzymes, viral load, and HCC surveillance based on risk factors) rather than started on antiviral therapy immediately, since treatment is generally reserved for those with active disease; however, ongoing monitoring is important since reactivation can occur, particularly with immunosuppression.

154. C. Venlafaxine, an SNRI with a relatively short half-life, is particularly associated with a discontinuation syndrome if stopped abruptly; a gradual taper is recommended to minimize symptoms such as dizziness, paresthesias, and flu-like symptoms, and shared decision-making about the risks and benefits of discontinuation after a period of stability is appropriate.

155. D. The optimal duration of dual antiplatelet therapy after stent placement is individualized based on factors such as bleeding risk, ischemic risk, stent type, and clinical presentation, typically in consultation with cardiology, rather than following a single fixed duration for all patients.

156. C. Secondary hyperparathyroidism in CKD is managed through a combination of phosphorus control (dietary and phosphate binders), vitamin D repletion or active vitamin D analogs, and monitoring of PTH and calcium, typically coordinated with nephrology, to address CKD-mineral bone disorder; parathyroidectomy is generally reserved for severe, medically refractory cases.

157. D. Long-term oxygen therapy has been shown to improve survival in patients with COPD and significant chronic resting hypoxemia, representing one of the few interventions in COPD with a clearly demonstrated mortality benefit, though it does not reverse underlying airflow obstruction or eliminate the need for other guideline-directed therapies.

158. C. The decision to taper antiepileptic medication after a period of seizure freedom involves weighing individualized recurrence risk factors (seizure type, EEG findings, duration of freedom, etc.) against the potential consequences of a breakthrough seizure (such as loss of driving privileges or injury), and should be a shared decision-making process between patient and clinician rather than an absolute rule in either direction.

159. C. Patients with advanced fibrosis (such as F3, bridging fibrosis) at the time of hepatitis C cure retain some elevated risk of hepatocellular carcinoma despite successful viral eradication, so continued HCC surveillance is recommended in this population, distinguishing them from patients without significant fibrosis who cured hepatitis C.

160. A. A suppressed TSH indicates overtreatment with levothyroxine, which can contribute to atrial fibrillation and other cardiovascular effects, particularly in older adults; the appropriate response is to reduce the dose to achieve a more appropriate TSH target, rather than increasing the dose or discontinuing therapy entirely (which would leave the patient hypothyroid).

161. D. For chronic pain conditions such as chronic low back pain, evidence supports multidisciplinary, biopsychosocial approaches (combining physical therapy, psychological interventions such as CBT, and judicious pharmacotherapy) as generally providing better long-term functional outcomes than pharmacotherapy alone, which often shows diminishing benefit and carries risks with long-term use.

162. B. SGLT2 inhibitors carry risks of genitourinary infections, volume depletion, and euglycemic diabetic ketoacidosis (particularly during acute illness, surgery, or reduced oral intake), so patient counseling on sick-day management (temporarily holding the medication during acute illness) and monitoring for these risks is an important part of ongoing management, rather than being contraindicated in cardiovascular disease (where they are often beneficial) or requiring no monitoring.

163. B. Nonselective beta-blockers are used in cirrhotic patients with varices for primary or secondary prophylaxis against variceal hemorrhage by reducing portal venous pressure, which is distinct from their use for blood pressure or heart rate control in other contexts, and is the primary rationale for their use in this scenario.

164. D. For patients with osteoarthritis and significant functional limitation despite exhausting appropriate conservative measures, referral for consideration of joint replacement surgery (such as total knee arthroplasty) is an appropriate next step, generally preferred over escalating to chronic opioid therapy, which carries substantial risk with limited long-term benefit for osteoarthritis pain.

165. C. Second-generation antipsychotics are associated with increased risk of weight gain, dyslipidemia, and impaired glucose metabolism (metabolic syndrome), so periodic monitoring of weight, fasting glucose, and lipid panel is a standard and important component of long-term management for patients on these medications.

166. C. For patients with claudication who have persistent, lifestyle-limiting symptoms despite optimal medical therapy and a structured exercise program, cilostazol can be considered for symptomatic improvement, and referral for possible revascularization is appropriate if symptoms remain significantly limiting, rather than considering the current regimen as the final option or escalating prematurely to amputation.

167. B. Medication overuse headache is managed by limiting or discontinuing the overused acute medication (often with a structured withdrawal plan) while simultaneously initiating an effective preventive therapy, since continued frequent use of acute medications perpetuates the cycle of chronic headache.

168. C. Patients with well-controlled HIV and adequate CD4 counts should generally receive routine age-appropriate vaccinations similarly to the general population; inactivated vaccines are generally safe regardless of CD4 count, while live vaccines require individualized assessment based on CD4 count and immune status, rather than blanket contraindication or omission of all standard vaccines.

169. B. Metformin dosing requires consideration of renal function, with dose reduction generally recommended at an eGFR below 45 mL/min/1.73m2 and discontinuation typically recommended below 30, given the risk of metformin accumulation and lactic acidosis with significant renal impairment; her current eGFR of 52 does not yet require dose adjustment but warrants ongoing monitoring as renal function may decline further.

170. D. For patients with CKD and hyperkalemia, dietary counseling to reduce intake of high-potassium foods is an appropriate component of management, used alongside medication review and other measures (such as potassium binders if needed), while complete protein elimination is not appropriate and could contribute to malnutrition without directly addressing potassium intake.

171. B. Benzodiazepines carry cross-tolerance with alcohol and significant abuse potential, so they are generally avoided in patients with a history of alcohol use disorder; SSRIs and buspirone are reasonable pharmacologic options without this concern, and non-pharmacologic therapies such as CBT are appropriate and often preferred as part of a comprehensive treatment plan.

172. A. A rapid weight gain (typically 2-3 pounds in a day or 5 pounds in a week) with increased symptoms in a heart failure patient suggests fluid retention and impending decompensation; patients are typically given an action plan involving a temporary diuretic adjustment and prompt communication with their care team, rather than ignoring the change, stopping all medications, or increasing salt/fluid intake, which would worsen fluid overload.

173. C. Recurrent nocturnal hypoglycemia warrants careful review of basal insulin dosing and patterns, often aided by continuous glucose monitoring data, to identify and adjust the specific cause (such as excessive overnight basal rates), rather than increasing insulin further (which would worsen hypoglycemia) or ignoring a pattern that carries real safety risk.

174. A. For patients at very high fracture risk (such as those with a recent osteoporotic fracture), anabolic agents such as teriparatide or romosozumab, which stimulate new bone formation, are appropriate treatment options, generally followed by an antiresorptive agent to maintain gains, rather than relying on calcium alone or discontinuing therapy after a fracture has already occurred.

175. B. Roflumilast, an oral phosphodiesterase-4 inhibitor, has evidence supporting its use specifically in patients with the chronic bronchitis phenotype of COPD who have frequent exacerbations despite optimized inhaler therapy, whereas chronic oral corticosteroids carry substantial long-term toxicity and are not recommended as maintenance therapy, and theophylline has a narrower therapeutic window with less favorable tolerability.

176. A. Biologic DMARDs are typically held for a defined period before and after elective surgery, based on the specific agent's half-life and established perioperative guidelines, to reduce infection and wound healing complication risk while balancing the risk of disease flare, rather than continuing uninterrupted or stopping the medication permanently.

177. B. Peripheral edema is a well-recognized, dose-dependent side effect of dihydropyridine calcium channel blockers like amlodipine, related to preferential precapillary arteriolar dilation causing increased capillary hydrostatic pressure, and is often the most likely explanation in an otherwise asymptomatic patient, though other causes should be considered if the presentation is atypical or accompanied by other concerning findings.

178. C. Diabetic retinopathy can progress substantially before causing symptomatic visual changes, so regular screening (typically annual dilated eye exams, with interval adjustments based on findings) is important for early detection and timely treatment, regardless of glycemic control status or age, since both can still be at risk for progressive retinopathy.

179. B. Duloxetine, an SNRI, has evidence supporting its use in both major depressive disorder and fibromyalgia, making it a rational choice for a patient with both conditions, potentially simplifying the medication regimen by addressing both issues with a single agent.

180. B. In patients with established coronary artery disease, a combination regimen including a statin (lipid management), aspirin (antiplatelet therapy), a beta-blocker, and an ACE inhibitor reflects a comprehensive secondary prevention strategy aimed at reducing future cardiovascular events through multiple complementary mechanisms, rather than each medication acting in isolation without a coordinated preventive goal.

181. A. For any actively bleeding wound, direct pressure is the first-line, most appropriate immediate measure to achieve hemostasis before further assessment, exploration, or repair; tourniquets are reserved for severe, life-threatening hemorrhage not controlled by direct pressure.

182. D. A displaced both-bone forearm fracture typically requires orthopedic evaluation given the likelihood of needing reduction and often surgical fixation for anatomic alignment; appropriate urgent care management includes splinting for comfort and protection followed by prompt referral, rather than attempting definitive management outside of an orthopedic setting or deferring care entirely.

183. A. A button battery lodged in the esophagus is a true emergency because it can cause severe tissue injury (including perforation) within hours due to generated electrical current and chemical effects;

emergent endoscopic removal is required, and delay for observation or attempts to induce passage are inappropriate and dangerous in this scenario.

184. C. For a dirty or contaminated wound, a tetanus booster is recommended if more than 5 years have elapsed since the last dose (compared to 10 years for clean, minor wounds); since his last dose was 8 years ago and the wound is dirty, a booster is indicated, with tetanus immune globulin reserved for patients with an incomplete or unknown vaccination history.

185. D. Purulent discharge with a red eye, normal vision, and no photophobia or significant pain is characteristic of bacterial conjunctivitis, distinguishing it from more concerning causes of red eye (such as angle-closure glaucoma, keratitis, or uveitis) which typically present with vision changes, significant pain, or photophobia.

186. A. Once a fishhook barb has passed beneath the skin, simply pulling it back out the entry wound causes significant additional tissue trauma due to the barb catching tissue; standard techniques such as advancing the hook through and cutting the barb, or the string-yank technique, are designed to remove the hook with minimal additional injury and can typically be performed in an outpatient/urgent care setting with local anesthesia.

187. B. The Ottawa Ankle Rules are a validated clinical decision tool used to determine the need for ankle radiography after acute ankle injury, based on criteria including bony tenderness at specific locations and inability to bear weight, helping reduce unnecessary imaging while maintaining high sensitivity for clinically significant fractures.

188. C. Simple corneal abrasions are typically managed with topical antibiotics (to prevent infection, especially important with contact lens wearers or vegetative injuries) and follow-up; outpatient prescription of topical anesthetics for home use is avoided due to risks of delayed healing and toxicity with repeated use, and eye patching is no longer routinely recommended for most simple abrasions.

189. A. Drooling, voice change, and fever raise concern for a deep space neck infection or epiglottitis; the presence of stridor or significant respiratory distress signals potential impending airway compromise and warrants immediate emergency department evaluation rather than urgent care management, given the need for potential airway intervention.

190. B. Antibiotic selection for urinary tract infection in pregnancy must account for fetal safety, favoring agents such as nitrofurantoin (with some gestational age considerations) or certain beta-lactams, while avoiding fluoroquinolones and other agents with known or possible teratogenic or fetal risk; untreated UTI in pregnancy carries risk of progression to pyelonephritis and adverse pregnancy outcomes, so treatment is indicated rather than withheld.

191. D. Dog bites, especially to the hand, carry meaningful infection risk and are managed with thorough irrigation, tetanus assessment, and often prophylactic antibiotics given the higher infection risk of hand wounds; primary closure is often avoided for higher-risk bite wounds (especially on the hand)

due to infection risk, and rabies prophylaxis is guided by the animal's vaccination and observation status rather than being automatic for all bites from known, vaccinated pets.

192. B. While a history of similar prior episodes and characteristic presentation supports gout, joint aspiration with synovial fluid analysis (looking for crystals, cell count, and culture) is the most definitive way to distinguish gout from septic arthritis, especially when there is any diagnostic uncertainty, since missing a septic joint has serious consequences, whereas serum uric acid can be normal during an acute gout flare and is not reliable for distinguishing the two conditions.

193. D. While many concussions can be managed with outpatient rest and gradual return-to-activity protocols, red flag symptoms such as worsening headache, repeated vomiting, increasing confusion, or focal neurologic deficits warrant urgent neuroimaging to evaluate for a more serious intracranial injury such as hemorrhage, rather than routine outpatient management alone.

194. D. For an allergic reaction limited to cutaneous symptoms (hives, mild swelling) without signs of anaphylaxis (respiratory compromise, hypotension, or multi-system involvement), antihistamine therapy with close monitoring is appropriate, reserving epinephrine for signs of anaphylaxis, while providing clear return precautions given the potential for symptom progression.

195. B. Initial management of a partial-thickness burn includes cool (not ice) water irrigation to limit ongoing thermal injury, gentle cleansing, appropriate burn dressing, and adequate analgesia; ice can worsen tissue injury through vasoconstriction, and home remedies such as butter are not appropriate as they can increase infection risk and complicate wound assessment.

196. C. For acute low back pain without red flag features (such as neurologic deficits, saddle anesthesia, bowel/bladder dysfunction, fever, or malignancy history), guidelines recommend conservative management with activity modification and analgesia, avoiding both routine imaging (which does not improve outcomes and can lead to unnecessary interventions) and prolonged bed rest (which can worsen outcomes).

197. A. Acute anterior shoulder dislocation without associated fracture is typically managed with prompt closed reduction using an appropriate technique and adequate analgesia or procedural sedation, followed by neurovascular assessment and confirmatory imaging, since delayed reduction becomes more difficult and increases patient discomfort and complication risk.

198. D. While superficial thrombophlebitis is often managed conservatively, thrombophlebitis involving the proximal great saphenous vein (particularly near the thigh, close to the saphenofemoral junction) carries increased risk of extension into the deep venous system, so duplex ultrasound evaluation is appropriate to assess for this and guide management (including possible anticoagulation), rather than assuming no relationship to DVT exists.

199. C. The combination of hives, facial swelling, throat tightness, and wheezing after an allergen exposure (bee sting) meets criteria for anaphylaxis, a life-threatening reaction requiring immediate

intramuscular epinephrine as first-line treatment, with antihistamines and bronchodilators used as adjunctive rather than primary therapy.

200. B. A positive Thompson test in the setting of a sudden 'pop' and acute calf pain is highly suggestive of Achilles tendon rupture; appropriate initial management includes immobilization in a position of slight plantarflexion to approximate the tendon ends and prompt orthopedic referral for further evaluation and definitive management (surgical or nonoperative, depending on the case).

201. A. For an uncomplicated cutaneous abscess without extensive surrounding cellulitis or systemic illness, incision and drainage remains the primary and most effective treatment; adjunctive antibiotics are considered based on factors such as abscess size, extent of cellulitis, and patient risk factors, but drainage itself is the cornerstone of urgent care management for a fluctuant abscess.

202. D. A simple febrile seizure (brief, generalized, in a child returning to baseline) in an otherwise well-appearing child does not require routine neuroimaging, lumbar puncture, or antiepileptic therapy; management focuses on identifying and treating the underlying febrile illness and providing reassurance and anticipatory guidance to caregivers, since simple febrile seizures are generally benign.

203. D. A localized, painful, purulent collection at the lateral nail fold is characteristic of paronychia, typically managed with incision and drainage of the pus pocket along with warm soaks, distinguishing it from a felon (a deeper infection of the finger pad pulp space) or herpetic whitlow (a viral infection that should not be incised, as this can worsen or spread the infection).

204. A. New saddle anesthesia and urinary retention accompanying acute back pain are red-flag findings for cauda equina syndrome, a surgical emergency; this presentation requires immediate emergency department referral for emergent MRI and likely surgical decompression, and should never be managed with routine outpatient measures given the risk of permanent neurologic damage with delay.

205. D. A ruptured Baker's cyst can present very similarly to deep venous thrombosis, with acute calf pain and swelling, and the two conditions can be difficult to distinguish clinically; ultrasound is often used to differentiate between them (and can sometimes identify both, since a ruptured cyst can also predispose to DVT), guiding appropriate management rather than assuming one diagnosis based on exam findings alone.

206. B. Even in a patient with a known history of a crystal arthropathy such as pseudogout, an acute monoarticular joint presentation should prompt consideration and exclusion of septic arthritis (often via joint aspiration with fluid analysis and culture), since missing a septic joint can lead to severe joint destruction and systemic complications.

207. C. Sunburn with mild blistering but no systemic symptoms is typically managed with supportive care (cool compresses, NSAIDs, hydration, and gentle skin care), avoiding rupture of intact blisters to reduce infection risk; topical benzocaine over large areas carries risk of systemic absorption and

methemoglobinemia and is not recommended, and hospitalization or antibiotics are not routinely needed for uncomplicated sunburn.

208. C. Radiating pain to the posterior thigh and lateral foot/calf, with weakness in ankle plantarflexion (calf muscle weakness) and a positive straight leg raise test, is classic for S1 radiculopathy, distinguishing it from L4 (which typically involves knee extension weakness and medial leg sensory changes) or L5 (which typically involves foot dorsiflexion/great toe extension weakness and dorsal foot sensory changes).

209. D. Trigger finger is commonly managed initially with a corticosteroid injection into the flexor tendon sheath, which is often effective at resolving symptoms; surgical release is reserved for cases that fail conservative management, and complete hand immobilization is not standard first-line therapy.

210. C. A classic vasovagal syncope presentation includes a triggering situation (heat, standing, emotional stress), a prodrome of lightheadedness or nausea, brief loss of consciousness, and rapid, complete recovery without significant postictal confusion, distinguishing it from cardiac syncope (which often lacks a clear prodrome and can occur without positional triggers) or seizure (which typically involves postictal confusion).

211. C. A positive drop arm test after acute trauma raises concern for a significant rotator cuff tear; initial X-ray helps exclude fracture or dislocation, and further evaluation (often MRI) and orthopedic referral are appropriate to characterize the injury and guide management, which may include surgical repair depending on tear severity and patient factors.

212. B. While reproducible chest wall tenderness increases the likelihood of a musculoskeletal cause such as costochondritis, it does not entirely exclude a cardiac etiology, and clinicians should still consider the patient's overall cardiac risk profile and any concerning features before attributing chest pain solely to a benign musculoskeletal cause, to avoid missing a more serious diagnosis.

213. A. Fever, headache, neck stiffness, and a petechial rash in a young adult (particularly in settings like college dormitories where meningococcal disease can cluster) are highly concerning for meningococcemia, a rapidly progressive, life-threatening infection requiring immediate emergency department transfer for prompt antibiotics and supportive care, as any delay significantly increases mortality risk.

214. D. Fever with point spinal tenderness in a patient with intravenous drug use (a significant risk factor for hematogenous seeding of the spine) raises concern for vertebral osteomyelitis or spinal epidural abscess, both of which require urgent further evaluation, typically including MRI and likely transfer for more advanced management, rather than being managed as routine mechanical back pain.

215. B. A mild, uncomplicated drug rash without mucosal involvement, blistering, or systemic symptoms is typically managed by discontinuing the suspected offending medication, providing symptomatic relief with antihistamines, and counseling the patient on future avoidance, while

monitoring for any signs of progression to a more severe reaction (such as Stevens-Johnson syndrome), which would require more urgent intervention.

216. A. New floaters, flashes of light, and a visual field defect (curtain-like shadow) are classic warning signs of retinal detachment, a time-sensitive ophthalmologic emergency where delayed treatment can result in permanent vision loss; same-day ophthalmology evaluation is warranted rather than routine referral or reassurance.

217. A. Fever with an acutely warm, swollen, exquisitely tender joint raises significant concern for septic arthritis, a joint-threatening emergency requiring urgent aspiration and analysis of synovial fluid to guide diagnosis and treatment; this presentation should not be managed with reassurance or outpatient measures alone given the risk of rapid joint destruction if infection is missed.

218. B. Pelvic pain and vaginal bleeding with a positive pregnancy test and unknown pregnancy location should be treated as a possible ectopic pregnancy until proven otherwise, given the potentially life-threatening nature of a ruptured ectopic pregnancy, warranting urgent evaluation with ultrasound rather than routine or delayed management.

219. C. Severely elevated blood pressure without evidence of acute end-organ damage (such as encephalopathy, papilledema, acute kidney injury, or acute cardiac ischemia) is classified as hypertensive urgency, generally managed with oral antihypertensive therapy and close outpatient follow-up, in contrast to hypertensive emergency, which involves end-organ damage and requires more urgent, often IV, blood pressure reduction.

220. D. While uncomplicated renal colic can often be managed with analgesia and outpatient follow-up, the development of fever or other signs of infection in the setting of an obstructing stone raises concern for an infected, obstructed kidney (a urologic emergency requiring urgent decompression), which is a red flag requiring escalation beyond routine symptomatic urgent care management.

221. A. For a patient with significantly elevated blood pressure but no evidence of acute end-organ damage, outpatient initiation of antihypertensive therapy with close follow-up is appropriate, rather than emergent hospitalization or aggressive IV treatment, which is reserved for hypertensive emergencies with evidence of acute organ dysfunction.

222. B. Mastitis is managed with continued breastfeeding or milk expression (to prevent milk stasis, which can worsen the condition) along with an appropriate oral antibiotic covering likely pathogens; surgical drainage is reserved for cases that progress to a frank abscess, and stopping breastfeeding is not recommended as it can worsen engorgement and symptoms.

223. D. Proper preservation of an amputated part involves wrapping it in saline-moistened gauze, placing it in a sealed bag, and then placing that bag on ice to cool it without direct tissue-ice contact (which can cause frostbite injury to the tissue), preserving the best chance for successful replantation during urgent transfer.

224. A. Scaphoid fractures are notoriously difficult to visualize on initial X-ray, and clinical suspicion based on exam findings (anatomic snuffbox tenderness) should prompt continued immobilization and repeat imaging in 10-14 days (or earlier advanced imaging such as MRI/CT) even with an initially normal X-ray, given the serious consequences of a missed fracture including avascular necrosis of the scaphoid due to its precarious blood supply.

225. D. A surgical site infection with wound separation and purulent drainage requires wound culture to guide antibiotic selection, appropriate antibiotic therapy, and often local wound care measures; attempting to close an actively infected, draining wound would be inappropriate, and close follow-up or surgical involvement is warranted depending on the extent and severity of the infection.

226. B. A deformed, painful elbow with diminished distal pulses after trauma raises concern for a fracture-dislocation with vascular compromise, a limb-threatening emergency requiring immediate transfer for urgent reduction and vascular assessment, rather than routine follow-up or attempted management outside of a setting equipped to address potential vascular injury.

227. D. The combination of asthma-like symptoms, nasal congestion, and a history of nasal polyps and chronic sinusitis following NSAID exposure is characteristic of NSAID-exacerbated respiratory disease (Samter's triad), a non-IgE-mediated reaction related to alteration of arachidonic acid metabolism, distinct from classic IgE-mediated anaphylaxis, though respiratory symptoms still require careful monitoring and NSAID avoidance going forward.

228. D. Given her inability to bear weight and bony tenderness meeting Ottawa Ankle Rules criteria, X-ray imaging is warranted to evaluate for fracture; in the interim, splinting and non-weight-bearing instructions protect the injury until definitive diagnosis and management can be determined, rather than proceeding directly to weight-bearing or foregoing imaging.

229. B. Most nondisplaced toe fractures, including distal phalanx fractures, are managed conservatively with buddy taping to an adjacent toe, a stiff-soled shoe for protection, and weight-bearing as tolerated, reserving more aggressive interventions (such as surgical fixation) for displaced, intra-articular, or significantly unstable fractures.

230. B. A TIA in a patient with significant risk factors such as atrial fibrillation carries substantial short-term risk of subsequent stroke, so urgent (same-day) evaluation is warranted, including risk stratification and consideration of imaging and treatment optimization (such as anticoagulation review), rather than routine or delayed follow-up.

231. A. Brief, severe, electric shock-like facial pain triggered by light touch to a specific trigger zone is classic for trigeminal neuralgia, distinguishing it from Bell's palsy (which presents with facial weakness rather than pain), TMJ dysfunction (which is typically related to jaw movement and more prolonged), and cluster headache (which involves periorbital pain with autonomic features lasting longer).

232. C. Exertional chest pressure radiating to the arm with dyspnea is concerning for acute coronary syndrome; this presentation requires immediate emergency transfer (ideally via EMS, which can begin monitoring and treatment en route) rather than urgent care-based workup, with aspirin given promptly if available and not contraindicated, given the time-sensitive nature of ACS management.

233. A. A peritonsillar abscess, suggested by trismus, uvular deviation, and voice change, typically requires drainage (needle aspiration or incision and drainage) in addition to antibiotics, and carries risk of airway compromise if untreated, warranting urgent referral to a setting equipped to perform drainage rather than oral antibiotics alone.

234. A. Acute angle-closure glaucoma is an ophthalmologic emergency where delayed treatment can result in permanent vision loss from optic nerve damage due to acutely elevated intraocular pressure; urgent referral for immediate pressure-lowering treatment is required rather than routine antibiotic therapy or reassurance.

235. D. A laceration over the MCP joint from contact with another person's teeth ('fight bite') is a high-risk wound for serious infection due to oral flora contamination and potential penetration into the joint space or extensor tendon; these wounds typically require exploration (sometimes surgical), imaging to assess for joint involvement or retained tooth fragments, and prophylactic antibiotics, and should generally not be closed primarily due to infection risk.

236. C. Testicular torsion can present with fluctuating symptoms, including intermittent torsion-detorsion, and improvement in pain does not reliably exclude this diagnosis; given the significant consequences of a missed torsion, urgent ultrasound with Doppler evaluation of testicular blood flow is warranted rather than assuming resolution based on symptom improvement alone.

237. C. In a patient with a history of a prior reaction to a related medication now experiencing a new allergic-type reaction, discontinuing the current medication, treating symptoms, and providing clear documentation and counseling about avoiding the medication and related drug classes is important to prevent a more severe reaction with future exposure, rather than continuing the medication or rechallenging to 'confirm' the reaction.

238. D. A significantly displaced distal radius (Colles') fracture typically requires closed reduction to restore acceptable alignment, followed by splinting for stabilization and orthopedic referral for further management, which may include casting alone or surgical fixation depending on fracture pattern and stability, rather than deferring all care to a delayed outpatient visit.

239. C. Erythema migrans (the expanding, often centrally clearing rash of early Lyme disease) is a clinical diagnosis, and treatment with appropriate antibiotics (such as doxycycline) should be started based on this characteristic presentation without waiting for serologic testing, which can be falsely negative in early infection.

240. D. Chemical eye injuries require immediate, copious irrigation as the very first priority, before detailed history-taking or examination, since ongoing chemical exposure to the cornea causes progressive damage, and rapid dilution and removal of the offending agent is the single most important factor in minimizing injury severity.

241. D. Current guidance from several major organizations, including updated USPSTF recommendations, supports initiating routine mammographic screening at age 40 for women at average risk of breast cancer, reflecting a shift toward earlier screening initiation.

242. A. Current guidelines recommend colorectal cancer screening begin at age 45 for average-risk adults, with several acceptable modalities including colonoscopy every 10 years or annual fecal immunochemical testing (among other options), reflecting a lowered starting age from prior recommendations due to rising colorectal cancer rates in younger adults.

243. C. Current USPSTF guidelines recommend annual low-dose CT screening for lung cancer in adults aged 50-80 with a significant smoking history (generally 20 pack-years or more) who currently smoke or have quit within the past 15 years, a category this patient falls into given his history and time since cessation.

244. C. For average-risk women with a normal Pap smear and negative HPV co-testing, current guidelines support extending the screening interval to every 5 years, reflecting the enhanced negative predictive value of combined cytology and HPV testing compared to cytology alone.

245. D. For patients with an elevated 10-year ASCVD risk (generally ≥ 20% is high-risk warranting high-intensity statin; 7.5-19.9% is intermediate-risk warranting consideration of moderate-to-high intensity statin), guidelines support statin therapy at an appropriate intensity based on the calculated risk, rather than avoiding therapy or using only low-intensity statins regardless of risk level.

246. A. Current guidelines recommend annual chlamydia and gonorrhea screening for sexually active women under age 25 (and older women with risk factors), given the high prevalence and often asymptomatic nature of these infections, which can lead to serious reproductive complications if undetected and untreated.

247. D. Current recommendations support pneumococcal vaccination for adults aged 50 and older (a lowered threshold from previous age-65 recommendations), typically using one of the newer higher-valency pneumococcal conjugate vaccines, given the ongoing burden of pneumococcal disease in this age group.

248. A. Current guidelines recommend diabetes screening for adults aged 35 and older with overweight or obesity (or younger with additional risk factors), a category this patient falls into, since early detection of prediabetes or diabetes allows for timely intervention to prevent or delay complications.

249. D. Folic acid supplementation before conception and during early pregnancy has been well established to reduce the risk of neural tube defects, making preconception counseling and folic acid initiation an important component of preventive care for women planning pregnancy.

250. C. The recombinant zoster vaccine is recommended for adults 50 years and older (with particular emphasis for those 60 and older due to increasing shingles risk with age) to reduce the risk of herpes zoster (shingles) and its complications, such as postherpetic neuralgia, distinct from the varicella vaccine used for primary chickenpox prevention.

251. B. Current guidelines recommend one-time abdominal ultrasound screening for abdominal aortic aneurysm in men aged 65-75 who have ever smoked, given the significantly elevated risk in this population; this patient does not yet meet the age criteria for this specific screening recommendation.

252. C. Landmark trials have demonstrated that structured lifestyle intervention, involving modest weight loss (around 5-7% of body weight) and increased physical activity, significantly reduces the incidence of type 2 diabetes in high-risk individuals, and has shown greater effectiveness than metformin alone in several studies, making it a cornerstone recommendation for diabetes prevention.

253. C. Current guidelines recommend at least one-time HIV screening for all adolescents and adults aged 13-64 regardless of perceived risk, with more frequent rescreening for those with ongoing risk factors, reflecting a universal screening approach given the benefits of early diagnosis and treatment.

254. B. DEXA scanning is the standard, first-line screening test for osteoporosis, providing bone mineral density measurements used to calculate T-scores and guide treatment decisions, and is recommended for women aged 65 and older (or younger postmenopausal women with risk factors).

255. B. A first-degree relative diagnosed with colorectal cancer at a young age significantly increases an individual's risk, and screening guidelines recommend earlier initiation (often based on the relative's age at diagnosis, such as beginning screening 10 years before that age, or by a specific younger starting age) rather than following standard average-risk timelines.

256. C. Current guidelines recommend at least one-time hepatitis C screening for all adults aged 18 and older, reflecting a universal screening approach given that many individuals with hepatitis C are unaware of their risk factors or infection status, moving away from purely risk-factor-based screening alone.

257. B. Routine depression screening using validated tools such as the PHQ-2 (as an initial screen) or PHQ-9 is recommended as part of preventive care across age groups, including older adults, since depression is common and often underrecognized or attributed to other causes in this population.

258. C. Current guidance has moved away from routine aspirin use for primary cardiovascular prevention in most adults, given that studies have shown the bleeding risk often outweighs the modest cardiovascular benefit in primary prevention populations; decisions are now individualized based on specific risk-benefit considerations rather than applied routinely.

259. B. Evidence supports that combining behavioral counseling with pharmacotherapy (nicotine replacement therapy, bupropion, or varenicline) is more effective for smoking cessation than either approach alone, and prior unsuccessful quit attempts do not preclude future success, as multiple attempts are common on the path to successful cessation.

260. D. Lipid screening is generally recommended to begin in early adulthood (around age 20), with more individualized approaches based on risk factors such as family history of hypercholesterolemia or early cardiovascular disease; this patient's family history and age make lipid screening appropriate at this visit.

261. B. Current evidence does not strongly support routine clinical breast exams as an independent, effective screening tool for average-risk women, though general breast self-awareness (being familiar with one's own breasts and promptly reporting changes) remains a reasonable component of care alongside guideline-based mammographic screening.

262. B. Current guidelines recommend an individualized, shared decision-making approach to PSA screening, given the trade-offs between potential benefits (early detection) and harms (false positives, overdiagnosis, and overtreatment of indolent cancers), rather than a blanket mandate or prohibition.

263. A. Current evidence does not strongly support routine, universal thyroid function screening in asymptomatic, average-risk adults; testing is generally reserved for patients with symptoms suggestive of thyroid dysfunction or specific risk factors (such as a strong family history or certain autoimmune conditions).

264. C. Fall prevention in older adults involves a multicomponent assessment, including evaluation of gait and balance, medication review (identifying agents that increase fall risk, such as certain sedatives), and home safety evaluation, and is an appropriate preventive care topic to address proactively rather than only after a fall or fracture has occurred.

265. A. While relatives of individuals with type 1 diabetes do have increased risk, and autoantibody testing exists, this type of screening is generally offered through specialized research programs or risk-screening initiatives rather than as routine primary care testing, given ongoing evolution in how such results are used clinically.

266. C. Current major guidelines generally recommend a blood pressure target below 130/80 mmHg for most adults with hypertension, though this is individualized based on factors such as age, frailty, and comorbidities, particularly in older or higher-risk populations where the approach may be more nuanced.

267. A. Current guidelines recommend routine screening for intimate partner violence in women of reproductive age, given its significant prevalence and health impact, along with the availability of effective interventions and referral resources when screening identifies a concern.

268. B. Patients with diabetes require additional preventive screening beyond routine adult care to detect microvascular complications early, including annual dilated eye exams (retinopathy), annual urine

albumin-to-creatinine ratio testing (nephropathy), and regular foot exams (neuropathy and ulceration risk), regardless of current glycemic control, since these complications can develop even with reasonable control.

269. B. The USPSTF has stated that current evidence is insufficient to recommend for or against routine visual skin examination by a clinician for skin cancer screening in average-risk, asymptomatic adults, though patients with concerning lesions or significant risk factors may still benefit from evaluation, and general skin self-awareness is still reasonable to encourage.

270. C. The SBIRT model (screening, brief intervention, and referral to treatment) is a recommended primary care approach for addressing unhealthy alcohol use across a spectrum of severity, using validated screening tools to identify risk level and providing brief counseling proportional to that risk, rather than requiring full alcohol use disorder criteria or reserving intervention only for patient-initiated requests.

271. B. The USPSTF has concluded that evidence is insufficient to assess the balance of benefits and harms of routine ankle-brachial index screening for peripheral arterial disease in asymptomatic adults without risk factors, though evaluation is appropriate in symptomatic patients or those with significant risk factors such as diabetes or smoking history.

272. C. HPV vaccination is recommended through age 26 for those not adequately vaccinated previously, and shared decision-making can extend consideration up to age 45 for some individuals; prior sexual activity does not contraindicate vaccination, since the vaccine can still provide protection against HPV types not yet acquired.

273. D. Primary care management of obesity typically begins with comprehensive lifestyle counseling (diet, physical activity, behavioral strategies), with escalation to pharmacotherapy or referral to intensive behavioral programs if initial measures are insufficient; proactively addressing obesity (rather than waiting for the patient to raise it) is consistent with current preventive care recommendations given its significant health impact.

274. C. Women with BRCA1/2 mutations require individualized, enhanced risk management, which may include earlier and more frequent screening (such as breast MRI in addition to mammography), and discussion of risk-reducing options such as prophylactic mastectomy or salpingo-oophorectomy and chemoprevention, ideally involving genetic counseling to guide personalized decision-making rather than a one-size-fits-all approach.

275. C. The USPSTF recommends against routine screening for testicular cancer in asymptomatic males, given its relatively low incidence and lack of evidence that screening (including self-exams) reduces mortality, though patients should still be counseled to report any new testicular masses or symptoms promptly.

276. B. Current guidance supports screening adults for anxiety disorders using validated tools as part of routine preventive care, similar to depression screening, given the prevalence of anxiety disorders and the benefit of early identification and treatment.

277. C. The USPSTF has concluded that evidence is currently insufficient to recommend routine ECG-based screening for atrial fibrillation in asymptomatic older adults, though opportunistic pulse checks during routine visits and evaluation of symptomatic patients remain reasonable practice, and this remains an evolving area given the stroke risk associated with atrial fibrillation.

278. D. Standard gestational diabetes screening involves a 1-hour glucose challenge test performed between 24 and 28 weeks gestation for most pregnant women, with a subsequent 3-hour glucose tolerance test used to confirm the diagnosis if the initial screen is abnormal, allowing for timely identification and management to reduce maternal and fetal complications.

279. D. The USPSTF recommends against routine screening for COPD with spirometry in asymptomatic adults, since current evidence does not demonstrate that identifying COPD before symptoms develop improves outcomes; spirometry remains appropriate and important for diagnostic evaluation in patients who do report respiratory symptoms.

280. C. Current guidance does not support routine screening for celiac disease in asymptomatic, average-risk adults without specific risk factors, given insufficient evidence for population-based screening benefit; testing is generally reserved for symptomatic patients or those with specific risk factors, such as a first-degree relative with celiac disease or certain associated conditions.

281. B. For adults aged 65 and older, higher-dose or adjuvanted influenza vaccine formulations are preferentially recommended given evidence of improved immunogenicity and effectiveness in this age group compared to standard-dose vaccines, reflecting age-related changes in immune response; annual vaccination remains recommended given both waning immunity and evolving circulating strains.

282. B. Routine blood pressure measurement is recommended at essentially every primary care visit (or at defined periodic intervals) for all adults, given the high prevalence and often asymptomatic nature of hypertension, with confirmation of a new diagnosis typically requiring multiple readings (often including out-of-office measurement) rather than a single reading.

283. A. Erectile dysfunction can serve as an early marker of systemic vascular disease, given that the small vessels involved in erectile function may show dysfunction before larger vessels supplying the heart or brain; when a patient presents with erectile dysfunction, evaluation of cardiovascular risk factors is an appropriate and important component of care, not solely a urologic issue.

284. B. The USPSTF has concluded that current evidence is insufficient to recommend routine screening for vitamin D deficiency in asymptomatic adults, though testing may be appropriate in specific clinical contexts (such as evaluation of osteoporosis, malabsorption, or other risk factors) rather than as universal preventive screening.

285. B. Annual wellness visits are a reasonable and widely supported approach for adults, allowing for systematic review of preventive care needs, which tend to increase in number and complexity with age, providing a structured opportunity to address screening, immunizations, and risk factor modification even in patients without acute complaints.

286. D. A p-value represents the probability of observing results as extreme or more extreme than those obtained, assuming the null hypothesis is true; it does not directly represent the probability that the null hypothesis (or the alternative hypothesis) is true, nor does it indicate the magnitude of the treatment effect.

287. C. Positive predictive value is heavily influenced by disease prevalence in the tested population; even with good sensitivity and specificity, a low-prevalence population will yield a higher proportion of false positives relative to true positives, resulting in a lower positive predictive value than would be seen in a higher-prevalence population.

288. A. Randomized controlled trials, particularly when synthesized in systematic reviews or meta-analyses, generally provide the strongest level of evidence for treatment efficacy due to their ability to minimize bias and confounding through randomization, in contrast to lower levels of evidence such as case reports or expert opinion, which are more susceptible to bias.

289. C. Effective quality improvement for systemic safety issues, such as look-alike, sound-alike medication errors, generally focuses on systems-based interventions (standardized processes, technology-based safeguards) rather than relying solely on individual vigilance or punitive measures, since systems-level changes are more reliably effective at preventing recurrent errors than efforts targeting individual behavior alone.

290. C. Patient autonomy is the ethical principle that most directly supports a capacitated, adequately informed patient's right to refuse recommended treatment, even when the clinician believes the treatment would be beneficial, reflecting respect for the patient's own values and decision-making authority.

291. D. Risk stratification, identifying and proactively targeting subgroups of a patient panel (such as those with poorly controlled chronic disease) for tailored interventions, is a core component of population health management in primary care, contrasting with a purely reactive approach that waits for patients to present with complications.

292. A. A key principle of evidence-based, high-value care is considering whether a test result will actually change clinical management before ordering it, helping to avoid low-value testing that increases cost and potential harm (such as incidental findings or false positives) without meaningfully benefiting the patient, regardless of whether the test is simple or complex.

293. A. Patient-centered delivery of serious news (as reflected in frameworks such as SPIKES) involves assessing the patient's understanding and preferences, providing information clearly and with empathy,

and allowing space for emotional response, rather than rushing through details, withholding information, or bypassing direct communication with the patient.

294. D. Transitions of care represent a high-risk period for communication failures and resulting errors; structured handoff tools and protocols have been shown to reduce reliance on inconsistent, ad hoc communication and are associated with improved information transfer and reduced errors, an important patient safety and quality improvement principle applicable across care settings.

295. D. Evaluating a practice-based intervention is most reliably done with a pre-post comparison, ideally including a concurrent control group when feasible, to help account for secular trends, regression to the mean, and other confounding factors that could otherwise be mistakenly attributed to the intervention itself.

296. C. Absolute risk reduction reflects the actual difference in outcome rates between treatment and control groups and provides a more clinically meaningful, less potentially misleading picture of benefit than relative risk reduction alone, which can make a treatment appear more beneficial than it is in absolute terms, particularly when the baseline event rate is low.

297. D. The standard of care in malpractice evaluation generally asks whether a reasonably prudent physician with similar training and in similar circumstances would have acted in the same way, based on the information available at the time, rather than requiring a perfect outcome or judging the physician's actions purely in hindsight.

298. B. A legally and ethically valid informed consent process requires meaningful disclosure of the procedure's nature, risks, benefits, and reasonable alternatives (including declining treatment), along with confirmation of the patient's decision-making capacity and voluntary agreement, rather than simply obtaining a signature on a form without substantive discussion.

299. C. Health disparities often reflect complex, multifactorial contributors including social determinants of health, communication barriers, systemic bias, and structural factors, rather than inherent biological differences; addressing disparities appropriately involves investigating underlying contributors and engaging with affected populations to understand and address their specific barriers, rather than assuming a purely biological explanation or applying undifferentiated interventions.

300. A. When patients self-select their treatment rather than being randomly assigned, confounding by indication (a form of selection bias) becomes a significant concern, since the same factors that influence a patient's choice of treatment (such as disease severity, health beliefs, or comorbidities) may also independently influence their outcomes, making it difficult to isolate the true effect of the treatment itself, a key limitation distinguishing observational studies from randomized controlled trials.