
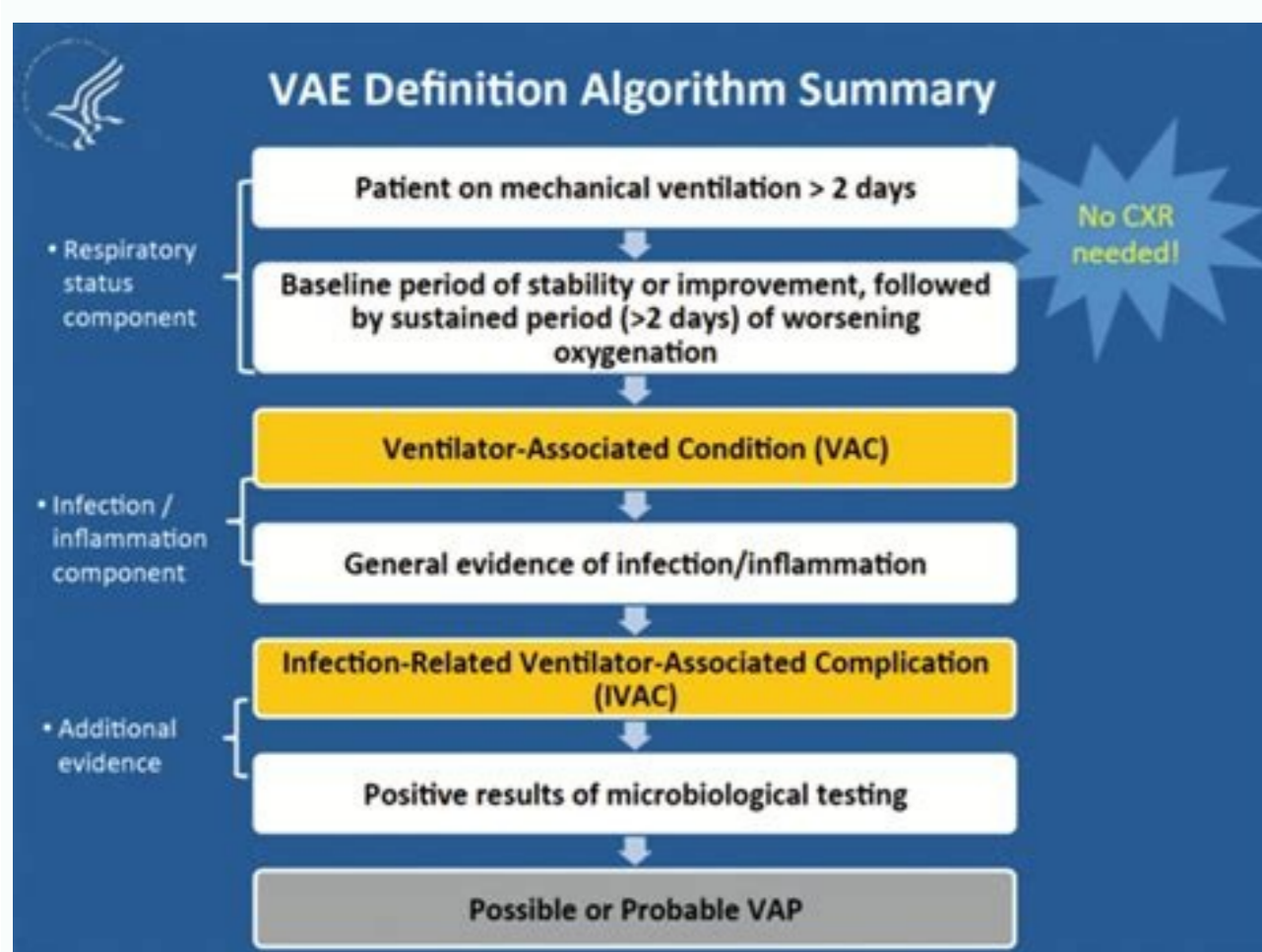


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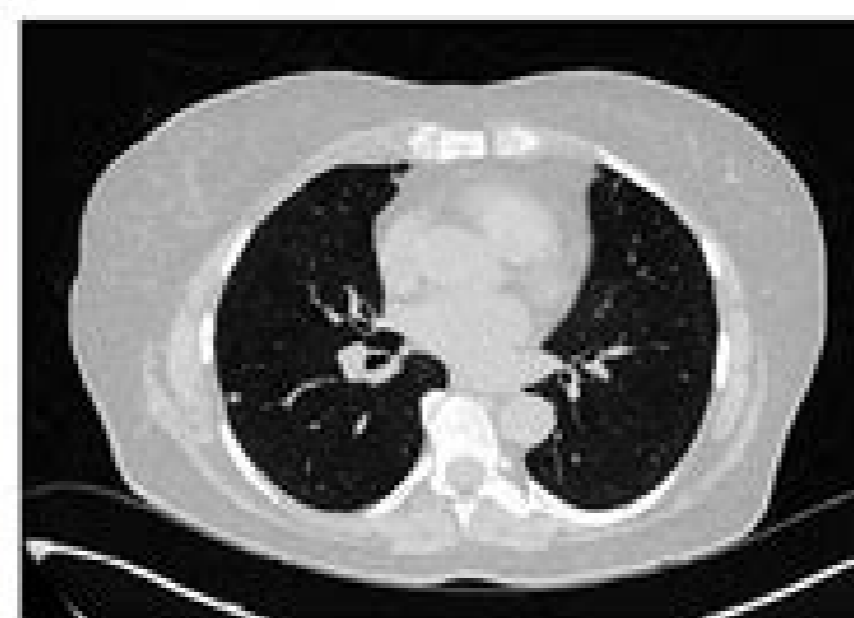
Directions
Each of the numbered items is followed by lettered answers. Select the **ONE** lettered answer that is **BEST** in each case.

Item 1
A 55-year-old man is evaluated in the emergency department after being rescued from his burning home by firefighters. His medical history is notable for COPD, and his only medication is an albuterol-ipratropium metered-dose inhaler.
On physical examination, he is alert and in pain. Temperature is 37.8 °C (100.0 °F), blood pressure is 124/60 mm Hg, pulse rate is 116/min, and respiration rate is 22/min; BMI is 31. Oxygen saturation is 98% breathing 3 L/min oxygen by nasal cannula. Soot is noted in the nares and throughout the oral pharynx. The oral mucosa is edematous. Burns are noted on the right upper extremity and lower chest. Cardiac examination reveals a regular rhythm. Pulmonary examination reveals a monophasic wheeze over the anterior chest, diffuse expiratory wheezes, and increased work of breathing.
Arterial blood gas studies breathing 30% oxygen reveal a pH of 7.32, a P_{O₂} of 50 mm Hg (6.7 kPa), and a P_{O₂} of 78 mm Hg (10.4 kPa).
A chest radiograph shows increased lung volumes consistent with hyperinflation but no infiltrates.
Which of the following is the most appropriate next step in treating this patient's respiratory findings?
(A) Administer a helium-oxygen mixture
(B) Administer methylprednisolone
(C) Perform endotracheal intubation
(D) Start nebulized epinephrine
(E) Start noninvasive ventilation

Item 2
A 72-year-old man is admitted to the ICU for severe community-acquired pneumonia. He was admitted to the hospital 2 days ago with cough and dyspnea. Despite appropriate intravenous antibiotics, his respiratory status declined and he was transferred to the ICU, was intubated, and was placed on mechanical ventilation. A vasopressor was needed for persistent hypotension. Since ICU admission 36 hours ago, he has had stable oxygenation and blood pressure and his oxygen and vasopressor dose are being decreased. Medical history is otherwise unremarkable. Medications are ceftriaxone, azithromycin, norepinephrine, and low-molecular-weight heparin prophylaxis.
On physical examination, the patient is intubated but responsive. Temperature is 38.3 °C (100.9 °F), blood pressure is 95/55 mm Hg, and pulse rate is 110/min; BMI is 27. Chest examination shows decreased breath sounds at the left lung base. Cardiac examination reveals a grade 2/6 systolic flow murmur. The remainder of the examination is unremarkable.
Laboratory studies are significant for a leukocyte count of 15,000/μL (15 × 10⁹/L); the complete blood count is otherwise normal. Complete metabolic profile is normal. Blood and sputum cultures are negative since admission.
A chest radiograph is significant for left lower lobe consolidation but is otherwise unremarkable.

Which of the following is most likely to prevent deconditioning in the ICU?
(A) Passive range of motion exercises only while in the ICU
(B) Progressive physical activity as tolerated starting now
(C) Progressive physical activity as tolerated following discontinuation of vasopressors
(D) Progressive physical activity as tolerated following extubation

Item 3
A 58-year-old woman is evaluated for a right pulmonary nodule that was discovered incidentally 3 weeks ago. She is currently asymptomatic and has not had shortness of breath, fever, chills, weight loss, or night sweats. Medical history is otherwise unremarkable, and she takes no medications. She is a life-long nonsmoker.
On physical examination, temperature is 37.1 °C (98.8 °F), blood pressure is 126/82 mm Hg, pulse rate is 68/min, and respiration rate is 10/min; BMI is 30. There is no cervical or supraclavicular lymphadenopathy. The lungs are clear to auscultation. No clubbing is noted.
The 5-mm nodule seen on CT is shown.



Which of the following is the most appropriate next step in management?
(A) Bronchoalveolar lavage
(B) PET/CT scan
(C) Review any previous chest imaging
(D) Transthoracic needle biopsy

Item 4
A 62-year-old man is evaluated for declining exercise capacity over the past year. He was diagnosed with moderate COPD 3 years ago. His symptoms had previously been well controlled with tiotropium and as-needed albuterol. He has

Self-Assessment Test

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