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38	☒ A	☐ B	☐ C	☐ D	☐ E
39	☐ A	☐ B	☒ C	☐ D	☐ E

PRACTICE QUESTIONS

Kaplan Medical In-Center Simulated Exam

S2K11

Kaplan Step 2 Simulated Exam (2X Time / 2 Day) - In Center

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Kaplan Medical In-Center Simulated Exam **S2K11**, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, **S2K11**
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A 58-year-old man presents to the emergency department with crushing substernal chest pain radiating to the left arm that began 45 minutes ago. His blood pressure is 88/60 mm Hg, heart rate 52/min, and the ECG shows ST-segment elevation in leads II, III, and aVF. Which of the following is the most appropriate next step in management?

- ☐ A Administer thrombolytic therapy
- ☒ B Perform immediate coronary angiography with percutaneous coronary intervention
- ☐ C Order a stress echocardiogram
- ☐ D Start intravenous beta-blocker therapy

ANSWER B

WHY This patient has an inferior ST-elevation myocardial infarction (STEMI) with hypotension and bradycardia, which suggests right ventricular involvement. The most appropriate immediate management for STEMI when it can be performed in a timely manner is primary percutaneous coronary intervention (PCI). Thrombolytics are reserved for situations where PCI is not available within 90-120 minutes. Stress testing is contraindicated in acute MI. Beta-blockers should be used cautiously in inferior MI with bradycardia and hypotension, and are not the immediate next step.

QUESTION 2

SINGLE CHOICE

A 24-year-old previously healthy woman presents with 5 days of fever, productive cough with rust-colored sputum, and right-sided pleuritic chest pain. Examination reveals increased tactile fremitus and dullness to percussion at the right lower lobe. Which of the following is the most likely causative organism?

- ☒ **A** *Streptococcus pneumoniae*
- ☐ **B** *Mycoplasma pneumoniae*
- ☐ **C** *Legionella pneumophila*
- ☐ **D** *Pneumocystis jirovecii*

ANSWER A

WHY The clinical presentation of acute onset fever, productive cough with rust-colored sputum, pleuritic chest pain, and findings of consolidation (increased tactile fremitus, dullness to percussion) is classic for lobar pneumonia caused by *Streptococcus pneumoniae*. *Mycoplasma* typically causes a more gradual onset with a dry cough. *Legionella* is associated with water sources and often gastrointestinal symptoms. *Pneumocystis* occurs in immunocompromised patients.

QUESTION 3

MULTIPLE CHOICE

A 47-year-old man with type 2 diabetes mellitus has a hemoglobin A1c of 8.9% on metformin monotherapy. He has a history of heart failure with reduced ejection fraction and chronic kidney disease (eGFR 38 mL/min/1.73 m²). Which of the following medications would be appropriate additions to his regimen? (Choose two.)

- ☒ **A** Empagliflozin
- ☐ **B** Glipizide
- ☐ **C** Pioglitazone
- ☒ **D** Liraglutide

ANSWER A • D

WHY Both empagliflozin (an SGLT2 inhibitor) and liraglutide (a GLP-1 receptor agonist) have demonstrated cardiovascular benefit in patients with established cardiovascular disease and are appropriate choices. Empagliflozin is particularly beneficial in heart failure with reduced ejection fraction and can be used down to an eGFR of 20 mL/min/1.73 m² for cardiovascular benefit. Liraglutide has shown cardiovascular benefit and provides weight loss. Glipizide (sulfonylurea) would increase cardiovascular risk and cause weight gain. Pioglitazone is contraindicated in heart failure due to fluid retention and should be avoided.

QUESTION 4

SINGLE CHOICE

A 32-year-old G2P1 woman at 34 weeks gestation presents with sudden onset of severe epigastric pain, nausea, and vomiting. Her blood pressure is 162/104 mm Hg, and laboratory studies show elevated transaminases (AST 312 U/L, ALT 287 U/L), elevated LDH, and thrombocytopenia (platelets 67,000/ μ L). Which of the following is the most appropriate immediate intervention?

- ☐ A Administer betamethasone and monitor closely
- ☐ B Induce labor with vaginal delivery
- ☐ C Perform immediate cesarean delivery
- ☒ D Administer magnesium sulfate and prepare for delivery

ANSWER D

WHY This patient has severe features of preeclampsia with evidence of HELLP syndrome (Hemolysis, Elevated Liver enzymes, Low Platelets). The definitive treatment is delivery, but stabilization with magnesium sulfate for seizure prophylaxis must occur first. Betamethasone may be given for fetal lung maturity if gestation is less than 34 weeks, but the question asks for the most appropriate immediate intervention, which includes magnesium sulfate and preparation for delivery. In HELLP syndrome at 34 weeks with severe features, delivery is indicated after maternal stabilization with magnesium sulfate.

QUESTION 5

MULTIPLE CHOICE

A 45-year-old man with a history of alcohol use disorder presents with jaundice, ascites, and lower extremity edema. His serum albumin is 2.4 g/dL and total bilirubin is 6.8 mg/dL. Which of the following laboratory findings are most consistent with decompensated cirrhosis? (Choose two.)

- ☒ **A** Prolonged prothrombin time (PT)
- ☐ **B** Elevated serum ammonia
- ☐ **C** Decreased alpha-fetoprotein
- ☒ **D** Thrombocytopenia

ANSWER A - D

WHY Decompensated cirrhosis is characterized by impaired synthetic liver function, evidenced by a prolonged prothrombin time (PT) due to decreased production of clotting factors, and thrombocytopenia from splenic sequestration in portal hypertension. While serum ammonia can be elevated in hepatic encephalopathy, it is not a diagnostic criterion for cirrhosis or a marker of decompensation severity. Alpha-fetoprotein is typically elevated in hepatocellular carcinoma, not decreased in cirrhosis.

QUESTION 6

SINGLE CHOICE

A 72-year-old woman presents with acute onset of right-sided hemiparesis and aphasia that began 2 hours ago. Her blood pressure is 178/96 mm Hg. Non-contrast head CT shows no hemorrhage. Which of the following is the most appropriate next step?

- ☒ **A** Administer intravenous alteplase (tPA)
- ☐ **B** Lower blood pressure to 140/90 mm Hg before treatment
- ☐ **C** Perform MRI of the brain
- ☐ **D** Start aspirin 325 mg

ANSWER A

WHY This patient presents within the 3-4.5 hour window for IV thrombolysis with alteplase (tPA) for acute ischemic stroke. Blood pressure up to 185/110 mm Hg is acceptable for tPA administration without lowering it first. MRI is not required prior to tPA if the clinical diagnosis and non-contrast CT are consistent. Aspirin is appropriate for acute stroke but is given 24 hours after tPA, not as the immediate next step when tPA is indicated.

QUESTION 7

SINGLE CHOICE

A 34-year-old man with a history of severe vomiting presents with muscle weakness, paresthesias, and an irregular heartbeat. His serum potassium is 2.8 mEq/L and ECG shows flattened T waves and U waves. Which of the following is the most appropriate initial treatment?

- ☐ A Oral potassium chloride supplementation
- ☒ B Intravenous potassium chloride at 20 mEq/hour
- ☐ C Correct the underlying cause and provide oral potassium
- ☐ D Administer calcium gluconate first

ANSWER B

WHY This patient has severe symptomatic hypokalemia (with cardiac arrhythmias and ECG changes). While IV potassium replacement should generally not exceed 10-20 mEq/hour due to risk of hyperkalemia and phlebitis, in life-threatening situations with cardiac manifestations, rates up to 20 mEq/hour can be used with cardiac monitoring. Oral replacement is too slow for symptomatic hypokalemia. Calcium gluconate is used for hyperkalemia, not hypokalemia.

QUESTION 8

SINGLE CHOICE

A 68-year-old woman presents with fatigue and pallor. Laboratory studies show hemoglobin 8.4 g/dL, MCV 72 fL, serum iron 28 µg/dL, TIBC 410 µg/dL, and ferritin 12 ng/mL. Which of the following is the most appropriate next step in evaluation?

- ☐ A Perform hemoglobin electrophoresis
- ☐ B Order bone marrow biopsy
- ☒ C Initiate iron supplementation and evaluate for occult bleeding
- ☐ D Test for vitamin B12 deficiency

ANSWER C

WHY This patient has microcytic anemia with classic laboratory findings of iron deficiency (low serum iron, high TIBC, low ferritin). In an older adult, iron deficiency anemia mandates evaluation for occult GI bleeding (including colonoscopy and upper endoscopy) along with iron supplementation. Hemoglobin electrophoresis is used for thalassemia evaluation. Bone marrow biopsy is not indicated for straightforward iron deficiency. B12 deficiency causes macrocytic anemia, not microcytic.

QUESTION 9

SINGLE CHOICE

A 4-month-old infant presents with fever, irritability, and poor feeding. Physical examination is unremarkable. Urinalysis shows pyuria and bacteriuria. Which of the following is the most appropriate management?

- ☐ A Observe and follow up in 24 hours
- ☒ B Obtain blood cultures and start empirical intravenous antibiotics
- ☐ C Treat with oral antibiotics as outpatient
- ☐ D Obtain a voiding cystourethrogram

ANSWER B

WHY Infants younger than 2-3 months with urinary tract infection or any febrile infant with UTI requires hospitalization with intravenous antibiotics due to risk of bacteremia and urosepsis. Blood cultures should be obtained before starting antibiotics. Outpatient oral therapy is inappropriate for this age group. Voiding cystourethrogram (VCUG) is performed after treatment to evaluate for vesicoureteral reflux, not as initial management.