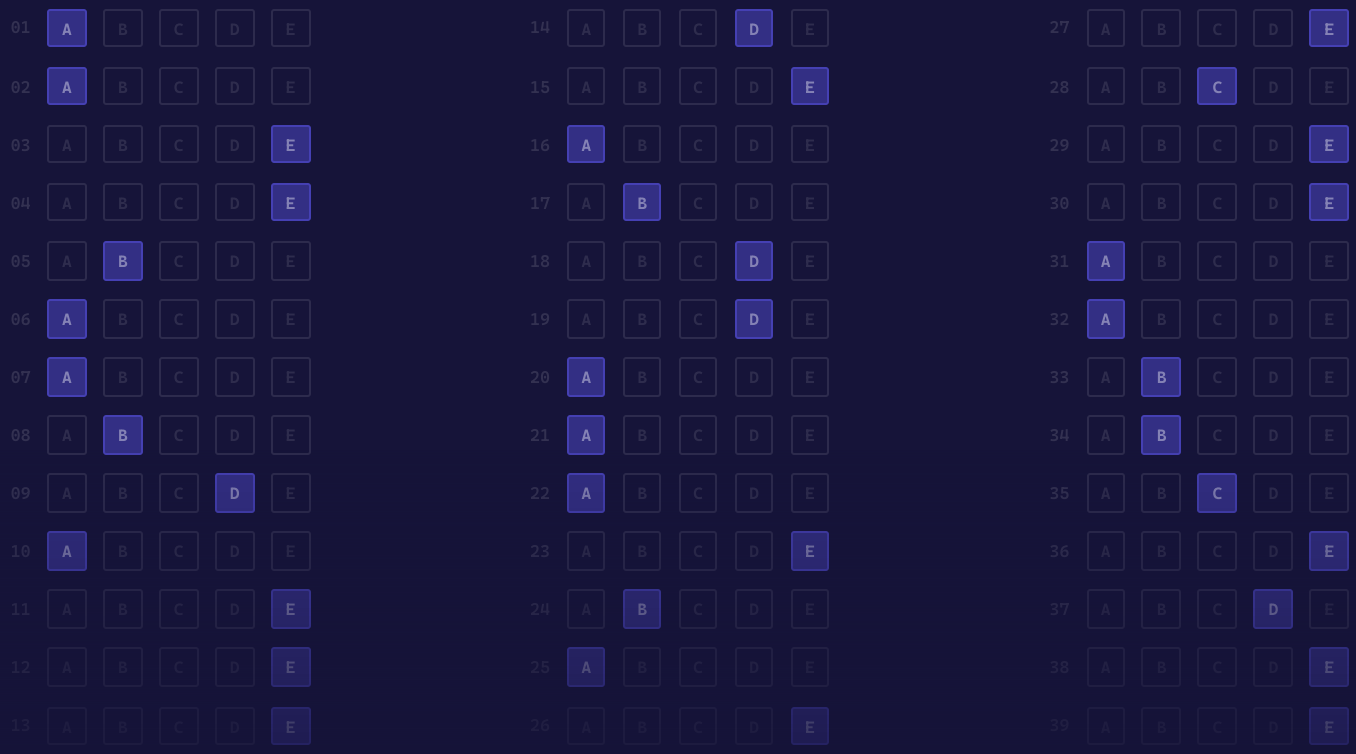
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

EMMD

Emergency Medicine for Registrar

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Ministry of Health Kuwait Medical Licensing Department `EMMD`, 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, `EMMD`
- the question number
- the email address on your order

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

mometrix.net

QUESTION 1 SINGLE CHOICE

A 58-year-old man presents with crushing central chest pain for 90 minutes. ECG shows ST elevation of 3 mm in leads V1–V4. His blood pressure is 90/60 mmHg and heart rate is 110 bpm. Which is the most appropriate initial management?

A Administer streptokinase and continue observation

B Immediate primary percutaneous coronary intervention (PCI)

C Start intravenous beta-blocker therapy

D Discharge with sublingual nitrate prescription

ANSWER B

WHY This patient has an anterior STEMI with hemodynamic instability. According to current guidelines, primary PCI is the preferred reperfusion strategy when it can be performed in a timely manner (within 120 minutes of first medical contact), as it is superior to thrombolysis in terms of mortality, reinfarction, and stroke. Fibrinolysis is reserved for situations where PCI is not available within the recommended timeframe. IV beta-blockers are contraindicated in acute heart failure/hypotension, and discharge would be inappropriate.

mometrix.net

QUESTION 2 SINGLE CHOICE

A 65-year-old diabetic woman presents with fever, hypotension (BP 80/50 mmHg), tachycardia (HR 120), and a lactate of 6 mmol/L. She has a urinary source of infection. What is the most appropriate immediate intervention?

A Wait for blood culture results before starting antibiotics

B Administer IV crystalloid bolus (30 mL/kg) and broad-spectrum antibiotics within 1 hour

C Start IV vasopressors immediately without fluid resuscitation

D Administer IV hydrocortisone only

ANSWER B

WHY According to the Surviving Sepsis Campaign guidelines, septic shock requires immediate resuscitation with IV crystalloids (30 mL/kg within the first 3 hours) and administration of broad-spectrum antibiotics within 1 hour of recognition, ideally after obtaining blood cultures but not delayed while awaiting results. Vasopressors should be initiated early to maintain MAP ≥65 mmHg if hypotension persists during or after fluid resuscitation. Hydrocortisone is added only when vasopressor-resistant shock is present.

QUESTION 3 SINGLE CHOICE

A 30-year-old asthmatic presents with severe respiratory distress. ABG shows pH 7.25, PaCO2 55 mmHg, PaO2 60 mmHg. What is the most concerning finding?

A The elevated PaCO2 indicating respiratory fatigue

B The hypoxemia requiring immediate intubation

C The metabolic acidosis from lactic acid

D The respiratory alkalosis from hyperventilation

ANSWER A

WHY In acute severe asthma, patients typically hyperventilate and have a low PaCO2 (respiratory alkalosis). A normal or elevated PaCO2 in a tiring asthmatic is an ominous sign indicating impending respiratory failure and the need for urgent intervention, including consideration for intubation and ICU admission. This finding reflects respiratory muscle fatigue and the inability to maintain adequate ventilation.

QUESTION 4 SINGLE CHOICE

Following a motor vehicle collision, a patient has a Glasgow Coma Scale score of 8, unequal pupils, and a suspected basilar skull fracture. What is the most appropriate immediate airway management?

A Bag-valve-mask ventilation while awaiting imaging

B Rapid sequence intubation with cervical spine protection

C Nasotracheal intubation

D Cricothyroidotomy

ANSWER B

WHY A GCS of 8 or below is an indication for definitive airway management. This patient also has signs of raised intracranial pressure and possible basilar skull fracture. Rapid sequence intubation (RSI) with manual in-line cervical stabilization is the appropriate technique. Nasotracheal intubation is contraindicated in suspected basilar skull fracture due to risk of intracranial tube placement. Cricothyroidotomy is reserved for failed airway or anatomical obstruction.

QUESTION 5 SINGLE CHOICE

A 70-year-old presents with palpitations and lightheadedness. ECG shows irregularly irregular rhythm with no discrete P waves and a ventricular rate of 130 bpm. What is the first-line rate control agent?

A Amiodarone IV

B Diltiazem IV

C Beta-blocker IV

D Digoxin IV

ANSWER B

WHY The diagnosis is atrial fibrillation with rapid ventricular response. For acute rate control in hemodynamically stable patients, non-dihydropyridine calcium channel blockers (diltiazem or verapamil) and beta-blockers are first-line agents per guidelines. Diltiazem IV is commonly preferred for rapid onset. Amiodarone is reserved for refractory cases or when other agents are contraindicated. Digoxin has a slower onset and is reserved for sedentary patients or those with heart failure.

my.mometrix.net

QUESTION 6 SINGLE CHOICE

A 25-year-old is brought to the ED after ingesting an unknown quantity of organophosphate pesticide. She has salivation, lacrimation, urination, defecation, and miosis. What is the definitive antidote?

A Naloxone

B Flumazenil

C Atropine

D Activated charcoal only

ANSWER C

WHY Organophosphate poisoning causes cholinergic crisis by inhibiting acetylcholinesterase, leading to accumulation of acetylcholine. The classic presentation includes SLUDGE (Salivation, Lacrimation, Urination, Defecation, GI distress, Emesis) or DUMBELS. Atropine is the definitive antidote—it competitively blocks muscarinic receptors, reversing the parasympathetic effects. Pralidoxime is added to regenerate acetylcholinesterase and reverse neuromuscular symptoms. Naloxone is for opioids, flumazenil for benzodiazepines.

QUESTION 7 SINGLE CHOICE

A 68-year-old man presents with sudden right-sided weakness and aphasia that started 2 hours ago. CT brain shows no hemorrhage. What is the most appropriate next step?

A Start antiplatelet therapy and admit to stroke unit

B Administer IV thrombolysis (tPA) if no contraindications

C Perform MRI brain before any treatment

D Start anticoagulation with heparin

ANSWER B

WHY This patient presents with acute ischemic stroke within the 4.5-hour window. After excluding hemorrhage on non-contrast CT, IV thrombolysis with alteplase (or tenecteplase) is the standard of care if there are no contraindications. Earlier treatment (within 4.5 hours, ideally within 3 hours) yields better outcomes. MRI is not required before thrombolysis. Anticoagulation is not started acutely due to hemorrhagic transformation risk. Aspirin is given after 24 hours if no thrombolysis was given.

QUESTION 8 SINGLE CHOICE

During rapid sequence intubation of a trauma patient, you anticipate a difficult airway due to facial trauma. Which drug is most appropriate for sedation to maintain hemodynamic stability?

A Propofol

B Etomidate

C Thiopentone

D Midazolam

ANSWER B

WHY Etomidate is the induction agent of choice for hemodynamically unstable patients requiring RSI because it has minimal effect on blood pressure. It provides reliable sedation with rapid onset. Propofol and thiopentone cause significant hypotension and are generally avoided in hemodynamically compromised patients. Midazolam can cause hypotension and has a slower, less predictable onset. Etomidate's potential adrenal suppression is acceptable in the acute setting.

mometrix.net

QUESTION 9 MULTIPLE CHOICE

A patient develops sudden urticaria, angioedema, bronchospasm, and hypotension after receiving IV contrast. Which two of the following are immediate first-line treatments? (Choose two.)

A **Intramuscular adrenaline (epinephrine) 0.5 mg**

B IV hydrocortisone 200 mg

C **IV crystalloid bolus**

D Subcutaneous adrenaline 0.3 mg

E Nebulized salbutamol only

ANSWER **A** · **C**

WHY Anaphylaxis is treated with IM adrenaline (0.5 mg in adults, into the anterolateral thigh) as the first-line intervention—delays in adrenaline administration are associated with mortality. IV fluids (crystalloid bolus 1–2 L) are critical for managing distributive shock and hypotension. Hydrocortisone is an adjunct (second-line, slower onset). Subcutaneous adrenaline is not the preferred route due to slower absorption. Nebulized salbutamol addresses bronchospasm but does not treat the systemic reaction. Note: IM adrenaline dose in adults is typically 0.3–0.5 mg depending on weight, with 0.5 mg being appropriate for an adult in shock.

mometrix