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39	A	B	C	D	E

PRACTICE QUESTIONS

Ministry of Health Kuwait Medical Licensing Department

GENPR

General Practitioner

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for Ministry of Health Kuwait Medical Licensing Department **GENPR**, 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, **GENPR**
- the question number
- the email address on your order

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

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

SINGLE CHOICE

A 25-year-old patient presents with 5 days of clear nasal discharge, nasal congestion, mild sore throat, and cough. Vital signs are normal. Examination shows erythematous nasal mucosa with clear discharge and mildly erythematous pharynx without exudate. What is the most appropriate management?

- ☐ A Amoxicillin for 7 days
- ☐ B Azithromycin for 5 days
- ☒ C Symptomatic treatment with analgesics and decongestants
- ☐ D Chest X-ray to rule out pneumonia

ANSWER C

WHY This patient presents with a viral upper respiratory infection (common cold), characterized by clear discharge, absence of fever, and the gradual onset of symptoms. Antibiotics are not indicated as this is a viral illness. Management should focus on symptomatic relief with analgesics, decongestants, and adequate hydration. Chest X-ray is not indicated in the absence of lower respiratory symptoms.

QUESTION 2

SINGLE CHOICE

A 35-year-old previously healthy adult presents with 5 days of productive cough with rusty sputum, fever of 38.7°C, pleuritic chest pain, and focal crackles in the right lower lobe. Chest radiograph shows a right lower lobe consolidation. The patient is hemodynamically stable, ambulatory, and has no significant comorbidities. According to standard guidelines, what is the most appropriate setting for management and empiric antibiotic choice?

- ☒ **A** Outpatient management with amoxicillin or a macrolide/doxycycline
- ☐ **B** Outpatient management with antipseudomonal beta-lactam
- ☐ **C** Inpatient management with broad-spectrum antipseudomonal coverage
- ☐ **D** Outpatient management with antifungal therapy

ANSWER A

WHY This is a previously healthy outpatient with community-acquired pneumonia (CAP) and no indications for hospitalization (stable vitals, no comorbidities). For outpatient CAP, IDSA/ATS guidelines recommend amoxicillin, doxycycline, or a macrolide in regions with low pneumococcal resistance. Antipseudomonal coverage is reserved for patients with specific risk factors or those requiring hospitalization.

QUESTION 3

SINGLE CHOICE

A patient with type 2 diabetes presents with polyuria, polydipsia, weakness, and confusion. Laboratory tests show blood glucose 450 mg/dL, serum bicarbonate 10 mEq/L, pH 7.10, and positive serum ketones. What is the most appropriate initial management?

- ☐ A Subcutaneous insulin and discharge home
- ☐ B Oral hypoglycemic agents and increased fluids
- ☒ C Hospitalization for IV fluids, insulin infusion, and electrolyte management
- ☐ D Fasting until glucose normalizes

ANSWER C

WHY This patient presents with diabetic ketoacidosis (DKA), evidenced by hyperglycemia (450 mg/dL), metabolic acidosis (bicarbonate 10, pH 7.10), and ketonemia. DKA requires hospitalization with aggressive IV fluid resuscitation, continuous IV insulin infusion, and careful electrolyte replacement (particularly potassium, as insulin drives potassium intracellularly). Subcutaneous insulin is inadequate for DKA. Oral hypoglycemics are inappropriate in this setting. Fasting would worsen the metabolic derangement.

QUESTION 4

SINGLE CHOICE

An 80-year-old patient presents with sudden onset right-sided weakness, aphasia, and left gaze preference. Symptoms began 90 minutes ago. Blood glucose is normal. What is the most appropriate next step?

- ☐ A Observe for 24 hours to see if symptoms resolve
- ☒ B Perform non-contrast CT head immediately to rule out hemorrhage
- ☐ C Start anticoagulation with warfarin
- ☐ D Perform lumbar puncture to rule out meningitis

ANSWER B

WHY This patient presents with acute stroke symptoms (right-sided weakness, aphasia suggesting left hemisphere involvement). Immediate non-contrast CT head is essential to differentiate ischemic from hemorrhagic stroke, as this determines treatment. If ischemic stroke is confirmed and the patient is within the window (typically up to 4.5 hours), thrombolytic therapy with tissue plasminogen activator (tPA) may be considered. Waiting 24 hours delays critical intervention. Anticoagulation with warfarin is contraindicated in acute stroke and requires careful assessment. Lumbar puncture is not indicated for stroke evaluation.

QUESTION 5

SINGLE CHOICE

A patient with type 2 diabetes presents with polyuria, polydipsia, and confusion. Laboratory tests show blood glucose 450 mg/dL, serum osmolarity 320 mOsm/kg, and no ketones in urine. What is the most likely diagnosis?

- ☐ A Diabetic ketoacidosis (DKA)
- ☒ B Hyperosmolar Hyperglycemic State (HHS)
- ☐ C Hypoglycemia
- ☐ D Type 1 diabetes mellitus

ANSWER B

WHY Hyperosmolar Hyperglycemic State (HHS) typically occurs in type 2 diabetes and is characterized by severe hyperglycemia (>600 mg/dL), high serum osmolarity (>320 mOsm/kg), absence of significant ketosis, and altered mental status. DKA is more common in type 1 diabetes and involves metabolic acidosis with ketones. The absence of ketones and the high osmolarity point to HHS rather than DKA.

QUESTION 6

SINGLE CHOICE

A previously healthy 45-year-old man presents with 4 days of fever (39°C), productive cough with rusty sputum, pleuritic chest pain, and focal crackles at the right lower lobe. He is hemodynamically stable, not hypoxic, and has no comorbidities. According to current guidelines, what is the most appropriate outpatient antibiotic choice?

- ☒ A Amoxicillin
- ☐ B Piperacillin-tazobactam
- ☐ C Levofloxacin plus ceftriaxone
- ☐ D Linezolid

ANSWER A

WHY For outpatient management of uncomplicated community-acquired pneumonia in a healthy adult without risk factors or recent antibiotic use, a beta-lactam such as amoxicillin is the recommended first-line therapy. Combination therapy with a macrolide or respiratory fluoroquinolone is added when comorbidities or recent antibiotic exposure are present.