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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Saudi Commission For Health Specialties (SCFHS)

EMED

Emergency Medicine

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for Saudi Commission For Health Specialties (SCFHS) **EMED**, 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, **EMED**
- 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 with crushing chest pain radiating to the left arm. ECG shows ST-segment elevation in leads II, III, and aVF. Which additional leads should be obtained to assess for right ventricular involvement?

- ☒ **A** Right-sided precordial leads (V3R-V4R)
- ☐ **B** Posterior leads V7-V9
- ☐ **C** Leads I and aVL only
- ☐ **D** Additional limb lead II repeated

ANSWER A

WHY Inferior STEMI (II, III, aVF) is associated with right ventricular infarction in up to 30-50% of cases; right-sided precordial leads V3R-V4R (specifically V4R) are used to detect RV involvement, which changes management (avoid nitrates/preload reduction).

QUESTION 2

SINGLE CHOICE

According to Advanced Trauma Life Support (ATLS) principles, which step is performed FIRST in the primary survey of a multi-trauma patient?

- ☒ **A** Airway maintenance with cervical spine protection
- ☐ **B** Breathing and ventilation assessment
- ☐ **C** Circulation with hemorrhage control
- ☐ **D** Disability and neurological evaluation

ANSWER A

WHY The ATLS primary survey follows the ABCDE sequence, beginning with Airway maintenance while protecting the cervical spine, since airway compromise is the most rapidly lethal threat.

QUESTION 3

SINGLE CHOICE

A patient presents with tinnitus, hyperventilation, and an anion gap metabolic acidosis with respiratory alkalosis after ingesting an unknown substance. Which toxin is most likely responsible?

- ☒ **A** Salicylate (aspirin)
- ☐ **B** Acetaminophen
- ☐ **C** Ethylene glycol
- ☐ **D** Opioids

ANSWER A

WHY Salicylate toxicity classically causes a mixed acid-base disturbance: early respiratory alkalosis from direct stimulation of the respiratory center, combined with an anion gap metabolic acidosis, along with tinnitus.

QUESTION 4

MULTIPLE CHOICE

According to current ACLS guidelines, which of the following are considered reversible causes of cardiac arrest that should be actively sought and treated (the H's and T's)? (Choose two.)

- ☒ **A** Hypovolemia
- ☒ **B** Tension pneumothorax
- ☐ **C** Chronic hypertension
- ☐ **D** Osteoarthritis

ANSWER A - B

WHY The H's and T's mnemonic includes Hypovolemia, Hypoxia, Hydrogen ion (acidosis), Hypo/hyperkalemia, Hypothermia, Tension pneumothorax, Tamponade (cardiac), Toxins, Thrombosis (pulmonary and coronary). Chronic hypertension and osteoarthritis are not reversible arrest causes.

QUESTION 5

SINGLE CHOICE

A 2-year-old presents with barking cough, inspiratory stridor at rest, and moderate suprasternal retractions. Which is the most appropriate initial pharmacologic treatment?

- ☒ **A** Nebulized epinephrine and oral/IM dexamethasone
- ☐ **B** Oral amoxicillin
- ☐ **C** Inhaled albuterol alone
- ☐ **D** Intravenous furosemide

ANSWER A

WHY This presentation is classic for moderate-to-severe croup (laryngotracheobronchitis). Nebulized epinephrine provides rapid relief of stridor at rest, and dexamethasone reduces airway inflammation and reduces need for further intervention.

QUESTION 6

TRUE FALSE

In a patient with a Glasgow Coma Scale (GCS) score of 7 following head trauma, definitive airway management with endotracheal intubation is indicated to protect the airway.

- ☒ **A** True
- ☐ **B** False

ANSWER A

WHY A GCS score of 8 or less is a widely accepted threshold indicating the need for airway protection via endotracheal intubation due to loss of protective airway reflexes and risk of aspiration.

QUESTION 7

SINGLE CHOICE

A 45-year-old woman with a history of recent long-haul travel presents with sudden-onset pleuritic chest pain, tachycardia, and hypoxia. She is hemodynamically stable. CT pulmonary angiography confirms a segmental pulmonary embolism. What is the most appropriate initial treatment?

- ☐ A Systemic thrombolysis with alteplase
- ☒ B Therapeutic anticoagulation with low-molecular-weight heparin
- ☐ C Emergent surgical embolectomy
- ☐ D IVC filter placement without anticoagulation

ANSWER B

WHY In hemodynamically stable patients with confirmed PE, therapeutic anticoagulation (e.g., LMWH, unfractionated heparin, or DOACs) is the standard initial treatment. Thrombolysis is reserved for hemodynamically unstable (massive) PE.

QUESTION 8

SINGLE CHOICE

A construction worker collapses in extreme heat with a core temperature of 41.5°C, altered mental status, and hot dry skin. What is the most appropriate immediate management priority?

- ☒ A Rapid external cooling with ice water immersion or evaporative cooling
- ☐ B Administration of antipyretics such as acetaminophen
- ☐ C Slow rewarming with warmed IV fluids
- ☐ D Oral rehydration therapy only

ANSWER A

WHY This presentation is heat stroke, a true emergency. Rapid cooling (ice water immersion is most effective) is the priority intervention to reduce mortality; antipyretics are ineffective because the mechanism is not a hypothalamic set-point change.

QUESTION 9

MULTIPLE CHOICE

Per the Surviving Sepsis Campaign bundle for the initial management of septic shock, which of the following interventions should be performed within the first hour of recognition? (Choose two.)

- ☒ **A** Obtain blood cultures before administering antibiotics
- ☒ **B** Administer broad-spectrum antibiotics
- ☐ **C** Schedule elective surgical source control within 48 hours
- ☐ **D** Begin oral antibiotics after discharge

ANSWER A • B

WHY The Surviving Sepsis Campaign hour-1 bundle recommends obtaining blood cultures prior to antibiotic administration (if it does not significantly delay therapy) and administering broad-spectrum antibiotics promptly, along with fluid resuscitation and lactate measurement.