

ASSESSMENT OF 30 MCQs

FPSC No : 62
MCQS ON HOME CARE
Submission DEADLINE: 25 AUGUST 2015, 12 NOON

INSTRUCTIONS

- To submit answers to the following multiple choice questions, you are required to log on to the College Online Portal (www.cfps2online.org)
- Attempt ALL the following multiple choice questions.
- There is only ONE correct answer for each question.
- The answers should be submitted to the College of Family Physicians Singapore via the College Online Portal before the submission deadline stated above.
- There will be NO further extension of the submission deadline.

- 1. A 64-year-old man was found by his neighbour lying on the floor of his one-room rental flat covered with urine and faeces. An ambulance was called and patient was admitted to the acute hospital. He was found to have a right hemiplegia and facial asymmetry. CT scan confirmed a right MCA infarct. Speech therapist review in the ward showed patient is unsafe for oral feeding. A Nasogastric tube was inserted and he was started on tube feeding. What problem should you anticipate when you start feeding if the patient has been lying on the floor for five days prior to admission?**

 - Refeeding syndrome.
 - Pancreatitis.
 - Gastric dysmotility.
 - Diarrhoea and vomiting.
 - Dumping syndrome.
- 2. A 78-year-old with stroke was started on enteral tube feeding while in the hospital and discharged home. He is currently on Ensure 250ml 5 times a day with 50ml of water for flushing. You were called to do a house call because the patient had pulled out his NGT. You re-inserted the NGT at the bedside. To confirm that the tube is in the stomach, an aspirate of the stomach content was done and tested with pH paper. What pH is considered safe for feeding?**

 - 5
 - 8
 - 7
 - 4
 - 6
- 3. A 67-year-old female with hypertension, diabetes and hyperlipidaemia was admitted to the acute hospital for posterior circulation stroke. She was deemed unsafe for oral feeding and Percutaneous Endoscopic Gastrostomy was inserted for long-term feeding. Patient was admitted to the chronic sick unit for further care as she has no carers. While at the CSU, her PEG slipped out while bathing and it is only three weeks post insertion. What would be your next course of action?**

 - Attempt to reinsert the PEG.
 - Place a NGT for feeding.
 - Insert a Foley catheter.
 - Insert a larger bore tube.
 - Refer patient to hospital.
- 4. A 69-year-old is scheduled for Percutaneous Endoscopic Gastrostomy insertion. Which of the following is an absolute contraindication to PEG insertion?**

 - Coagulopathies.
 - Platelets $150 \times 10^9/L$.
 - Anorexia.
 - Child's A liver cirrhosis.
 - Ascites.
- 5. A 70-year-old man has CKD stage 4. He is on NGT feeding after a stroke. He is on Lasix 40mg bd, fluid restriction 1L per day, and 1200 calorie diet. Which of the following formulae would suit his needs?**

 - Ensure.
 - Glucerna.
 - Isocal.
 - Resource 2.0.
 - Jevity.
- 6. A 70-year-old gentleman with stroke was noticed to have intelligible speech but problems initiating a swallow. He is likely to have dysphagia at the:**

 - Oral Phase.
 - Tongue Phase.
 - Pharyngeal Phase.
 - Laryngeal Phase.
 - Esophageal Phase.

7. You performed a 3-ounce water test for an elderly patient with Parkinson's disease. You observed that there was a delay during the swallowing and the patient coughed immediately after swallowing. What would be the most appropriate next step of management?
- Advice for naso-gastric tube insertion.
 - Advice for percutaneous endoscopic gastrostomy.
 - Advice that the patient can continue with diet of choice.
 - Advice for assessment by a speech-language therapist.
 - Advice for assessment by a neurologist.
8. Which of the following should be done as part of a Clinical Swallowing Evaluation?
- 3-ounce water test.
 - Assessment of patient's mental status.
 - Assessment of cranial nerves I,II and III.
 - Videofluoroscopy.
 - Fibreoptic Endoscopic Evaluation of Swallowing.
9. Which of the following would be an appropriate advice for a patient on Nasogastric Tube (NGT) feeding?
- NGT feeding does not eliminate the risk of aspiration.
 - It is preferable to feed patients while they are supine.
 - NGT feeding is most appropriate for patients requiring long-term tube feeding.
 - All patients on NGT feeding must not be allowed to have pleasure feeds.
 - Patients cannot be weaned off NGT feeding.
10. An elderly patient was just started on a medication for control of his blood pressure. He now complains to you of dry mouth and coughing during his meal time since the initiation of the medication. Which of the following is the likely causative agent?
- Atenolol.
 - Methyldopa.
 - Hydralazine.
 - Bisoprolol.
 - Furosemide.
11. Which of the following is the correct indication to start long-term oxygen therapy (LTOT) for a hypoxic patient with cor pulmonale?
- At rest SpO₂ 90%.
 - At rest PaO₂ 58mmHg and SpO₂ 90%.
 - At rest PaO₂ 60mmHg.
 - During Exercise SpO₂ 90% with no dyspnoea.
 - At rest SpO₂ 92% and during sleep SpO₂ 90%.
12. With regard to the long-term oxygen treatment (LTOT) prescription checklist, which of the following is not part of the checklist?
- Oxygen source.
 - Flow rate (L/min).
 - Duration (Hours/day).
 - Oxygen delivery system.
 - Air purifier.
13. To maintain patency of the tracheostomy tube, caregivers have to:
- Ensure that suctioning is done every 6 hourly.
 - Inspect the inner tube once a week.
 - Change the outer tube monthly.
 - Wash the inner tube with sterile water and sodium bicarbonate.
 - Wash the outer tube with sterile water and sodium bicarbonate.
14. Treatment options for granulation tissue around the tracheostomy stoma include the following except:
- Ensuring good fit of the tracheostomy tube.
 - Topical silver nitrate.
 - Topical steroid cream.
 - Oral antibiotics.
 - Surgical electrocautery.
15. Which one of the following is the correct sequence when changing a tracheostomy tube?
1. Remove the obturator from the outer cannula.
 2. Insert the obturator to the outer cannula.
 3. Insert the new inner cannula.
 4. Remove the old outer cannula.
 5. Insert the new outer cannula.
- 4, 3, 2, 5, 1
 - 2, 4, 5, 1, 3
 - 2, 4, 3, 5, 1
 - 4, 2, 5, 1, 3
 - 2, 4, 5, 3, 1
16. An acute wound heals in the following sequence:-
1. Inflammatory.
 2. Haemostasis.
 3. Remodelling/Maturation.
 4. Proliferative/Repair.
- 1, 2, 3, 4
 - 1, 2, 4, 3
 - 2, 1, 3, 4
 - 2, 1, 4, 3
 - 2, 3, 1, 4

- 17. Eschar overlying the following wound should not be removed:**
- Sacral.
 - Heel.
 - Scalp.
 - Chest.
 - Abdomen.
- 18. Examples of alginate dressing are:**
1. Algisite.
 2. Seasorb.
 3. Aquacel.
 4. Algisorb.
 5. Allervyn
- 1, 2, 3
 - 2, 3, 4
 - 1, 3, 5
 - 2, 4, 5
 - 1, 2, 4
- 19. Which of the following is not a principal consideration in the selection of an appropriate wound dressing?**
- Colour of the dressing.
 - Presence of infection/slough.
 - Depth of wound.
 - Amount of exudates.
 - Allergy to a certain dressing product.
- 20. Which of the following can cause argyria when absorbed into the skin?**
- Prontosan solution.
 - Ag dressings.
 - Cadexomer Iodine.
 - Ostenisept solution.
 - Duoderm gel.
- 21. Diagnosing infections in the elderly is challenging because:**
- Symptoms in the elderly are often non-specific and subtle.
 - The elderly have few chronic comorbidities.
 - Mechanical protective barriers, e.g., skin, are often intact in the elderly.
 - The elderly can communicate their symptoms well to healthcare providers
 - The elderly are rarely exposed to multidrug-resistant organisms.
- 22. Prognostic signs favouring hospitalisation in the elderly include all of the following except:**
- Nursing home resident.
 - Patient with poorly controlled diabetes.
 - Drowsy patient with tachycardia HR 130 and SBP < 90mmHg.
 - Bedbound elderly lady with oxygen saturation < 90%.
 - Community ambulant elderly man with history of cough and running nose for 2/7 after wife was diagnosed with viral upper respiratory tract infection.
- 23. Risk factors for acquiring urinary tract infection include all of the following except:**
- History of recurrent UTI.
 - Benign prostate hyperplasia with retention of urine.
 - Neurogenic bladder in patient with Diabetes Mellitus.
 - Bedbound patient with in-dwelling catheter.
 - Elderly post-menopausal lady on intravaginal oestrogen.
- 24. Complications of cellulitis include all of the following except:**
- Abscesses.
 - Fasciitis.
 - Eczema.
 - Osteomyelitis.
 - Septicaemia.
- 25. For decolonisation of skin Methicillin-Resistant *Staphylococcus Aureus*, the following is commonly used**
- Malathion lotion.
 - Topical Octenidine dihydrochloride.
 - Topical Permethrin.
 - Topical Imiquimod.
 - Topical Lignocaine.
- 26. Which of following deaths is NOT reportable to the Coroners?**
- A person who died in a road traffic accident.
 - A person who died from a subdural haemorrhage.
 - A person brought in dead to your clinic with no medical history or identification.
 - A person who was voluntarily admitted to a nursing home and died of natural causes.
 - A destitute person who was involuntarily detained in a welfare home and died of natural cases.
- 27. According to the 2013 statistics on death in Singapore, what is the proportion of deaths that occurred in residence?**
- 15.4%
 - 35.2%
 - 26.9%
 - 55.8%
 - 80.4%
- 28. Which of the following is a “Mode” of death?**
- End-stage renal failure.
 - Pneumonia.
 - Acute myocardial infarction.
 - Ischaemic heart disease.
 - Stroke.

29. The following are vague causes of death which should be avoided when certifying death EXCEPT:

- A. Senile debility.
- B. Old age.
- C. Bed sores.
- D. Senile dementia.
- E. Bronchopneumonia.

30. Which of the following statements about the Certificate of Cause of Death (CCOD) is TRUE:

- A. Common abbreviations can be used as long as they are JCI recognised.
- B. Congestive Cardiac Failure can be used on its own as a cause of death in the CCOD.
- C. Every line of the CCOD must be filled in, otherwise it will be rejected by the authorities.
- D. The filling out of the CCOD is a statutory duty imposed upon all licensed medical practitioners in Singapore.
- E. The medical practitioner can change his or her mind about the cause after the CCOD has been submitted to the authorities without repercussions.