

Physical Evaluation 11/2/05

Student Test Report On Exam 1 A

Course #: 225
 Course Title: Phys Eval
 Day/Time:

Instructor: Dr. M. Pyle
 Description: Physical Evaluation
 Term/Year: Fall 2005

Student Name: [REDACTED]

Student ID: XXXXX [REDACTED] **Code:**

	Possible Pts.	Raw	Objective	Exam#/Essay	Percent	Grade
EXAM 1:	53.00	48.00	48.00	0	90.57%	A
					1	91.6

Response Description:	<dash> correct response	<#> multiple marks	<space> no response
	<alphabet> student's incorrect response	<*> bonus test item	

Test Items:	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50
Test Key:	, D, B, #, C	D, C, D, A, B	A, D, B, A, D	C, C, A, C, E	E, A, C, A, B	D, B, , A, D	B, A, D, , D	C, E, D, B,	C, A, B, D, A	D, A, D, D, A
Answers	D, -, -, -, -	-, B, -, C, -	-, -, C, -, -	-, -, -, -, -	-, -, -, -, -	-, -, , -, -	-, -, -, E, B	-, -, -, -, D	-, -, -, -, -	-, -, -, -, -

Test Items:	51-55	56-60							
Test Key:	, , , A, D	A, E, A, C, E							
Answers	B, B, A, -, -	-, -, B, -, -							

Remarks:

Student's Answer to Multiple Mark Question:

Item	Key	Student's Answer
4	AB	-

- 1. If you wanted to give a local anesthetic (LA) injection to a patient with cardiovascular disease (not the most severe forms), what is an appropriate amount of LA that can be safely given?
 - a. 1-2 carpules of lidocaine with 1:100,000 epinephrine
 - b. 2-3 carpules of lidocaine with 1:100,000 epinephrine
 - c. any amount less than a toxic dose would be appropriate
 - d. a LA that does not contain epinephrine is a better choice

Please classify the following blood pressures using the following key:

- a. Normal
 - b. Pre-hypertension
 - c. Stage 1 hypertension
 - d. Stage 2 hypertension
- 2. 162/108
 - 3. 137/79
 - 4. 121/82
 - 5. 146/98
 - 6. 120/104
 - 7. 118/91
- 8. What are common risk factors for hypertension?
 - a. Obesity, autoimmune disease, smoking, rheumatic fever
 - b. Obesity, diabetes, smoking, pancreatitis, periodontal disease
 - c. Obesity, mitral valve prolapse with regurgitation, alcohol use, stress
 - d. Obesity, age, lack of exercise, smoking, alcohol use, stress
 - 9. Your recall patient has a blood pressure of 182/114 today. He has a history of hypertension and a heart attack 3 years ago. What should you do?
 - a. Do not treat today; refer for emergency medical treatment
 - b. BP is fine for today, complete the prophylaxis & exam and refer to physician office prior to next visit
 - c. This patient would be appropriate for emergency care only today. No routine treatment until BP is under control.
 - d. Send a medical consultation regarding hypertension control. Surgical treatments are safe for today.
 - 10. If your 27 y/o patient has a BP in the range of Stage 1 hypertension today and is scheduled for an occlusal amalgam on # 4, what are appropriate steps to take? The patient does not have a history of hypertension or other medical conditions.
 - a. Send the patient to the emergency room
 - b. Complete the routine care today; refer for medical consultation
 - c. Do not treat the patient today, request the patient see their physician prior to the next appointment
 - d. Administer antihypertensive drugs to the patient

- Which patients are most at risk for bacterial endocarditis?
- Males, patients over the age of 60 years, those with congenital or acquired cardiac defects
 - Males, patients under the age of 5 and over the age of 75 years, those with congenital cardiac defects
 - Females, those with acquired cardiac defects, those with periodontal disease with inflammation
 - Females, under the age of 5, those with congenital cardiac defects
12. What risk level for endocarditis are patients with the following conditions? Prosthetic heart valves, previous infective endocarditis, tetralogy of fallot, surgically constructed systemic pulmonary shunts.
- No risk
 - Low risk
 - Moderate risk
 - High risk
13. Which of the following pairs of conditions represent negligible risk of the development of infective endocarditis?
- Mitral valve prolapse with regurgitation, pacemakers
 - Previous cardiac bypass graft, rheumatic fever without valvular dysfunction
 - Surgical repair of atrial septal defect, idiopathic hypertrophic cardiomyopathy
 - Acquired valvular dysfunction, mitral valve prolapse with valvular regurgitation
14. Mary Jones arrives at your office for a dental examination and cleaning. She relates a history of a prosthetic heart valve replacement. Does this patient need to be premedicated for her appointment?
- Yes, there is no question
 - Maybe, it depends on if she has valve prolapse due to turbulent backflow of blood
 - No, this is not a diagnosis that requires premedication
15. Which categories of risk for endocarditis must be premedicated with antibiotics according to the American Heart Association recommendations?
- High risk
 - Moderate risk
 - Negligible risk
 - A & B
 - All of the above
16. Which of the following dental procedures require antibiotic premedication according to AHA recommendations when patients have the predisposing medical conditions?
- Radiographs, restorations below the gum line, post operative suture removal
 - Prophy, radiographs, all restorations, crown preparations, taking impressions
 - Prophy, crowns, surgery, scaling & root planing, extraction
 - Prophy, occlusal amalgam, rubber dam placement, scaling & root planing
17. Bob Kreshuan has an appointment for extraction with you today at 10:00 am. He has a history of mitral valve prolapse with regurgitation. What antibiotic regimen will you recommend? He has no drug allergies.
- None, he does not have a medical diagnosis that requires antibiotic premedication
 - Amoxicillin 1.0 gram, 1 hour prior to dental appointment
 - Amoxicillin 2.0 grams, 1 hour prior to dental appointment
 - Clindamycin, 600 mg 1 hour prior to dental procedure

18. Which statement is true?
- If a patient has been on penicillin (long-term infection prevention) and they require antibiotic premedication, one of the following drugs should be used: clindamycin, azithromycin, clarithromycin.
 - If a patient has been on short term antibiotic therapy and requires antibiotic premedication for prevention of risk of Infective endocarditis, the usual AHA regimen may be prescribed during the same time period
 - If a patient reports a heart murmur, or mitral valve prolapse, you should automatically premedicate with antibiotics according to the AHA recommendations during dental procedures causing bleeding.
 - Cephalosporins do not share cross reactivity and can be given safely to patients
19. Patients who have had a history of rheumatic fever should be given antibiotic premedication prior to dental treatment causing bleeding:
- Because they are at risk of infective endocarditis
 - Because patients often do not know if they have valvular dysfunction and providing the premedication is prudent since the risk may not be known at the time of the appointment
 - This is a false statement because there must be evidence of valvular dysfunction before antibiotics are required
 - This is a false statement since the patient must also have a prosthetic heart valve in order to require premedication.
20. Heart murmurs:
- May require antibiotic premedication
 - May be physiologic and not require premedication
 - May be congenital or acquired
 - A & C
 - All of the above
21. Medical consequences of untreated hypertension include:
- Heart attack
 - Stroke
 - End organ disease (kidney, retinal)
 - A & B
 - All of the above
22. Which of the following reasons is the primary etiology of hypertension?
- Unknown etiology
 - Congestive heart failure
 - Familial inheritance
 - Secondary medical conditions
23. How do you classify the level of hypertension?
- Highest level of systolic pressure
 - Highest level of diastolic pressure
 - Highest level of systolic OR the highest level of diastolic pressure
 - Lowest level of diastolic pressure

24. Signs & symptoms of atherosclerotic heart disease/hyperlipidemia include:
- Arcus senilis, skin xanthomas, carotid bruits
 - Low blood pressure, carotid calcification on panoramic x-ray
 - Abnormal rhythm, low blood pressure, high blood lipid profiles (laboratory tests)
 - Stroke, low blood pressure, carotid calcification on panoramic x-ray
25. Signs & symptoms of congestive heart failure (CHF) include:
- Weight gain, angina pectoris, sleeplessness, low blood pressure
 - Pt who reports use of several pillows at night to sleep; clubbing of fingers, peripheral edema
 - Shortness of breath upon exertion, extreme weight loss, hypertension, stroke
 - Myocardial infarction, tall & lean stature, weight loss
26. Angina:
- Represents reversible ischemia of the heart muscle
 - Has signs and symptoms similar to stroke, including paralysis
 - May be of stable or unstable types
 - A & C
 - All of the above
27. Which patient represents a more severe form of Angina?
- Stable angina
 - Unstable angina
 - One with brief, sharp pain in the left arm, chest, or jaw
 - All of the above
28. Provide three recommendations for providing safe dental care of patients with a history of angina.
- _____
 - _____
 - _____
29. Which recommendation represents best advice for dental care of patients with COPD:
- Do not use high flow oxygen in severe disease
 - Treatment may proceed if a patient with severe disease has an upper respiratory infection
 - Rubber dam use is helpful in patients with COPD
 - The supine patient positioning is most comfortable for patients with severe disease
30. Which are appropriate recommendations for treating a dental patient with COPD?
- Treat the patient in a supine position, do not use rubber dam, treatment during acute respiratory illness OK, if high flow oxygen is given
 - Treat the patient in a supine position, rubber dam may be used safely, avoid barbiturates, narcotics, antihistamines, anticholinergics
 - Treat the patient in an upright position, use nitrous oxide sedation, administer high flow oxygen
 - Treat the patient in an upright position, delay treatment if pt. has an acute respiratory illness, do not use high flow oxygen
31. Patients with asthma may exhibit which of the following characteristics due to their disease?
- Shortness of breath, prolonged expiration, elevated PCO_2 , pulmonary hypertension
 - Dyspnea, coughing, wheezing, hypersensitivity of the tracheo-bronchial tree
 - Shortness of breath, prolonged inspiration, frequent upper respiratory infections, fever
 - Chills, slow inspiratory cycle, productive cough with dark sputum

32. Which of the following items represent the etiology of an asthma attack?
- Exercise, cold temperature, anxiety, stress, smoke
 - Upper respiratory tract infection, Non-steroidal anti-inflammatory medication, hot and humid weather
 - Inborn error of metabolism, developmental defect, stress, humid weather
 - None of the above
33. Regarding tuberculosis(TB), which statements(s) is/are true?
- Disease caused by an infectious organism spread often by inhalation
 - Occurs in debilitated or low socio-economic status groups
 - Symptoms include: wheezing, chills, rapid heart rate, drooling
 - A & B
 - A & C
34. What dental concern should you have about caring for patients with peptic ulcer disease?
- They may be susceptible to oral candidiasis due to antibiotic therapy
 - They may develop congestive heart failure
 - The disease may progress to pseudomembranous colitis
 - A & B
 - A & C
35. Patients who have gastrointestinal bleeding should NOT be prescribed which types of medications?
- Antihypertensives
 - Local anesthetic with epinephrine
 - Anti-diabetic medication
 - Non-steroidal anti-inflammatory drugs
36. What are visible signs of liver disease?
- yellow color of the skin & sclera of the eye, high blood pressure, carotid bruits
 - yellow color of the skin & sclera of the eye, increased respiratory rate, slow pulse rate
 - yellow color of the skin & sclera of the eye, peripheral edema, ascites, spider angiomas
 - yellow color of the skin & sclera of the eye, chest pain, weight gain, fatigue
37. What important functions of the liver could be affected by liver disease?
- Drug metabolism
 - Production of coagulation factors
 - Conversion of glucose to glycogen
 - A & C
 - All of the above
38. Mrs. Jones is a 62 y/o female patient with a medical history of significant alcoholic liver disease. What are important considerations you must be aware of in providing dental care?
- Patient may have increased risk for oral cancer
 - Patient may have altered nutritional status/deficiencies & bleeding tendencies
 - Patient may have increased drug metabolism rates
 - A & B
 - All of the above

39. Which of the following statements is NOT correct? Which is wrong?
- Hepatitis B can be transmitted from infective blood
 - Hepatitis B can be transmitted from raw shellfish
 - Hepatitis B can be transmitted through permucosal exposure
 - Hepatitis B can be of major consequence in the dental office
40. Bobby Bland reports on his recall medical history update that he had Hepatitis B since his last visit of 1½ years ago. What is the most important question to ask him today?
- Were you hospitalized during your illness?
 - Did you have a hepatitis B vaccine?
 - Are you a carrier of hepatitis B?
 - When were your last coagulation studies completed?
41. Which statement is NOT true about Hepatitis A? Which is wrong?
- It is spread by fecal-oral route
 - Transmission occurs by fecal contamination of food & water
 - A prime source of the disease is blood and body fluids
 - It does not have a carrier state
 - It is generally mild in severity
42. Which statement represents best recommendations for care of patient with hepatitis?
- Do not treat patients for routine dental care while they have active disease unless the patient is clinically and biochemically recovered
 - It is of no consequence if a patient is a carrier of hepatitis (for forms that have carrier states) because of the use of infection control procedures
 - Knowing the type of hepatitis is not critical information for dental care of the patient. Just knowing that they have/had hepatitis is the key question
 - Evaluation of coagulation status prior to surgery would not provide you with clinically useful information relevant to care of the patient.
43. Which types of hepatitis have carrier states?
- A; B; C
 - B; C; D
 - B; C; D; E
 - A; B; D
44. Your 36 year/old new female patient reports that she had Hepatitis C. What are your concerns about this patient or any patient with that disease?
- Is she a carrier? Did she have the Hepatitis C vaccine? Once she recovers, there are no long term consequences
 - The patient may have elevated blood pressure, the patient will likely not become a carrier of the disease, once the acute phase of the disease is over, care of the patient is as for any normal healthy patient
 - There will likely be a vaccine for this disease within the next 5 years; the disease course is similar to Hepatitis A
 - There is a high likelihood the patient is or will become a carrier; 25 % of people with the disease die; there is no vaccine for this disease

45. If a patient reports of history of Hepatitis B, what are likely reasons they could have contracted the disease?
- Drug abuse, blood transfusion prior to mid-1980's, intimate contact with an infected individual
 - Consuming raw shell fish, food contaminated with fecal material, travel to foreign countries where water supplies are infected
 - Foreign travel to areas where water supplies are infected; toxic doses of drugs metabolized by the liver
 - Alcoholic liver disease, advanced metabolic dysfunction syndrome, blood transfusion
46. Dental considerations in patients with a history of seizure disorders include:
- frequency of attacks
 - patient safety while seizure occurs
 - use of medication to prevent seizures
 - all of the above
 - none of the above
47. Medications used to prevent seizures have three considerations. What are they?
- Medications can cause gingival hyperplasia; drugs may have a therapeutic range that is narrow and therefore greater chance of toxicity; drugs have important interactions with other medications
 - They have a high likelihood of causing orthostatic hypertension and therefore falls; the drugs may cause cardiac arrhythmias in therapeutic doses; the drugs can cause dependency over time
 - They can cause oral ulcerative lesions; they decrease seizure activity; but increase migraine headaches;
 - They are usually only moderately effective in controlling seizure activity; they can cause dependency over time; they cause impotence
48. What are the characteristics of a Transient Ischemic Attack?
- A permanent loss of oxygen/blood to a small part of the brain that causes minor damage
 - May precede a stroke
 - Patients may experience temporary symptoms similar to a stroke
 - B & C
 - All of the above
49. Key risk factors for cerebral vascular accident are:
- Obesity; physical inactivity; medications; hyperthyroidism; tachycardia
 - Obesity; age; low blood pressure, ventricular fibrillation; COPD; Peripheral vascular disease
 - Obesity; congestive heart failure; cognitive decline; history of abdominal aneurysm
 - Obesity; uncontrolled hypertension; previous MI; atrial fibrillation; diabetes mellitus, TIA, previous stroke

50. Which group of dental considerations for a stroke patient are most appropriate?
- No elective dental treatment for 6 mos. post stroke; short mid-morning appointments; dental care may be impacted by permanent functional disability;
 - No elective dental treatment for 6 mos. post stroke; antibiotic premedication required for dental procedures causing bleeding; appointment timing not critical
 - No elective dental treatment for 1 year post stroke; late afternoon appointments are better since they may be slow moving in the morning; assist with sitting in the chair if necessary; monitor blood pressure
 - No elective dental treatment for 1 year post stroke; review medical history; check coagulation status prior to dental treatment

Please indicate which of the following patient scenarios indicate or do not indicate the need for antibiotic premedication in joint replacement patients:

- | | | | |
|-----|---|--------|-------|
| 51. | patient with hip replacement June 2003 | a. Yes | b. No |
| 52. | pt with second hip replacement 2000 | a. Yes | b. No |
| 53. | Pt with hip replacement 1999 & congestive heart failure | a. Yes | b. No |
| 54. | Pt with previous prosthetic joint infection | a. Yes | b. No |

55. The best way to monitor blood glucose control in diabetic patients is:
- Serum glucose levels
 - Serum Glutamic oxalic acid levels
 - Urine dip-stick nitrate levels
 - Serum hemoglobin A1c
56. The most significant risk factors for type II diabetics are:
- Obesity and family history
 - Serum cholesterol and blood glucose levels
 - Insulin resistance and serum cholesterol levels
 - Previous heart attack and blood glucose levels
57. Which signs & symptoms of abnormal glucose levels are more rapidly appearing and of more rapid consequence in your 42 year old male recall patient today?
- Juicy fruit breath in hyperglycemia
 - Sweating, shaking in hypoglycemia
 - Loss of consciousness in hypoglycemia
 - A & B
 - B & C
58. How often should you (as a quality health care provider) complete a comprehensive oral hard and soft tissue examination for your patients?
- At initial visit & every recall unless otherwise indicated sooner
 - Once per year, unless the patient has specific risk factors such as tobacco use; or alcohol use
 - Once every other year
 - Initial visit is sufficient, unless patient has specific risk factors such as tobacco use; or alcohol use

59. The dorsum of the tongue may lose papillae for several reasons. Choose the correct reasons.
- Drug reaction; toxic dose of vitamin C; immune compromising diseases
 - Congestive heart failure; atrial fibrillation, kidney failure
 - Nutritional deficiency, geographic tongue (erythema migrans); drug reactions
 - Drug reaction; autoimmune diseases such as systemic lupus erythematosus; folic acid deficiency
60. Oral cancer:
- Can be red or white in color
 - Can be red and white in color
 - Can occur under the tongue & the lateral borders of the tongue or any other area of the oral cavity
 - A & B
 - All of the above