

Chapter 72, Self-Assessment Questions

1. ML is a 14-month-old girl diagnosed with acute otitis media. She presented to the pediatric clinic today with a fever of 102.4°F (39.1°C) and tugging of her right ear for the past 24 hours. She developed rhinorrhea, nasal congestion, and sneezing approximately 3 days ago, but those symptoms have improved. She attends daycare 3 days a week and has a 4-year-old brother who attends preschool. This is her first episode of acute otitis media. She had a urinary tract infection when she was 10 months old, which was treated with amoxicillin successfully. What risk factor(s) for otitis media is/are present in ML?

- A. Female sex
- B. Daycare attendance
- C. Young sibling
- D. Antibiotic therapy 4 months ago
- E. B and C are both risk factors

2. ML has been vaccinated appropriately according to recommended childhood immunization schedules. The most likely bacterial pathogen causing her infection is:

- A. *Streptococcus pneumoniae*
- B. *Streptococcus pyogenes*
- C. *Moraxella catarrhalis*
- D. *Staphylococcus aureus*
- E. Influenza

3. Acute otitis media should be diagnosed in a child with which of the following signs/symptoms?

- A. Middle ear effusion only

- B. Middle ear effusion and mild erythema of the tympanic membrane
 - C. Moderate bulging of the tympanic membrane and otalgia
 - D. Mild erythema of the tympanic membrane, middle ear effusion, and hearing impairment for at least 72 hours
 - E. None of these signs/symptoms are consistent with acute otitis media
4. JJ is a 13-month-old boy with bilateral acute otitis media that is not severe. He was treated for a similar episode 4 months ago with amoxicillin and developed a nonurticarial rash. Which of the following is the most appropriate treatment approach for JJ?
- A. Amoxicillin-clavulanate
 - B. Azithromycin
 - C. Cefdinir
 - D. Clindamycin
 - E. Observation option
5. Adjunctive therapies for acute otitis media that are effective for reducing symptoms include:
- A. Analgesics
 - B. Antihistamines
 - C. Decongestants
 - D. Corticosteroids
 - E. All of the above
6. Which patient is most likely to have acute bacterial rhinosinusitis?
- A. 6-year-old boy with nasal discharge for 5 days and congestion for 4 days whose symptoms are improving

- B. 18-year-old woman with persistent rhinorrhea and cough for 5 days and headache for 2 days
 - C. 42-year-old man with nasal congestion and nasal discharge for 5 days that became purulent on day 3
 - D. 35-year-old woman with nasal congestion and postnasal discharge for 5 days that was initially improving but now has headache, increased discharge, and cough
 - E. 55-year-old man with rhinorrhea and postnasal discharge for 4 weeks
7. Risk factors for acute bacterial rhinosinusitis include all of the following *except*:
- A. Viral upper respiratory tract infection
 - B. Asthma
 - C. Cigarette smoke exposure
 - D. Perennial allergic rhinitis
 - E. Intranasal medication use
8. A 39-year-old woman presents to an ambulatory care clinic with a 5-day history of nasal congestion and postnasal discharge. She tried oral phenylephrine for the last 2 days with very little relief of her congestion. Over the last 2 days, she developed right maxillary facial pain, a fever of 100.4°F (38.0°C), and a cough that is most pronounced in the morning. She reports an allergy to penicillin (“abdominal pain and diarrhea”) and she has not been treated with any antibiotics for the past 5 years. What is the most appropriate antibiotic for this patient?
- A. Amoxicillin for 7 days
 - B. Moxifloxacin for 5 days
 - C. Azithromycin for 5 days
 - D. Cefdinir for 7 days

- E. None of the above; she is not a candidate for antibiotics at this time
9. Adherence to prescribed antibiotic therapy can reduce bacterial resistance. Which antibiotic regimen would you consider using in a 10-year-old boy with acute bacterial rhinosinusitis to promote adherence?
- A. Levofloxacin 500 mg every day for 5 days.
 - B. Clarithromycin 500 mg twice a day for 5 days.
 - C. Amoxicillin 500 mg twice a day for 3 days.
 - D. Azithromycin 500 mg every day for 3 days.
 - E. None of these are appropriate options for this patient.
10. Which of the following is *not* a goal of antibiotic therapy for streptococcal pharyngitis?
- A. Minimize spread of infection to close contacts
 - B. Prevention of rheumatic fever
 - C. Prevention of postinfectious glomerulonephritis
 - D. Reduce the duration of symptoms
 - E. None of the above; they are all goals of antibiotic therapy
11. Which patient most likely has streptococcal pharyngitis?
- A. A 12-month-old boy with a 1-day history of rhinorrhea, vomiting, and a temperature of 101.3°F (38.5°C) and evidence of pharyngeal erythema upon physical examination
 - B. A 6-year-old girl with a 2-day history of sore throat, fever of 101.5°F (38.6°C), pain upon swallowing, poor oral intake, and tonsillar erythema with exudates
 - C. A 10-year-old girl with a 2-day history of sore throat, pain upon swallowing, postnasal drip, and pharyngeal erythema

- D. A 21-year-old male college student with a 3-day history of rhinorrhea, 2 days of cough and sore throat, and temperature of 100.1°F (37.8°C)
- E. A 34-year-old woman with a 2-day history of fatigue, 1-day history of sore throat, and temperature of 99.3°F (37.4°C)
12. A 7-year-old girl is diagnosed with streptococcal pharyngitis. She developed a nonurticarial rash after receiving amoxicillin for sinusitis last year. What antibiotic regimen is most appropriate for this child?
- A. Penicillin VK for 10 days
 - B. Azithromycin for 5 days
 - C. Cephalexin for 10 days
 - D. Trimethoprim-sulfamethoxazole for 10 days
 - E. Clindamycin for 5 days
13. A 10-year-old girl presents to her pediatrician's office with a 2-day history of throat pain, poor appetite, fever of 100.3°F (37.9°C), and fatigue. Her mother reports that "strep throat" has been identified at her school recently. Physical examination reveals pharyngeal and tonsillar erythema without exudates. What is the most appropriate course of action?
- A. Perform a rapid streptococcal antigen detection test and treat with antibiotics if the test is positive
 - B. Perform a throat culture and immediately initiate antibiotics because this patient is likely to have streptococcal pharyngitis
 - C. Perform a throat culture; if it is negative, perform a follow-up rapid antigen detection test and treat with antibiotics if this test is positive

- D. Initiate antibiotics without any diagnostic testing since her symptoms and possible exposure to streptococcal disease are sufficient to make the diagnosis
- E. Diagnose her with a viral upper respiratory tract infection and send her home without performing any diagnostic testing

14. A 44-year-old man presents to the pharmacy with complaints of nasal congestion, thick nasal discharge, cough, and headache for 4 days. He has a past medical history that is significant for seasonal allergies to grass and ragweed and he has had “sinus infections in the past.” What should you recommend for him?

- A. Echinacea, diphenhydramine, and pseudoephedrine
- B. Acetaminophen, nasal saline spray, and phenylephrine
- C. Ibuprofen, vitamin C, and dextromethorphan
- D. Intranasal oxymetazoline for up to 7 days; if he is still symptomatic in a week, he should contact a health care provider
- E. Refer him to a health care provider for an antibiotic prescription

15. A 2-year-old girl’s mother calls her health care provider’s office for advice. Her daughter has had cold symptoms (rhinorrhea, nonproductive cough, and temperature of 100.2°F [37.9°C]) for the past 2 days. She asks what she can give to her to help her feel better so she can go back to daycare. Which of these is the best therapeutic recommendation?

- A. Diphenhydramine and acetaminophen
- B. Dextromethorphan and guaifenesin
- C. Echinacea
- D. Air humidification and nasal saline drops
- E. Pseudoephedrine and ibuprofen

Answers

1. E

2. A

3. C

4. C

5. A

6. D

7. B

8. A

9. E

10. C

11. B

12. C

13. A

14. B

15. D