**7/18/2023 Pre-AHD Worksheet**

1. An 84-year-old man is evaluated in the emergency department for presumed sepsis. He lives in a nursing home, and nurses noted that he was febrile and lethargic. Medical history and medications are not immediately available.

On physical examination, temperature is 39.3 °C (102.7 °F), blood pressure is 88/50 mm Hg, pulse rate is 116/min, and respiration rate is 26/min. Oxygen saturation is 95% breathing oxygen, 3 L/min by nasal cannula. The patient is confused but responds to voice commands. Cardiopulmonary examination reveals tachycardia and normal heart sounds. Rhonchi are auscultated over the left lower lobe.

Crystalloid fluid resuscitation is initiated with a target of 30 mL/kg.

Complete blood count, metabolic panel, lactate, and coagulation studies are pending.

Blood cultures are obtained.

Which of the following is the most appropriate immediate next management step?

A Antibiotics

B Chest radiography

C Intubation

D Norepinephrine

1. A 28-year-old man is evaluated for a testicular mass recently discovered by his wife. He also notes the recent onset of cough and lumbar back pain.

An inguinal orchiectomy reveals a testicular seminoma. Tumor staging is performed, and distant metastases are discovered. He will be treated with highly-emetogenic cisplatin-based combination chemotherapy.

Which of the following is the most appropriate measure to prevent this patient's nausea and vomiting?

A Alprazolam and olanzapine

B Serotonin antagonist, neurokinin-1 receptor antagonists, and glucocorticoids

C Serotonin antagonist, neurokinin-1 receptor antagonists, glucocorticoids, and olanzapine

D Serotonin antagonist, neurokinin-1 receptor antagonists, and medical marijuana

1. A 69-year-old man is evaluated because of worsening cancer–related bone pain. He has metastatic prostate cancer. His pain management regimen consists of ibuprofen and immediate-release morphine every 6 hours, but he experiences breakthrough pain 4 hours after dosing. The pain interferes with sleep and has diminished his quality of life. He has no symptoms of cord compression.

Which of the following is the most appropriate treatment?

A Add pregabalin three times daily

B Increase immediate-release morphine to every 4 hours

C Switch to immediate-release hydrocodone every 4 hours

D Switch to sustained-release morphine twice daily

**Open Ended Questions:**

1. What are 2 clinical features of tumor lysis syndrome? Hyper viscosity syndrome? Superior vena cava syndrome? And spinal cord compression?
2. What is the recommended dosing of insulin for hospitalized patients with diabetes? And what is the target glucose range?