1. A 20-year-old male presents to your primary care clinic. This patient is a college student. He complains of fatigue, sore throat, and low-grade fever for 3 days. On physical exam, he has a temperature of 100.7°F. His ear exam is normal. His nose and throat exam shows mild erythema of the nasal mucosa and edematous, enlarged tonsils bilaterally, with erythema of the pharyngeal wall and tonsillar exudates. He has inflamed posterior cervical lymph nodes. He has a mild nonproductive cough and clear lung exam. What is his most likely diagnosis?

- Viral pharyngitis.

Mononucleosis (This presentation could be a viral pharyngitis; however, with posterior cervical lymphadenitis, you would suspect mononucleosis)

- Streptococcal pharyngitis.
- Upper respiratory infection.

2. Which of the following is not a complication of untreated group A streptococcal pharyngitis?

- Glomerulonephritis.
- Rheumatic heart disease.
- Scarlet fever.

Hemolytic anemia (This is a complication of mononucleosis)

3. Jonathan, age 19, has just been given a diagnosis of mononucleosis. Which of the following statements is true?

Antibiotic therapy should be instructed to avoid stress and that convalescence may take several weeks) utensils. Bed rest is necessary only in severe cases)

The virus that causes mononucleosis is transmitted through saliva,

hence the nickname the "kissing disease." It is contagious and can be transmitted through kissing or sharing

Jonathan should avoid contact sports and heavy lifting (When teaching clients about mononucleosis, or Epstein-Barr virus (EBV), tell them to avoid contact sports and heavy lifting because of splenomegaly and

a threat of rupture)

4. Mario, a 17-year-old high school student, came to the office for evaluation. He is complaining of persistent sore throat, fever, and malaise not relieved by the penicillin therapy prescribed recently at the urgent care center. As the nurse practitioner, what would you order next?

A Monospot test (If a client has a persistent sore throat, fever, and malaise not relieved by penicillin therapy, a Monospot test should be performed to rule out mononucleosis (Epstein-Barr virus)

5. Marcia, age 4, is brought in to the office by her mother. She has a sore throat, difficulty swallowing, copious oral secretions, respiratory difficulty, stridor, and a temperature of 102°F but no pharyngeal erythema or cough. What do you suspect?

Epiglottitis (A symptom cluster of severe throat pain with difficulty swallowing, copious oral secre tions, respiratory difficulty, stridor, and fever but without pharyngeal erythema or cough is indicative of epiglottitis)

6. You diagnose acute epiglottitis in Sally, age 5, and immediately send her to the local emergency room. Which of the following symptoms would indicate that an airway obstruction is imminent?
- Reddened face.
- Screaming.
- Grabbing her throat.

Stridor (In a pediatric client with acute epiglottitis, a number of symptoms can indicate that airway obstruction is imminent: stridor, restlessness, nasal flaring, as well as the use of accessory muscles of respiration)

7. A patient asks how to avoid contracting pharyngitis and tonsillitis. Which piece of advice is not appropriate for this patient?

"Take antibiotics when well to avoid future infections." (Patients should only be prescribed antibiotics if a throat culture confirms disease of bacterial origin)

8. Which of the following is not recommended for hoarseness (Dysphonia)?
- Vocal rest.
- Tobacco cessation.
- Decrease in caffeine use.

Oral steroids (Oral steroids are not routinely used to treat hoarseness)

9. Samantha, age 12, presents with ear pain. When you begin to assess her ear, you tug on her normal-appearing auricle, eliciting severe pain. This leads you to suspect:
- Otitis media (membrane)
- Otitis media with effusion (Otitis media, with or without effusion, cannot be diagnosed without examining Otitis media, with or without effusion, cannot be diagnosed without examining the tympanic the tympanic membrane).

Otitis externa (When severe pain is elicited by tugging on a normal-appearing auricle, an acute infection of the external ear canal (otitis externa) is suspected)
- Primary otalgia (Otalgia is ear pain)

10. Kathleen, age 54, has persistent pruritus of the external auditory canal. External otitis and dermatological conditions, such as seborrheic dermatitis and psoriasis, have been ruled out. What can you advise her to do?
- Use a cotton-tipped applicator daily to remove all moisture and potential bacteria.
- Wash daily with soap and water.

Apply mineral oil to counteract dryness (Pruritus of the external ear canal is a common problem. In most cases, the pruritus is self-induced from overenthusiastic cleaning or excoriation. The protective cerumen covering must be allowed to regenerate and may be helped to do so by application of a small amount of mineral oil, which helps counteract dryness and reject moisture. Often, the use of isopropyl alcohol may relieve ear canal pruritus as well)
- Avoid topical corticosteroids.

11. Jill, a 34-year-old bank teller, presents with symptoms of hay fever. She complains of nasal congestion, runny nose with clear mucus, and itchy nose and eyes. On physical assessment, you observe that she has pale nasal turbinates. What is your diagnosis?

• Allergic rhinitis (The symptoms of hay fever, also called allergic rhinitis, are similar to those of viral rhinitis but usually persist and are seasonal in nature. When assessing the nasal mucosa, you will observe that the turbinates are usually pale or violaceous because of venous engorgement)

12. A 75-year-old African American male presents to your family practice office complaining of visual impairment. He has worn corrective lenses for many years but has noticed that his vision has gotten progressively worse the past 6 months. He denies pain. He states his vision is worse in both eyes in the peripheral aspects of his visual field. He also notes trouble driving at night and halos around street lights at night. You test his intraocular pressure, and it is 23 mm Hg. What is his most likely diagnosis?

Open-angle glaucoma (This is the typical presentation of chronic, or open-angle, glaucoma)

13. What significant finding(s) in a 3-year-old child with otitis media with effusion would prompt more aggressive treatment and referral?

There is a change in the child's hearing threshold to greater than 25 dB (If a child with otitis media with effusion has a change in the hearing threshold greater than 25 dB and has notable speech and language delays, more aggressive treatment is indicated. When the child's hearing examination reveals a change in the hearing threshold, it is extremely important that the provider evaluate the child's achievement of developmental milestones in speech and language. Any abnormal findings warrant referral)

• The child has become a fussy eater.
• The child's speech and language skills seem slightly delayed.
• Persistent rhinitis is present.

14. In a young child, unilateral purulent rhinitis is most often caused by:

A foreign body (In a young child, unilateral purulent rhinitis is most often caused by a foreign body. The key word here is unilateral)

A viral infection (Viral infections usually affect both nares)
A bacterial infection (Bacterial infections usually affect both nares)
Allergic reaction (Allergic reactions usually affect both nares)

15. Marjorie, age 37, has asthma and has been told she has nasal polyps. What do you tell her about them?

• Nasal polyps are usually precancerous.

Nasal polyps are benign growths (Nasal polyps are benign growths that occur frequently in clients with sinus problems, asthma, and allergic rhinitis. Polyps are neither neoplastic growths nor precancerous, but they do have the potential to affect the flow of air through the nasal passages. Clients who have asthma and have nasal polyps may have an associated allergy to aspirin, a syndrome that is referred to as Samter triad.)

• The majority of nasal polyps are neoplastic.
• They are probably inflamed turbinates, not polyps, because polyps are infrequent in clients with asthma

16. Kevin, age 26, has AIDS and presents to the clinic with complaints of a painful tongue covered with what look like creamy white, curdlike patches overlying erythematous mucosa. You are able to scrape off these "curds" with a tongue depressor, which assists you in making which of the following diagnoses?

-Leukoplakia cannot be removed by rubbing the mucosal surface; it appears as little white
-Oral lichen planus is a chronic inflammatory autoimmune disease; it also has white lesions that do not rub off)
Oral candidiasis (Oral candidiasis (thrush) is distinctive because the white areas on the tongue can be rubbed off with a tongue depressor. Thrush may be seen in denture wearers, in debilitated clients, and in those who are immunocompromised or taking corticosteroids or broad-spectrum antibiotics)
Oral cancer must be ruled out in any lesion because early detection is the key to successful management and a good prognosis)

17. You diagnose 46-year-old Mabel with viral conjunctivitis. Your treatment should include:
Antibiotics should not be used in clients with viral conjunctivitis)
Antibiotics should not be used in clients with viral conjunctivitis)
Supportive measures and lubricating drops (artificial tears) (Viral conjunctivitis is treated with supportive measures, including cold compresses and lubricating eye drops. Preventive measures, such as frequent, are important, as viral conjunctivitis is highly contagious)
Antibiotics should not be used in clients with viral conjunctivitis)

18. The antibiotic of choice for recurrent acute otitis media (AOM) and/or treatment failure in children is:

Amoxicillin (Amoxil) is used as the first-line treatment of AOM. However, it is not used in patients with recurrent AOM or treatment failure)
Amoxicillin and potassium clavulanate (Augmentin) (The antibiotic of choice for recurrent AOM or treatment failure is amoxicillin and potassium clavulanate (Augmentin)

19. An 80-year-old woman comes in to the office with complaints of a rash on the left side of her face that is blistered and painful and accompanied by left-sided eye pain. The rash broke out 2 days ago, and she remembers being very tired and feeling feverish for a week before the rash appeared. On examination, the rash follows the trigeminal nerve on the left, and she has some scleral injection and tearing. You suspect herpes zoster ophthalmicus.
Based on what you know to be complications of this disease, you explain to her that she needs:
• Antibiotics.
• A biopsy of the rash.
• Immediate hospitalization.
Ophthalmological consultation (In this case, because the herpes virus seems to be along the ophthalmic branch of cranial nerve V, there is considerable risk that this client could develop permanent damage in that eye; therefore, an ophthalmological consult needs to be arranged promptly to ascertain current damage and prevent any further damage)