

1. Which of the following statements best describes a differential diagnosis list?
 - a. A list of potential/plausible diagnoses that may be causing the patients s/sx
2. A 66 y.o female presents to the primary care office with complains of jaw pain, fatigue, and nausea for the last 48 hours. What course of action is appropriate in the treatment of this patient?
 - a. Recognize these could be atypical symptoms of acute coronary syndrome and proceed accordingly
3. In an adult over the age of 40, a s3 assessment finding on cardiac auscultation may be indicative of what? Select all that apply.
 - a. Normal for athletes
 - b. Heart failure
 - c. Ventricular overload from aortic or mitral regurgitation
4. A 72 y.o male is admitted to ICU from the ED for the initial complaint of chest pain. After the history and physical examination, the NP documents the following CV findings: JVP is 5cm above the sternal angle with the HOB elevated to 50°. Carotid upstrokes are brisk; a bruit is heard over the left carotid artery. The PMI is diffuse, 3cm in diameter, palpated at the anterior axillary line in the intercostal spaces. S1 and S2 are soft. S3 is present at the apex. High-pitched harsh 2/6 holosystolic murmur best heard at the apex, radiating to the axilla. Which of the following possible diagnosis is based on the accurate interpretation of the assessment findings?
 - a. JVP 5cm = volume overload
 - b. Carotid bruit = occlusion
 - c. PMI 3cm palpated at axillary line = LVH
 - d. S3 at the apex = volume overload in ventricles
 - e. 2/6 holosystolic murmur at apex = mitral regurg
 - f. Suggest heart failure with volume overload, possible L carotid occlusion and mitral regurg
5. A 76 y.o male presents to the office for a routine physical examination. The NP documents the following skin findings: decreased elasticity with multiple lentiginous macules on habitually sun-exposed skin. Multiple, discrete, brown, stuck on, non-indurated, verrucous plaques on the back and abdomen varying from 1-2 cm. Which of the following is the most accurate interpretation of these findings?
 - a. Seborrheic keratoses
6. A 14 y.o male presents to the clinic with his grandmother for a complaint of sore throat. The patient is afebrile and denies cough. After completing the history and physical examination, the NP documented the following partial assessment findings: throat – oral mucosa pink, dental caries in lower molars, tongue midline, uvula and pharynx erythematous, bilateral tonsils enlarged, no exudates. Neck – trachea midline. Neck supple; thyroid isthmus midline, lobes palpable but not enlarged. Lymph nodes – submandibular and anterior cervical lymph nodes tender. 1cmx1cm, rubbery and mobile, no posterior cervical, epitrochlear, axillary, or inguinal lymphadenopathy. Which of the following is the most accurate interpretation of the findings?
 - a. Pharyngitis