Import Settings:

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Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Endocrine Emergencies - Endocrine Emergencies - TBNK**

**Multiple Choice**

1. The endocrine system comprises a network of \_\_\_\_\_\_\_\_\_\_\_ that produce and secrete chemical messengers called \_\_\_\_\_\_\_\_\_\_\_\_.

A) glands, hormones

B) nodes, catecholamines

C) vessels, leukotrienes

D) synapses, neurotransmitters

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

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Feedback: Anatomy and Physiology Review, page 1259

2. If there is an increased level of antidiuretic hormone in the bloodstream, then:

A) blood pressure decreases secondary to dilation of the vessels.

B) the renal tubules are stimulated to reabsorb sodium and water.

C) potassium, phosphorus, and magnesium are lost through diuresis.

D) the kidneys excrete excessive sodium and water from the body.

Ans: B

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

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Feedback: Anatomy and Physiology Review, page 1259

3. The primary anatomic link between the endocrine system and the nervous system is/are the:

A) pancreas.

B) adrenal glands.

C) hypothalamus.

D) adrenal cortex.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1259

Feedback: Anatomy and Physiology Review, page 1259

4. When the body's metabolic rate decreases:

A) the thyroid gland secretes thyroxine.

B) oxygen demand increases accordingly.

C) the kidneys excrete more sodium and water.

D) thyroid-stimulating hormone secretion is reduced.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1259

Feedback: Anatomy and Physiology Review, page 1259

5. Secretion of the parathyroid hormone is regulated by blood levels of:

A) sodium.

B) calcium.

C) potassium.

D) phosphorus.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1259

Feedback: Anatomy and Physiology Review, page 1259

6. If the body experiences a drop in volume or blood pressure:

A) aldosterone stimulates the sweat glands, resulting in diaphoretic skin.

B) adrenocorticotropic hormone causes a reduction in the secretion of cortisol.

C) aldosterone secretion stimulates the kidneys to reabsorb sodium from the urine.

D) catecholamine release inhibits the conversion of glycogen to glucose in the liver.

Ans: C

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1260

Feedback: Anatomy and Physiology Review, page 1260

7. The adrenal medulla secretes norepinephrine following stimulation from the:

A) brainstem.

B) diencephalon.

C) hypothalamus.

D) pituitary gland.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1260

Feedback: Anatomy and Physiology Review, page 1260

8. The endocrine component of the pancreas:

A) comprises the pancreatic duct.

B) comprises the islets of Langerhans.

C) releases epinephrine and norepinephrine.

D) secretes digestive enzymes into the duodenum.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1260

Feedback: Anatomy and Physiology Review, page 1260

9. The release of glucagon into the bloodstream stimulates:

A) the liver to convert glycogen to glucose.

B) the liver to take in and store more glucose.

C) the cells to uptake sugar from the bloodstream.

D) the vessels to constrict, thus increasing blood pressure.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1260

Feedback: Anatomy and Physiology Review, page 1260

10. Which of the following statements regarding insulin is correct?

A) Insulin stimulates the conversion of glycogen to glucose.

B) An increase in insulin levels causes an increase in blood glucose.

C) Insulin is a pancreatic hormone that performs exocrine functions.

D) Insulin is the only hormone that decreases blood glucose levels.

Ans: D

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1260

Feedback: Anatomy and Physiology Review, page 1260

11. What is the function of estrogen?

A) It stimulates the release of progesterone from the pituitary gland.

B) It signals the anterior pituitary gland to secrete luteinizing hormone.

C) It releases androgens that are responsible for pubic and armpit hair.

D) It signals the posterior pituitary gland to secrete gonadotropic hormones.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Endocrine Emergencies

Page: 1260

Feedback: Anatomy and Physiology Review, page 1260

12. Diabetes is MOST accurately defined as:

A) inadequate insulin secretion, which leads to increased circulating blood glucose levels.

B) a decrease in circulating insulin levels, which results in a drop in serum blood sugar levels.

C) a metabolic disorder in which the body's ability to metabolize simple carbohydrates is impaired.

D) an endocrine disorder in which the liver is unable to produce and store adequate amounts of glycogen.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1264–1265

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1264–1265

13. When the pancreas does not produce enough insulin or the cells do not respond to the effects of the insulin that is produced:

A) the cells will metabolize oxygen and function normally.

B) glucose levels in the blood and urine will be elevated.

C) serum glucose levels will fall and brain damage may occur.

D) the body will stop making glucose as a protective mechanism.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1264–1265

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1264–1265

14. Microvascular complications of diabetes include all of the following, EXCEPT:

A) retinopathy.

B) hypertension.

C) nephropathy.

D) neuropathy.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1266

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1266

15. Type 1 diabetes that is secondary to an autoimmune disorder occurs when:

A) the body builds up antibodies that destroy the islets of Langerhans.

B) insufficient white blood cells predispose the pancreas to infection.

C) glucagon and insulin are destroyed by phagocytic white blood cells.

D) the patient experiences an allergic reaction to his or her own glucose.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1267

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1267

16. A person with type 1 diabetes:

A) is often an older person whose pancreas does not produce adequate insulin.

B) can often control his or her diabetes with a proper diet and regular exercise.

C) is not as likely to experience hypoglycemia as a person with type 2 diabetes.

D) generally does not produce any insulin and requires daily insulin injections.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1267

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1267

17. Excessive alcohol consumption can lead to low blood glucose levels because:

A) alcohol destroys any insulin that is produced.

B) alcohol antagonizes the pancreatic beta cells.

C) alcohol blocks the pancreatic release of insulin.

D) alcohol depletes glycogen stores in the liver.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1267

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1267

18. Insulin resistance occurs when:

A) autoantibodies break down insulin before it can be utilized by the body.

B) the release of epinephrine and norepinephrine renders insulin less effective.

C) the pancreas produces enough insulin, but the body cannot utilize it effectively.

D) the body produces excessive insulin, which causes a profound drop in blood glucose.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1268

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1268

19. Diabetic patients would MOST likely present with atypical signs and symptoms of:

A) bacterial pneumonia.

B) acute coronary syndrome.

C) an acute ischemic stroke.

D) viral or fungal meningitis.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1269

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1269

20. Common symptoms of type 2 diabetes include all of the following, EXCEPT:

A) thirst.

B) dysuria.

C) fatigue.

D) blurred vision.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1268–1269

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1268–1269

21. Which of the following would NOT cause hypoglycemia in the patient with type 1 diabetes?

A) Insulin underdose

B) Too much insulin

C) Too little food

D) Strenuous exertion

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1270–1271

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1270–1271

22. The tissues of the central nervous system:

A) can metabolize fat and proteins to make energy.

B) are able to store glucose and use just what is needed.

C) can only survive for about an hour without glucose.

D) depend entirely on glucose as their source of energy.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1271

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1271

23. The clinical presentation of a hypoglycemic patient would MOST likely resemble that of a patient with:

A) classic heatstroke.

B) an opiate overdose.

C) alcohol intoxication.

D) a hemorrhagic stroke.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1271

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1271

24. Prior to administering 50% dextrose (D50) via IV push, it is MOST important to:

A) protect the airway with an endotracheal tube.

B) ensure that the IV line is patent and freely flowing.

C) confirm a blood glucose reading of less than 40 mg/dL.

D) draw blood for later analysis in the emergency department.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1273

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1273

25. Hyperglycemia is characterized by:

A) a gradual onset and warm, dry skin.

B) shallow respirations and bradycardia.

C) a rapid onset and cool, clammy skin.

D) a blood glucose level above 110 mg/dL.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1276

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1276

26. Diabetic ketoacidosis occurs when:

A) blood glucose levels rise above 250 mg/dL.

B) the renal system begins to excrete ketones.

C) the cells metabolize fat and produce ketones.

D) insulin production exceeds glucagon production.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1275

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1275

27. Severe dehydration that commonly accompanies diabetic ketoacidosis is caused by:

A) prolonged compensatory hyperventilation.

B) decreased fluid intake secondary to hyperglycemia.

C) hyperglycemia-induced osmotic diuresis and vomiting.

D) the loss of key electrolytes such as sodium and potassium.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1275

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1275

28. Unlike the patient with hypoglycemia, the patient with severe hyperglycemia:

A) usually does not vomit.

B) has a normal breath odor.

C) rapidly improves with treatment.

D) is tachypneic and hyperpneic.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1275–1276

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1275–1276

29. A patient with diabetic ketoacidosis experiences polydipsia as a result of:

A) hyperglycemia.

B) dehydration.

C) metabolic acidosis.

D) inefficient nutrient utilization.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1275

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1275

30. Which of the following interventions would the paramedic LEAST likely perform on a patient with diabetic ketoacidosis?

A) Insulin administration

B) Endotracheal intubation

C) Sodium bicarbonate administration

D) Infusion of 1 liter/hr of normal saline

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1276–1277

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1276–1277

31. Patients with hyperosmolar hyperglycemic nonketotic coma:

A) present with severe dehydration and neurologic deficits.

B) experience more severe acidosis than patients with diabetic ketoacidosis.

C) typically require prehospital sodium bicarbonate therapy.

D) most commonly have a history of type 1 diabetes mellitus.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1277

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1277

32. Prehospital treatment for patients with hyperosmolar hyperglycemic nonketotic coma focuses on:

A) intubation and insulin administration.

B) correction of electrolyte abnormalities.

C) high-flow oxygen and IV or IM glucagon.

D) airway management and fluid rehydration.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1278

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1278

33. Adrenal insufficiency is characterized by decreased function of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and consequent underproduction of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A) adrenal glands, catecholamines

B) adrenal medulla, norepinephrine

C) adrenal cortex, cortisol and aldosterone

D) adrenal glands, epinephrine and norepinephrine

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Adrenal Insufficiency

Subject: Endocrine Emergencies

Page: 1279

Feedback: Pathophysiology, Assessment, and Management of Adrenal Insufficiency, page 1279

34. A decrease in adrenal hormone production will result in all of the following, EXCEPT:

A) weakness.

B) hypertension.

C) dehydration.

D) inability to respond to stress.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Adrenal Insufficiency

Subject: Endocrine Emergencies

Page: 1279

Feedback: Pathophysiology, Assessment, and Management of Adrenal Insufficiency, page 1279

35. The primary role of cortisol is to:

A) maintain an adequate blood pressure.

B) assist with the body's response to stress.

C) regulate the metabolism of carbohydrates.

D) decrease the body's inflammatory response.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Adrenal Insufficiency

Subject: Endocrine Emergencies

Page: 1279

Feedback: Pathophysiology, Assessment, and Management of Adrenal Insufficiency, page 1279

36. Which of the following statements regarding Addison disease is MOST correct?

A) Addison disease most often occurs when the immune system creates antibodies that attack and destroy the adrenal cortex.

B) Addison disease is also known as secondary adrenal insufficiency and is most often the result of a viral infection.

C) The signs and symptoms of Addison disease are a direct result of the overproduction of cortisol and aldosterone.

D) Hallmark signs of Addison disease are hypertension and fluid retention that result from excess sodium reabsorption.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Adrenal Insufficiency

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Page: 1279

Feedback: Pathophysiology, Assessment, and Management of Adrenal Insufficiency, page 1279

37. In contrast to primary adrenal insufficiency, secondary adrenal insufficiency is caused by:

A) idiopathic atrophy of both of the adrenal glands that results in a deficiency of all the steroid hormones they secrete.

B) adrenal gland destruction caused by tuberculosis; viral, bacterial, or fungal infections; or cancer of the adrenal gland.

C) acute hypertension and overhydration due to excess sodium reabsorption.

D) decreased cortisol secretion secondary to a lack of adrenocorticotropic hormone secretion from the pituitary gland.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Adrenal Insufficiency

Subject: Endocrine Emergencies

Pages: 1279–1280

Feedback: Pathophysiology, Assessment, and Management of Adrenal Insufficiency, pages 1279–1280

38. The MOST common cause of addisonian crisis is:

A) overwhelming stress.

B) a severe acute infectious process.

C) abrupt termination of corticosteroid use.

D) acute failure of one or both of the adrenal glands.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Adrenal Insufficiency

Subject: Endocrine Emergencies

Page: 1280

Feedback: Pathophysiology, Assessment, and Management of Adrenal Insufficiency, page 1280

39. The chief clinical manifestation of addisonian crisis is:

A) shock.

B) dehydration.

C) lower back pain.

D) an elevated temperature.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Adrenal Insufficiency

Subject: Endocrine Emergencies

Page: 1280

Feedback: Pathophysiology, Assessment, and Management of Adrenal Insufficiency, page 1280

40. Which of the following would MOST likely cause Cushing syndrome?

A) Abrupt termination of steroids such as prednisone and hydrocortisone

B) Administration of large amounts of methylprednisolone to an asthma patient

C) An acute decrease in cortisol secretion secondary to an infection or malignancy

D) Underuse of corticosteroids for illnesses such as rheumatoid arthritis and asthma

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Other Adrenal Emergencies

Subject: Endocrine Emergencies

Page: 1281

Feedback: Pathophysiology, Assessment, and Management of Other Adrenal Emergencies, page 1281

41. A patient with Cushing syndrome would MOST likely present with:

A) thickened skin.

B) hyperglycemia.

C) decreased urination.

D) acute hyperactivity.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Other Adrenal Emergencies

Subject: Endocrine Emergencies

Page: 1281

Feedback: Pathophysiology, Assessment, and Management of Other Adrenal Emergencies, page 1281

42. Signs and symptoms of hypothyroidism include:

A) tachycardia and hypertension.

B) hot, flushed skin and restlessness.

C) diarrhea and emotional lability.

D) bradycardia and sluggish reflexes.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders

Subject: Endocrine Emergencies

Page: 1282

Feedback: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders, page 1282

43. Unlike hypothyroidism, hyperthyroidism:

A) results in a decreased cardiac output.

B) causes a decrease in the metabolic rate.

C) causes an increase in oxygen demand.

D) often results in acute myxedema coma.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders

Subject: Endocrine Emergencies

Page: 1281

Feedback: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders, page 1281

44. A 29-year-old man presents with bizarre behavior and profuse sweating. His wife tells you that he has type 1 diabetes and that he took his insulin today. During your assessment, you will MOST likely find that the patient is:

A) dehydrated.

B) tachypneic.

C) hyperglycemic.

D) breathing deeply.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1270–1274

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1270–1274

45. You are dispatched to the residence of a 60-year-old woman who was found unresponsive by her husband. As you are assessing the patient, her husband tells you that she is a diabetic and has recently experienced several “small strokes.” In addition to managing her airway, you should:

A) perform a field glucose test to rule out hypoglycemia.

B) start an IV line and give her 50 mL of 50% dextrose.

C) avoid giving her glucose because of her small strokes.

D) start an IV line and give her a 20-mL/kg fluid bolus.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1272

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1272

46. You receive a call to the county jail for a male inmate who is unresponsive. According to the jailor, the patient was arrested for being “drunk.” Your assessment reveals that the patient is profusely diaphoretic, and his respirations are rapid and shallow. His blood glucose level reads 30 mg/dL. As your partner assists the patient's ventilations, you start an IV and administer 50% dextrose. Reassessment reveals that the patient is responsive to pain only and his blood glucose level is 46 mg/dL. You should:

A) intubate his trachea to prevent aspiration and transport him immediately.

B) administer a second dose of dextrose and prepare for immediate transport.

C) give him 1 mg of glucagon IM and reassess his blood glucose.

D) conclude that he will require immediate definitive care and begin transport.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1273–1274

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1273–1274

47. A 30-year-old woman presents with 3 days of generalized weakness, dizziness, and excessive urination. She is conscious but restless, and she tells you that she is extremely thirsty. Her blood pressure is 96/66 mm Hg, her pulse is 110 beats/min and full, and her respirations are rapid and deep. On the basis of this patient's clinical presentation, she will MOST likely require:

A) 25 g of 50% dextrose.

B) in-hospital antibiotics.

C) 0.5 to 1 mg of glucagon.

D) crystalloid fluid hydration.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1274–1277

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1274–1277

48. A 51-year-old man with type 2 diabetes presents with confusion, blurred vision, and signs of significant dehydration. According to the man's wife, he has had a fever and flu-like symptoms for the past few days. She further tells you that he has “stuck to his diet” as advised by his physician. His blood pressure is 90/50 mm Hg, pulse is 120 beats/min and weak, and respirations are rapid and shallow. You assess his blood glucose level, which reads “high.” This patient is MOST likely:

A) producing ketones due to fat metabolism.

B) experiencing hyperosmolar nonketotic coma.

C) significantly acidotic and requires bicarbonate.

D) hyperglycemic secondary to being dehydrated.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Pages: 1277–1278

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, pages 1277–1278

49. You are assessing a 70-year-old man with a blood glucose reading of 400 mg/dL and note the presence of sharply peaked T waves on the cardiac monitor. Which of the following medications would this patient MOST likely receive in the prehospital setting?

A) Insulin

B) Glucagon

C) Potassium

D) Bicarbonate

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1277

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1277

50. You are dispatched to a residence for an elderly woman who is “sick.” When you arrive and assess her, you note that she is responsive to pain only and has hot, moist skin and rapid, shallow respirations. You find prednisone, Paxil, and multivitamins on her nightstand. Further assessment of this patient will MOST likely reveal:

A) a normal blood glucose level and a “moon face” appearance.

B) severe hypertension, flattened T waves, and asymmetric pupils.

C) hypoglycemia, hypotension, and ECG evidence of hyperkalemia.

D) a blood glucose reading above 400 mg/dL and a fruity breath odor.

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Adrenal Insufficiency

Subject: Endocrine Emergencies

Page: 1280

Feedback: Pathophysiology, Assessment, and Management of Adrenal Insufficiency, page 1280

51. A 68-year-old obese woman presents with a markedly decreased level of consciousness. She was found in bed by her husband. Your primary assessment reveals that her respirations are slow and shallow, her pulse is slow and weak, and her skin is cold and dry. According to the patient's husband, she has had a recent infection, but he cannot remember what the doctor called it. You should be MOST suspicious that this patient is experiencing:

A) myxedema coma.

B) addisonian crisis.

C) diabetic ketoacidosis.

D) acute hypothyroidism.

Ans: A

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Disorders

Subject: Endocrine Emergencies

Pages: 1282–1283

Feedback: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders, pages 1282–1283

52. Which of the following clinical presentations is MOST consistent with thyrotoxicosis?

A) Severe tachycardia, fever, nausea and vomiting, and confusion

B) Profound bradycardia, hypothermia, and respiratory depression

C) Apathy, hypoglycemia, abdominal pain, and an irregular pulse

D) Obesity, cool skin, severe hypotension, and respiratory distress

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders

Subject: Endocrine Emergencies

Page: 1283

Feedback: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders, page 1283

53. Which of the following is consistent with hyperosmolar hyperglycemic syndrome?

A) Glucose, 340 mg/dL; pH, 7.29; ketone bodies, present

B) Glucose, 500 mg/dL; pH, 7.20; ketone bodies, absent

C) Glucose, 612 mg/dL; pH, 7.39; ketone bodies, absent

D) Glucose, 420 mg/dL; pH, 7.25; ketone bodies, present

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements

Subject: Endocrine Emergencies

Page: 1278

Feedback: Pathophysiology, Assessment, and Management of Glucose Metabolic Derangements, page 1278

54. A 50-year-old male with a history of long-term alcohol abuse presents with dull epigastric pain that is worse when he is lying flat. What should you suspect?

A) Pancreatitis

B) Cushing syndrome

C) Addison disease

D) Addisonian crisis

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Other Disorders of the Pancreas

Subject: Endocrine Emergencies

Pages: 1278–1279

Feedback: Pathophysiology, Assessment, and Management of Other Disorders of the Pancreas, pages 1278–1279

55. Acanthosis is a clinical finding that indicates:

A) Addison disease.

B) Cushing syndrome.

C) addisonian crisis.

D) thyroid storm.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Other Adrenal Emergencies

Subject: Endocrine Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Other Adrenal Emergencies, page 1281

56. Clinical characteristics of syndrome of inappropriate antidiuretic hormone (SIADH) include:

A) polyuria.

B) dehydration.

C) decreased ADH levels.

D) systemic fluid overload.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders

Subject: Endocrine Emergencies

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Feedback: Pathophysiology, Assessment, and Management of Thyroid, Parathyroid, and Pituitary Gland Disorders, page 1284