

Examination for Master in: Forensic Medicine and  
Clinical Toxicology (1<sup>st</sup> part)  
Course Title: Clinical Toxicology in Children  
Date: Marsh 21, 2021  
Time allowed: 3 Hours  
Total Assessment Marks: 45



Tanta University  
Faculty of Medicine  
Department of Pediatrics

---

---

All questions should be answered:

---

---

**(2 marks) for each question from the following:**

1. In cases of poisoning: Mention 4 methods of poison elimination enhancement?
2. Mention 4 clinical manifestations of established shock?
3. Enumerate 3 prognostic factors in comatose child?
4. Enumerate 3 ECG manifestations of hyperkalemia?
5. Mention 3 treatment modalities of organo-phosphorous poisoning?
6. Give four clinical manifestations of digitalis toxicity?
7. What is the antidote of the following poisons (mention dose):
  - a. chlorpromazine
  - b. Cyanide
  - c. Isoniazide
  - d. Lead
8. Mention 4 manifestations of moderate dehydration?
9. Enumerate 4 causes of metabolic acidosis ?
10. Give 4 causes of fluid overload?
11. Enumerate 3 clinical manifestations of hypocalcaemia?
12. Give 3 causes of distributive shock?
13. Mention 4 manifestations of multiple organ system failure?
14. Give examples for 4 drugs used in resuscitation (with doses)?
15. Enumerate and Differentiate between types of respiratory failure?

## MCQ (1 mark) for each question

1. Which of the following is correct in cases of hypertonic dehydration:

- a) The tongue is usually moist
- b) Polyuria commonly occur
- c) Skin turgor is affected
- d) Intracellular fluid volume is decreased

2. As regard 2nd degree heart block, Wenckbach phenomenon means:

- a) Prolonged P-R interval
- b) Occasional atrial contraction are not followed by QRS complex
- c) The P-R interval gradually lengthen until QRS complex is skipped and so on
- d) Complete A-V dissociation

3. Signs of low cardiac output in pericardial tamponade include the following except:

- a) Pulsus paradoxus
- b) Decreased systolic blood pressure
- c) Pale cold skin
- d) Kausmaul signs

4. The Most common cause of death in tricyclic antidepressant overdose is :

- A. seizures
- B. renal injury
- C. respiratory failure
- D. refractory hypotension

5. Coma is diagnosed when GCS is equal or less than :

- A. 8.
- B. 9.
- C. 10.
- D. Non of the above.

6. Type II respiratory failure is primary due to:

- A. Defective oxygenation.
- B. Defective ventilation.
- C. Both of them.
- D. Non of them.

7. Nystagmus is a sign of poisoning in all of the following EXCEPT

- A. cocaine
- B. alcohols
- C. ketamine
- D. anticonvulsant

**The MOST devastating consequence of untreated hypernatremia is**

- A. brain hemorrhage
- B. seizures
- C. central pontine myelinolysis
- D. brain edema

**9. In respiratory alkalosis there is :**

- A. ↓ pH & ↓ P<sub>a</sub>CO<sub>2</sub>.
- B. ↑ pH & ↓ P<sub>a</sub>CO<sub>2</sub>.
- C. ↑ pH & ↑ P<sub>a</sub>CO<sub>2</sub>.
- D. ↓ pH & ↑ P<sub>a</sub>CO<sub>2</sub>.

**10. In a child with hypernatremic dehydration the first priority is restoration of intravascular volume by :**

- A. 3% saline
- B. normal saline
- C. Lactated Ringer solution
- D. 1/2 glucose saline

**11. In shock, afterload reducing agent is indicated in :**

- A. Hypovolemic shock
- B. Distributive shock.
- C. Cardiogenic shock.
- D. All types of shock.

**12. The best fluid bolus giving to a child with isolated vomiting and severe dehydration is**

- A. normal saline
- B. ringer lactate
- C. half-normal saline
- D. hypertonic (3%) saline

**13. Signs of early shock includes:**

- A. Hypotension.
- B. Normal blood pressure.
- C. Signs of brain hypoperfusion.
- D. B+C.

**14. After load reducing agent in the treatment of shock includes:**

- A. dopamine & dobutamine
- B. dopamine & nitropruside
- C. nitroglycerine & dobutamine
- D. nitropruside & nitroglycerine.

**15. Refractory metabolic acidosis is present in:**

- A. advanced decompensated shock.
- B. irreversible shock.
- C. early shock.
- D. established shock.