101.When should RhoGAM be given?

Other RHOGAM times:

102.Management of this child's symptoms?

103.Given the provided solutions to Q103, match the malignancy to the presented vignette;
Children with chronic constipation and extensive amounts of stool in the colon (and failure to pass meconium early in life):

No renal failure, bone pain, or serum Ca anomalies:

Basophilia:

Older people with recurrent infections:

Brain bleed after chemotherapy is started, PT/PTT are elevated:

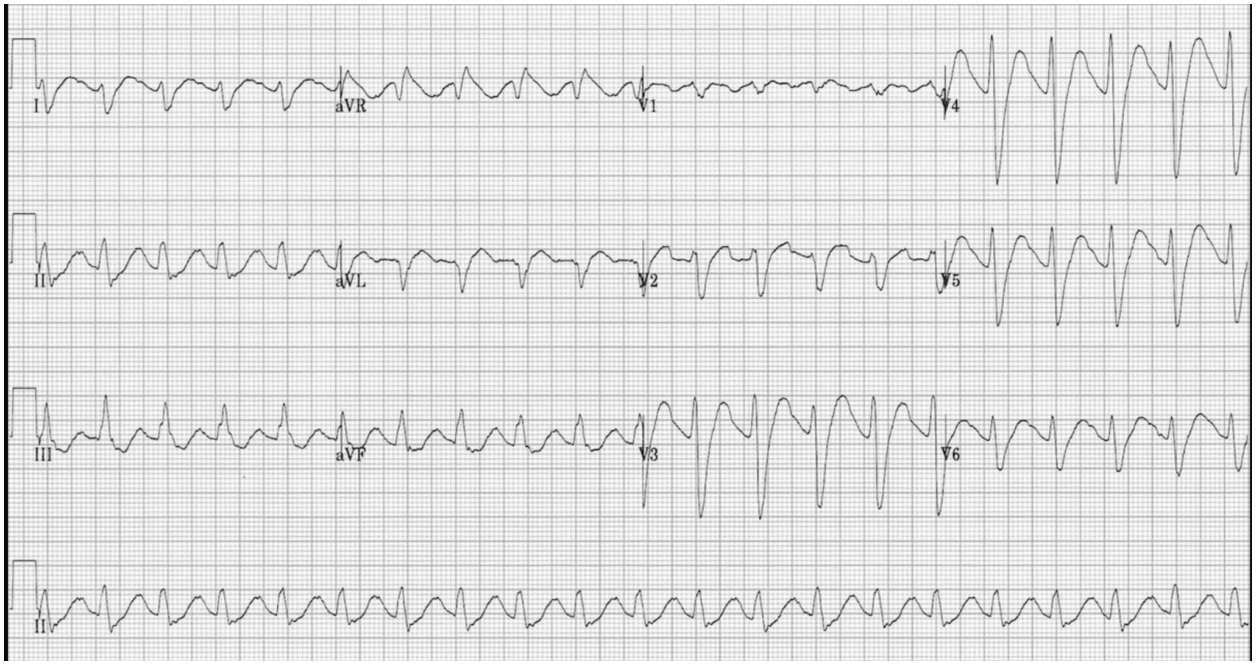
Predilection for the CNS:

Prolonged QTc after initiating pharmacotherapy:

104.For the patient in this Q stem, what should be true of the following?
PAO2:
PaO2:
PaCO2:
SaO2:
A-a gradient:
DLCO:
Blood O2 content:
Hematocrit:
Bicarb:

105.First line pharmacotherapy for this patient's disorder?

Of the provided answer choices, which one is strongly associated with an elevated postvoid residual volume and the following EKG anomaly?



(From liftl.com)

Of the provided answer choices, which one is strongly associated with an elevated postvoid residual volume but NOT the EKG anomaly shown above?

106.Compulsive behaviors after initiating pharmacotherapy in this patient

107.Pretty straightforward, not much to add here

108.Match the following presentations to the provided answers

Sudden cardiac death from arrhythmias WITH renal dysfunction:

Hypoxia with a normal A-a gradient:

Can lead to a polymorphic ventricular tachycardia:

For answer C, should the patient be placed on naltrexone for any reason?

109.Wheezing and a holosystolic murmur at the LLSB:

Increased spacing between the teeth, heart failure, and a fasting blood glucose of 300 mg/dl

110.Other causes of the patient’s presentation?